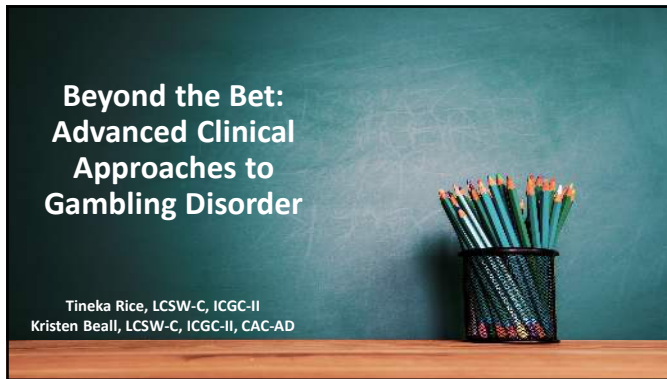
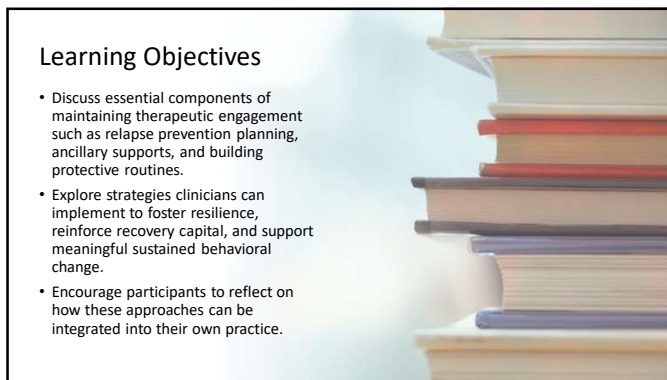




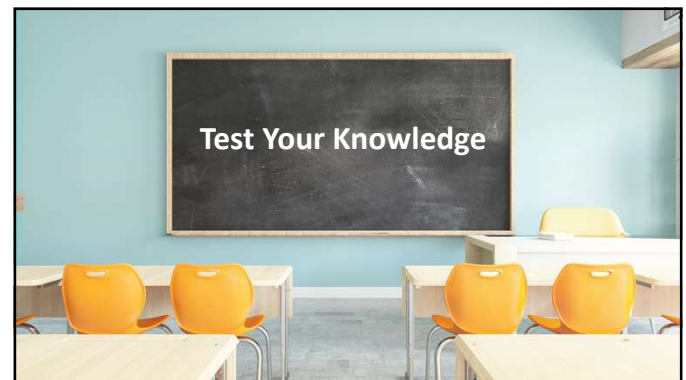
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2



3



4



5



6

What is one of the criteria used to diagnose gambling disorder according to the DSM-5?

- a) Winning a substantial amount of money through gambling.
- b) Needing to gamble with increasing amounts of money to achieve the desired excitement.
- c) Spending several hours at the casino.
- d) Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.



7

Which medication has been approved for the treatment of Gambling Disorder?

- a) Lexapro
- b) Paxil
- c) Wellbutrin
- d) There is no FDA-approved pharmacotherapy for the treatment of Gambling Disorder



8

Which age group is more vulnerable to developing gambling disorder?

- a) Adolescents
- b) Middle aged adults
- c) Elderly adults
- d) Unknown



9

Building the
Therapeutic
Relationship



10

Gambling and Treatment

- Many gamblers **never** seek professional treatment, with a recent survey reporting that only 7–12% of persons with gambling disorder have ever sought treatment.
- Evidence suggests that treatment-seeking samples generally display **more severe gambling symptoms** and may be more likely to present with comorbid conditions.



Lorains, F.K., Cowlishaw and Thomas (2011)

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Common Comorbidities



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First session... Logistics

Paperwork that can include, but is not limited to:

- Your consent and agreement to treatment
- Agreement to limitations of telehealth and confidentiality
- Collecting demographic data to enter your information into an electronic health record and/or for insurance and payment

Good Fit questions to ask yourself:

- Does the provider offer days/times that meet my needs?
- What type of therapy do they use? What is their style?
- Will I feel comfortable sharing personal details with them?
- Will there be homework?

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Limits to Confidentiality

- **Duty to Warn/Protect**
 - When a client poses an immediate danger to themselves or others.
- **Abuse/Neglect**
 - Suspected child, elder, or dependent adult abuse or neglect.
- **Court Orders**
 - Information may be released if a judge orders it, particularly in child custody cases or when a client's emotional condition is central to litigation.

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Key Things Everyone Should Know About Therapy:

- **It's Private (Confidential):** Therapists generally keep conversations confidential, creating a safe space to talk, except in cases where safety is at risk.
- **It's Not a Quick Fix:** Therapy is a process that requires effort, but it provides skills for managing emotions and improving relationships that last a lifetime.
- **It's Not About "Fixing" You:** Therapy is not a place for judgment or simply stopping "bad" behavior. It's a supportive environment to explore feelings and navigate the pressures of being a teenager.
- **Different Types Exist:** There are various approaches, such as Cognitive Behavioral Therapy (CBT) for anxiety or depression, and creative options like art therapy.

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Key Things Everyone Should Know About Therapy:

- **It's Okay to Switch:** If a therapist doesn't feel like the right fit, it is okay to look for someone else to ensure a comfortable therapeutic relationship.
- **You Control the Pace:** Therapy emphasizes autonomy, allowing you to set the pace and define your own goals.
- **It is Normal and Helpful:** Many people go to therapy to manage life's challenges, including school stress, friendships, and family dynamics.
- **Openness Matters:** To get the most out of it, being as honest and open as possible with the therapist is crucial, though it takes time to build trust.

17

Therapy is...

All about your growth at your own pace

A tool to set and achieve personal goals

Helpful in building confidence

A release of emotions

A journey to healing



18

Core Concepts to Convey

- **It's a partnership:** You and the therapist work together to understand problems and find solutions, not just advice-giving.
- **It's a safe, confidential space:** A non-judgmental place to discuss anything, even thoughts you feel silly or ashamed to have.
- **It's more than talking:** It's about building skills, changing patterns, and gaining insight, often involving homework or practice.
- **It has goals:** You set what you want to achieve, whether it's managing stress, trauma, anxiety, or improving relationships.

19

How to Get the Most Out of Therapy



It's a Partnership:

- Your investment and participation are crucial for success.



Patience is Key:

- Progress takes time, and it's not always linear.



It's More Than Just Talking:

- It's about learning to manage thoughts, behaviors, and emotions long-term.



20

How to Get the Most Out of Therapy



Ask Questions:

It is okay to ask the therapist about how they work.



Be Patient:

Building a trusting relationship with a therapist takes time.



Set Goals:

Think about what you want to change or understand better.



21

Building the Therapeutic Relationship



Safe-Space



Non-Judgmental



Collaborative



Confidential



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Teamwork

Remind those you are working with...

- Only talk about what is comfortable.
- You lead the conversation; the counselor can help keep you on track.
- The counselor acts as your guide.
- Cheering you onto the next win, big or small, reminding you of your progress.
- **You have the power to make change!**



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What to Expect After a Therapy Session

- **Mixed Emotions:** You might feel relief, exhaustion, hope, or confusion.
- **Emotional Intensity:** It's normal to feel drained, upset, or even have emotional outbursts as difficult topics arise.
- **Self-Reflection:** You may notice things differently or feel the need to process what was discussed.
- **Building Trust:** It takes time to build a strong therapeutic relationship; it's okay to find a better fit if needed.
- **Homework/Practice:** You might get exercises, like reading or practicing new skills, to use outside of sessions.

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When is Therapy Over?

- May be discussed at the start of treatment.
 - Goals achieved
 - Set number of sessions
- Consider reducing sessions instead of ending therapy.
- Change may occur:
 - Insurance
 - Location
 - Employment



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Therapy Red Flags



- therapists who “practice” a dozen different modalities
- therapists who “specialize” in a dozen different challenges
- therapists who say they just do what feels right with the client
- therapists that share more about them than listening to you

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Studies have shown that there are 2 main reasons why therapy works:

1. the therapeutic alliance
2. the faith of the practitioner in their modality

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How to identify and recover from ruptures in the therapeutic relationship



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Cambridge Dictionary Definition of Rupture



Verb – to (cause something to) explode, break, or tear



Noun – an occasion when something explodes, breaks, or tears



Synonyms – apart, asunder, crack, disintegration, dismantle, fragment, rip, shred, splinter

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What is a therapeutic rupture?

Ruptures in the therapeutic relationship are natural, inevitable, and often productive disruptions in the alliance between a client and therapist.

They are categorized as either withdrawal (moving away) or confrontation (moving against) and can range from subtle misunderstandings to significant breaches of trust.

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Who has experienced a therapeutic rupture?



When were you aware of the rupture?



How did it affect the relationship?

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"Ruptures are inevitable, especially with clients who have complex relational histories. These situations often arise from misunderstandings, unmet expectations, or from the activation of deeply held core beliefs.

Instead of viewing a rupture as a therapeutic or relational failure, they should be reframed as an opportunity for growth, trust-building, and deepening [the therapeutic alliance](#). If left unaddressed, ruptures can erode trust, safety, and openness. Therefore, it's important to focus on how to effectively repair the therapeutic relationship."

Sarah Fleming, Beck Institute

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Misunderstandings and Empathic Failures

- **Insensitivity or Misattunement:** When a therapist fails to understand the depth of a client's pain, misunderstands a core concern, or makes a comment that feels dismissive or invalidating.
- **Missed Cues:** A therapist failing to pick up on emotional shifts or disregarding important, albeit small, disclosures.
- **Cultural Insensitivity:** Moments where the therapist appears indifferent to or ignorant of the client's cultural, racial, or identity-based experiences.

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Disagreements on Therapy Goals and Tasks

- **Mismatch in Expectations:** When the client expects active advice but receives passive, reflective therapy, or vice versa.
- **Pace Misalignment:** A therapist pushing for a fast pace on a topic that the client finds too distressing to address, or the client feeling the work is moving too slowly.
- **Disagreement on Direction:** Conflicts over the chosen focus of a session or the overall goals of treatment.

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Boundary and Technical Missteps

- **Boundary Issues:** Discomfort arising from rigid, unfair, or unclear boundaries, such as therapists refusing to respond to crises or enforcing strict late-cancellation policies.
- **Improper Self-Disclosure:** When a therapist shares too much personal information or fails to self-disclose when needed.
- **Errors in Technique:** A technique that proves to be harmful rather than helpful, or a therapist trying to "fix" a problem that requires emotional validation.

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External Factors and Transference

- **Logistical Issues:** Tardiness, frequent scheduling issues, or abruptly moving from in-person to virtual therapy.
- **Transference/Countertransference:** The client reacting to the therapist as if they are a person from their past (e.g., parental figure), or the therapist having an emotional reaction to the client that triggers a defensive response.



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Rupture Markers

- **Withdrawal (Moving Away):** Silent treatments, giving minimal responses, changing the subject, avoiding eye contact, or constant, superficial compliance.
- **Confrontation (Moving Against):** Overtly criticizing the therapist's competence, challenging the therapist's approach, complaining about the therapy, or becoming angry and argumentative.



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Repairing a Relationship after a Rupture



Recognize the rupture – Notice shifts in mood, tone, language or body language



Gently bring attention to the rupture – Inquire with curiosity and compassion by asking how they are feeling



Identify cognitions – Ask, “What was just going through your mind?” or “What did it mean to you when I said [blank]?”

Sarah Fleming, Beck Institute

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Repairing a Relationship after a Rupture



Validate and positively reinforce the client - Tell the client, “It’s good you told me that.” Doing so helps reduce defensiveness and foster safety.



Collaborate on the repair – If you made a mistake, model apologizing, discuss how you can avoid the problem in the future or how the client can let you know in the future.



Reinforce the relationship – Emphasize clients’ strengths, the importance of the therapeutic relationship, and the value of working through difficult moments.

Sarah Fleming, Beck Institute

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Impact of Gambling Disorder

Those identified as having a Gambling Disorder impact **7-10 people** in their immediate circle.



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What do we mean by Family?

Things to Consider...Who do you call family?

- Parents / Step-Parents
- Children/ Step-Children
- Foster/ Adopted
- Siblings/ Cousins
- Aunts/ Uncles
- Grandparents/ Grandchildren (and Great-Grans)
- Friends
- Colleagues
- Fellowship
- In-laws
- Neighbors
- Etc...



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Impact of Problematic Gambling on Children

- Parent(s) unavailable or inconsistently available
- Non-addicted parent angry and disciplinarian
 - Seen by child as irritable and negative
 - Excuses made for person with addiction
 - Entire family denies addiction
 - Family isolated
 - kids don't bring friends home
 - No rule consistency or follow up
 - Children confused between love and trust



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Bio-Psycho-Socio-Spiritual Exhaustion

Effect on loved ones:

Increasingly
confused,
can't think
clearly

Sense of
powerlessness,
accompanied by
rage

Begin to doubt
their sanity,
exhibit panic
and anxiety

Develop
stress-
related
illnesses

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Biological Impacts on Loved Ones' Physical Health

- Sleep disturbances related to stress and worry
- Somatic complaints (e.g., headaches, gastrointestinal issues, breathing difficulties)
- Stress-related illnesses (e.g., hypertension, fatigue)
- Increased healthcare utilization / sick days



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Psychological (Emotional & Cognitive) Impacts on Loved Ones

- Anxiety, fear, and chronic worry (e.g., finances, safety, future stability)
- Anger, resentment, and irritability
- Hopelessness and helplessness regarding the situation
- Guilt and self-blame (e.g., "I should have prevented this")
- Emotional turmoil and psychological distress
- Hypervigilance and preoccupation with the individual's gambling behavior
- Impaired concentration and reduced daily functioning

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Social – Relational, Family, and Environmental Impacts on Loved Ones

Relationship & Family System

- Erosion of trust due to chronic deception
- Breakdown in communication
- Loss of intimacy and emotional connection
- Social withdrawal and isolation (often due to shame or financial strain)
- Covering up or compensating for the individual's gambling-related behaviors

Family & Role Strain

- Role shifts (e.g., loved one assuming full financial or caregiving responsibilities)
- Feeling overwhelmed by disproportionate responsibility
- Concern for children's safety, stability, and developmental needs
- Lack of awareness of full extent of debts or consequences

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Social – Relational, Family, and Environmental Impacts on Loved Ones

Occupational & Financial Impact

- Financial strain or devastation affecting household stability
- Employment disruption (e.g., distraction at work, absenteeism)
- Lifestyle changes due to loss of income/resources
- Fear of job loss secondary to stress or impaired functioning
- Ongoing concern about family's financial security

Behavioral & Interpersonal Consequences

- Avoidance of others due to debt or shame
- Ignoring calls or communications related to financial obligations
- Participation in secrecy (e.g., lying or covering for the individual)



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By the time the family member finds out (about the gambling), the finances have already been destroyed.
(quote from a person in gambling recovery)

I love him, but I will never fully trust him again.
(quote from a Gam-Anon meeting)



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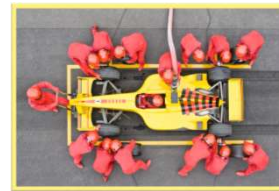
Reasons to Include Concerned Others

- ✓ Able to offer support for loved one as well as gambler.
- ✓ Provides loved one with a more accurate picture of gambling addiction.
- ✓ Familiarizes or Includes loved ones with treatment planning and prepares them for further involvement in recovery.
- ✓ Viewing the social interaction helps the therapist understand personal (and couple) strengths & weaknesses.
- ✓ Early involvement increases chance the loved one also receives treatment, even if the gambler drops out.
- ✓ Encourages self-care for loved ones regardless of the recovery status of person with gambling disorder.



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Families and Motivation



- What is the family (member) motivated for?
- How do you address discrepancy in stages of motivation?
- Goals for person with GD **vs.** Goals for the family (member)?



52

Motivational Shift

What the family hasn't even considered:

Focusing on themselves



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Gam-Anon: A Twelve Step Program

- Mission is to share experience, strength and hope with those who are experiencing difficulties due to someone else's gambling.
- Members regain confidence to make rational, sensible decisions, and they experience serenity.
- **Gam-Anon offers practical financial suggestions.**
- Anonymity is a guiding principle. *What is said in a Gam-Anon room, who you see in a Gam-Anon room, stays in the room.*
- The help you receive does not depend on whether or not your loved one attends Gamblers Anonymous.



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Gam-Anon

The only requirement for attending meetings is that you are a person who has been affected by someone with a gambling problem.

- spouse of a gambler
- parent
- sibling
- the widow or widower
- the companion
- the divorced spouse
- the child
- the friend
- the employer or employee
- etc.
- ...can attend

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Gam-Anon: 3 C's

- We/ I Didn't **Cause** it
- We/ I Can't **Control** it
- We/ I Can't **Cure** it

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Considerations for Family

- Cultural views toward help and help-seeking.
- What is gambling's role in family activities or cultural traditions?
- Cultural attitudes towards gambling problems (Disorder vs. "bad habit" etc.)
- How long have you been aware of your loved one's gambling?
- What impact has gambling had on you and your family?
- Are you willing/able to tolerate limited gambling?
- Can gambling be discussed honestly?



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Addressing Finances in Therapy



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Financial Considerations

- What do you like to purchase when you get paid?
- Who managed the money in your childhood household?
- What were you taught about money during your childhood, adolescences and adulthood?

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Financial Considerations

- Are you behind on bills or ignoring call from creditors?
- Have you borrowed against college funds, retirement, or life insurance policies?
- Applied for quick/ predatory loans?
- Have you sought bailouts from family/friends?
- Ever filed for bankruptcy?
- Are there any home equity or payday loans?
- Are there any credit card or cash advances?
- Are bills being sent to somewhere other than the home?
- Are there post office boxes opened that loved ones do not know about?
- Gambled to pay bills?

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Stigma Related to Money

Money carries a negative social stigma.

Talking about it is taboo. Those with a gambling problem force the conversation.

It challenges the tradition of working hard, saving money, valuing what you have.

People who waste or lose money are seen as irresponsible.

A person with a gambling problem may steal from us.

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Gambling is about Money

...and it is also Not about Money

The most direct, immediate consequence is financial

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Finances and Gambling

Money issues are the most common reason persons gambling problematically seek treatment.

Addressing financial problems should be an integral part of treatment.

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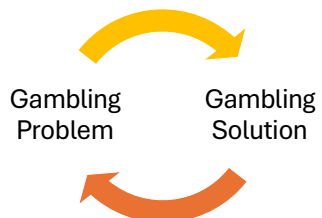
Finances and Gambling

- A person with a gambling disorder who stops gambling is often left with debts.
- Losses and debts are tangible, concrete, and quantifiable.
- May be easier to focus on money lost than acknowledging other harms and consequences.
- May still be preoccupied with money, seen as a solution to problems.

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Gambling is not a money problem, but it does become a problem with money



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**Gambling and
Domestic Violence**

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Domestic Violence: Power and Control

Power and Control Wheel adapted from the Duluth Model

"Abuse is not love. It is one person in a relationship having power and control over the other person."



<https://www.norfolk.gov.uk/safety/domestic-abuse/what-is-domestic-abuse/power-and-control-wheel>

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Economic Abuse

Financial abuse occurs in 99% of domestic violence cases.

- **Economic Control** wherein the perpetrator controls or limits access to or knowledge of financial resources and prevents their partner from having any financial decision-making power.
- **Economic Exploitation** of resources may involve the misuse and theft of family finances including property, money or identity, creating debt through coercion or in secret, and preventing their partner seeking or maintaining education and/or employment.



<https://nnedv.org/content/about-financial-abuse/>

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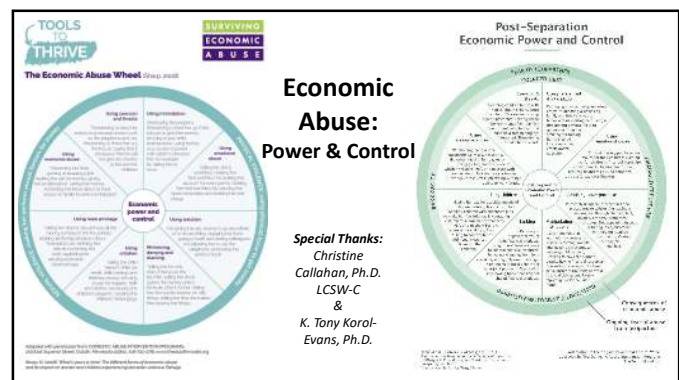
Economic Abuse

Every woman whose partner had a gambling problem reported economic abuse.*

"He really was obsessed with thinking he knew the final outcome of the race, and if I didn't hand it [money] over, I was somehow being abusive to him and our family, and I was stopping us from having a win."

"I just thought I was in a poor relationship, that there wasn't much money. I didn't really understand that I was being deprived of the basic needs of life, because I was in a financially abusive situation."

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Economic Power and Control

Sexual Violence: making you perform sexual favors for money
Physical Violence: using physical force to get money

- **Using Coercion and Threats**
 - Forcing their partner to take out lines of credit or sign over assets.
- **Using Intimidation**
 - Refusing to pay child support.
 - Destroying property.
- **Using Economic Abuse**
 - Preventing employment, making you ask for money.
- **Using Emotional Abuse**
 - Using mind games about where the finances have gone.
 - Making you account for every penny.
- **Using Isolation**
 - Solace may be found in a casino where no one is asking questions.
 - Not allowed to use the phone.
- **Denying, Minimizing, & Blaming**
 - Blaming their partner for gambling losses and excusing the abuse that followed.
- **Using Children**
 - Taking the tax credits, college savings, and/or refuse to pay for childcare.
- **Using Privilege**
 - Taking out hidden assets and loans in their partner's name, exploiting economic disadvantages.

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Post-Separation Economic Power and Control

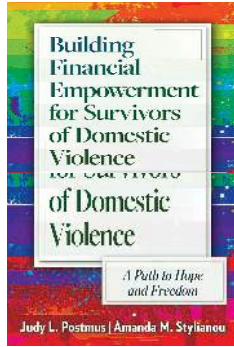
Coerced Debt, Bankruptcy, Inhibited Employment & Education, Damaged Credit History

- **Using Coercion and Threats**
 - Coercing children to live with ex-partner or refuse to pay support.
 - Threaten to take to court.
- **Using Intimidation & Harassment**
 - Harassing those that are financially supportive.
 - Stalking, forcing to change location.
- **Using Economic Abuse**
 - Withholding personal documents.
 - Refusing to assist with coerced debt.
- **Using Emotional Abuse**
 - Criticizing every purchase.
 - Shaming for reduced finances.
- **Manipulating Institutions**
 - Refuse to disclose actual income.
 - Falsely reporting for benefit fraud.
 - Becoming un/der employed.
- **Banking**
 - Removing all money from accounts, concealing finances.
 - Continue to build debt in joint products.
- **Using Children**
 - Taking the tax credits, college savings, and/or refuse to pay for childcare.
- **(Ab)Using Court Process**
 - Using the court to exhaust financial resources, withholding documents.

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Scale of Economic Abuse-12 (SEA-12)		
Economic Control	Employment Sabotage	Economic Exploitation
1. Make you ask him for money.	1. Threaten to make you leave work.	1. Spend the money you need for rent or other bills.
2. Demand to know how money was spent.	2. Demand that you quit your job.	2. Pay bills late or not pay bills that were in your name or both of your names.
3. Demand that you give him receipts and/or change when you spend money.	3. Beat you up if you said you needed to go to work.	3. Build up debt under your name by doing things like use your credit card or run up the phone bill.
4. Keep financial information from you.	4. Do things to keep you from going to your job.	
5. Make important financial decisions without talking to you first.	Responses: Never - 1 Hardly never - 2 Sometimes - 3 Often - 4 Quite often - 5	Postmus, J.L. & Stylianou, A.M.

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Building Financial Empowerment for Survivors of Domestic Violence: A Path to Hope and Freedom

Product Details
 Publisher: Rutgers University Press
 (February 10, 2023)
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 Reading age: 18 years and up
 Item Weight: 11.2 ounces
 Dimensions: 6 x 0.4 x 9 inches
 Paperback: 228 pages

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Financial Questions: Gambling and the Family

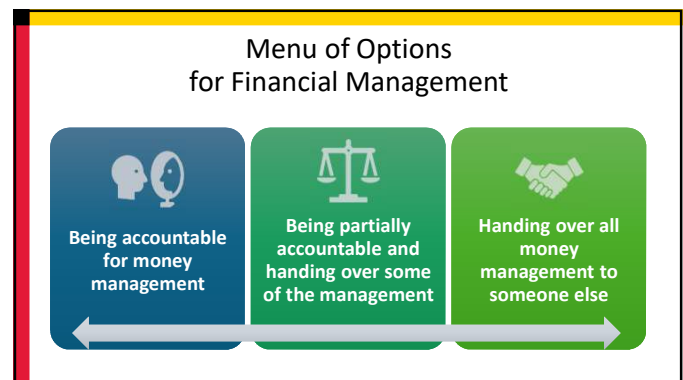
- What is the current money management plan in the home?
- Have you had any money-related arguments around gambling?

Safety:

- Has gambling ever played a role in **domestic violence**?
- Do you feel **unsafe** as a result of your loved one's gambling?
- Would you feel **safe** playing a part in overseeing the finances or taking the lead role?

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Motivation and Finances



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Reducing the harm of excessive gambling...



- ✓ **No Bailouts**
- ✓ Keep costs/consequences of gambling upfront
- ✓ Monitor access to money and credit
- ✓ Can involve family, individuals, or hopefully both
- ✓ Gambling industry intervention
- ✓ Decrease speed of play
- ✓ Time limits
- ✓ Decrease cost of play
- ✓ Loss/Wager limits

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Financial Planning for Recovery

Using Money Protection Plans (MPPs)

to Supplement Gambling Treatment



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What is a Money Protection Plan (MPP)?

- **Money Protection Plans (MPP) are an agreement between a person in recovery and their accountability buddy!**
- Any information in a MPP that contradicts the advice of an attorney, CPA, or other qualified professional should be disregarded.
- **A MPP outlines responsibilities for helping a person in recovery establish and maintain positive money management habits.**
- MPPs are a non-legally binding document functioning similarly to a Memorandum of Understanding (MOU).
- The MPP is not a substitute for legal or tax advice.



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Money Protection Plan: Suggested Outline

- | | |
|--|---|
| Section A:
Responsibilities of the Accountability Buddy and Person in Recovery | Section E:
Bill Management |
| Section B:
Current Income | Section F:
Managing Miscellaneous Money |
| Section C:
Unexpected Income, Bonuses, and Raises | Section G:
Check-ins, Red Flags, and Corrective Actions |
| Section D:
Debt Log and Prioritization | Section H:
Termination and Phasing Out |
| | Section I:
Amendments |

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Section A: Responsibilities of the Accountability Buddy and Person in Recovery

Person in Recovery Agrees to:

- Provide timely and accurate financial information (e.g., bank statements) as requested by my Accountability Buddy
- Attend scheduled check-ins or notify my Accountability Buddy in advance if I am unable to attend.
- Follow the spending plan to the best of my ability.
- Refrain from taking on additional debt including, but not limited to, over drafting, opening new credit card debt, payday loans, buy-now-pay-later avenues, balance transfer credit cards, home equity lines of credit, and personal loans.

Accountability Buddy Agrees to:

- Support the personal in recovery throughout their recovery process
- Host regular check-in meetings



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Section B: Current Income

In this section, **the person in recovery** outlines all their current take-home income. Examples include, but are not limited to:

- | | |
|--|---|
| • Income from their main job | • Unemployment |
| • Retirement Income | • Worker's Compensation |
| • Investments | • Side gigs (Uber, Lyft, Door Dash, etc.) |
| • Income from parents, trust accounts, family or friends | • Self-employment income |
| • Government Assistance | • Child support or Alimony |
| • Disability | |



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Section C: Unexpected Income, Bonuses, and Raises

In this section, **the person in recovery** makes a plan for how to allocate raises, bonuses, etc. towards debt prepayment, savings, and "miscellaneous money." Examples include, but are not limited to:

- | | |
|----------------|---------------------------------------|
| • Bonuses | • Unexpected inheritances or gifts |
| • Overtime pay | • Other unexpected income or payments |
| • Raises | • Other amounts |
| • Tax refunds | |



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Section C:**Unexpected Income, Bonuses, and Raises****The person in recovery agrees to devote:**

- _____ % towards debt repayments
(It is recommended to put at least 50% towards debt)
- _____ % towards savings
- _____ % towards "Miscellaneous Money" (used for fun)

85

Section D:**Debt Log and Prioritization**

The person in recovery outlines all forms of debt that they have including their interest rate, minimum monthly payment, etc. Examples include, but not limited to:

- Credit Cards
- HELOCs (home equity line of credit)
- Loans from family and friends
- Loans from employers and/or business partners
- Amounts in collections
- Paycheck/ Cash Advances
- Buy-Now-Pay-Later (e.g., PayPal, Afterpay, etc.)



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Section D:**Debt Log and Prioritization****Where to gather the information to create a debt log?**

- Credit Card Statements
- Credit Reports: <https://www.annualcreditreport.com>
- Bank Statements: which charges are being taken out of the account, new lines of credit, movement of money
- Look at the phone to determine which apps are downloaded
 - Gambling, cryptocurrency, financial apps like Robinhood offering new opportunities to risk money



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Section D:**Debt Log and Prioritization****Prioritize debts into a repayment plan.****Debt Avalanche:**

List debts from highest interest rate to lowest. Pay minimums on all but throw extra money at the debt with the highest interest rate.

Debt Snowball:

List debts from smallest balance to largest. Pay minimums on all but focus extra money on the debt with the smallest balance first.



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**recovery
motivation****gambling
motivation**

Looking at debt too early in the recovery process can work **against** recovery motivation and **increase** gambling motivation

**considering
debt**

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Section E:**Bill Management**

- In this section, **the person in recovery**, will create a spending plan based on their current household expenses.
- They agree to have their paycheck direct deposit, and their bills automatically paid through their bank account.
- They agree to pay the minimum on their debts and agree to devote extra money to debt repayment.



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Section F: Managing Miscellaneous Money

- In this section, **both parties** agree on a monthly "Miscellaneous Money" or *fun money* amount for the person in recovery.
 - They agree on a date for when funds will be made available.**
 - NCPG (2000) recommends "a small cash allowance"; this money will be used based on the person in recovery's discretion.
- Examples:
- ✓ Dining Out
 - ✓ Movies and Events
 - ✓ Non-Essential Shopping
 - ✓ Clothing & Accessories
 - ✓ Electronics & Gadgets
 - ✓ Vacations & Entertainment

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Section G: Check-ins, Red Flags, and Corrective Actions

During check-ins, the person in recovery **and** accountability buddy discuss the following:

- ✓ Create an updated debt log
- ✓ Readjust the spending plan (if needed)
- ✓ Readjust the fun money allowance (if needed)
- ✓ Monitor spending via bank account, apps, & other financial accounts
- ✓ Discussions of red flags
- ✓ Share any other good news

Monthly check-in are recommended! ☺

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Section H: Termination and Phasing Out

This section outlines how **either party** may terminate the MPP.

This section also stipulates how the accountability buddy can reward the person in recovery for successful progress.

Examples include, but are not limited to:

- An increase in their fun money
- Reinstatement of debit card or credit card privileges
- A decrease in the frequency of check-ins (e.g., from monthly to every other month)

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Section I: Amendments

This MPP may only be amended by a written agreement signed by **both parties**.

Parties can adjust by creating a new contract with a new effective date and termination date.



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Financial Planning for Recovery Credit Counseling: Six Stage Model (Gambler's Anonymous: Pressure Relief)

- ✓ Clarify Debt/Current Financial Situation
- ✓ Identify/Predict Income
- ✓ Identify Expenses
- ✓ Create Budget/Make Adjustments
- ✓ Debt Repayment Plan
- ✓ **Money Protection Plan**

95

Talking about Money in Therapy

- Why is it so hard to talk to clients about money and why is important to do it?
- How does money, money problems, and money management fit into therapy; cultural aspects to consider?
- How far should a therapist go in making suggestions about money issues to their clients?
- How does talking about money issues fit into crisis management and ongoing counseling?



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Evidenced-Based Practices

- Evidence-based practices for treating addictive disorders prioritize a **combination** of behavioral therapies and medication to address both the physical and psychological aspects of addiction.
- These treatments usually combine therapy (*to help people change thoughts and behaviors related to gambling*) and sometimes medication (*to help manage cravings, urges, or related mental health symptoms*).
- Together, these approaches treat both the mind and the body, not just the behavior itself.

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Top Evidenced-Based Behavioral Therapies

Cognitive Behavioral Therapy (CBT)	Contingency Management (CM)	Motivational Interviewing/Enhancement Therapy (MI/MET)
Family Behavior Therapy	12-Step Facilitation Therapy	Medication Assisted Therapy (MAT)

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Other Evidenced-Based Therapies

- Acceptance and Commitment Therapy (ACT)
- Dialectical Behavioral Therapy (DBT)
- Mindfulness Meditation
- Internal Family Systems (IFS)
- Peer Support Services

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Cognitive Behavioral Therapy (CBT)

- Cognitive-Behavioral Therapy (CBT) is a leading treatment approach for those experiencing gambling related harm by focusing on changing the thoughts and habits that fuel the urge to gamble.
- CBT provides a comprehensive framework that foster long-term recovery.
- Duration of treatment range between 8-16 weekly sessions based on the need of the client

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Cognitive Behavioral Therapy (CBT)

- By teaching healthier ways to handle stress and triggers, it builds lasting resilience.
- Key techniques—like restructuring negative thoughts, behavioral changes, and relapse prevention—offer a practical toolkit for recovery, addressing both the mental and physical sides of the habit.
- Can be adapted to address co-occurring mental health conditions

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CBT for Gambling Addiction

Cognitive Restructuring

- CBT helps individuals challenge distorted thoughts about gambling, leading to healthier beliefs and decision-making.

Behavioral Activation

- Encouraging healthy activities and routines reduces reliance on gambling and fosters constructive habits.

Exposure Therapy

- Gradual exposure to gambling triggers helps reduce urges and build resilience against relapses.

Relapse Prevention and Coping Skills

- CBT teaches coping skills and relapse prevention strategies for lasting recovery and increased resilience.



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Cognitive Restructuring

Through cognitive restructuring, therapists assist clients with recognizing irrational thoughts and challenging them with more realistic thoughts.

Cognitive restructuring can significantly reduce urges to gamble by reframing gambling as a game of chance rather than a skill-based activity.



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Cognitive Restructuring: Challenging Distorted Thought Patterns

Cognitive restructuring focuses on identifying and modifying irrational thoughts (i.e., cognitive distortions) that the gambler holds as true, which in turn fuels the addictive behavior.

These thoughts act as a "defense mechanism" that allow gamblers to ignore the reality of their losses.



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Examples of Irrational Thoughts...

- **Chasing Losses:** The belief that one must keep gambling to win back money previously lost, which most often leads to greater losses.
- **Superstitious Thinking:** Relying on lucky items, rituals, or omens believed to influence a winning outcome.
- **Permission-Giving Thoughts:** Rationalizations to start or continue gambling, such as "I'm only going to spend \$50."
- **Sunk Cost Fallacy:** the irrational tendency to continue a project, or investment simply because of the time, money, or effort already invested, even when it is clear abandonment would be more beneficial.
- **Illusion of Control:** Mistakenly believing one can influence the outcome of chance-determined games, such as believing you have a "lucky" or "hot" slot machine.
- **Selective Memory:** Overemphasizing wins while forgetting or minimizing losses.

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Thought Records

- Gambling Diary is a self-monitoring tool designed to help one monitor gambling-related thoughts and patterns of belief
- Tracks urges, thoughts, and situations that lead to gambling activity
- Key elements include identifying the situation, feelings/mood, thoughts, the action, aftermath



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Thought Record Example

1. Day, Time, Place
2. Situation, Thoughts, Feelings, Emotions
3. Intensity of Urge/ Craving (0-10), Length (time lasted)
4. Alternative Thoughts
 - Affirmations/ Mantras
 - Future thinking
5. How I Coped/ Managed Cravings
 - Gambled/ used substances
 - Called a friend, went to a meeting

1.	2.	3.	4.	5.
5/1/25 9am at Home	Bored, overwhelmed	7/10 30 minutes	I can do this!	Vacuumed for 30 minutes

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How Thought Records Help

- **Identifies Triggers:** pinpoints specific emotions, places, or times that trigger gambling.
- **Challenges Irrational Thoughts:** helps identify cognitive distortions.
- **Builds Self-Awareness:** connects the urge to gamble with underlying emotions, allowing you to develop alternative coping strategies.
- **Reduces Intensity:** recording thoughts can help you detach from them, realizing they are just “mental events” rather than commands to act.



109

Behavioral Activation: Developing Healthy Alternatives to Gambling

- Gambling is often used as an emotional outlet to cope with challenging emotions (e.g., loneliness, sadness, boredom)
- Behavioral activation is an effective CBT strategy that aims to increase pleasurable and meaningful activities
- Introduces health ways to manage emotions and decrease gambling
- **Goal:** *To help clients find pleasant and fulfilling experiences outside of gambling*



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Exposure Therapy: Confronting Gambling Triggers in a Controlled Manner

- Develops confidence in one's ability to experience gambling-related cues/triggers in the environment without gambling
- Learn skills to withstand temptation to gamble
- Most helpful to those who experience strong cravings from external stimuli (e.g., advertisements for gambling)
- Clients are confronted with the trigger in a controlled environment



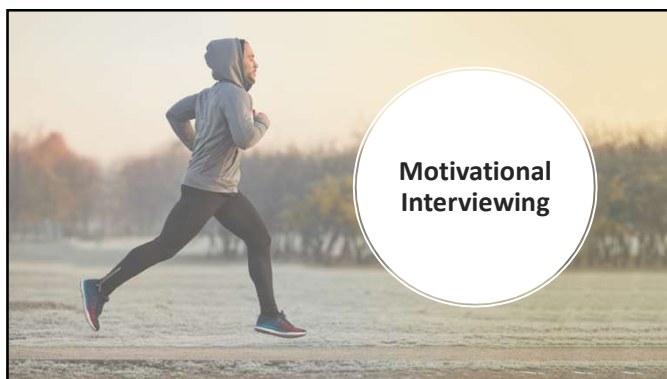
111



Relapse Prevention: Strategies for Long-Term Success

- Basic yet critical component for recovery
- Focuses on tools to manage cravings, identify and avoid high-risk situations, effectively respond to urges
- Psychoeducation: relapse and recovery
- How to handle “slips” and build resilience

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What is 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 & Rollnick, 2013)



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Principles of Motivational Interviewing

Remove
barriers

Practice
empathy

Provide
choice

Provide
feedback

Decrease
desirability

Clarify goals

Actively help
client toward
goals

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Key qualities of Motivational Interviewing:

- MI is a **guiding** style of communication, that sits between **following** (*good listening*) and **directing** (*giving information and advice*).
- MI is designed to **empower** people to change by drawing out their own meaning, importance and capacity for change.
- MI is based on a **respectful and curious** way of being with people that facilitates the natural process of change and honors client autonomy.

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The "Spirit" of Motivational Interviewing

The spirit of MI is based on three key elements:

1. collaboration between the therapist and the client
2. evoking or drawing out the client's ideas about change
3. emphasizing the autonomy of the client

*MI is framed as a **method of communication** rather than an intervention, sometimes used on its own or combined with other treatment approaches*

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Four General Principles of Motivational Interviewing

Express empathy

Develop discrepancy

Roll with resistance

Support self-efficacy

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Express Empathy

- Empathy is generally defined as the ability to sense other people's emotions.
- Building a **collaborative relationship** with a client is extremely important.
- Learning what being empathetic with your clients means can be the difference between success and failure to change. Learn how empathy in a client-staff relationship is not a feeling, but a behavior.

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Brené Brown Empathy vs. Sympathy Video



Brené Brown is a **researcher and storyteller** who's spent two decades studying courage, vulnerability, shame, and empathy.

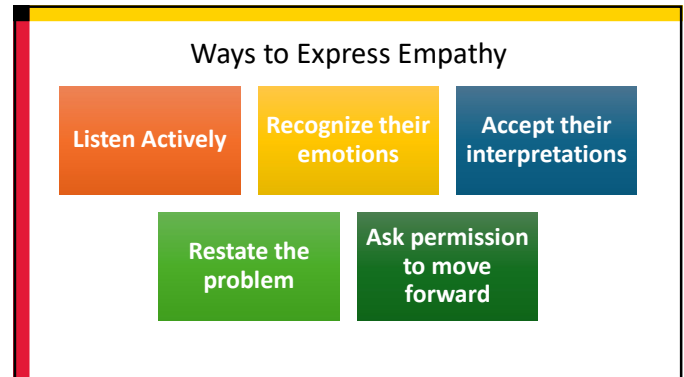
<https://www.youtube.com/watch?v=1Ewgu369jw>
2:53

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Develop Discrepancy

- Discrepancy is defined as a lack of compatibility or similarity between two or more facts.
- Provider values and beliefs need to be separated from client behaviors.
- Conversations with clients should not express approval or disapproval.
- Find out how to pivot a client's change based on their own behaviors by **evoking instead of installing**.

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Evocation vs. Persuasion



Based on the belief that the client holds the resources and motivation for change within themselves; evocation is the process of drawing out the client's perceptions, goals, and values.

Evocation carries an attitude of **curiosity and patience**, rather than persuasion.

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Decisional Balance or Cost-Benefit Analysis

Benefits	
Pros of Gambling	Pros of Not Gambling
- Excitement/ Wins - Camaraderie with friends	- Rebuild finances - Improved relationships
Costs	
Cons of Gambling	Cons of Not Gambling
- Family Conflicts - Anxiety/ Stress - Low self-worth	- Friends may raise questions - Missing out on wins - Boredom

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Roll with Resistance

- Resistance can be defined as the act of fighting against something or refusing to accept something.
- Bringing about change in a client's behavior or actions is difficult and not without bumps in the road.
- Clients have a need to feel they are in control of their own decisions, which can create resistance when trying to motivate behavior change.
- Learning how to overcome that resistance is not the answer, but instead learning how to **adapt to resistance reflecting the client's ambivalence**.

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Resistance: Responses to Avoid



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

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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.

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Support Self-Efficacy

- In psychology, self-efficacy is defined as an individual's belief in their capacity to act in the ways necessary to reach specific goals.
- Changing a client's "I can't..." to a determined "I can change..." in Motivational Interviewing will come from within the client.
- Behavior change can be daunting and overwhelming for anyone, and it is important to NOT try to provide suggestions or solutions, but to **provide support**.

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Support Self-Efficacy

- If a client believes that they can change, the likelihood of change occurring is greatly increased.
- The client, not the counselor, is responsible for choosing and carrying out change.
- The counselor's own belief in the client's ability to change becomes a self-fulfilling prophecy.

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Support Self-Efficacy

- **Partnership.** MI is a collaborative process. The MI practitioner is an expert in helping people change; **people are the experts of their own lives.**
- **Evocation.** People have within themselves resources and skills needed for change. MI draws out the person's priorities, values, and wisdom to **explore reasons for change and support success.**
- **Acceptance.** The MI practitioner takes a nonjudgmental stance, seeks to understand the person's perspectives and experiences, expresses empathy, highlights strengths, and respects a **person's right to make informed choices about changing or not changing.**
- **Compassion.** The MI practitioner actively **promotes and prioritizes clients' welfare and wellbeing** in a selfless manner.

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Change Talk vs Sustain Talk

Change Talk:

- Client leans towards the direction of change.
- Demonstrates movement towards resolving their ambivalence about their behavior.
- Begins to express how making a change is something they want, can do, are committed to, need to do, or have already begun doing.

Sustain Talk:

Client expresses why they cannot change or why they must maintain the status quo. May believe they are unable to change.

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Change Talk vs Sustain Talk

Change Talk	Sustain Talk
I really need to stop gambling because of the bad example I am setting for my kids.	I love to gamble; it is so much a part of my life.
I have started an exercise program, and I feel I have more energy.	I won't be able to walk outside once the cold weather comes.

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Enhancing Change Talk

The therapist needs to listen to the patient and nurture the expression of "change talk" while softening "sustain talk".

There are two types of change talk:

- **Preparatory** change talk does not necessarily lead to change but often comes before stronger change talk.
- **Mobilizing** change talk takes it one step further and there is research evidence that if it is spontaneous, it is most predictive of positive outcomes in MI.

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Enhancing Change Talk

Preparatory Change Talk

D.A.R.N.

- Desire to Change
 - want, like, wish...
- Ability to Change
 - can, could...
- Reasons to Change
 - if... then...
- Need to Change
 - need, have to, got to...

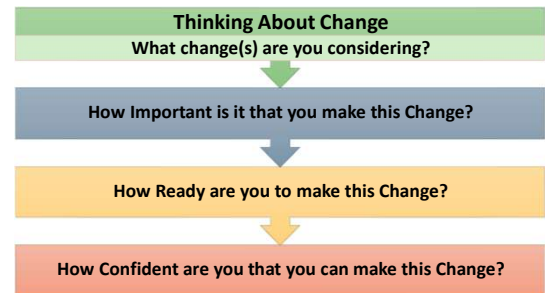
Mobilizing Change Talk

- Commitment
 - intention, decision
- Taking Steps
 - within the last 2 weeks

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Enhancing Change Talk



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Enhancing Change Talk

Readiness Ruler:

How Ready are you to make this Change?



Confidence Ruler:

How Confident are you that you can make this Change?



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Understanding the Connection Between Polyvagal Theory & Gambling

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Polyvagal Theory



Developed by Dr. Stephen Porges in 1994



Our behavioral and physiological responses are dictated to us by our autonomic nervous system (ANS)



Proposes that the ANS has 3 evolutionary states, rather than 2: Ventral Vagal, Sympathetic, and Dorsal Vagal



Focuses on the two branches of the vagus nerve

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Ventral Vagal (Safety and Social Engagement)

- The ventral vagal pathway is involved in promoting calm and connected states. It supports social communication, bonding, and feelings of safety and attachment.
- Signs of ventral vagal activation include calm facial expressions, a steady and calm heart rate, and the ability to engage in social interactions harmoniously.



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Sympathetic (Fight or Flight)

- The sympathetic nervous system prepares the body for “fight or flight” responses in stressful situations. It increases heart rate, dilates pupils, and inhibits digestion to prepare for immediate physical action.
- Physiologically, it is associated with the release of adrenaline and norepinephrine, which heightens alertness and readiness.



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Dorsal Vagal (Shutdown and Immobilization)

- The dorsal vagal pathway is associated with states of shutdown and immobilization, usually in response to extreme threats. It can result in fainting, dissociation, or a sense of emotional numbness as the body conserves resources.
- Signs include: reduced heart rate, low blood pressure, and feelings of disconnection or numbness



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Polyvagal Theory



Ventral Vagal: Safe and Secure

“I feel connected to the greater world”



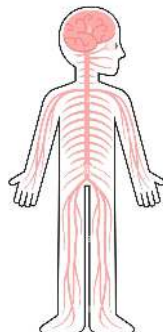
Sympathetic: Fight or Flight

“I am in Danger”



Dorsal Vagal – Freeze

“I can not cope; I am collapsed and shutdown”



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Polyvagal Theory: A Comprehensive Guide

Ventral Vagal (Parasympathetic)

State: Safe and Secure

Expression: “I feel connected to the greater world”



Sympathetic (Fight-or-Flight System)

State: Fight or Flight

Expression: “I am in Danger”



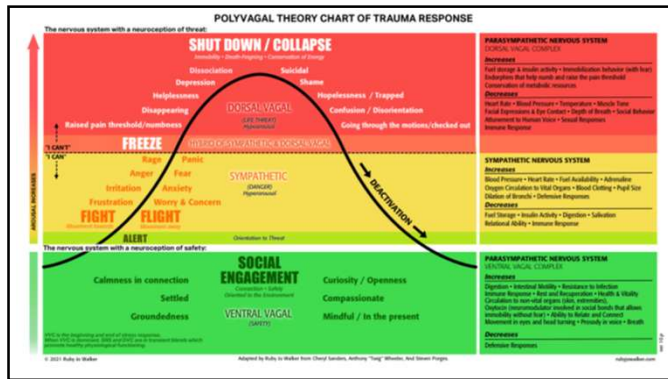
Dorsal Vagal (Parasympathetic)

State: Freeze

Expression: “I can not cope; I am collapsed and shutdown”



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Creating Safety from the Bottom Up

- **Orienting** - Directing attention and senses to the here and now.
- **Grounding** - Being aware of the weight/feel of your body in the moment.
- **Containment** - Bringing awareness to the body as a container, a boundary to the world.
- **Accessing the Cranial Nerves** - Engage the social engagement system in order to feel safe.
- **Breathwork** - Slow down heart rate to calm the body.
- **Movement** - Rocking, Swaying, tuning into what the body needs.
- **Connection** - Co-regulate the nervous system with another safe being.

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Orienting via the 5-4-3-2-1 Technique



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Grounding while being Seated

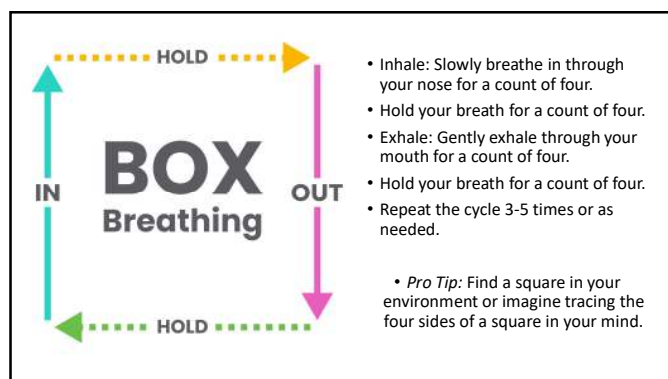
- Notice the parts of your body that make contact with the chair. Push your body deeper into the chair so that you can feel it holding your weight.
- Bring awareness to your feet touching the floor. Press down gently and notice the support beneath you. Bring awareness to how it feels to engage your leg muscles.
- Release, disengaging your leg muscles. Bring your awareness to how it feels to relax them.
- Repeat the sequence noticing how the changes in your body and muscles feels.

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Containment via the Butterfly Hug

- Cross your arms over your chest *or interlock your thumbs in the shape of a butterfly*
- Take a slow, deep breath
- Soften or close your eyes
- Gently tap your shoulders alternately with your hands
- As you tap, continue to take deep breaths
- After a few minutes, stop tapping and ground yourself in the present moment

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When in shut down or in fight/flight

- Provide psychoeducation and normalize their experience
 - Benefits: reduces shame and stigma
- Connection is paramount
 - Goal: be a safe person and create a safe environment
- Continue to focus on safety and calming the body
 - Goal: Avoid trying to access rational thought

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Mindful Movement: *Tips*

Wise Effort

1. Let your body guide and teach you.
2. Only do what feels right.
3. Be mindful of your posture. Nothing you do should be painful or uncomfortable.
4. Be attentive.
5. Take your time. Connect your breath with your movements.
6. No self-criticism or judgment. Let go of "should".

158

What do we mean by Mindfulness?

Mindfulness is experienced in the present moment.

It is defined as the awareness that arises from paying attention in a particular way: on purpose, moment-by-moment, and non-judgmentally ~ Jon Kabat-Zinn

Through mindfulness, we learn to relate to our experiences differently, thereby leading to changes in the brain.



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Autopilot

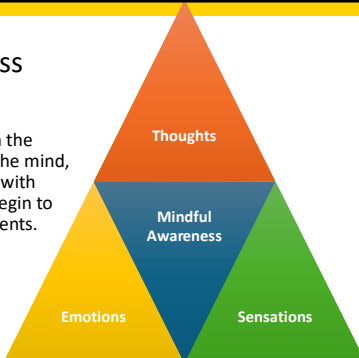
- To go through "the motions" of whatever we are doing, be it eating, driving, or even talking. It's to be physically present, but not mentally present and fully aware of what is taking place.
- You are acting without thinking about what you are doing, usually because you have done it many times before.
- When on autopilot you miss out on the full experience (of the present moment).




160

Triangle of Awareness

By focusing on sensations felt in the body, what is being thought in the mind, and the emotions experienced, with intentional awareness we can begin to distinguish these three components.



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Mindfulness as a treatment option

- Mindfulness is particularly effective for relapse prevention among problematic gamblers
- People with problem gambling many times have automatic thoughts that take place outside of their awareness and can go into a trance-like state when gambling
- People can learn to become aware of their thoughts and learn to overcome urges and cravings that often lead to going into "autopilot" resorting in relapse
- People gain an awareness of their urges but are no longer ruled by them
- Practitioners encourage clients to cultivate a new mindful attitude

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Coping with Triggers using Mindfulness

Triggers that result in strong urges, cravings, and desires to gamble "feel" certain ways in the body.

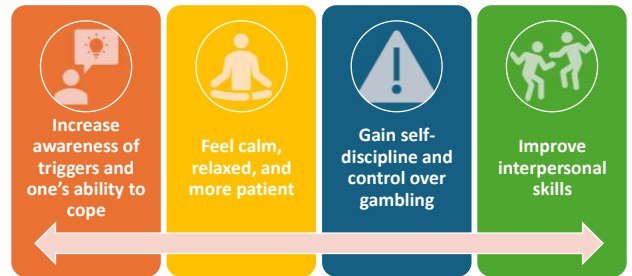
As the problem gambler increases their awareness of bodily sensations and sensitivity, they will be able to recognize when their body has been triggered by environmental cues to gamble.

Velasquez, M., Crouch, C., Stephens, N., DiClemente, C. (2016).



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Mindfulness techniques help...



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Mindfulness Exercises

Body Scan
10-15 min



Mindful Breathing
5-10 min



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Acronym Techniques

RAIN:

- Recognize
- Allow or Acknowledge
- Interest or Investigate
- Non-identify

STOP:

- Stop
- Take a breath
- Observe
- Proceed

SOBER:

- Stop
- Observe
- Expand
- Respond



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Three-Minute Breathing Space

- Become aware of what is happening in the present moment.
- Bring your attention to where in the body you are noticing breathing happening.
- Expand your awareness to the whole body.



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Urge Surfing

1. Acknowledge you are having an urge.
2. Notice your thoughts and feelings without trying to change or suppress them.
3. Remind yourself...
 - It's okay to have urges. They are natural reactions to addictions and habits.
 - An urge is a feeling, not a "must." I can have this feeling and choose not to act.
 - Some discomfort is okay. I don't have to change it.
 - An urge is temporary. Like any other feeling, it will pass on its own.



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169

Forms of Meditation... *what comes to mind?*



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Meditation – What does it mean?

- Meditation is a practice in which an individual uses a technique – such as mindfulness, or focusing the mind on a particular object, thought, or activity – to train attention and awareness, and achieve a mentally clear and emotionally calm and stable state.
<https://en.wikipedia.org/wiki/Meditation>
- Meditation is a mental exercise that trains attention and awareness. Its purpose is often to curb reactivity to one's negative thoughts and feelings, which, though they may be disturbing and upsetting and hijack attention from moment to moment, are invariably fleeting.
<https://www.psychologytoday.com/us/basics/meditation>

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Meditation *An Act of Being Present*

- Meditation is a type of mind-body complementary medicine.
- Studies show that meditating even for as little as 10 minutes increases the brain's alpha waves (associated with relaxation) and decreases anxiety and depression.
- A goal of meditation is not to have any thoughts, but rather **notice** your thoughts, **notice** your body, and focus on your attention on the **present moment**.

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Benefits of a Meditation Practice

- Reduces stress and helps manage anxiety symptoms
- Enhances self-awareness
- Increase attention span
- Improves sleep
- May help the treatment of addictive disorders
- Helps control pain
- May reduce blood pressure
- **It is accessible anywhere!**

<https://www.healthline.com/nutrition/12-benefits-of-meditation>

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Meditation Tips



- Sit in a quiet, comfortable place.
- Set a short time limit if you're a beginner (e.g., 5–10 minutes).
- Focus on your breath and **notice** bodily sensations.
- Gently return your focus to your breath when distractions occur.
- End with a moment of kindness and self-reflection.

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Meditation Tips

- Give yourself grace and kindness.
- Meditation can be done sitting still or by being active.
- The length of the meditation is less important than being consistent.
- Meditation can and should be individualized to benefit the meditator.

"The most important moment in your meditation practice is the moment you sit down to do it. Because right then you are saying to yourself that you believe in change, you believe in caring for yourself, and you are making it real."

<https://www.mindful.org/how-to-meditate/>



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Walking Meditation

As you begin, walk at a natural pace. Place your hands wherever comfortable: on your belly, behind your back, or at your sides.

- If you find it useful, you can count steps up to 10 and then start back at one again. If you're in a small space, as you reach ten, pause, and with intention, choose a moment to turn around.
- With each step, pay attention to the lifting and falling of your foot. **Notice** movement in your legs and the rest of your body. Notice any shifting of your body from side to side.
- Whatever else captures your attention, come back to the sensation of walking. Your mind will wander, so without frustration, guide it back again as many times as you need.
- Particularly outdoors, maintain a larger sense of the environment around you, taking it all in, **staying safe and aware**.



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The Miracle Morning: 10 Minutes Each



Exercise: increase energy and physical well-being



Visualize: rehearse in your mind performing at your best



Affirmations: improve self-esteem and self-confidence



Scribe/Journal: reflect, track progress and cultivate gratitude



Read: learn how to change any area of your life



Silence: decrease stress & anxiety while increasing happiness & focus

<https://miraclemorning.com/>

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Meditation Resources



- ▲ Calm <https://www.calm.com/>
- ▲ Insight Timer <https://insighttimer.com/>
- ▲ Mindful <https://www.mindful.org/>
- ▲ Headspace <https://www.headspace.com/>
- ▲ Simple Habit <https://www.simplehabit.com/>
- ▲ 21-Days Challenge <https://21dayschallengeapp.com/>
- ▲ Mindfulness Coach <https://mobile.va.gov/app/mindfulness-coach>
- ▲ UCLA Mindful <https://www.uclahealth.org/uclamindful/guided-meditations>

Search on Phone Applications, Webpages, YouTube Channels, Podcasts

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Lost in Thought?
Try Grounding



headspace

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Remember, Safety First

- **Everything is not for everybody.**
- Consider the client when recommending techniques, as people have had different experiences.
- Invite the client to practice the technique with you first and check in with them about what their experience was.
- Don't force, rather extend an open invitation.
 - invite the client to check in with themselves about what feels "right" to them and honor that
- Education is paramount:
 - Explain why you're choosing a particular technique
 - Inform them that meditation/relaxation/breathing may not feel "right" or safe for them, and if not exploring how movement may be more appropriate

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Case Discussions

- What risk factors did you notice in this case?
- What therapeutic approach is most appropriate right now?
- What does the client want to do?
- What are your next steps?



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Thoughts and Questions

- Which therapeutic technique(s) do you champion?
- Do you incorporate new techniques/modalities into your practice?
- Would you like to learn more about a particular practice in a future training?
- *Case Consultation Calls available and facilitated by Tineka Rice, LCSW-C, ICGC-I*



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**Maryland Center of Excellence
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Certified Peer Recovery Specialists**



William (Will) Hinman, CPRS, RPS
Peer Supervisor | Outreach Coordinator
Southern Maryland
Cell: 443-717-2439



Ken Wolfson, CPRS, RPS
Northern Maryland
Cell: 443-690-9811



Carin Miller, CPRS, RPS
Western Maryland
Cell: 410-299-1308



Kenny Crawford, CPRS
Eastern Maryland
Cell: 443-717-1137



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Winning Back My Life

offers a rare and revealing look into the lives of four individuals who tell their personal stories of gambling addiction, and their inspirational journeys of recovery.



WHAT CAN YOU DO?

Discover yourself on the risks of gambling, take gambling tips, and resources for help.

WE'RE HERE TO HELP

Call, text, or chat with us if you're someone you know is at risk. We're available 24/7 and our trained counselors can provide you with the right support for your individual needs.

We want help is available for those who are struggling with gambling addiction, regardless of financial status or ability to pay.

1-800-GAMBLER 

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<https://winningbackmylife.com>

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Peers: Their Experience and Journey to Recovery



<https://www.youtube.com/watch?v=bFAEm4G3Q4g>

<https://www.mdproblemgambling.com/facts>

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Creating Assets, Savings & Hope

CASH CAMPAIGN OF MARYLAND

Individuals and Families:

- **Free Tax Preparation** – CASH is now providing free tax preparation for taxpayers with incomes under \$69,000 per year.
- **Financial Education** – Register for a class near you or online by going to the Maryland CASH Academy.
- **Financial Coaching** – Get one-on-one support to reach your financial goals in-person or online. Learn more by attending a Meet and Greet.
- **Benefits Screening** – Find out what benefits you may qualify for by receiving a free comprehensive screening. Get help completing and navigating the application process from an expert.

Support for Practitioners and Organizations too!

<https://cashmd.org/who-we-serve/>

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Finances and Mental Health Help

TIAA:

- <https://www.tiaa.org/public/learn/financial-wellness-and-mental-health>

Fidelity:

- <https://www.fidelity.com/learning-center/smart-money/money-and-mental-health>

Consumer Federal Protection Bureau:

- <https://www.consumerfinance.gov/consumer-tools/financial-well-being/>

Financial Health Network:

- <https://finhealthnetwork.org/research/understanding-the-mental-financial-health-connection/>

Mental Health America:

- <https://mhanational.org/finance/>
- <https://mhanational.org/citizens/>

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Financial Toolkits and Curriculums



- **Moving Ahead Curriculum**
 - <https://www.allstatecorporation.com/the-allstate-foundation/relationship-abuse.aspx>
- **Your Money, Your Goals (CFPB) Financial Empowerment Toolkit**
 - <https://www.consumerfinance.gov/consumer-tools/educator-tools/your-money-your-goals/toolkit/>
- **FDIC Money Smart Curriculum**
 - <https://www.fdic.gov/resources/consumers/money-smart/index.html>

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Additional Financial Resources...



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True Link

Helping families manage the spending of their loved ones.

True Link works to provide life-changing financial solutions for people with complex needs and the people who care for them. Serving vulnerable elders, people with disabilities, and people in recovery – and their families and professional caregivers.

- Customizable spending rules
- Stay up to date with alerts and purchase history

<https://www.truelinkfinancial.com>

You Can Block:

- Online and over-the-phone purchases
- International transactions
- Money transfers
- Purchases at merchants flagged as potentially predatory or fraudulent
- Subscriptions, Bars & Liquor Stores, Gambling & Casinos, and Travel & Transportation

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"Ask a Financial Counselor"

GamFin Weekly Financial Counseling Group Session



Each week, a rotating team of knowledgeable financial counselors and peer support specialists will host the group.

These sessions are a chance to get expert financial guidance, hear from people with lived experience, ask your own questions, and connect with others facing similar financial challenges.



<https://luma.com/gamfin>

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Exclusion Technology aka Roadblocks

GamBan: Block Access to Gambling Websites and Apps Worldwide. Whether you're looking to cool off after a big loss or looking for longer-term protection from online gambling, Gamban subscriptions are tailored to suit your needs.

<https://gamban.com/>

BetBlocker: BetBlocker is a UK registered charity offering a **free** service to help support people anywhere in the world. There to help you, or those you care about, ensure that they can manage their access to gambling in a safe and appropriate manner. Whether that means restricting altogether or limiting during periods of vulnerability.

<https://betblocker.org/>



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Maryland Lottery & Gaming Control Commission's Voluntary Exclusion Program (VEP)

- A Program for individuals who wish to **voluntarily ban themselves** from Maryland casinos, the Maryland Lottery, and/or Bingo Halls (*Instant Bingo Machines at Instant Bingo Facilities with 10 or more machines*), Sports Betting, and Fantasy Sports
- After a minimum of two years, you must **request removal** from the list from the Gaming Commission in accordance with Code of Maryland Regulations 36.01.03.05.
- In partnership with the Maryland Lottery, the Center connects those seeking to remove themselves from the VEP with a dedicated and trained therapist.
 - **Counseling is Free to Maryland residents.**
- Maryland Lottery & Gaming Control makes **final decision** about removal from the VEP list.

<https://www.mdgamblinghelp.org/voluntary-exclusion-program>

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Maryland's No Cost Treatment

If you or if you are a concerned other struggling with harms associated with gambling, help and counseling is available for Maryland residents at **no cost** regardless of insurance coverage or ability to pay.

<https://www.mdproblemgambling.com/find-a-counselor>

The Maryland Department of Health Behavioral Health Administration, in collaboration with the State's ASO, will reimburse providers and private practitioners for providing therapeutic gambling services to Maryland individuals and their loved ones struggling with gambling disorder.

<https://www.mdproblemgambling.com/provider-referral-network>



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MARYLAND RESOURCES

Gambling Helpline: 1-800-GAMBLER



Maryland Center of Excellence on Problem Gambling:

- mdproblemgambling.com
- helpmygamblingproblem.org

Parent's Place of Maryland:
<https://www.ppmo.org/contact/>

Faith-based Advocacy & Assistance via the Maryland Council on Problem Gambling:
<https://www.marylandproblemgambling.org>

Maryland Legal Aid:
<https://www.mdlab.org>

Maryland Volunteer Lawyers Service:
<https://mvslaw.org>

Money Management International - Maryland:
<https://www.moneymangement.org/locations/maryland>

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NATIONAL RESOURCES

GAMBLING HELPLINE: 1-800-GAMBLER



Gamblers in Recovery:
<https://gamblersinrecovery.com>

Recovery Road:
<https://recoveryroadonline.com>

National Suicide Prevention Lifeline:
<https://988lifeline.org> or Call: 988

Crisis Text Line:
 Text HOME to 741741
<https://www.crisistextline.org>

National Council on Problem Gambling:
<https://www.ncpgambling.org>

SMART Recovery:
<https://www.smartrecovery.org/gambling-addiction>

Gamblers Anonymous:
<https://www.gamblersanonymous.org/ga/locations>

Gam-Anon:
<https://gam-anon.org>

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WAYS THE CENTER CAN PROVIDE YOU SUPPORT

Free!

- Free Gambling Related Trainings with CEUs
- Free Case Consultation Calls 4xs a month on Zoom
- Free Peer Support: 1:1 and Group Presentations
- Free Treatment for Maryland Residents
- Free Awareness Materials for your lobby or offices
- **Free Helpline 1-800-GAMBLER**
 - call, text, or chat confidentially with a professional 24/7

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Join our Mailing List

<https://www.mdproblemgambling.com/join>

Stay up to date on Center initiatives

Learn how you can get involved:

- ✓ Awareness
- ✓ Training
- ✓ Prevention
- ✓ Public Policy



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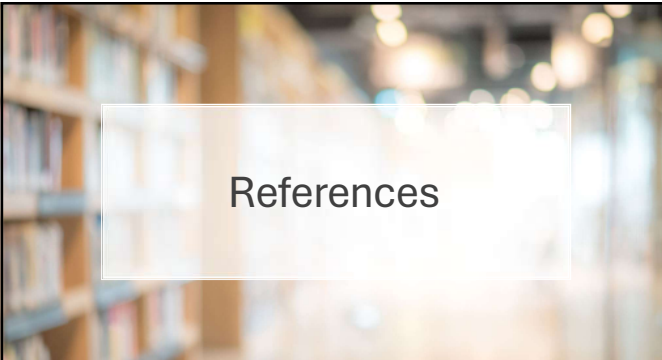


THANK You!

Tineka Rice, LCSW-C, ICGC-II and
 Kristen Beall, LCSW-C, ICGC-II, CAC-AD

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References

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References

- Chen, P., Jindani, F., & Turner, N. (2021). *Mindfulness-based relapse prevention for problem gambling* (2nd ed.). Centre for Addiction and Mental Health. <https://kmb.camh.ca/uploads/80dda5e-6a21-4af7-8738-331ba4f8e2e.pdf>
- Dana, D. (2018). A beginner's guide to polyvagal theory. In *The polyvagal theory in therapy: Engaging the rhythm of regulation*. W. W. Norton. <https://www.providence.org/-/media/project/psjh/providence/files/behavioral-health/polyvagal-theory-beginners-guide.pdf>
- Fleming, S. (2025, September 29). When clients protect themselves in therapy: Repairing ruptures. Beck Institute. <https://beckinstitute.org/blog/protecting-self-part-two/>
- Gam-Anon. (n.d.). *Gam-Anon*. <https://www.gam-anon.org/>
- GamFin. (2024, November 15). Using money protection plans (MPPs) to supplement problem gambling treatment (J. Limbrick, PhD, AFC®).
- Grant, J. E., & Potenza, M. N. (Eds.). (2022). *Gambling disorder: A clinical guide to treatment* (2nd ed.). American Psychiatric Publishing. <https://doi.org/10.1176/appi.books.9781616373397>
- Healthline. (2020, August). Have trouble meditating? Try mantra meditation. <https://www.healthline.com/health/mantra-meditation>
- Healthline. (n.d.). 12 benefits of meditation. <https://www.healthline.com/nutrition/12-benefits-of-meditation>



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References

- Immunize Nevada. (n.d.). Cognitive behavioral therapy for problem gambling. <https://immunizenevada.org/cognitive-behavioral-therapy-for-problem-gambling/>
- Lorains, F. K., Cowlishaw, S., & Thomas, S. A. (2011). Prevalence of comorbid disorders in problem and pathological gambling: A systematic review and meta-analysis of population surveys. *Addiction*, 106(3), 490–498. <https://doi.org/10.1111/j.1360-0443.2010.03300.x>
- Mental Health America. (n.d.). How does therapy work? What to expect? <https://screening.mhanational.org/content/how-does-therapy-work-what-expect/>
- Mental Health America. (n.d.). Therapy. <https://mhanational.org/resources/therapy/>
- Mind. (n.d.). What to expect from therapy. <https://www.mind.org.uk/information-support/drugs-and-treatments/talking-therapy-and-counselling/what-to-expect-from-therapy/>
- Mindful. (n.d.). How to meditate. <https://www.mindful.org/how-to-meditate/>
- Miracle Morning. (2024). *The Miracle Morning*. <https://miraclemorning.com/>
- Mosel, S. (2025, January 21). Treatment methods & evidence-based practices for addiction treatment (J. Regan, Ed.; K. Fuller, MD, Rev.). American Addiction Centers. <https://americanaddictioncenters.org/therapy-treatment/evidence-based>



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References

- National Council on Problem Gambling. (2024). *National survey on gambling attitudes and gambling experiences 3.0*. <https://www.ncpgambling.org/training/engage-survey/engage-3/>
- National Council on Problem Gambling. (2026). FAQs: What is problem gambling? <https://www.ncpgambling.org/help-treatment/faqs-what-is-problem-gambling/>
- National Network to End Domestic Violence. (n.d.). About financial abuse. <https://nnedv.org/content/about-financial-abuse/>
- Norfolk County Council. (n.d.). What is domestic abuse? <https://www.norfolk.gov.uk/safety/domestic-abuse/what-is-domestic-abuse/power-and-control-wheel>
- PositivePsychology.com. (n.d.). Motivational interviewing principles. <https://positivepsychology.com/motivational-interviewing-principles/>
- Postmus, J. L., & Stylianou, A. M. (2023). *Building financial empowerment for survivors of domestic violence: A path to hope and freedom*. Rutgers University Press.
- Psychology Today. (2023, March). The most important part of therapy is often. <https://www.psychologytoday.com/us/blog/relationships-healing-relationships/202303/the-most-important-part-of-therapy-is-often>
- Psychology Today. (n.d.). Motivational interviewing. <https://www.psychologytoday.com/us/therapy-types/motivational-interviewing>



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References

- Ridjic, D., & Mahmutovic, J. (2025). Rupture in the psychotherapy relationship described through the prism of different psychotherapy schools: Is there a unique place for creating an integrative approach in the resolution of psychotherapy rupture? *Medical Archives*, 79(5), 406–410. <https://doi.org/10.5455/medarh.2025.79.406-410>
- Swanton, T. B., & Gainsbury, S. M. (2020a). Debt stress partly explains the relationship between problem gambling and comorbid mental health problems. *Social Science & Medicine*, 265, Article 113476. <https://doi.org/10.1016/j.socscimed.2020.113476>
- Swanton, T. B., & Gainsbury, S. M. (2020b). Gambling-related consumer credit use and debt problems: A brief review. *Current Opinion in Behavioral Sciences*, 31, 21–31. <https://doi.org/10.1016/j.cobeha.2019.09.002>
- The Trauma Therapist Institute. (2025, January 7). Exploring the neuroception definition: The autonomic nervous system's secret language. <https://www.traumatherapistinstitute.com>



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References

- The Weekend University. (2023, March 16). *Healing addiction with IFS and Polyvagal Theory – Cece Sykes & Jan Winhall* [Video]. YouTube. <https://www.youtube.com/watch?v=j89QIYabl7A>
- TIAA. (2026). Financial wellness impacts your mental health. <https://www.tiaa.org/public/learn/financial-wellness-and-mental-health>
- Velasquez, M. M., Crouch, C., Stephens, N. S., & DiClemente, C. C. (2015). *Group treatment for substance abuse: A stages-of-change therapy manual*. Guilford Publications.
- Wolf, C., & Serpa, J. G. (2015). *A clinician's guide to teaching mindfulness: The comprehensive session-by-session program for mental health professionals and health care providers*. New Harbinger Publications.
- World Health Organization. (n.d.). Gaming disorder. <https://www.who.int/standards/classifications/frequently-asked-questions/gaming-disorder>



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