

THE ABC'S OF PATHOLOGICAL GAMBLING (Gambling Disorder) WELCOME

Prepared and presented by:
Bud Newman, PsyD, CCGC, CADC
Kentucky School - July14,2014

HISTORY AND SCOPE OF GAMBLING



- GAMBLING POPULAR THROUGHOUT RECORDED HISTORY
- 17TH CENTURY JAMESTOWN COLONY FINANCED IN PART BY LOTTERY IN ENGLAND
- HARVARD/OTHER IVY LEAGUE SCHOOLS FINANCED IN PART BY LOTTERIES

HISTORY AND SCOPE OF GAMBLING



- LOTTERIES HELP FUND AMERICAN REVOLUTION
- GAMBLING POPULAR AFTER THE CIVIL WAR AND EXPANSION OF AMERICAN WEST
- CORRUPTION/DISHONESTY EVENTUALLY LED TO WIDR SPREAD ABOLISHING OF GAMBLING

HISTORY AND SCOPE OF GAMBLING



- 1950'S NEVADA CASINOS
- 1957 GA FOUNDED
- 1972 CLEVELAND VA...1ST GAMBLING TX PROGRAM
- 1972 NCPG FOUNDED
- 1975..FIRST NATIONAL PREVALENCE STUDY

HISTORY AND SCOPE OF GAMBLING



- 1980 PATHOLOGICAL GAMBLING IN DSM III
- 1988 INDIAN GAMING REGULATORY ACT
- 1999 NATIONAL GAMBLING IMPACT STUDY COMMISSION ISSUES FINAL REPORT AND RECOMMENDATIONS
- 2006 UNLAWFUL INTERNET GAMBLING ENFORCEMENT ACT BECOMES LAW

HISTORY AND SCOPE OF GAMBLING



- ALL BUT TWO STATES HAVE SOME FORM OF LEGALIZED GAMBLING
- PARI-MUTUAL RACETRACK BETTING IN 40 STATES
- LOTTERIES IN 37 STATES
- 28 STATES HAVE LEGALIZED CASINOS
- 100'S RIVERBOAT/DOCKSIDE CASINOS



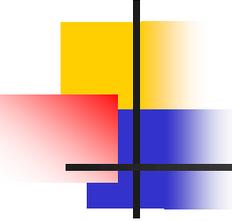
HISTORY AND SCOPE OF GAMBLING

- INDIAN GAMING REGULATORY ACT OF 1988 (ABOUT 260 CASINOS)
- INTERNET GAMBLING
- TEVEISED POKER/BLACKJACK TOURNAMENTS



RECENT TRENDS

- INTERNET GAMBLING: JUST A CLICK AWAY
- IN 1997 THERE WERE 35 INTERNET GAMBLING SITES, BY 2003 THERE WERE OVER 1,800
- REVENUES FROM INTERNET GAMBLING WERE \$300 MILLION IN 1997
- BY 2001 THEY WERE APPROXIMATELY \$3 BILLION



RECENT TRENDS

- 2005 REVENUES APPROXIMATELY \$12 BILLION
- INTERNET GAMBLING ALLOWS ONE TO GAMBLE UNINTERRUPTED AND UNDETECTED
- CAN BE DONE 24/7



MAJOR FACTORS FOR INTERNET GAMBLING'S POPULARITY

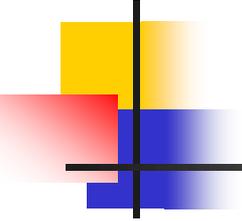
- ACCESSIBILITY, ANONYMITY, ESCAPE/DISSOCIATION, DISINHIBITION, EVENT FREQUENCY, CONVENIENCE, CAN BE DONE ALONE
- SOME POTENTIAL PROBLEMS:
UNREGULATED, NO PROTECTION FOR VULNERABLE POPULATIONS (YOUTH), CAN BE DONE AT WORK PLACE



WHAT IS GAMBLING?

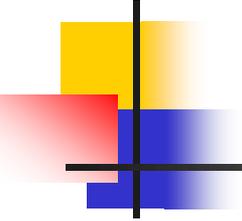
1. Individual must realize that he/she is putting money or valuable at risk.

WHAT IS GAMBLING?



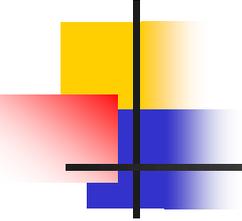
1. Individual must realize that he/she is putting money or valuable at risk.
2. Once bet, this money or valuable object is irreversible.

WHAT IS GAMBLING?



1. Individual must realize that he/she is putting money or valuable at risk.
2. Once bet, this money or valuable object is irreversible.
3. The outcome of the game is determined by chance.

WHAT IS GAMBLING?

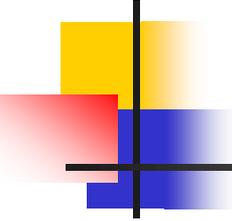


1. Individual must realize that he/she is putting money or valuable at risk.
2. Once bet, this money or valuable object is irreversible.
3. The outcome of the game is determined by chance



Prevalence & Demographics

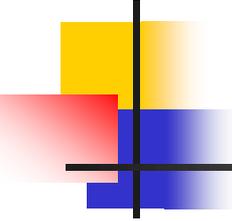
- National estimates place prevalence of compulsive gambling at 1 % of the population and problem gamblers at 3%. In Kentucky we have 25,000 compulsive gamblers and 75,000 problem gamblers.
- Research done by University of Illinois indicates that each compulsive gambler cost society \$13,000.00 each year. The economic impact of gambling in Kentucky is \$325 million per year.
- It is estimated that each compulsive gambler and each problem gambler will directly impact the lives of a minimum of 10 other people – mostly family.
- 20 – 25 % of those seeking treatment for chemical dependency will also be pathological gamblers.
- 50–80% of pathological gamblers will have alcohol related problems.



Prevalence & Demographics

Noteworthy facts about pathological gambling:

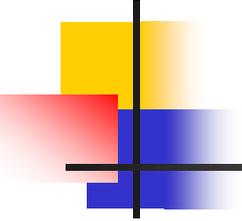
- 42% of those seeking treatment for pathological gambling are female.
- Pathological gambling runs in families – 4.7 times greater risk if one parent is gambler, if both parents are gamblers 20 times greater risk
- As with chemical dependency, the earlier on-set of gambling the greater the risk of becoming a pathological gambler.
- Largest groups of pathological gamblers by age:
 1. _____
 2. _____
- Fastest growing demographic groups for pathological gambling:
 1. _____
 2. _____



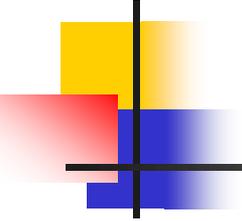
PHASES OF GAMBLING

- **Winning Phase** – The gambling wins enhance the self-image and ego. Losses are rationalized as bad luck. They will frequently daydream about gambling to escape reality and think that gambling is their most exciting **ACTIVITY**. Free time, lunch break or breaks are often spent involved in gambling activities.

PHASES OF GAMBLING

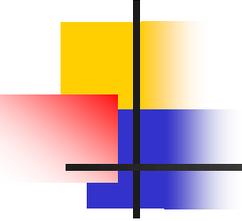


- **Losing Phase** – As losses increase and self-esteem is jeopardized, the gambler will borrow money to get a stake to continue to bet. Lies to family, spouse, friends and family disputes escalate. Selling of prized possession such as stereos, CD collection, sporting equipment, or musical instruments occurs to cover increased losses. Other common danger signal includes missing school, work or other important events due to gambling activities



PHASES OF GAMBLING

- **Desperation Phase** – Desperation occurs as the gambler becomes obsessed with getting even to cover money lost in gambling. The gambler can experience severe mood swings, fail at work, and commit crimes such as selling drugs, shoplifting, stealing from family or friends. Embezzling from their employer to get money to gamble. Panic sets in at the thought that the gambling action will cease and at this point, nothing else comes before a bet. Suicidal thoughts may be considered as a way out.



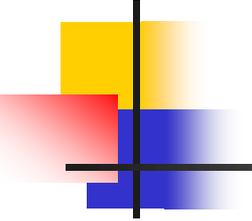
LEVELS OF GAMBLING

Level 0 – Do not gamble at all.

Level 1 – Gambling presents, but with little or no adverse consequence.

Level 2 – Pattern of gambling that is associated with a wide range of adverse reactions or consequences ranging from mild to moderate.

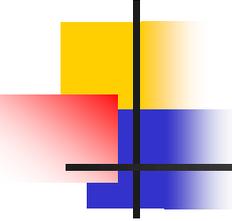
Level 3 – Experience the most extreme negative consequences and meet diagnostic criteria for Gambling Disorder.



CO-OCCURRING DISORDERS

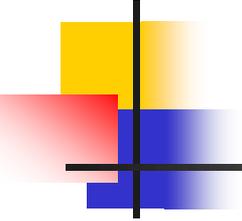
- 76.8 % of PG had depressive disorder
- 73.2% of had an alcohol-use disorder
- 60.8% had a personality disorder
- 60.4% had nicotine dependence
- 49.6% had a mood disorder
- 41.3% of gamblers with anxiety
- 30% of gamblers with ADD
- 80-97% suicidal ideation
- 15-20% with suicidal attempts

University of Connecticut Health Center survey of 43,093 individuals



CO-OCCURRING DISORDERS

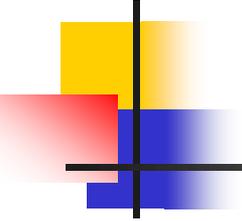
- 30% of mental health patients are likely to have gambling problem at sometime in their life. (Shaffer et. al., 1997)
- “Gambling often serves – for many not all – as a self-medication or treatment, if you will, for these underlying disorders which people are not always aware of Mood disorders, anxiety, some personality disorders, PTSD, all are common among gamblers.” (Shaffer, 2012)



DSM IV vs. DSM-5

1. The reclassification of pathological gambling alongside other addictive behaviors.
2. No longer “Pathological Gambling” rather “Gambling Disorder”
3. The lowering of the pathological gambling threshold to 4 symptoms.
4. The removal of the “illegal acts” criterion for the disorder.

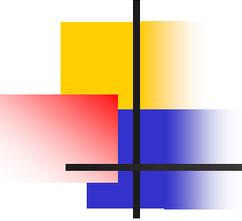
Ferentzy, P. & Turner, N.E. (in press). *A History of Problem Gambling: Temperance, Substance Abuse, Medicine, and Metaphors*. Springer



CLINICAL CRITERIA

DSM IV vs. DSM5

- A. Persistent and recurrent a maladaptive gambling behavior as indicated by five (or more of the following:
 - A. Persistent and recurrent problematic gamblin behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
 - 1. is preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble
 - 4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).



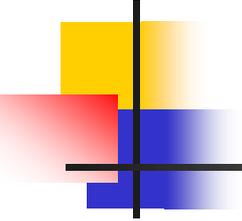
CLINICAL CRITERIA

DSM IV vs. DSM5

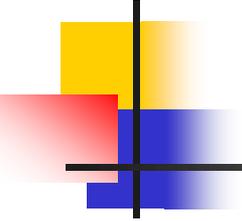
2. needs to gamble with increasing amounts of money in order to achieve the desired excitement
- 1 Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
3. has repeated unsuccessful efforts to control, cut back, or stop gambling
3. Has made repeated unsuccessful efforts to control, cutback, or stop gambling.
4. is restless or irritable when attempting to cut down or stop gambling.
2. Is restless or irritable when attempting to cut down or stop gambling.

CLINICAL CRITERIA

DSM IV vs. DSM5



- 5. gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g. feelings of helplessness, guilt, anxiety, depression)
- 5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious depressed).
- 5. after losing money gambling often returns another day to get even (“chasing” one’s losses)
- 6. After losing money gambling often returns another day to get even (“chasing” one’s losses)
- 6. Lies to family members, therapist, or others to conceal the extent of involvement with gambling.
- 7. Lies to conceal the extent of involvement with gambling.



CLINICAL CRITERIA

DSM IV vs. DSM5

8. has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling

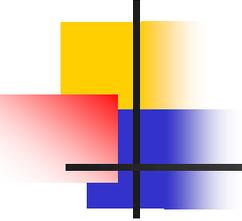
DELETED

9. has jeopardized or lost a significant relationship, job or education or career opportunity because of gambling

8. Has jeopardized or lost a significant relationship, job or education or career opportunity because of gambling.

10. relies on others to provide money to relieve a desperate financial situation caused by gambling

9. Relies on others to provide money to relieve a desperate financial situation caused by gambling.



CLINICAL CRITERIA

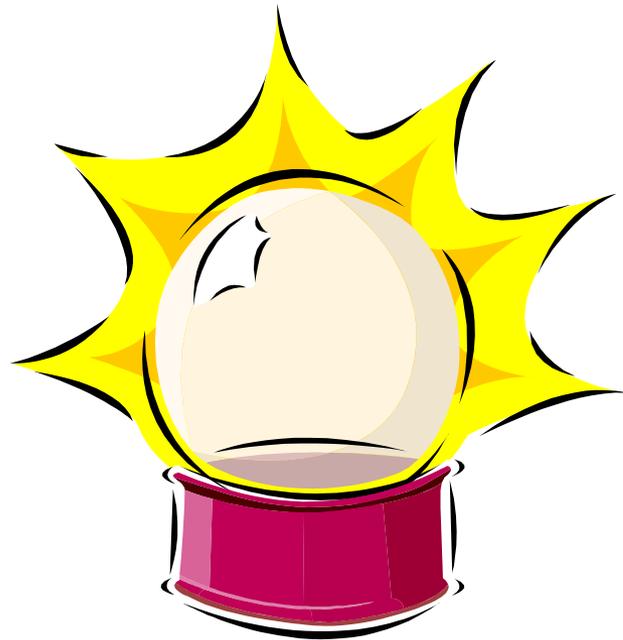
DSM IV vs. DSM5

- B. The gambling behavior is not better explained by a manic episode
- B. The gambling behavior is not better explained by a manic episode

MAGICAL THINKING IN COMPULSIVE GAMBLING



WHAT IS MAGICAL THINKING

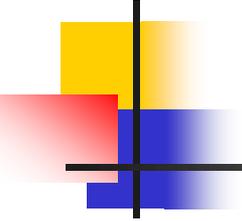


- Pervasive denial
- Erroneous perceptions
- Irrational thinking
- Cognitive distortions

FACTORS MASKING THE NOTION OF RANDOMNESS

1. Active role of gambler
2. Perceived competition
– beat the dealer, beat the machine
3. Frequency of gambling
4. Complexity of the game





BELIEF SYSTEMS



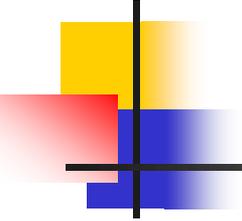
- Human beings respond to beliefs, not to reality.

VIDEO GAMES

THE WAVE OF THE FUTURE

- Video games may offer the purest form of gambling
 - An immediate stimulus-response
 - Very addictive
 - Trend toward developing faster & faster games

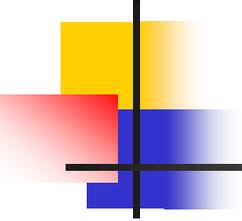




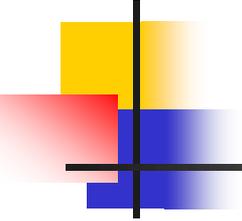
WHAT MAKES A GAME ADDICTING?

1. Immediacy
2. Ability to increase play in dollars and time
3. Perception of skill
4. Ability to block out external stimuli to get lost, escape or disassociate

MAGICAL THINKING OF THE PUBLIC

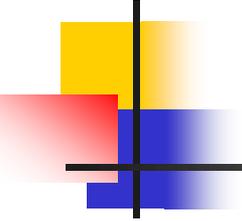


- Compulsive gambling is a silent epidemic usually affecting only the gambler and their immediate family
- Compulsive gambling is not perceived as being life threatening
- There is a taboo about money
- Lack of sympathy for people who lose or appear to squander their money



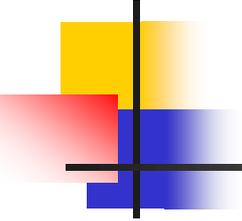
WHY QUIT GAMBLING?

1. Financial concerns – 96%
2. Emotional Factors – 92%
3. Concern about family/children – 69%
4. Hitting “rock bottom” – 61%
5. Pros and cons evaluated – 54%
6. Humiliating event happened – 50%
7. Physical health concerns – 48%
8. Work problems – 43%
9. Confrontation with loved one – 43%
10. Major lifestyle change – 43%



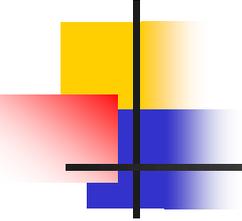
FINANCIAL CONCERNS

- 50% of Gambling Disorder clients will not come back after the initial session. Why? Implied in coming into treatment is that the client will abstain from gambling. If they can't gamble they cannot recoup their losses. If they don't recoup losses they cannot get out of debt.



FINANCIAL CONCERNS

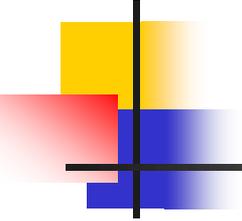
- Must be recognized during the first session, whether the gambler brings it up or not. This is the #1 thing that causes the most pain and that the gambler wants relief from.



FINANCIAL CONCERNS

- Average debt of GD client entering treatment: \$55,000 - \$92,000.
- 90% of GD clients use credit cards to continue to play.
- Average dollar value of fraud & theft:
\$65,468.

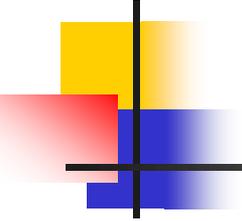
(Average debt of all Americans (2011) is \$47,000.
Approximately 1/3 of this debt is credit card debt.)



FINCANCIAL RECOVERY

1. Debt load. How much is owed?
 1. Banks
 2. Credit cards – all credit cards!
 3. Family & friends
 4. Fraud & theft (not convictions, but is owed)

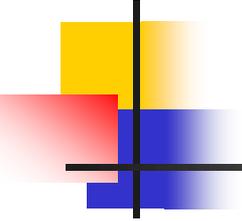
(It is imperative that the spouse be involved in this process and commit to buy-in. It is the opportunity to begin building the trust relationship.)



FINANCIAL RECOVERY

1. Develop a spending plan. (budget)
 - Income – household total
 - On going expenses
 - Rent/mortgage, groceries, utilities, transportation, (basic needs)
 - Credit card payments
 - Loan payments already in place

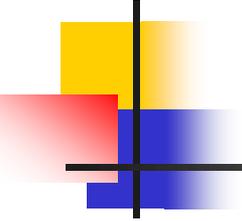
What is left – this is the amount that can be applied to gambling debt.



FINANCIAL RECOVERY

- Financial recovery is possible in 3-5 years in most cases if:
 - Stop gambling
 - Develop a budget
 - Live by the budget

(Most gamblers cannot see this initially, but if they are willing to work it they will see the results.)

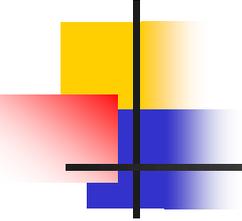


FINANCIAL RECOVERY

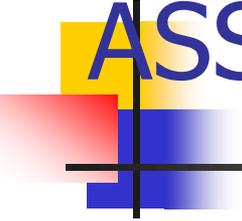
- “Problem Gamblers and Their Finances – A Guide for Treatment Professionals”*
- GA conducts a “pressure relief meeting” with the gambler and their family.
- If this is not available – Financial Peace University – Dave Ramsey

Caveat: many suits are initiated by clinicians practicing outside their area of expertise

TEXAS HOLD 'EM HAS TAKEN OVER

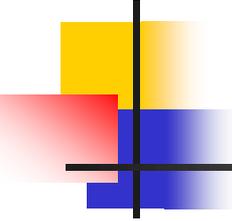


- National study released in April, 2005:
 - 1,501 subjects between ages of 14 & 22
 - 2004 – 10.8 % of the high school boys played in card games at least once each week.
 - 2003 – 5.7 %
 - 2004 – 3.3 % of the high school girls played weekly games
 - 2003 – 1.5 % of girls played



ASSESSMENT

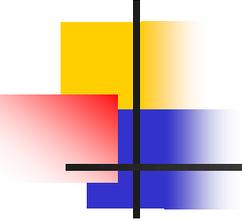
- Face-to-face clinical interview
- TOOLS:
 - Gamblers Anonymous Twenty Questions
 - South Oaks Gambling Screen (SOGS)
 - NODS
 - Lie/bet questionnaire



TREATMENT & RECOVERY

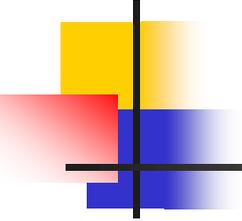
- **INDIVIDUAL THERAPY**
- **GROUP THERAPY**
- **I.O.P. PROGRAM**
- **RESIDENTIAL PROGRAM**

- **GAMBLERS ANONYMOUS**



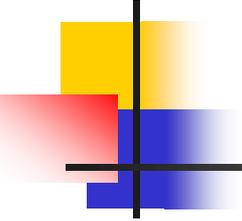
TYPICAL TREATMENT PLAN

1. Abstain from all forms of gambling.
2. Attend a minimum of 3 GA meetings each week.
3. Find a sponsor within 90 days.
4. Bring family member (spouse) to next appointment.
5. Select and turn over control of financial matters to another person.



THE GOOD NEWS

- **In regard to treatment outcomes, 50% of gamblers stay clean with treatment alone, 70% if they go through treatment and then regularly attend GA, and 90% if they go through treatment, go to GA and attend aftercare.**

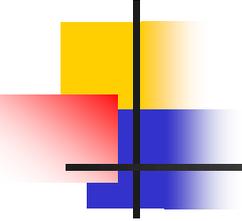


QUESTIONS



- It's time for me to stop, listen and answer questions
- Thank you.





RESOURCE AND CONTACT INFORMATION

- 1-800-GAMBLER
- MIKE STONE, Executive Director, KY.
COUNCIL ON PROBLEM GAMBLING
- BUD NEWMAN -
 - [502-424-0176](tel:5024240176)
 - bud.newman@twc.com