

Client Engagement: Treatment Strategies and the Therapeutic Process with Gambling Disorder

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Learning Objectives

1

Participants will be able to identify strategies to increase client engagement in the treatment of gambling disorder.

2

Participants will be able to identify common concerns of gambling clients that can be used to increase motivation to engage in treatment.

3

Participants will increase their understanding of using MI, CBT and Mindfulness practices in the treatment of gambling disorder.

4

Participants will develop an understanding of the treatment challenges and therapeutic process unique to working with clients who have a gambling disorder.



Breathe Deeply

RELAX

Opening Reflection Exercise

- What do you find to be the most SRESSFUL parts of your professional job? – Do you provide services in more than one role?
- What are the most CHALLENGING aspects of your professional life?
- How has the Pandemic played a role in the stress and the challenges of your work?
- What changes have you observed in clients and those you serve and work with (co-workers) as a result of the pandemic?

Priorities

- **Keep the client ALIVE**
- Keep the client in Treatment
- *Make a Difference in How the Client Experiences their Lives*
- *What Works for Who? When?...Many Variables...We try so hard to know...and think we do know.*



Recovery

Working definition of recovery from mental disorders and/or substance use and related disorders:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

What can we do as professional helper to facilitate this process?

Therapist Challenges

- Compassionate Honesty
- Tolerating client's emotional discomfort
- Balance between empathic support and helpful feedback
- Acknowledging counter transference reactions
- Patience and Self-Forgiveness

Barriers to Help Seeking

- Person-Centered Factors Predominant
 - Want to resolve problem on own and pride
 - Shame and embarrassment
 - Reluctance to admit problem
 - Too overwhelmed to get help
- Service Centered Factors
 - Bad help seeking experience
 - Being treated like “addict” or mentally-ill person
 - Couldn’t get service at time or place wanted

(Pulford et al, 2008; Evans & Delfabbro, 2005; McMillen et al (2004); Taveres, 2002)

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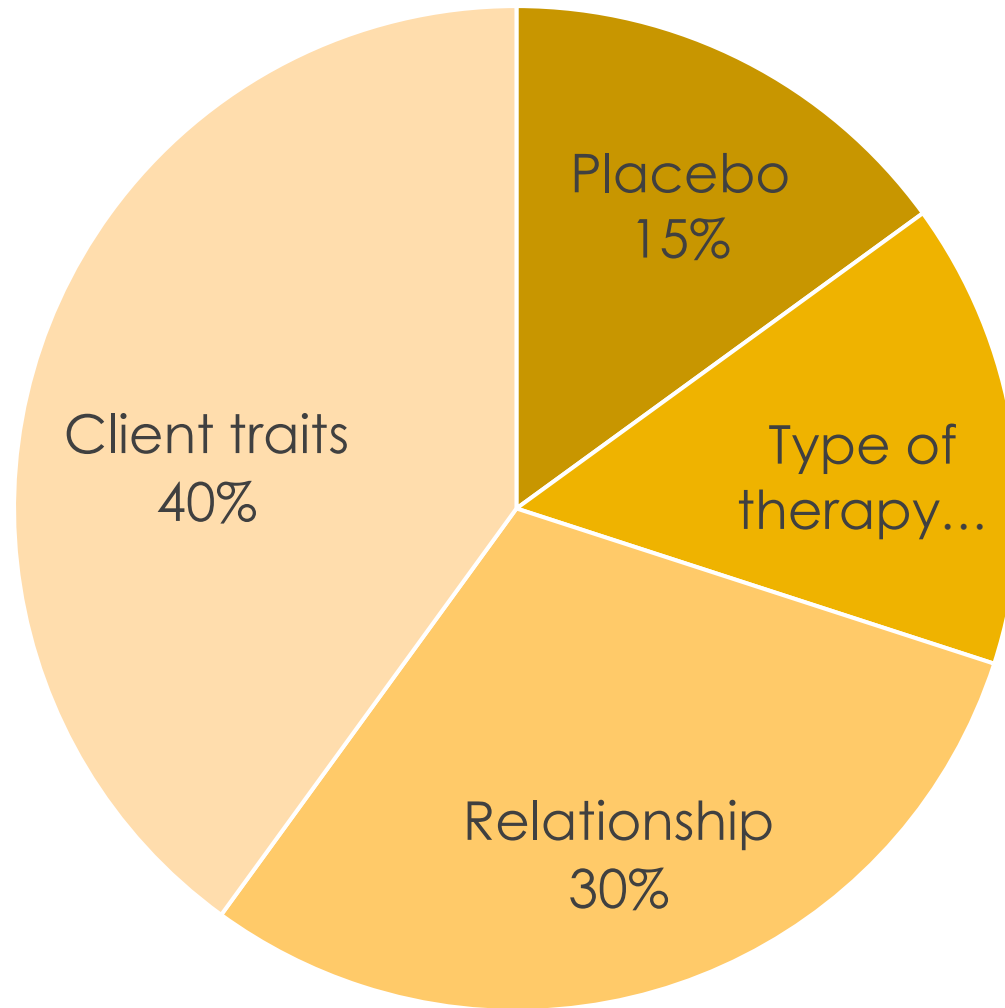


(Pulford et al, 2008; Evans & Delfabbro, 2005; McMillen et al (2004); Taveres, 2002)

Redefining Best Practices

BEST PRACTICES AND
TREATMENT

- Development of **evidence-based therapists** is at least as much as, if not more, [important] than the dissemination of specific therapies.
- “No amount of theory, coursework, continuing education, or on-the-job experience will lead to the development of **‘experienced judgement’** required for superior performance. . . . For that it appears that practitioners must be engaged in the process . . . [of] continuously reaching for objectives just beyond their current ability.”
(Miller, Hubble, & Duncan, 2007)



What Affects Treatment Outcome

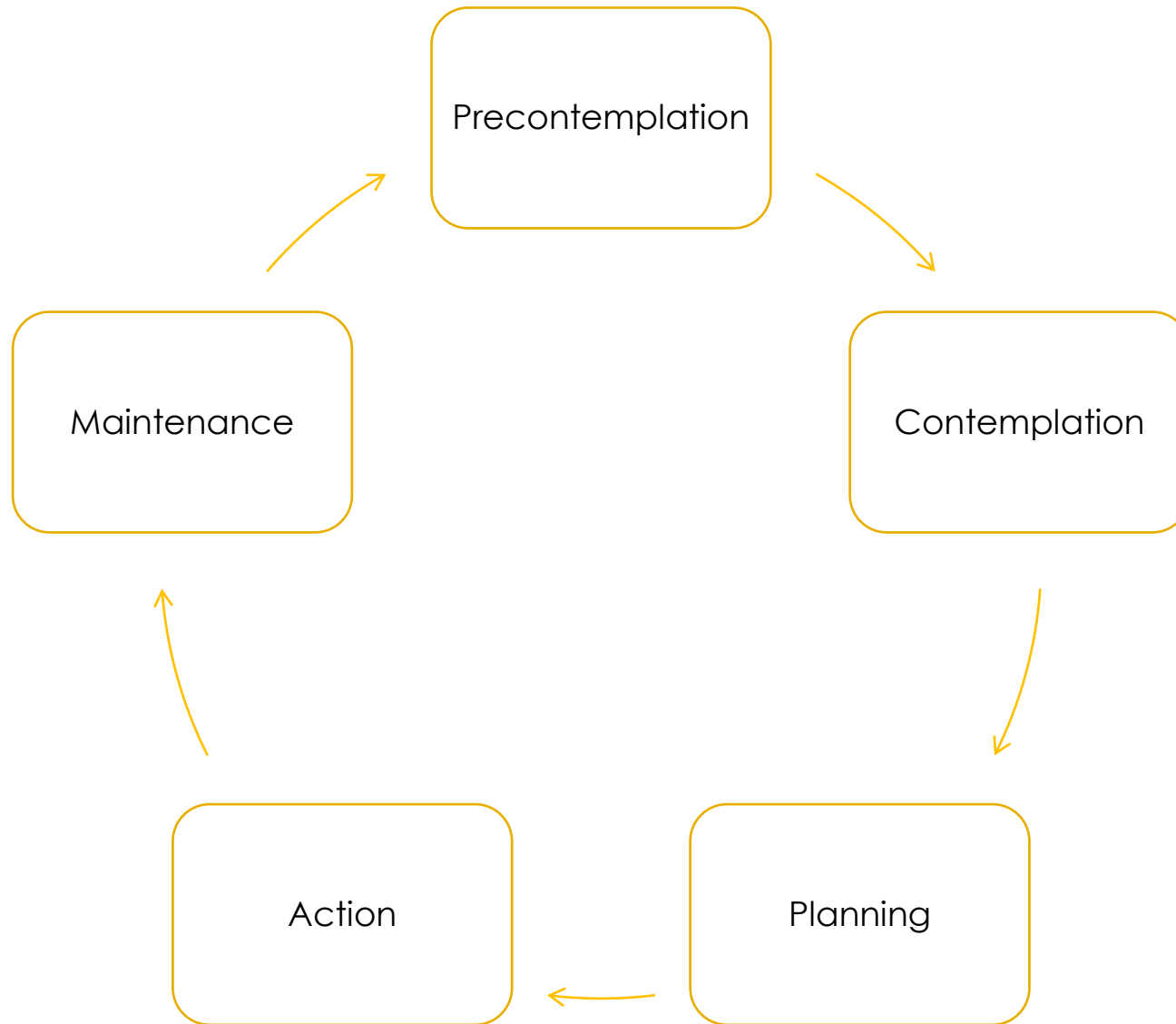
Dual Motivation for Seeking PG Treatment

BEST PRACTICES AND
TREATMENT



Treatment Outcome

- Meta-analysis establishing association between alliance and outcome (Horvath, Del Re, Flückiger, & Symonds, 2011; Tryon & Winograd, 2011)
 - even in structured CBT (Waddington, 2002)
 - and pharmacological treatment (McKay, Franklin, Patapis, & Lynch, 2006)



Motivational Cycle

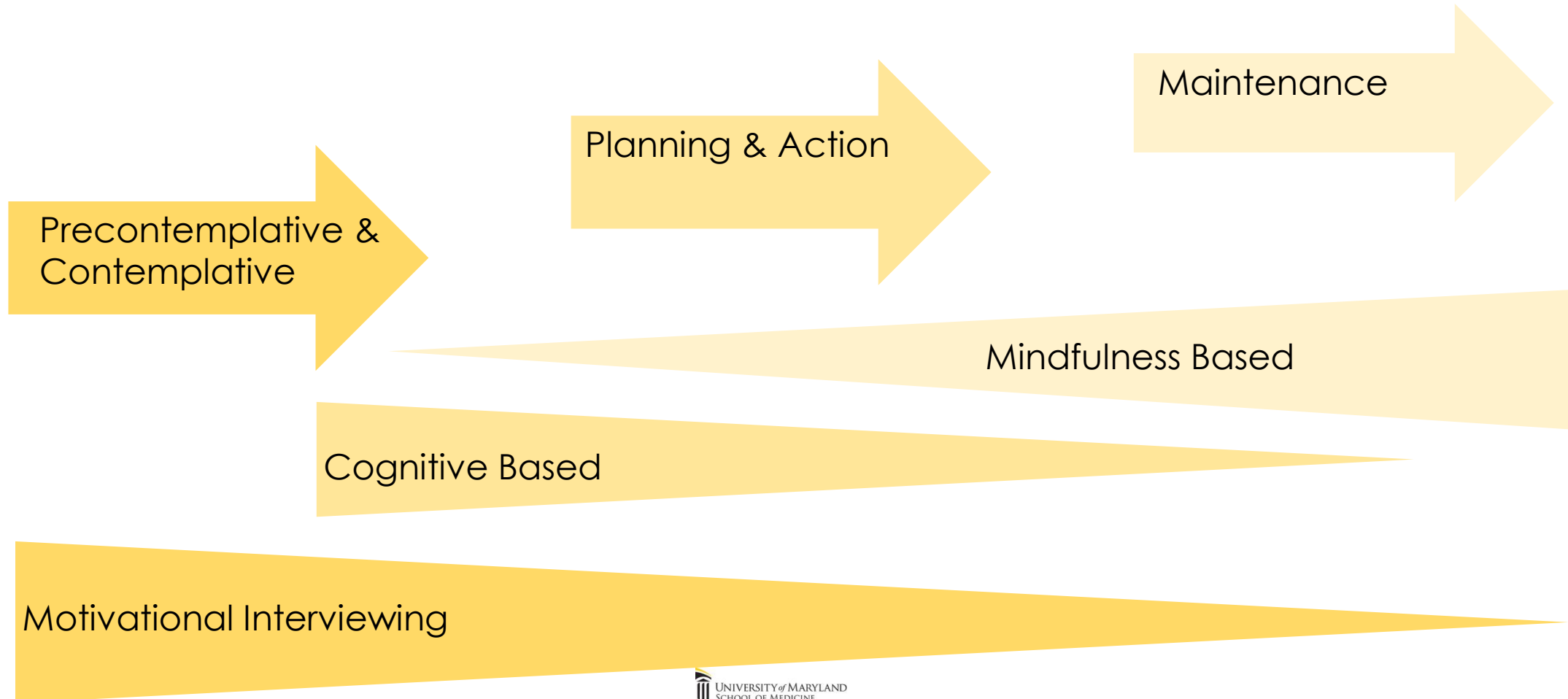


Treatment Matching



Matching Treatment to Level of Motivation

BEST PRACTICES AND
TREATMENT



Motivational Interventions

- Based on “stages of change” (Prochaska & DiClemente, 1983)
- Interventions based on enhancing client’s presenting level of motivation
- Studies have shown significant gambling reduction with brief motivational interventions (Hodgins, Makarchuk, El-Guebaly, & Peden, 2002; Petry, Weinstock, Ledgerwood, & Morasco, 2008)

Four General Principles

Express empathy

Develop discrepancy

Roll with resistance

Support self-efficacy

Selective empathy

Focuses on
discrepancies (e.g.,
double-sided
reflections)

*“You really enjoy
gambling and would
hate to give it up, yet you
see it’s causing serious
problems for your family
and at work.”*

Affirmations

Ways to point out the positive aspects of person

Behavior

Intention

Struggles

Thinking

Feelings

Traits,
qualities

Affirmations are free and not used nearly enough.

Motivation and Understanding

*Clients can be motivated to
understand why they gamble*

Meaning of Gambling

EXCITEMENT

- Living on the edge
- Competitiveness
- Need for strong sensations
- Sexual

REBELLIOUSNESS AND ANGER

- Aggression of gambling
- Authority issues
- Revenge/turning the tables

FREEDOM FROM DEPENDENCY

- Money as the route to independence
- Freedom from need for approval

Meaning of Gambling

SOCIAL ACCEPTANCE

- Democracy of gambling
- Sense of belonging
- Sociability without intimacy

ESCAPE FROM AFFECT

- Antidepressant
- Anti-anxiety
- Erase feelings of guilt, helplessness, shame
- Regulate affect, numb out, dissociate
- Cope with loneliness, emptiness

ALTERNATIVE ROUTE TO SUCCESS

- Provides hope
- Ability to focus
- Provides structure

Video I – MI

Resistance: A Different View

- Resistance is **not a trait** in the person.
- It is the client's signal of **dissonance in the relationship**.
 - It is an interpersonal event, not a disposition.
 - Resistance is the *expressed side of ambivalence*.
 - It is motivation to do something other than what is in the direction the therapist is focusing.
- It **predicts (non)change**, or not going in the direction the therapist wants.

Redefining Resistance

- Verbal behavior that occurs in interaction
- Speech that discusses
 - Advantages of current situation
 - Disadvantages of change
 - Pessimism about ability to change
 - Intention not to change

OPPOSITE OF CHANGE TALK (DARN-CAT):

D	C
A	n
R	A
N	T

Desire Commitment
Ability nt
Reasons Activation
Need Taking Steps

Responses to Avoid

Never meet resistance head-on via

arguing,
disagreeing,
challenging

judging,
criticizing,
blaming

warning of
negative
consequences

persuading via
logic or
evidence

interpreting or
analyzing
reasons for
resistance

confronting with
authority

using sarcasm
or incredulity

These responses are easy to fall into with a competitive gambler.

Video 2 MI

cognitive

feedback

planning

urge management

well-being

behavior
substitution

social support

information seeking

limit finances

avoidance

consumption
control

financial
management

exclusion

self-monitoring

Types of Change Strategies for Limiting or Reducing Gambling Behaviors and Their Perceived Helpfulness: A Factor Analysis

(Rodda et al., 2018)

1. Cognitive

- Remind yourself of negative consequences 92%
- Think about how your money could be better spent 92%
- Remind yourself sometimes people win at gambling, but the system is designed for you to lose 91%
- Remind yourself of positive consequences of not gambling 90%
- Compare costs and benefits of continuing to gamble 90%

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2. Feedback

- Calculate money and time spent gambling 85%
- Accept that gambling needs to change 81%
- Complete a questionnaire that gives feedback on gambling problem 73%

3. Planning

- Plan ahead and limit amount of money you carry 84%
- Plan ahead and leave credit cards and nonessential cash at home 80%

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4. Urge Management

- Distract yourself or do something else until urge to gamble passes 80%
- Keep busy to avoid thinking about or engaging in gambling 81%
- Use alternative strategies to deal with gambling triggers 74%
- Postpone gambling until a later date 69%
- Count days since you've made a change in your gambling 69%

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5. Well-Being

- Eat a healthy balanced diet 83%
- Engage in regular exercise 76%
- Take it easy on yourself or take it slow 75%
- Ensure your physical health needs are met 72%

cognitive

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6. Behavior Substitution

- Engage in a new form of entertainment 80%
- Engage in an activity that gives you a feeling of achievement 78%
- Complete daily activities around the house 76%
- Take a long walk 70%

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7. Social Support

- Spend less time alone 69%
- Disclose to someone else the extent of your gambling 67%
- Be more open and honest with family and friends about gambling 67%
- Ask family or friends to help or support you 59%

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8. Information Seeking

- Read information on signs or consequences of problem gambling 80%
- Read information on responsible gambling 78%
- Read information on how gambling works 79%
- Read firsthand accounts of other people's experiences 73%

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9. Limit Finances

- Keep track of money by setting up a budget and tracking spending 70%
- Don't borrow money from friends or family, banks, or loan sharks 60%
- Keep limited funds in online or loyalty gambling accounts 49%

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10. Avoidance

- Avoid gambling when feeling down, depressed, or otherwise vulnerable to gambling 68%
- Avoid gambling alone 64%
- Avoid being near/passing gambling venues 63%
- Avoid gambling with heavy gamblers 57%
- Avoid family/friends who gamble 54%

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11. Consumption Control

- Avoid chasing losses 83%
- Set spending limit for each week or month 77%
- Schedule gambling sessions so that they do not interfere with important activities 62%
- Don't drink alcohol or use drugs while gambling 60%
- Schedule other activities after gambling to limit session time 60%

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12. Financial Management

- Regularly contribute to a savings plan 61%
- Consolidate debts and implement payment plan 59%
- Pre-purchase goods or bills to reduce spare cash 57%
- Give cards or cash to a family member or friend to limit access 53%
- Keep money in joint account with partner or family member 50%

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13. Exclusion

- Self-exclude or ban yourself from a land-based or online venue 54%
- Limit or restrict internet access 44%
- Close online accounts related to gambling 44%

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14. Self-Monitoring

- Make a list of strategies that worked for you in the past 53%
- Talk to a health professional about your gambling 52%
- Practice relaxation strategies like yoga or meditation 52%
- Write about progress, thoughts, achievement, or struggles related to gambling 45%
- Create a physical reminder to limit your gambling 45%

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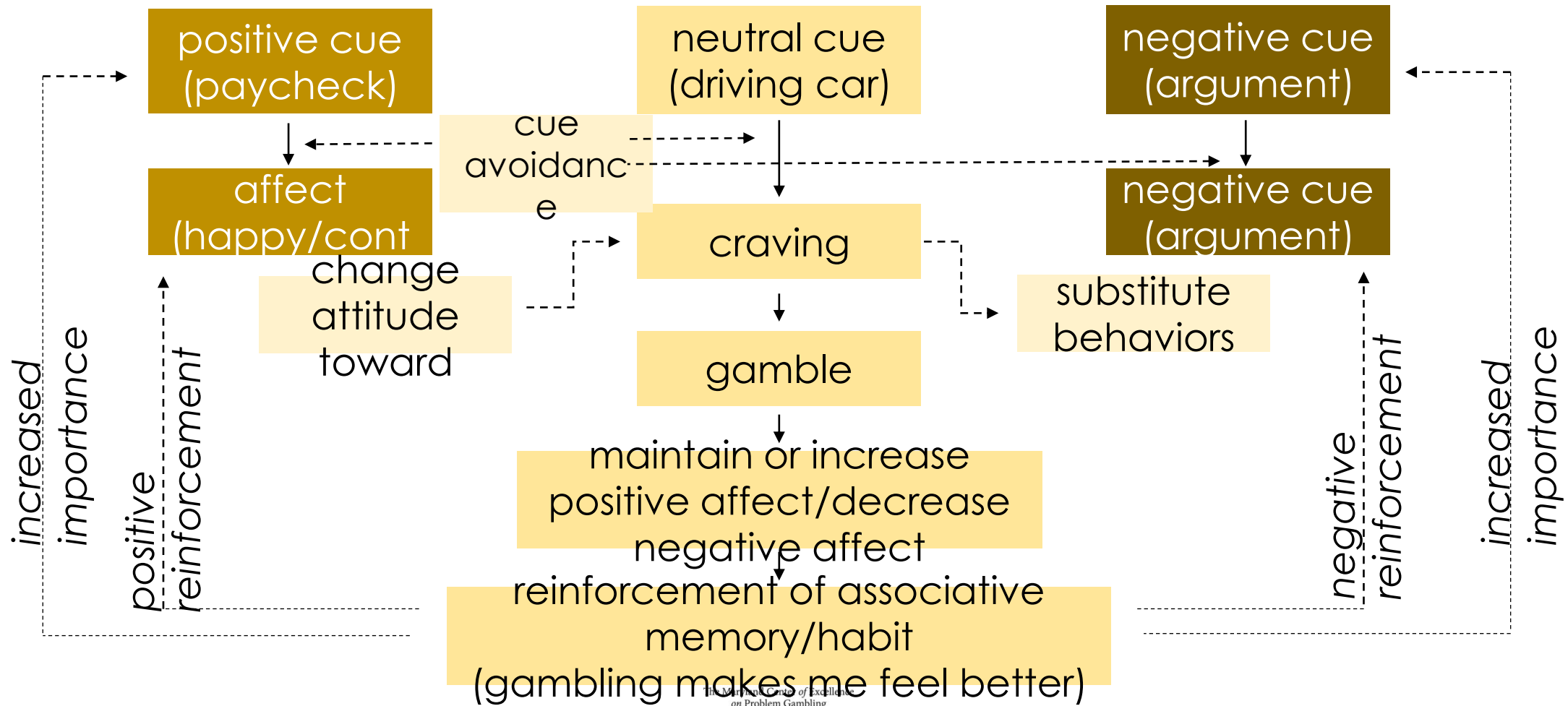
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15. Spiritual

- Remain hopeful about your future 72%
- Volunteer your time or help someone in need 49%
- Engage in prayer or meditation 41%
- Hand over to a higher power 38%
- Attend church or spiritual meeting 36%

Where to Intervene

(adapted from Brewer et al. 2018)





Cognitive Behavioral Therapy and Irrational Thoughts



Cognitive Behavioral Approaches

Irrational Thoughts

- **Illusions of Control**
(Ladouceur, Giroux, & Jacques, 1998; Petry, 2000)
- **Irrational and Distorted Thinking**
(Breen & Zuckerman, 1999; Ladouceur & Walker, 1996)
- **Superstitious Beliefs**
(Toneatto, Blitz-Miller, Calderwood, Dragonetti, & Tsanos, 1997)
- **Interpretive Biases**
 - attribution
 - gambler's fallacy
 - near misses

Structured Interventions and Assignments

Insight to Action Connection

Coping Skills and Relapse Prevention

- Sylvain, Ladouceur, & Boisvert 1997
- Petry, 2000

Irrational Ideas about Gambling Held by Some Gamblers (Adapted from Taber, 2001)

- Gambling is an important human activity.
- Gambling is an easy way to earn money.
- Those who do not gamble are stupid, slow, or frightened.
- Dedicated gamblers are usually bright and creative.
- Gambling is healthy recreation.
- My gambling is under control, or can be controlled with some effort.
- I do not have to quit; I can just cut down and ration my gambling.
- I can win it back
- I'm smart; I have a system to beat the odds.
- People respect a heavy bettor.
- Someday I'll score a really big win and quit with honor.
- Gambling will be the solution to my problems.

Irrational Ideas about Gambling Held by Some Gamblers (Adapted from Taber, 2001)

- Expensive presents will make up for past disappointments.
- Gambling makes me feel better.
- Money is my problem.
- I will pay it back.
- Borrowing to gamble is okay.
- Stealing to gamble isn't really stealing.
- The more money I have to gamble with the more I can win.
- Even if I only have a few bucks, I'm better off taking a shot at winning.
- Somebody will be there to bail me out if things go really wrong.
- If only I knew why I gamble, I could stop.
- Will power is the answer.

Irrational Ideas about Gambling Held by Some Gamblers (Adapted from Taber, 2001)

- I always win in the long run.
- I'm just a lucky person when I win and really just unlucky when I lose
- What's the use, I can't stop.
- Sometimes I think I am really two personalities, a gambler and a non-gambler.
- Suicide would solve all my gambling problems.
- I can't afford to pay for treatment or take time off from work to get help.
- I have to make as much money as I can as quickly as I can.
- I am luckier than most people.
- Gambling is a good way to forget about my problems.
- My gambling isn't hurting anybody.

Reviewing Irrational Ideas

On a scale from 1 to 10, which ideas did you believe at the beginning of treatment? Which ideas do you believe now? Which beliefs might become stronger under stress?

- I always win in the long run.
- I'm just a lucky person when I win and really just unlucky when I lose.
- What's the use? I can't stop.
- Sometimes I think I am really two personalities, a gambler and a non-gambler.
- Suicide would solve all my gambling problems.
- I can't afford to pay for treatment or take time off from work to get help.

Gambler's Fallacy

Gamblers think past performance predicts future events.

The **gambler's fallacy**, also known as the **Monte Carlo fallacy** or the **fallacy of the maturity of chances**, is the mistaken belief that, if something happens more frequently than normal during some period, it will happen less frequently in the future, or that, if something happens less frequently than normal during some period, it will happen more frequently in the future (presumably as a means of *balancing* nature).

- In situations where what is being observed is truly random (i.e., independent trials of a random process), this belief, though appealing to the human mind, is false.
- This fallacy can arise in many practical situations although it is most strongly associated with gambling where such mistakes are common among players.

Attributional Biases

- Attributing wins to **personal traits**
- Attributing losses to the **situation or circumstances**

EXAMPLES

- I won because I'm smart.
- I won because I'm lucky.
- I lost because the game is rigged against me.

Randomness and Independent Events

independent event an event is independent when a past event has no influence on a future outcome

random event an event that is unpredictable and independent. All random events have a material cause (or causes), but it is beyond human ability to predict the outcome of the cause.

- Class III slot machines are based on random number generators. The outcome of each spin is random.
- Some games, such as black jack or poker, are not entirely random because the cards are not continuously replaced. Therefore the odds of a particular card being pulled can increase within the game.

A grayscale photograph showing a doctor's hand in a white lab coat with a stethoscope, gently holding a patient's arm. The patient is wearing a light-colored long-sleeved shirt. The background is softly blurred, showing what appears to be a hospital setting with vertical blinds.

Triggers and Cravings

Trigger Timeline



*Those with a gambling
problem move impulsively
from trigger to action*



Impulse to Action
The process becomes
circular

Identifying Gambling Urges and Cravings

- Need to **develop awareness** of gambling thoughts and urges
- **Often not recognized** prior to gambling episode
- Can be experienced as a range of thoughts that **at first may seem unrelated** to gambling

Coping with Urges and Cravings



Avoid high risk
situations



Distracting
activity/redirect
attention



Urge surf



Challenge and
change your
thoughts



What particular collection of strategies will work best for a particular client?

Coping with Urges and Cravings

AVOID HIGH RISK SITUATIONS

- Identify triggers and risk factors
- Identify which ones can be avoided

DISTRACTING ACTIVITY/ REDIRECT ATTENTION

- Simple, engaging activity (mental calculations, counting, exercise, hobby, etc.)
- Delay acting on urge
- Time

URGE SURF

- Relaxation techniques
- Acceptance
- Study the cravings, changes, ebbs and flows, etc.

Coping with Urges and Cravings

CHALLENGE AND CHANGE YOUR THOUGHTS

- Play through to negative consequences
- Recall benefits of recovery
- Recall moment of clarity or unambivalent motivation
- Recall list of rational thoughts
- Imagery of craving (devil, degenerate, etc.)
- Talk about craving
- Write about craving
- Talk to craving: what are you trying to tell me?

A black and white photograph of a succulent garden. The image shows a variety of succulents, including some with thick, rounded leaves and others with smaller, more delicate foliage. A large, light-colored rock is positioned in the upper center of the frame. The overall composition is dense and textured.

Co-occurring Disorders

- Per DSM-5, those with gambling disorder have **high rates of SUDs, depressive disorders, anxiety disorders, and personality disorders.**
- Nearly **one third to half of individuals in SUD treatment** were identified as having a gambling problem (Himmelhoch et al., 2016; Ledgerwood & Downey, 2002).
- **The more severe the past-year SUD,** the higher the prevalence of gambling problems (Rush, Bassanni, Urbanoski, & Castel, 2008).
- Individuals with lifetime history of mental health disorder had **2–3 times the rate of problem gambling** (Rush et al., 2008).

“It is rare to observe a disordered gambler without a comorbid condition, and it is often the comorbid condition that ultimately leads the individual to treatment.”

(Afifi, Cox, & Sareen, 2006)

Data from the National Comorbidity Replication Survey estimate that

- 96% of individuals with gambling disorder have **one or more co-occurring psychiatric disorders**.
- More than 60% of individuals with gambling disorder have **at least three psychiatric disorders**.

With PG, comorbidity is the rule, not the exception. (Petry, Stinson, & Grant, 2005)

- ~75% have a history of an alcohol use disorder.
- ~40% have a history of a substance use disorder.
- ~60% have a history of nicotine dependence.
- ~50% have a history of a mood disorder.
- ~40% have a history of an anxiety disorder.
- ~60% have a history of a personality disorder.

Impact of Co-Occurring Disorders (Hodgins & el-Guebaly, 2010)

- Co-morbid MH and SUD predictive of short term but not long-term outcomes.
- Those with drug use disorder less likely to achieve short-term abstinence (3 months and trend for 6 months)
- Those with mood disorder slower to achieve period of abstinence
- Involvement in treatment and AUD predictive of relapse
- Treatment involvement predictive of 12 months of abstinence

Which Comes First?

(Kessler et al., 2008)

CO-OCCURRING
DISORDERS WITH
GAMBLING DISORDERS

Temporal Sequence
(For those with PG and other
disorder)

Disorder	Prevalence of Disorder among PG	PG First	Other Disorder First	Onset at Same Time
Any mood disorder	55.6%	23.1%	64.1%	11.7%
Any anxiety disorder	60.3%	13.4%	82.1%	4.5%
Any impulse control disorder	42.3%	0%	100%	0%
Any substance use	42.3%	36.2%	57.4%	6.4%

- A **sequential addiction pattern** is common: A person with a history of alcohol dependence—even with many years of recovery—can develop a gambling problem.
- Former drug/alcohol abusers may “**switch addictions**” to problem gambling.
- For some addicts in recovery, picking up new addiction is seen as helping to **manage stress** or giving them some **sense of control** over their lives.
- Gambling can represent an attempt **to self-medicate or to escape** negative mood states.

(Center for Substance Abuse Treatment, 2005)



Gamblers Anonymous

Twelve-Step Approaches

A

- VA study: 74% of patients attending GA were abstinent vs. 42% of those not attending GA (Taber, McCormick, Russo, Adkins, & Ramirez, 1987)
- 12 Step = CBT (Toneatto & Dragonetti, 2008)

Social support
and fellowship

Understanding
and
acceptance

Decrease
shame and
isolation

Structured
recovery
program

Amends and
restitution

Spirituality as
recovery tool

Self-change
and self-
forgiveness

Nature of Gamblers Anonymous Meetings

Open or closed?

Cross comment

Clean date

Ask to respond to 20 questions

Often everyone is asked to talk or read

Budget and pressure relief

GAMBLERS ANONYMOUS

- Compulsive gambler
- Abstinence
- Addiction/illness
- Literature still emphasizes “action” gambler language
- Focus on ceasing gambling and financial solvency
- Focus on individual gambler
- Can never gain control of gambling
- 20 questions

TREATMENT

- Gambling disorder
- Harm reduction
- Behavioral addiction
- Identifies both “action” and “escape” gamblers
- Focus on whole person and family
- Focus on systemic dynamics
- Cost containment and responsible gambling
- SOGS and DSM-5 criteria

GA is Different from AA

While there is significant literature on effectiveness of AA as a treatment intervention (Tonigan, Toscova, & Miller, 1996) it can't be assumed that this automatically translates to effectiveness of GA.

Fewer
meetings

Few lead or
step
meetings

Smaller

Downplay
spirituality

Meetings
often longer

Sponsorship
not as
available

Absence of a Disease Model in GA

- AA members have experienced **physiological effects**, in ways requiring medical intervention.
- The harmful effects of the substance are **direct, immediate, and serious**.
- In addition to the seriousness (“If I drink again, I will die”), there is a **commonality** (“we are all in this together”) that promotes community.
- Unlike GA, AA has an **active outreach program**, with physicians and non-alcoholic health-care professionals on its board.
- GA literature states that compulsive gambling is an illness but **doesn’t substantiate** or explain it.

Preoccupation with Financial Difficulties

- Reality-based financial problems are often overwhelming. GA offers a “pressure relief” group: **financial inventory** is part of the fourth step.
- A newly abstinent gambler may be working multiple jobs, trying to settle with creditors, and keep a step ahead.
- The focus on **money as the solution** to problems resembles the mindset while gambling.
- GA members don’t talk about “serenity,” instead they talk about **how hard they’re working**, with the goal of “getting back on their feet.”
- There are big differences based on **financial potential**, **ability to work**, and **socioeconomic status**, which forms a basis for resentment, envy, and difficulty identifying.

Using Motivational Strategies to Encourage Participation in GA

Space for open discussion

Use of 20 questions to elicit curiosity

Have peer available to meet with client(s)

Review combo book and other GA literature to see what fits

Problem solve obstacles

Practice meeting

Buddy system

Know your local GA community

Deeply understand the 12 Steps

A black and white photograph of a succulent garden. The image shows a variety of succulent plants, including some with thick, rounded leaves and others with smaller, more delicate foliage. A large, light-colored rock is positioned in the upper center of the frame. The overall composition is dense and textured.

Mindfulness Based Treatment Approach

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

Video 3 – JCZ MBRP



Compassionate Recovery

- *Compassion is an effective approach in helping others in their gambling recovery process. When used as a recovery approach self-compassion has been used to help people overcome cravings, deal with the stresses of early recovery, and better manage their emotions. It involves being mindful, but the practice also boosts self-esteem, reduces self-criticism, and allows the person to feel more comfortable in his or her own skin – qualities that are essential for lasting sobriety.*
- According to an article published in the *International Journal of Mental Health and Addiction* “*compassionate mind states may be learned, and may alleviate shame, as well as other distressing outcomes, such as depression, anxiety, self-attacks feelings of inferiority, and submissive behavior.*”
- *Mindfulness practices are a set of tools. They may be particularly far-reaching in their effect on well-being because they address two challenges simultaneously: They can provide profound insight into the patterns of mind that create suffering, radically changing our views of ourselves and others, and they retrain the brain to not automatically respond in its instinctual patterns.*
- **Research has shown that people who engage in mindfulness practices experience fewer stress-related problems than those who do not.**

Loving-Kindness Meditation

Compassionate Recovery

Treatment as Usual (TAU) compared with Mindfulness: Mindfulness based practices showed higher negative expectancies of drug use and decreased depressive mood and anxiety as well as no association between. In addition, Mindfulness based practices showed a population that had more awareness and less judgment (Sancho, 5).

Cognitive Behavioral Therapy compared with Mindfulness: Mindfulness based participants were seen to have physiological and psychological response to stress provocation. Mindfulness showed greater benefits over CBT (Sancho,5).

Therapist Mindfulness Skills

Acceptance

Nonjudgmental

Attentive – being present

Observant (self and others)

Reflective Listening

Awareness (self and others)

Relaxed alertness

Understanding

Compassionate communication

Persistence

Patience

Belief in efficacy of therapy

Mindful risk taking

Counselor Skills

Counselor Skills

S

empathy

listening skills

social and
communication
skills

boundary
setting

critical thinking

business
management

acceptance

problem-solving
skills

rapport-building
skills

flexibility

self-awareness

multicultural
competency

Treatment Outcome and Client Attribution of Therapist Characteristics

High on:

Empathy

Warmth

Understanding

Accepting

Positive regard

Collaboration

Successful repair of
relationship ruptures

Genuineness

Low on:

Blaming

Ignoring

Rejecting

A Structuring Treatment of Gambling Disorder

TREATMENT STRATEGIES

GOALS FOR CLIENTS:

To structure the process of recovery

To enhance motivation and commitment to recovery, health, and well-being

To increase the client's understanding of the role and meaning of gambling in his/her life

To develop more effective coping skills and affect management

To increase honesty with self and others

Living Life Through You

*Hokusai says look carefully.
He says pay attention, notice.
He says keep looking, stay curious.
He says there is no end to seeing
He says look forward to getting old.
He says keep changing,
you just get more who you really are.
He says get stuck, accept it, repeat
yourself as long as it is interesting.
He says keep doing what you love....*



*It matters that you feel.
It matters that you notice.
It matters that life lives through you.
Contentment is life living through you.
Joy is life living through you.
Satisfaction and strength
is life living through you.
Peace is life living through you.
He says don't be afraid.
Don't be afraid.
Look, feel, let life take you by the hand.
Let life live through you.*

~ Roger Keyes

Thank You

A Special Note of Thanks to:

- Wiley Harwell, D.Min., LPC, IGCC-II
- Loreen Rugle, PhD
- Tana Russell, SUDP, NCTTP, WSCGC-II
- Kenzie Simpson, MA

