

Promoting Prevention
without
Promoting Resistance



ocpg
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THANKS FOR BEING HERE!

Ahead will be a super quick overview with a FEW examples.

These are big conversations!

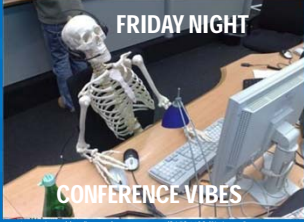
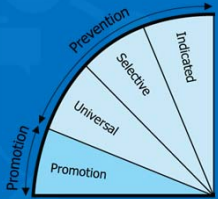


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VIEWPOINTS: PROMOTION & PREVENTION

Prevention as multiple strategies..
The onus on ALL, not the person.

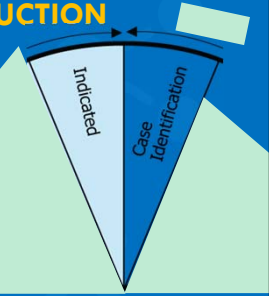



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VIEWPOINTS: HARM REDUCTION

"The spirit of **harm reduction** holds a certain **appeal** for pathological gamblers. Many gamblers are **impulsive and hold high expectations** for themselves, so that any ongoing struggles to achieve total 'sobriety' may be interpreted as yet another failure."

Timothy Fong, MD, UCLA Gambling Studies Program
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Screening Best Practices

<p>Do</p> <ul style="list-style-type: none"> • Include brief screen on intake (and don't expect much) • Repeat screen after relationship and trust established (at treatment plan updates?) • Conduct screen in conjunction with psychoeducation on impact of gambling on recovery • Integrate topic of gambling impact throughout treatment/program 	<p>Don't</p> <ul style="list-style-type: none"> • Start with problem gambling • Ask once and forget about it • Give the problem gambling class/lecture • Seek only to find cases • Pounce (when someone talks about their gambling)
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Critical Issues that Impact Retention in Problem Gambling Treatment


What Can Make the Difference?

Cathy Saresky LCSWR CASAC-G
October 8, 2020

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Seeking Engagement/Reducing Drop Out

- Early drop out of Gambling Treatment significant challenge
- Rates of drop out vary from 14%-51%, ave 31% (Melville et.al 2007)
- First 8 weeks of treatment critical to build toward successful outcome, higher, more consistent treatment session attendance is recognized as a predictor of successful treatment outcomes. (Merkouris, et al 2016)
- Early development of caring, respectful and non judgemental rapport



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Integrating/Interweaving Motivational Interviewing and Cognitive Behavioral

- Throughout treatment utilize motivation principles and techniques, eg. decisional balance scales, countering – substituting for a healthier adaptive behavior, environmental control, developing discrepancy of behaviors with goals, etc..
- Cognitive Behavioral Therapy – CBT Most effective treatment by research (Rizenuab, 2012). Includes understanding precipitants (triggers), the thoughts and feelings that ensue, the evaluation of both positive and negative consequences of their behavior, challenging erroneous beliefs is a important and ongoing activity

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Understanding and Motivating through Critical History and Dynamics

Consciousness raising – bring to awareness the depth & level of the gambling problem (Ciarrachi 2018)

Gambling and Substance Use:

- May become a sequential addiction for individuals recovering from a SUD
- Gambling can be a relapse risk factor for Substance Use, or Substance Use risk for Gambling

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Addressing Co-occurring MH Issues

Mental Health and Tx History

- 48% have frequent suicidal ideation
- 12% have had a gambling related suicide attempt (Melville et al 2007)
- mood disorders (37.9%) and anxiety disorders (37.4%) (Lorains et al. 2011)

▪ Gambling often serves as a coping strategy to address these underlying conditions

- Addressing these mental health concerns through CBT /Pharmacotherapy other approaches necessary to avoid relapse

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Early Identification of Support System

Identify individuals important in the client's daily life to provide support and encourage recovery



One primary predictor of treatment continuation was whether clients had someone in their lives whom they considered to be supportive of them receiving treatment and stopping gambling. Granta et al. 2004

Help client and family learn about problem gambling and effects, cohesively address the money issues, relationship pain and distrust that often exists, and build hope toward future resolution and recovery. Tools: Personal Financial Strategies for the Loved Ones of Problem Gamblers, NCPG, Help Guide for Gambling Addiction and Problem Gambling

Understand, address any past and current family involvement in gambling as this can normalize gambling, increase potential to trigger relapse

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Reasons to Gamble

Understanding the motivations (excitement, socialization, escape, etc..) to gamble is a critical step for the client in the treatment process. Use of screening tools and worksheets can support this process

- *Inventory of Gambling Situations*, Littman – Sharp et al., Center for Addiction and MH 2009
- *Modified Gambling Motivation Scale*, Shinaprayoon et al. 2018
- eg., *Freedom from Gambling*, UCLA Gambling Studies Program, Office of Problem Gambling, California Dept of Public Health

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Inventory of Gambling Situations

INVENTORY OF GAMBLING SITUATIONS (IGS)

Listed below are a number of situations or events in which some people gamble heavily.

Read each item carefully, and answer in terms of your own gambling over the past year:

- if you "NEVER" gambled heavily in that situation, circle "1."
- if you "RARELY" gambled heavily in that situation, circle "2."
- if you "FREQUENTLY" gambled heavily in that situation, circle "3."
- if you "ALMOST ALWAYS" gambled heavily in that situation, circle "4."

	1 GAMBLED HEAVILY			
	NEVER	RARELY	FREQUENTLY	ALMOST ALWAYS
1. When I almost won and felt that I would win very soon.	1	2	3	4
2. When I was able to gamble without anyone knowing.	1	2	3	4
3. When I decided that this time I would use good gambling strategies.	1	2	3	4
4. When I was happy.	1	2	3	4
5. When I wanted some action.	1	2	3	4
6. When someone encouraged me to bet.	1	2	3	4

Excerpt from Inventory of Gambling Situations, Littman – Sharp et al., Center for Addiction and MH 2009

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Subscales of Inventory Gambling Situations

Table 1. IGS subscales, including number of items and item numbers

Note: some items are included in more than one subscale.

SUBSCALE	NUMBER OF ITEMS	ITEMS INCLUDED IN SUBSCALE
Negative Emotions	10	2, 11, 21, 34, 37, 41, 55, 53, 54, 61
Conflict with Others	7	13, 23, 32, 33, 43, 61, 63
Urges and Temptations	9	12, 14, 17, 22, 31, 35, 43, 53, 62
Testing Personal Control	7	9, 24, 25, 35, 47, 48, 56
Pleasant Emotions	5	4, 16, 28, 38, 49
Social Pressure	7	6, 18, 20, 30, 44, 49, 58
Need for Excitement	6	5, 44, 45, 50, 57, 55
Worried about Debts	5	8, 26, 29, 39, 50
Winning and Chasing	6	1, 19, 33, 45, 46, 59
Confidence in Skill	5	3, 15, 27, 40, 57

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Modified Gambling Motivation Scale

APPENDIX B MODIFIED GAMBLING MOTIVATION SCALE

Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree
1	2	3	4	5	6	7

Why do you gamble at your favorite game?

1. It is exciting to gamble.
2. It makes me feel important.
3. I feel competent when I gamble.
4. It is the best way to relax.
5. I play for money, but I sometimes worry if I should continue playing.
6. Gambling allows me to test my control.
7. I play for money, but I sometimes wonder what I get out of gambling.
8. I play for money.
9. To show others that I am a dynamic person.
10. I enjoy improving my knowledge of the game.
11. I play for money to buy what I desire.

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Discussion of Motivating Factors

Reason for Gambling	Often	Sometimes	Never
Need for excitement			
To make money quickly			
To feel like a big shot			
Felt shy and gambling was a way to be more social			
To not think about problems			
To feel more powerful			
To numb my feelings			
To avoid people			
Boredom			
Felt depressed or lonely			
Pleasure, entertainment			
Out of habit			

Excerpt from "Freedom from Gambling", UCLA Gambling Studies Program, Office of Problem Gambling, California Dept of Public Health

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Assure Treatment Goals and Prioritization are Client Driven

- Draw upon the Solution driven work by Insoo Berg emphasizes the importance of "Eliciting clients' views of what a better life would look like"
- Negotiating and prioritizing goals, including decisions about abstinence, drawing upon client's own solutions to gambling related concerns, and especially identifying any successes in walking away from a potential gambling situation

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Relapse Prevention Planning/Recovery

- About 3/4 of people who complete treatment for problem gambling are abstinent after six months, decreases to about 1/2 after one year and to just over a 1/4 after two years.
- "Your client's confidence in their own capacity to cope with stressful situations will be critical to their success" Marlatt et al. 2002
- Planning long term approaches to deal with triggers, avoid high risk environments and manage cravings
- Surround self with support system, accountability
- Expand and utilize coping skills
- Assure primary motivations for gambling are addressed
- Maintain healthy alternative activity
- Identify potential early warning signs

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References

Granta, Jon A, Won Kim,Suck, Kuskowski,Michael, Retrospective review of treatment retention in pathological gambling, Comprehensive Psychiatry Volume 45, Issue 2, March–April 2004, Pages 83-87

Harwell, Wiley D.Min., LPC, IGCC-II, Motivational Interviewing: A Tool for Working with Problem Gamblers, 2018

Jazaeri, S. A., & Habil, M. H. (2012). Reviewing two types of addiction - pathological gambling and substance use. *Indian journal of psychological medicine*, 34(1), 5–11. <https://doi.org/10.4103/0253-7176.96147>

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References – cont.

Knobloch-Fedders, Lynne PhD, The Importance of the Relationship With the Therapist, *Clinical Science Insights: Knowledge Families Count On v.1*

Melville, Katherine M, Casey, Leanne, Kavanagh, David J
Psychological treatment dropout among pathological gamblers,
Clinical Psychology Review Volume 27, Issue 8, December 2007,
Pages 944-958

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References- cont.

- Merkuris, S.S. S.A. Thomas, S.A., Browning, C. J, Dowling, N.A., Predictors of outcomes of psychological treatments for disordered gambling: A systematic review, *Clinical Psychology Review* Volume 48, August 2016, Pages 7-31
- Pallesen, Stale, Mitsen, Morten, Kvale, Gerd Johnsen, Bjorn-Helge & Molde, Helge, Outcome of psychological treatments of pathological gambling: a review and meta-analysis, Department of Psychosocial Science, University of Bergen, Norway and Department of Clinical Psychology,
- Rizeanuab, Steliana, The specificity of pathological gambling, *Procedia - Social and Behavioral Sciences* Volume 33, 2012, Pages 1082-1086

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References – cont.

Thitapa, Shinaprayoon, Nathan T. Carter, & Adam S. Goodie, The Modified Gambling Motivation Scale: Confirmatory Factor Analysis and Links With Problem Gambling, Department of Psychology, University of Georgia, Athens, GA, USA, *Journal of Gambling* Issue 37, January 2018

Toneatto, T. & Ladoceur, R. (2003). Treatment of pathological gambling: a critical review of the literature. *Psychology of Addictive Behaviors*, 17 (4), 284–292. doi:10.1037/0893-164X.17.4.284

Screening Tools:

- SOGS – South Oaks Gambling Screening
- NORC Diagnostic Screen For Gambling Problems-Self Administered (NODS-SA)

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References – cont.

Family Educational Materials:

- https://www.ncpgambling.org/wp-content/uploads/2014/08/loved_ones_guide_ncpg_booklet.pdf
- <https://www.helpguide.org/articles/addictions/gambling-addiction-and-problem-gambling.htm?pdf=12393>

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