

AN APPROACH TO GAMBLING TREATMENT: HARM REDUCTION PART 2 LIMITED GAMBLING-LIMITED HARM

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LEARNING OBJECTIVES

- Participants will be able to define limited gambling and the role of harm reduction and its problem gambling treatment planning.
- Participants will learn strategies to engage the problem gambler in the treatment process
- Participants will learn how to assess and establish a treatment plan using limited gambling and harm reduction strategies.
- Participants will be able to gain an awareness of how harm reduction strategies can be employed in the context of family and couples counseling.

OPENING EXERCISE

- Reflection Questions...

What is an example of some deliberate CHANGE that you have made over the years?

What was your initial reaction to that CHANGE?

What were some of the challenges that were posed and came up during the change process?

What was helpful? What were the key factors in your success?

- Mindfulness Exercise...

The Power of the Breath...Being Present in The Moment

CREATING A SAFE ENVIRONMENT: THE USE OF LANGUAGE

- Our use of Language has a Powerful Impact on the Therapeutic Environment that is created in the Treatment and Care of those we serve.
- What are some of the ways that people refer to those who suffer from SUD and GD?
- In what ways might a client's family and friends refer to them? How do our client's think about themselves? What's are the phrases, comments or self-talk used that depict people in negative ways?

“They are just a liar”. “They are an ADDICT” “ They could STOP if they really wanted to”

“They are despicable”

“For me, being called an “Addict” defines my humanity with one small facet of my identity, essentially erasing the rest of me” – Zachary Siegal (person in recovery/journalist) -Video A

IDENTIFY YOUR WARNING SIGNS

HARM REDUCTION

If you chose to continue to gamble, review the list of warning signs below and circle the ones that you think you need to be aware of and monitor.

SOME COMMON WARNING SIGNS OF GAMBLING PROBLEMS

- ▶ Any increase in gambling behaviors
- ▶ Noticing an increase in cravings for other addictive behaviors in connection with gambling
- ▶ Using gambling as an alternative to other addictive behaviors
- ▶ Gambling to relieve boredom, anxiety, or depression
- ▶ Feeling the same kind of rush or high when gambling as when using substances

What are any other signs that you might notice to indicate that gambling might be becoming a problem for you or putting your recovery at risk?

MAKING A PLAN FOR TREATMENT: COLLABORATIVE ENGAGEMENT

What is your plan if you notice any warning signs of problem gambling?

- Talk to sponsor
- Talk with counselor
- Stop gambling
- Attend GA meeting
- Develop plan to protect my money
- Other _____

LIMITED GAMBLING VS. ABSTINENCE: TREATMENT PLANNING

- **Functional Analysis**

- Relationship between behavior and environment
- Situations that precede gambling
- Events that typically follow gambling
- Understanding antecedents and consequences to clarifying meaning of and motivation for gambling and motivation for change

What purposes are or have been served by your gambling activities?



WHERE TO START:

- Where is the client?
- Is the family involved?
- What is the current financial situation?
- Has gambling contributed to any problems in the financial situation?
- Has there been a discussion about money/gambling/substance use that encompasses the interplay between these three?
- Is there a financial crisis?
- What should be addressed first?

SELF-MONITORING: ASSESSMENT - A

Date/ Time	Situation (Where, With Whom, Feelings)	Time Spent	Net Win/ Loss	Consequences (Feelings, Problems, Others Reactions)
1/18/02 Friday	Sports bar Drinking with bookie Betting buddies Got paid. Feel good/lucky	4 hours	Lost \$300	Felt stupid, more tired Mad at myself Missed son's concert Wife angry Guilty
1/19/02	Home Argument with wife Unpaid bills Feel angry, overwhelmed	4 hours	Lost 1000	Wife more angry More arguments Didn't go to family dinner Ashamed, guilty
1/20/02	Home Frustrated, Depressed Worried	3 hours	Lost 1500	Isolated Family went out Anxious, Emotional roller coaster, Depressed, angry
1/21/02	Work Co-workers Sports Pool Excited	1 hour	Bet 500	Relieved Hopeful about winning

SELF-MONITORING: ASSESSMENT

Date/ Time	Situation (Where, With Whom, Feelings)	Time Spent	Net Win/ Loss	Consequences (Feelings, Problems, Others Reactions)
1/22/02	Busy at work Worked late Good, confident	0	0	Felt like accomplished something
1/23/02	Sport bar Lunch Alone Confident, lucky	2 Hours	Lost 400	Behind on work Pressured, stressed
1/24/02	Track Afternoon Alone Angry at customers	6 hours	Lost 1200	Depressed, angry Anxious Boss called wife to find me Wife very angry

SELF-MONITORING: MEETING GOALS - \$100/DAY; 2 DAYS/WEEK

Date	Situation (Where, When, with Whom, Feelings)	Goals Time Money	Actual Time Money	Consequences
Fri	Home Dinner with family After counseling Hopeful	0 0	0 0	Felt better about hope for change
Sat	Home Alone Told bookie could only bet \$100 Relaxed	1 hour \$100	2 hours Bet \$100 + 50	Proud of self Happy, confident Spent more time with family
Sun	At Brother's house Family Called bookie Felt lucky, confident	1 hour \$100	4 hours Bet 500 Lost 375	Mad at self Stupid, Failure Didn't tell wife Anxious

SELF-MONITORING: MEETING GOALS

Date	Situation (Where, When, with Whom, Feelings)	Goals Time Money	Actual Time Money	Consequences
Mon	Work Determined	0 0	0 0	Back on track
Tues	Work Determined Focused	0 0	0 0	Proud of self Happy, confident Got work done Home on time A little tense
Wed	Confrontation with Boss Sports bar Alone	1 hour \$100	3 hours lost \$1000	Stressed Depressed Discouraged
Thurs	Work Co-workers Sports Pool Determined and focused	0 0	0 0	Pleased with self More hopeful Went home early Spent time with family

HARM REDUCTION III

N

- Atmosphere conducive to change
- Has client examined risks to: Family, job, health, finances and legal status?
- Has client selected an effective limit setting strategy
 - With Time, Money, Energy and Other Resources
- Has client built in an evaluation of the effectiveness of the harm reduction strategy?
- Is there a *PLAN B* in case of need?

FAMILY INVOLVEMENT IS CRUCIAL

- Is the family willing/able to tolerate limited gambling?
- How can the family feel safe—financially, emotionally, physically?
(Assess any history of violence or abuse.)
- How can gambling be discussed honestly in the family?
(transparency)
- Asset protection planning: financial transparency

MONEY PROTECTION PLAN

- How will I safeguard my money from my gambling?
- Who can help me?
- To whom will I be accountable?

Issues to consider:

- Gender
- Safety issues
- Family dynamics
- Cultural issues

Case examples – Sandy

- 58-year-old, schoolteacher
- History of anxiety and panic attacks
- Depleted savings, owes \$10,000 on credit cards, cashed in insurance policies, bad checks
- She has always managed finances
- Husband very angry, very controlling, relationship marked by power struggles
- Children live out of state, but very supportive
- Has close friend who is recovering alcoholic and wants to be supportive
- Husband's brother is financial planner

MONEY PROTECTION PLAN

ALLEN –

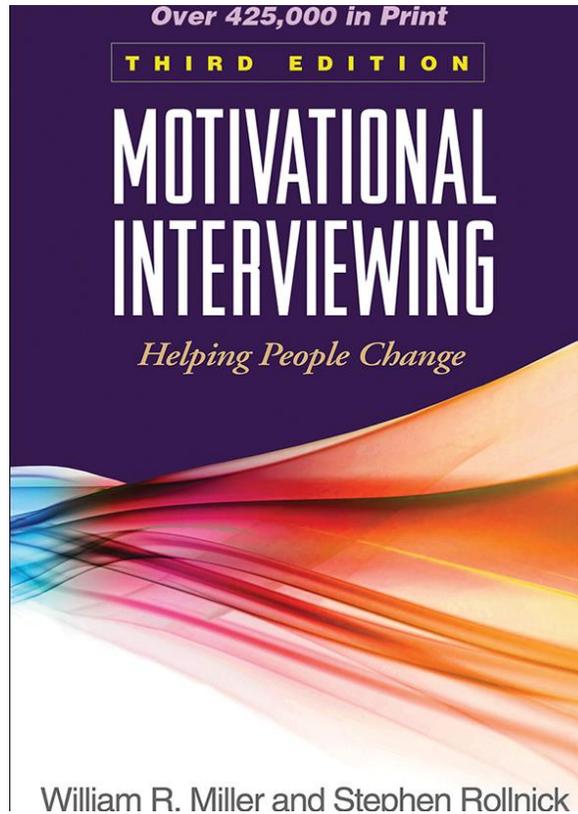
59-year-old

- -Formerly Marine Corp. Reserve PFC
- -History of Schizoaffective, depressive type, cannabis use

- -Gambling disorder
- -Depleted his saving, ran up 19K in credit cards from two banks
- -Currently on fixed income SSDI
- -First gambling experience at 9 or 10 yrs old
- -Most won was \$4000 after playing \$2000
- -Only playing Mega million. \$4.00 a week now
- -Brother helps manage his money

WILLIAM MILLER AND STEPHEN ROLLNICK

A



WHAT IS MOTIVATIONAL INTERVIEWING?

- A person-centered, goal directed counseling method for helping people to change by working through ambivalence.

“MI is about arranging conversations so that people talk themselves into change, based on their own values and interests.” (Miller and Rollnick, 2013)

What makes change difficult?

What's something that you wanted to be different in your life?

Did you ever take a direct, steady, consistent path toward change?

DEFINITION OF MOTIVATIONAL INTERVIEWING

MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

(Miller and Rollnick, 2013)

Motivational Interviewing

- Counselor is not the expert
- Client has responsibility for change
- Strategies are more persuasive than coercive
- More supportive than argumentative
- Counselor seeks to create a positive atmosphere conducive to change



HOW DOES MI WORK?

- Through *conversation* with the client, MI *evokes* a person's desire for change.
- *It is not trying to get others to do what you think is correct.*
- ***It is not coercive, demanding, or directive.***
- Use MI when there is a clear and urgent need to change a client's behavior in a particular direction (Helping them to stop drinking or hurting their children.).
- Use MI when there is ambivalence about change.

Video 1 - Miller

MILLER'S RESEARCH

- Providers can significantly influence client motivation
- Motivation is not seen as a client trait, but the interpersonal process between client and provider
- How a provider thinks about motivation and change greatly influences what a provider does

THESE ARE PRINCIPLES & STRATEGIES TO HELP FACILITATE CHANGE - N

COUNSELOR

- May Change the Counselor
 - Avoids Argumentative Persuasion
 - Instead, Operationally assumes the validity of client's subjective experiences and perspectives

COUNSELOR

- Involves: Listening to, Acknowledging and Practicing Acceptance of:
 - Client concerns, opinion, preferences,
 - Beliefs, emotions, styles and motivations

CLIENT RESISTANCE

- Client resistance is a therapist problem
- Extent to which clients “resist” is strongly related to therapist style
- Resistance from the interpersonal interaction of therapist and client
- Means there is something therapist can do about it

FIVE GENERAL PRINCIPLES:

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy

EVOKING STYLE – HELPER’S TASK

LISTEN CAREFULLY to deeply understand the dilemma

Think about a current client...

ASK these open questions (then listen):

1. Tell me a little about the change you are considering
2. What BENEFITS would there be if you make the change?
3. HOW MIGHT you go about it in order to succeed?

Then ask...What do you think you will do?



EVOKING STYLE COMMON RESPONSES

- People feel, think and behave in the following...

AFFIRMED - Respected, Understood, Empowered, Hopeful...

ACCEPTING – Open, Interested, Cooperative,
Less defensive...

ENGAGED - Talkative, Activated, Liked, Approachable...

Video 2 - Miller

USE OF FRAMES

Feedback – to risks and negative consequences

Responsibility – to make own decisions

Advice – on modifying

Menu – options to choose, fosters engagement

Empathy – respectful, non-judgmental

Self-efficacy – express optimism that success if possible. Help Client to BELIVE they can effect change

SALLY

- A

Sally had been in an out-patient mental health treatment program for many years. She had also had several inpatient stays, but none in the past six years. She had attended IOP's but now just was seeing her therapist and doctor on an outpatient basis, having counseling and medication, and she attended a local "social club." Her family was very supportive of her and very involved in her care, though she lived alone.

Over the past two years, Sally began gambling on lottery almost every time she would receive her Social Security check. In addition, she would sometimes use credit cards, which were sent to her even though she had not asked for them. She was in a pickle with her finances and her family, who had become increasingly frustrated at having to give her money every month to make ends meet. Her counselor referred her to PGS when she did a budget at the IOP and showed her debt and the amount she was spending on tickets.

How would you proceed with Sally using a MI approach?



MINDFULNESS

UNDERSTANDING HABITS - UNDERSTANDING MINDFULNESS

Habits form through repetition under consistent conditions (e.g., time, place, feelings, people we're with, etc.)—they are things we've done (or thought) so often that we do them automatically

The Here and Now Habit, Hugh G. Bryne, PhD. (2016)

HOW MINDFULNESS SUPPORTS CHANGE

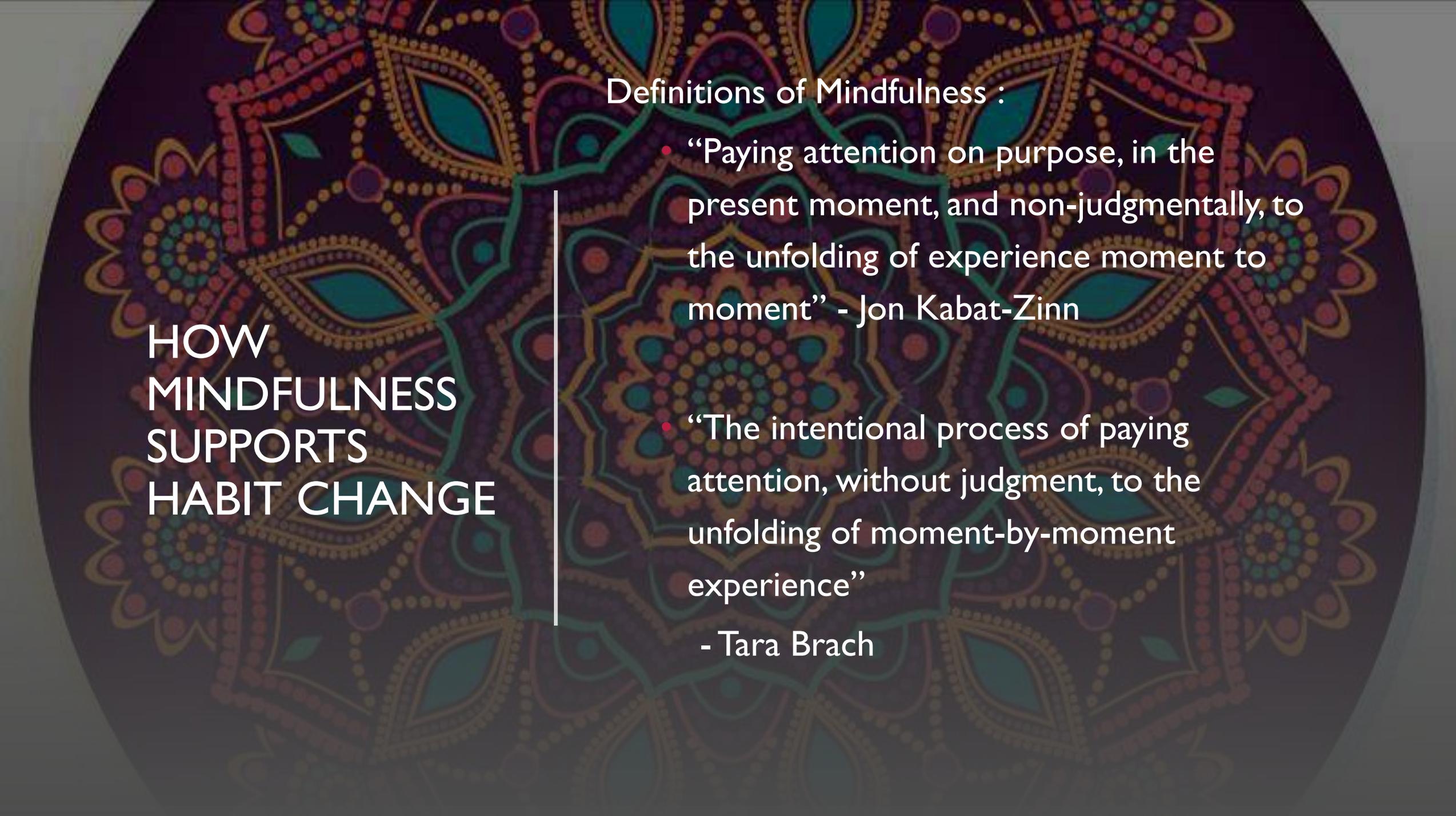
Mindfulness brings what is unconscious and automatic into the light of awareness.

When we are aware of our experience and see that it is not serving us, we can commit to taking steps to make change.

Mindfulness makes what was invisible visible.

UNDERSTANDING HABITS - UNDERSTANDING MINDFULNESS

- Once formed, habits can be hard to change because they are assigned to instinctual, faster-responding brain processes.
- Nobel Prize–winning psychologist Daniel Kahneman, describes two modes of “cognitive function”:
 - an *intuitive* mode, which he calls **System 1**, in which judgments and decisions are made automatically and rapidly
 - a *controlled mode*, which he calls **System 2**, which is deliberate and slower.

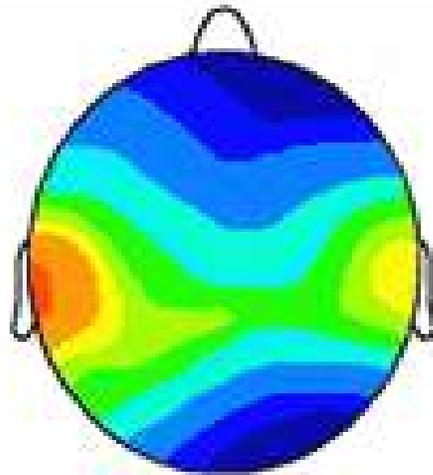
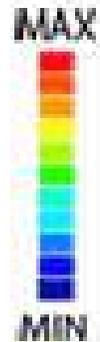


HOW MINDFULNESS SUPPORTS HABIT CHANGE

Definitions of Mindfulness :

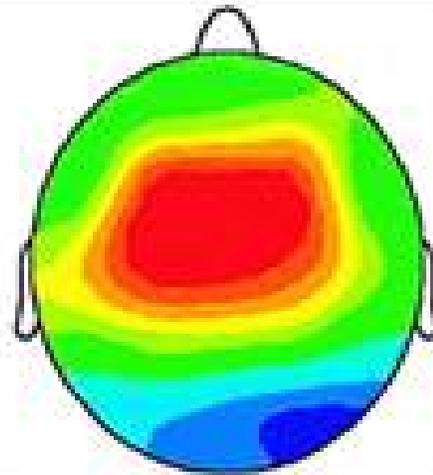
- “Paying attention on purpose, in the present moment, and non-judgmentally, to the unfolding of experience moment to moment” - Jon Kabat-Zinn
- “The intentional process of paying attention, without judgment, to the unfolding of moment-by-moment experience”
- Tara Brach

Illustration - Theta Brainwaves - Before and After Synchronization



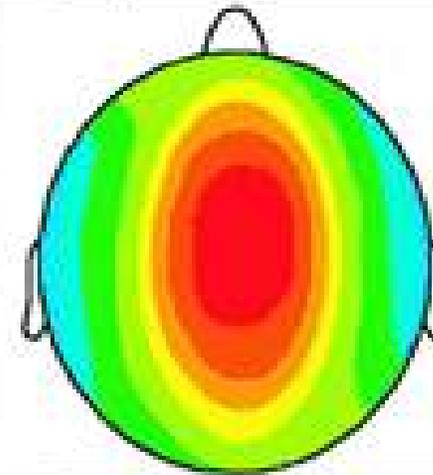
Normal Person

Unintelligible, unbalanced brainwave pattern with restricted thought processes. Prone to anxiety, depression, and weakened mental & emotional health.



After 15 Minutes

Harmonizing and balancing both hemispheres allows the brain to work in sync, making communication of thoughts, information, and responses more effortless, efficient, and coherent. A more integrated system produces optimal performance, functioning, and mental & emotional health.



After 25 Minutes

Enhanced for Illustration Purposes

THE POWER OF INTENTION

- Studies show that when our intentions come into conflict with strongly held habits, the habits typically prevail.
- **Intention** is essential to habit change, but not sufficient.
- In order to change established habits, we need:
 - 1) a **strong** intention, *and*
 - 2) to bring **present-moment attention** to the habit, *and*
 - 3) to repeat the healthier response consistently over time.

THE POWER OF INTENTION

Make a commitment to do this every day:

- preferably at the same time and place
- for a specific period (e.g., a week) and
- keep a record and check off each day you carry out the new behavior (or refrain from an unwanted one).
- At the end of the period of time, commit to another period and record your activities.
- Think about possible obstacles to establishing this new behavior and envision the steps you will take to meet these obstacles.

Visualize Your Goals – Reinforce Your Intentions

MINDFULNESS BASED RECOVERY PROMOTION

- I. Automatic Pilot and Relapse
- II. Awareness of Triggers
- III. Mindfulness in Daily Life
- IV. Mindfulness in High-Risk Situations
- V. Acceptance and Skillful Action
- VI. Seeing Thoughts as Thoughts
- VII. Self-Care and Lifestyle Balance
- VIII. Social Support and Continuing Practice

JERRY

- Jerry lives with his girlfriend of 4 years, and they each contribute half of their monthly expenses. She knows that he gambles and smokes pot but has never been involved in this. She is pretty “straight” according to him.
- Jerry has not given his girlfriend any money for the past month, has only worked a few part-time jobs under the table, and has used that money to gamble. He has lost all of it. He has not smoked pot.
- He does not think he needs help with either pot or gambling and is court-ordered. He is open to meeting with the counselor and his girlfriend together and doesn't want to talk about the money issues. He is afraid she will ask him to leave.

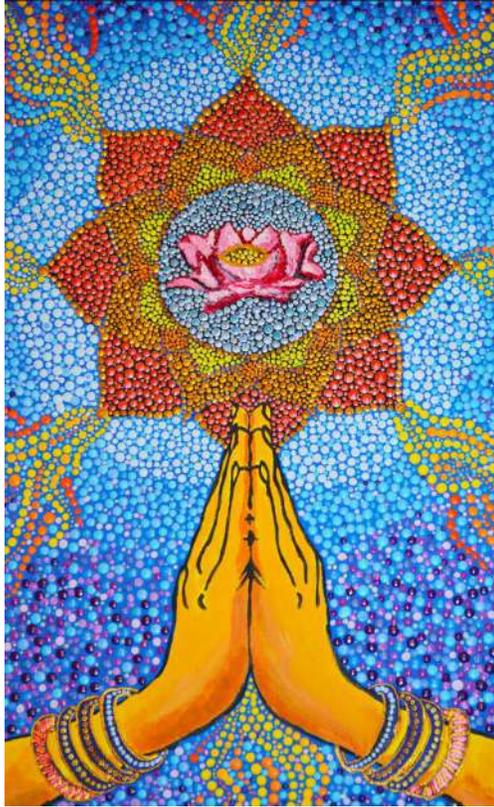
APPLYING MINDFULNESS

Ronnie – 45 yo African American Male – Married 2 Young Adult Sons -

- Goes to the casino 2-3 x per week, averages \$500 - \$1,000 spent each time. Slots, poker, black-jack. Not interested in VEP. Has borrowed \$\$\$ from “funds” to support his gambling. Debt increasing. More time away from home. Increased deception. Enjoys the atmosphere of casino and being “in play”.
- He is irritable when he hasn’t been to the casino for 5 days. Reactivity to others increases. His wife has difficulty discussing most topics these days due to his “short fuse.”
- He worries about the future and not having enough. He describes himself as being stressed and tense much of the time. The casino provides relief from these feelings.
- He is becoming more socially withdrawn. Less time with family. In the past prides himself as a family man.

LET'S TAKE A MOMENT SENSORY RELAXATION





ENJOY PEACE

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VIDEO - PEACE TRAIN