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Gambling in Later Life: Risk Factors and Trauma-Informed Care

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Presentation Overview

- Incidence and Prevalence of late-Life gambling disorder
- Gambling Profile Among Older Adults
- Evidence-Based Models for Treating Older Adults with Gambling Disorder
- Characteristics Inherent Among Older Gamblers in Two Specialized Clinics.


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Senior Hope Counseling, Inc.  
Center for Problem Gambling-Capital Counseling



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Board President, Founder & Executive Director:  
Senior Hope Counseling, Inc.



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### Projection of Substance Use Disorders Among Seniors in the U.S.

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- Increased concern for those ‘baby boomers’ born between 1946-1964 (Han, Gfroerer & Colliver, 2009).
- Office of Applied Studies Data Review (2009) report for SUDs in 2020 for age 50-59 in U.S. is projected to reach 5.7 million (Han, Gfroerer & Colliver, 2009)

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### Admissions to OASAS-Certified Chemical Dependence Programs, People Age 50 and Older with Positive Gambling Screen, 2014-2018

NYS OASAS Data Warehouse, CDS Extract 9/29/2019

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Program Type	2014	2015	2016	2017	2018
Crisis Services	n/a	n/a	n/a	n/a	n/a
Outpatient Services	312=n 55%	322=n 54%	306=n 47%	328=n 44%	377=n 51%
Inpatient Treatment Services	148=n 26%	147=n 24%	174=n 27%	193=n 26%	175=n 24%
Opioid Treatment Program	45=n 8%	82=n 14%	115=n 18%	155=n 21%	106=n 14%
Residential Services	64=n 11%	50=n 8%	54=n 8%	63=n 9%	82=n 11%
<b>Total</b>	<b>569</b>	<b>601</b>	<b>649</b>	<b>739</b>	<b>740</b>

OASAS 2019

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### Admissions to OASAS-Certified Chemical Dependence Programs, People Age 50 and Older with Positive Gambling Screen, 2014-2018

NYS OASAS Data Warehouse, CDS Extract 9/29/2019

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Governor's Region of Residence	2014	2015	2016	2017	2018
New York City	255=n 45%	317=n 53%	317=n 49%	373=n 50%	328=n 44%
Western NY	55=n 10%	n=42 7%	49=n 7%	328=n 44%	N=85 11%
Mid-Hudson	77=n 14%	58=n 10%	81=n 12%	88=n 12%	80=n 11%
Long Island	28=n 5%	31=n 5%	44=n 7%	61=n 8%	72=n 10%
Finger Lakes	53=n 9%	52=n 9%	59=n 9%	44=n 6%	54=n 7%
Capital Region	45=n 8%	46=n 8%	44=n 7%	52=n 7%	50=n 7%

OASAS 2019

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### Admissions to OASAS-Certified Chemical Dependence Programs, People Age 50 and Older with Positive Gambling Screen, 2014-2018

NYS OASAS Data Warehouse, CDS Extract 9/29/2019

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Governor's Region of Residence	2014	2015	2016	2017	2018
Central New York	21=n 4%	17=n 3%	18=n 3%	34=n 5%	29=n 4%
Southern Tier	13=n 2%	20=n 3%	16=n 2%	17=n 2%	25=n 3%
Mohawk Valley	11=n 2%	9=n 1%	13=n 2%	12=n 2%	13=n 2%
North Country	11=n 2%	9=n 1%	10=n 2%	9=n 1%	4=n 1%
<b>Total's: All 10 Governor's Regions of Residence</b>	<b>569</b>	<b>601</b>	<b>649</b>	<b>739</b>	<b>740</b>

OASAS 2019

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**Senior Hope Counseling Inc.** 9

- Senior Hope is a nonprofit clinic catering exclusively to the 50+ population struggling with alcohol and/or other drugs.
- Founded in 2002 Dr. Bill Rockwood & his wife Adrienne.
- Mission: Senior Hope Counseling provides quality, evidence-based, comprehensive addiction services to older adults and their families in a compassionate setting.
- Goal: promote the highest quality recovery lifestyle possible for our clients and their families.

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**Services Offered: Senior Hope** 10

- Individual, family, and group services
- Family interventions
- Non-Intensive level of outpatient services
- Day and evening treatment programming
- Tailored programming for addicted elders
- Assessments, treatment planning, linkage, referrals, and discharge planning

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**Group Offerings: Senior Hope  
13 Age-Specific Groups** 11

- Men's Group
- Resilience & Recovery
- Women's Group
- Mental Health & Recovery in recovery
- Sounds of Recovery (2)
- Understanding Addictions
- Recovery Topics

Healing Addictions
Relapse Prevention (2)
Maintaining Health & Wellness
Managing Emotions In Recovery


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**Senior Hope Counseling Inc.** 12

- An ACE Informed Outpatient Clinic
- Examining Adverse Childhood Experiences
- The Benefit of Using an ACEs Screening Tool

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### The Adverse Childhood Experiences (ACE) Study




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Summary of Findings:

- Adverse Childhood Experiences (ACEs) are very common
- ACEs are strong predictors of adult health risks and disease
- ACEs are implicated in *the 10 leading causes of death in the U.S.!*

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### Size of Beverage Matters!!



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### Drinking Guidelines

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- Recommended Drinking Limits for Older Adults:
  - No more than 1 standard drink per day.
  - No more than 2 drinks on any drinking day
  - Limits for older women should be somewhat less than for older men (Merrick, E. et al., 2008).
  - Lower limits for older adults because:
    - Greater use of contraindicated medications
    - Less efficient liver metabolism
    - Increased alcohol sensitivity with age
    - Less body mass/fat increases circulating levels

Source: NIAAA, 3/04, Update & Policy, 1999

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### Drinking Guidelines

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Source: NIAAA, 3/04, Update & Policy, 1999

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## Early Onset vs. Late Onset

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- **Early Onset:**
  - use began <40 yrs
  - have used services for years
  - have basic understanding
- **Late Onset:**
  - Use began >40 yrs
  - Usually healthier mentally and physically
  - have begun using services later in life

(Blow, Tip, 1998)


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## Older Adults and Alcohol Use

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Increased risk of:

- Stroke (with overuse)
- Impaired motor skills (e.g., driving) at low level use
- Injury (falls, accidents)
- Sleep disorders
- Suicide
- Interaction with dementia symptoms



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## SENIOR reality .....

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- Normal aging IS NOT depression, severe cognitive impairments, debilitating chronic diseases, or frequent hospitalizations.
- There are normal aging process changes.
  - sensory changes (e.g. hearing, vision)
  - mild cognitive changes (e.g. slowed the thought process)
  - age-related sleep patterns (i.e. needing less sleep).

\* A basic understanding of and training about the aging process is important when working with older adults.  
(OASAS)

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## Theoretical Frameworks & Approaches

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- Cognitive Behavioral Theory
- Productive Aging Perspective
- Motivational Interviewing
- Harm Reduction

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## Cognitive Behavioral

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- Helps the patient overcome difficulties by identifying and changing dysfunctional thinking behavior and emotional responses.
- Treatment focuses on:
  - Symptom reduction and stabilization
  - Skills training
  - Teaching cognitive techniques (problem solving)
  - Increasing time spent engaged in pleasant activities and events (Coon & Devries, 2004).

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## Productive Aging Perspective

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- Challenges traditional perspective that the aging adult is increasingly unproductive over time
- Instead, aging adult has a natural role to contribute to society-for example, through volunteering
- Why is this perspective important?

(Kayne, Butler, & Webster, 2003)

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## Motivational Interviewing

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- Motivational interviewing enables the clinician to address the client's needs from his or her perspective according to client readiness for change.

(Miller & Rollnick, 1991)

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## Harm Reduction

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- Unlike traditional approaches, harm reduction does not require an individual to stop using but instead works on the goal of abstinence, recognizing that not everyone is able to abstain from substance use during early stages of treatment

(Erikson, Riley, Cheung, Yuet, & O'hare, 1997).

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## Lie-Bet Problem Gambling Screening Tool

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- The Lie-Bet Problem Gambling Screening Tool
  - The Lie-Bet tool Johnson et al., 1988) has been deemed valid and reliable for ruling out pathological gambling behaviors. The Lie-Bet's two questions consistently differentiate between pathological gambling and nonproblem-gambling and are useful in screening to determine whether a longer tool should be used to diagnostics.
  - Lie-Bet Screening Tool
    - 1) Have you ever felt the need to bet more and more money?
    - 2) Have you ever had to lie to people important to you about how much you gamble?
  - Yes to one or both questions indicates the person should be referred to NC Problem Gambling Helpline and/or Website.
- Reference: Johnson, E.E., Hamer, R., R.M., Tan, B., Eistenstein, N., & Englehard, C. (1988). The lie/bet questionnaire for screening pathological gamblers, *Psychological Reports*, 60, 83-86.

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## CAGE

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- C Have you ever felt you should *cut down* on your drinking?
  - A Have people *annoyed* you by criticizing your drinking?
  - G Have you ever felt bad or *guilty* about your drinking?
  - E *Eye opener*: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?
- An answer of 2 or more indicates high likelihood of a substance abuse problem. An answer Yes to one question indicates the need for a referral for a full evaluation.

Mayfield D., McLeod G., et al. 1974. "The CAGE Questionnaire: Validation of a New Alcoholism Instrument." *American Journal Psychiatry* 131 (10): 1121-1123.

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## Table 3: Short Michigan Alcoholism Screening Test :Geriatric Version (S-MAST-G) The Regents of the University of Michigan, 1991.

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1. When talking with others, do you ever underestimate how much you actually drink?
  2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?
  3. Does having a few drinks help decrease your shakiness or tremors?
  4. Does alcohol sometimes make it hard for you to remember parts of the day or night?
  5. Do you usually take a drink to relax or calm your nerves?
  6. Do you drink to take your mind off your problems?
  7. Have you ever increased your drinking after experiencing a loss in your life?
  8. Has a doctor or nurse ever said they were worried or concerned about your drinking?
  9. Have you ever made rules to manage your drinking?
  10. When you feel lonely, does having a drink help?
- TOTAL S-MAST-G SCORE (0-10)
- Scoring: 2 or more "yes" responses are indicative of an alcohol problem.

Contact contact: Frederic C. Blow, Ph.D., University of Michigan Alcohol Research Center, 401 E. Eastman Park Drive, Suite A, Ann Arbor, MI 48106-7149, 734-976-7922.

Adapted from the NIAAA Social Work Module 10C

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## Themes: Senior Hope

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- Elders benefit from being treated with individuals their same-age and talking about age related issues.
- Older addicted adults report that they benefit from smaller groups that focus on age-specific topics run by professionals with geriatric addictions and mental health background.

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## Themes: Senior Hope

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- Older adults have repeatedly stated they are uncomfortable with profanity in the group session.
- Having age-related materials in the waiting room helps older adults feel more comfortable in the waiting room.
- Having transportation to pick up patients is helpful.

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## Themes: Senior Hope

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- Being sensitive to the generation these individuals grew up in is critical.
- We often say what type of legacy do you want to leave behind. Do you want to be remembered as 'mom' or 'dad' 'grandma' or 'grandpa' who died after a fall due to being intoxicated?

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## Themes: Senior Hope

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- Finding meaning and purpose in later life is so important. Often we hear from elders that they do not feel anyone needs them anymore and that they have nothing to do.
- Why age-specific services vs. Mixed-age group treatment. We believe 'one size does not fit all' when it comes to addictions treatment.

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**Statistical Overview of Senior Hope  
01/01/2010- 01/01/2016 (N=761) OASAS**

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- Gender: 61.4% Male 38.6% Female
- Age: 56+ = 69.3%, < 56= 30.7%
- Mental Health= 60.4%
- Primary Substance: Alcohol=71.9%
- Retired: 28.6% Disabled: 35.0%
- Race: White=71.4%
- Black/African American=25.8%
- Educ.: HS=21.8; Assoc. =8.5; BA=13.4; Grad=11.4
- Impairment: Hearing=12.1%, Mobility= 32.9%  
Sight: 32.6%, Other Health Conditions: 62.2%

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**Statistical Overview of Senior Hope**  
01/01/2010- 01/01/2016 (N=761) OASAS

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- Marital Status: 27.9% Divorced, 9.3% Widowed, 28.6% Married, 1.7% Living as Married, 24.2% Never Married, and 9.3% Separated
- ACOA/ACOSA: 6.4% with both, ACOA only: 41.4%, ACOSA only: 1.8%
- ER Episodes (past six months): 36.9% had 1 or more
- Criminal Justice System: (Past six months); 27.9%

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**Lie-Bet Screening Tool: Senior Hope Counseling**

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- New York State Office of Addictions Services and Supports Admission Item Statistics Report Provider Summary 1/01/2018-12/31/2018

N=117

Gambling Positive Screen	1=Yes	.9%
	114= No	97.4%

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**Lie-Bet Screening Tool: Senior Hope Counseling**

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- New York State Office of Addictions Services and Supports Admission Item Statistics Report Provider Summary 1/01/2013-12/31/2018

N=771

Gambling Positive Screen	13=Yes	1.7%
	746= No	96.8%
Not Screened	12	1.6%

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**Next Steps For Senior Hope**

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- We Moved to a Larger Facility
- MAT Service Delivery
- Integration Primary Care Behavioral Health
- Offsite Service Delivery

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## Gambling in Later Life: Risk Factors and Trauma-Informed Care

### Why Seniors Gamble

- Boredom
- Social activity
- Grief
- Relocation (selling house, moving to senior housing, etc)
- Depression
- Stress
- Loneliness
- Fear of death
- Loss of friends/loved ones
- Physical limitations may not permit past hobbies

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## Warning Signs

- Do you experience mood swings based on winnings and losses?
- Do you neglect other responsibilities in order to concentrate on gambling activities?
- Do you experience impatience with loved ones because they are interrupting your gambling activities?
- Are you willing to eat less or go without food so that you can gamble?
- Do you gamble with money designated for necessary expenses such as household supplies, groceries, medication, electricity and telephone?
- Have you ever thought about cashing in your insurance policy for gambling money?
- Are you spending your retirement funds to gamble?
- Do you fantasize about big winnings and believe you will win back all of your losses?

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## Gambling in Later Life: Risk Factors and Trauma-Informed Care

### Gambling Disorder Treatments

### “Strength of Gambling Interventions”

(Harvard Med. Sch., Divi. Of Addictions)

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## Gambling in Later Life: Risk Factors and Trauma-Informed Care

### Strong Evidence of Effectiveness

1. Cognitive Behavior Therapy (CBT) - ID and change of cognitive distortions (illusions of control and omnipotent skill)
2. Cognitive Restructuring - interventions directed towards changing unhealthy gambling behaviors by correcting distorted thoughts, beliefs and attitudes about playing and winning games of chance.
3. Problem Solving Training - Assits individuals struggling against their impulses to gamble excessively to feel improved control over their gambling risk and consequences by: (a) identifying the problem; (b) collecting specific information about the problem; (c) generating different options; (d) exploring consequences by listing advantages/disadvantages for each option; and (e) implementing/evaluating the preferred solution.

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**Strong Evidence of Effectiveness**

4. Social & Coping Skills Training - Includes communication training; refusal skills and self management of stress, anger and anxiety.

5. Behavior Therapy - Includes individual stimulus control and cue management w/ response prevention; systematic desensitization; self exclusion or avoidance strategies

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Gambling in Later Life: Risk Factors and Trauma-Informed Care 42

**Empirical Evidence of Effectiveness**  
*(more evidence needed before meaningful conclusions about efficacy for Tx)*

1. Brief Therapy - client centured solution building using a balanced format for setting achievable goals
2. Motivational Enhancement Strategies - Matching Tx objectives across the continuum of levels of change
3. Relapse Prevention; Change Maintenance - Practice new behaviors and competencies; high risk situation ID & Management

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Gambling in Later Life: Risk Factors and Trauma-Informed Care 43

**Promising Complementary Services**

1. Financial Management
2. Leisure Substitution - Filling time otherwise occupied by gambling
3. Psychopharmacology - No specific protocol currently approved but most agree, must be combined w/ counseling
  - > Naltrexone - shown to reduce urges
  - > Prozac; Luvox; Zoloft; Celexa - reduce impulsive behavior
  - > Elavil; Epival; Tegretol - reduction in mania and depression
4. Mutual Aid - GA, NA, AA

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Gambling in Later Life: Risk Factors and Trauma-Informed Care 44

JEROME ADAMS, MD, M.PH. - 20th SURGEON GENERAL SPEAKS ON ADDICTION  
*Emphasizing:*

- > Supports Trauma Informed Care - environmental & emotional safety
- > Addiction treatment should be driven by science - IT IS A BRAIN DISORDER!
- > Should be addressed as a chronic disorder v. an acute disorder

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**Gambling in Later Life: Risk Factors and Trauma-Informed Care** 45

> Supports Trauma Informed Care - environmental & emotional safety

1. Develop and maintain a gambling disorder compassionate and supportive RECOVERY COMMUNITY
2. Relating to clients w/ dignity and respect

> Addiction treatment should be driven by science - IT IS A BRAIN DISORDER!

1. Avoid re-traumatizing by the practice of blaming/shaming/judging
2. Emphasize coping & management skills to deal w/ life issues

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**Gambling in Later Life: Risk Factors and Trauma-Informed Care** 46

> Should be addressed as a chronic disorder v. an acute disorder

Develop and maintain a CONTINUING CARE PROGRAM  
Consistent w/ Wm. White ROSC

*"Continuing Care in accordance with OASAS Regulation 822.13 is to provide services to individuals who have been discharged from active treatment where there is a documented clinical need for ongoing clinical support to prevent relapse or to maintain gains made in active treatment"*

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**Gambling in Later Life: Risk Factors and Trauma-Informed Care** 47

> Continuing Care aligns with Wm. White's operational element INDIVIDUALIZED AND COMPREHENSIVE SERVICES and SUPPORTS of a ROSC:

*" A ROSC offers a broad array of supports to meet the holistic needs of the individual. Services are design to support recovery across the lifespan, with the understanding that needs and resources shift and change with age and life stage, as well as over the course of recovery..."*

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**Gambling in Later Life: Risk Factors and Trauma-Informed Care** 48

**"CONTINUING CARE PROGRAMMING"**

**Benefits**

- Enlarges Recovery Community
- Provides evidenced based experiences
- Increases mentorship pool
- Provides comfort and accurate information to CSO's
- Promotes continuation of recovery community support employing "Thread" app
- Provides a fellowship
- Provides ongoing exposure to professionals for recovery health check-ups
- Provides Re-Admission options

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**Gambling in Later Life: Risk Factors and Trauma-Informed Care**

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**“CONTINUING CARE PROGRAMMING”  
Gambling Disorder Treatment Services**

- ✓ Individual Counseling
- ✓ Telephone Counseling
- ✓ Family Sessions
- ✓ Referral Services
- ✓ Group Counseling
- ✓ Recovery Coach Services (on & off site)
- ✓ Re-Admission Options

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**Contact Information**

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**Published Article**  
*International Journal of Aging and Human Development*

“Restorative Integral Support (RIS) for Older Adults Experiencing Co-Occurring Disorders” Larkin, H. & MacFarland, N.S.

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**Book Chapter: Schonfeld & MacFarland**

Schonfeld, L. & MacFarland, N.S. (2015) Treatment of substance abuse disorders in older adults. In P.A. Arean (Ed.) *Treatment of late-life depression, anxiety and substance abuse*. Washington, DC: American Psychological Association.

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Chapter 28: A Social Work Perspective On Geriatric Addictions By Nicole S. MacFarland

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Thank You

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