

Working with Gambling Addiction: Theory and Application

Day One

Trainer: Andrew Bowring

Editor: Fay Kepidou



Today's Learning Objectives

Topic	Learning Objectives
The Gambling Context	<ul style="list-style-type: none">• Define at risk and problem gambling and understand the distinction between the two• Understand why people gamble, and the gambling context in the UK
Causes of Problem Gambling	<ul style="list-style-type: none">• Understand why problem gambling occurs
Gambling Related Harm	<ul style="list-style-type: none">• Understand how problem gambling impacts the gambler themselves• Identify how gambling related harm is linked to risk• Understand the impact of problem gambling on affected others
Safeguarding and Suicidality	<ul style="list-style-type: none">• Understand suicidal ideation, recognize and safeguard those at risk



Today's Agenda Estimated Timings

09:00 Introductions

09:15 Gambling context and characteristics of Problem Gamblers

11:00 Break

11:15 Assessment process, PGSI and CORE 10 (assessment measures)

11:45 Case studies

12:30 Lunch

13:15 Gambling Related Harms

13:30 Working with Affected Others and Case study

14:30 Break

14:45 Safeguarding and Suicidality in Problem Gamblers

15:30 Reflections and check out

16:00 End



Introductions

1. Icebreaker
2. Working Agreement
3. Goal, objectives and agenda
4. Terminology



Icebreaker

- In your groups, introduce yourselves.
- Each think for a minute and then tell your group the one word that comes to mind when you think of 'Gambler'.



Working Agreement

Think about what will enable you to:

1. **Feel safe**
2. **Share with Respect**
3. **Be comfortable**
4. **Learn productively**
5. **and Enjoy.. !**

...during the next 2 days of training



Overall Training's Goal

To understand gambling problems and gambling related harm. To develop a framework for working holistically to support those affected by gambling related harm.



Terminology for the next 2 days

Term	Meaning
Practitioner	Treatment Practitioner
Tier	Level of treatment offered
Brief intervention	Short, purposeful conversation providing info & advice
Treatment	Formalised structured, repeated interventions
Those impacted by gambling related harm	Refers to either the gambler or an affected other



The Gambling Context

1. What problem gambling means to you
2. The gambling continuum
3. Neuroscience



What problem gambling means to you

- Think about your experience of problem gambling, whether at work or at home.





The gambling continuum

- **Gambling** is...
- **Problem gambling** is...



The gambling continuum

- **Gambling** is...

A decision to risk a monetary bet on the uncertain prospect of a larger financial gain

A Clinician's Guide to Working with problem gamblers (Luke Clarke, 2010)

- **Problem gambling** is...

An urge to gamble continuously despite harmful negative consequences or a desire to stop. Problem gambling is often defined by whether harm is experienced by the gambler or others, rather than by the gambler's behaviour

DSM V (The American Psychiatric Association and ICD, 2005)



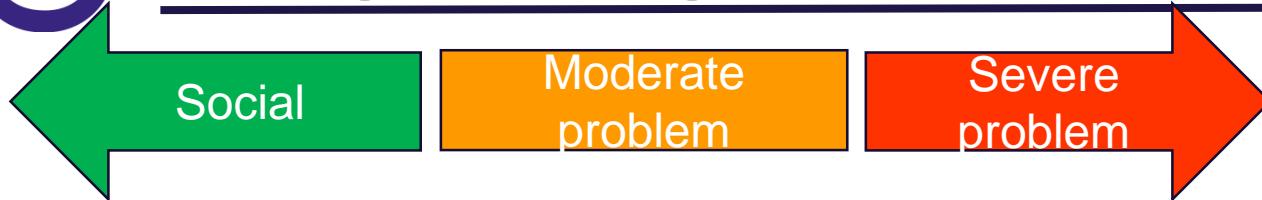
The gambling continuum



What might we see at each of these stages?



The gambling continuum



Social Gambler

- Entertainment
- Social
- Spending limits

Increased Risk

- Chasing losses
- Over spending
- Concealment
- Some pre-occupation

= brief/extended interventions (up to 6 sessions)

Problem Gambler

- Debt
- Crime
- Very pre-occupied
- Jeopardising relationships
- Suicidal thoughts

= psychosocial interventions (12-16 sessions and/or group work)



Causes of problem gambling: contributing factors

- Past trauma, neglect, abuse
- Peer problem gambling
- Alcohol or substance misuse
- Low self esteem
- Socioeconomic vulnerability
- Social isolation





Causes of problem gambling: common characteristics

Life revolves around gambling

Gambling used as emotion management

Money problems, debt, stealing, lying

Cognitive illusions and biases

Chasing losses and wins

Need to be seen as a 'winner'

Chronic boredom / limited hobbies

Live in the 'here and now'

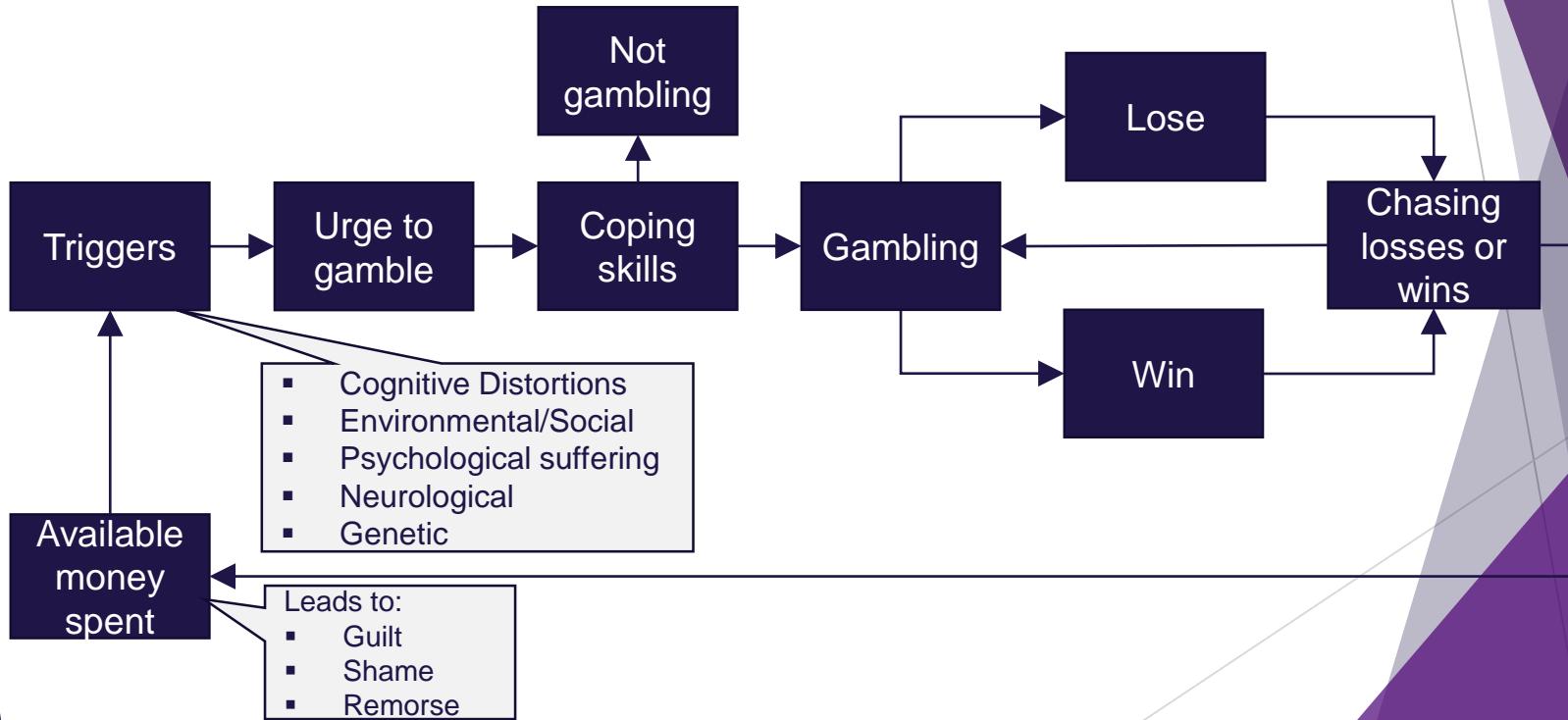
Intimacy and relationship difficulties

Pattern of risk taking

Risk of suicide

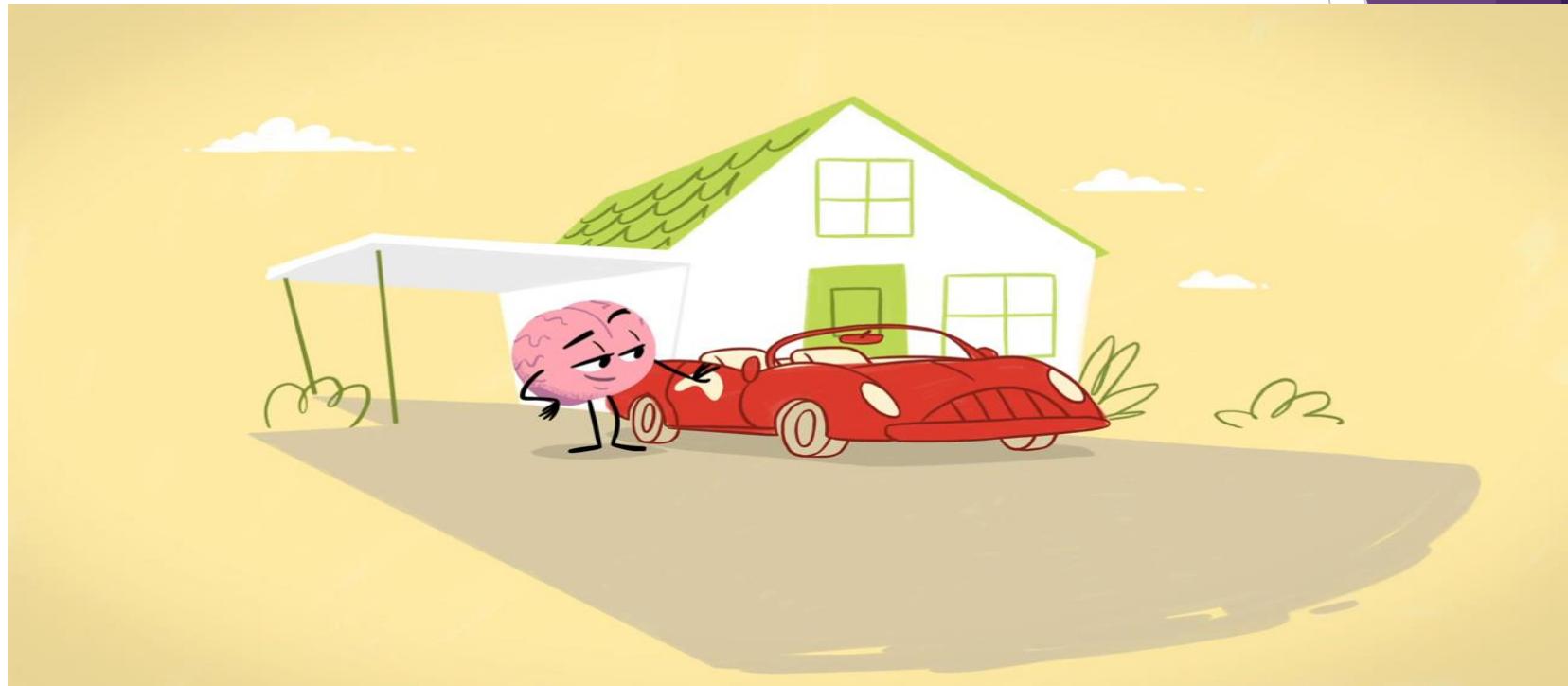
G

Causes of problem gambling: the cycle



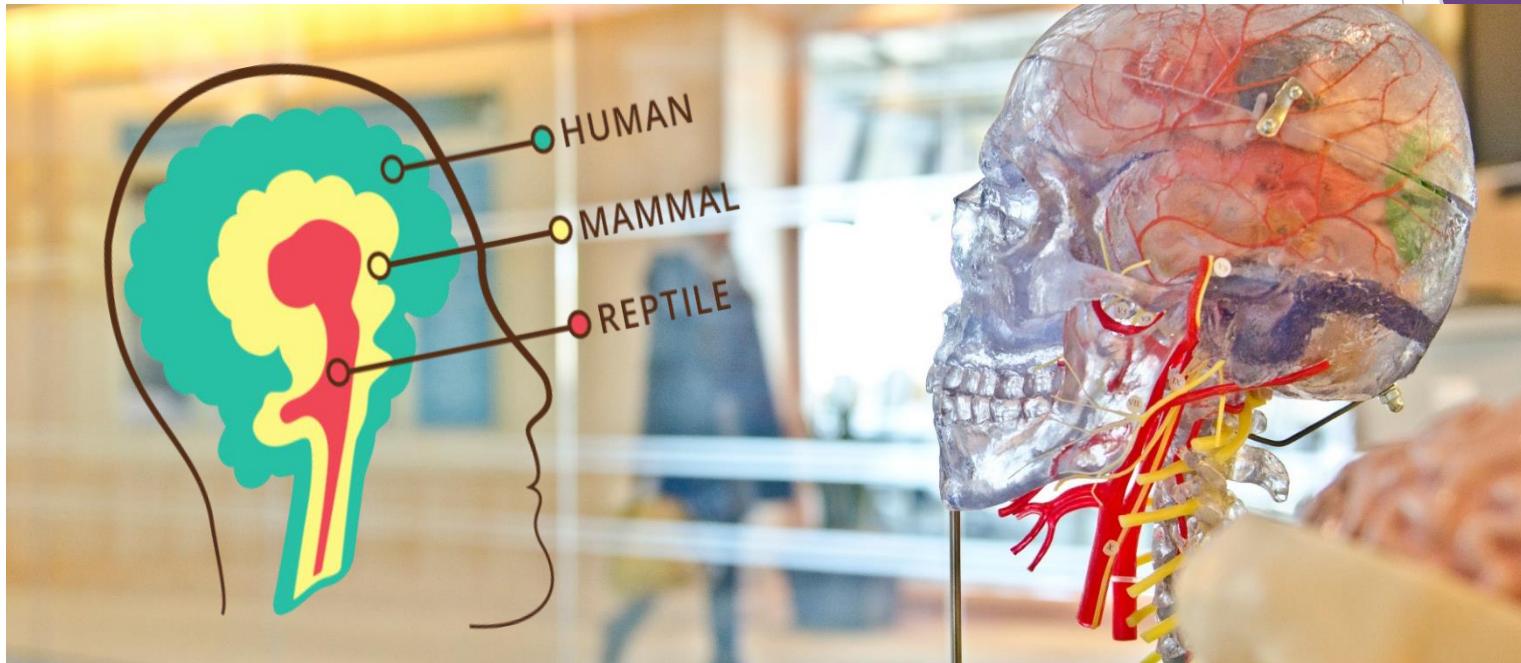


Problem gambling and the brain



G

Triune Brain (MacLean 1960)





Our Lizard Brain or brain stem

The lizard brain or brain stem

Looks like a crocodile's brain (same brain function as birds, reptiles and lizards)

- 1.'House-keeping brain' -works on auto-pilot to control the basics (breathing, hunger, temperature control, sleep/waking rhythms, heart-rate etc.)
- 2.Responsible for perceiving and reacting to threats to keep us safe (our reflexive/instinctive responses and fight/flight/freeze reflexes)
3. Connects to the spinal cord and through this the extended nervous system
 - It perceives and responds to body sensations and impulses and is constantly asking, "Am I safe now?"; "How about now?"; "And now?"...
 - When we're in crisis, our reptilian brain often takes over completely until the crisis passes and we settle down



Our mammalian brain or limbic system

The next level is the limbic system or Mammalian brain we share with older mammals like dogs, cats, horses and mice

- 1.'Emotional brain' or centre for emotion processing
2. Purpose is to make us care about other members of our species and other living beings to optimise our survival
3. Addictions alter the brain's dopamine pathway, also known as the reward circuit, which begins above the brain stem. Dopamine is the chief neurotransmitter in the brain reward pathway.
4. Our reward circuit perceives, responds and regulates our emotions and feeling tones, somatosensory (bodily) and emotional experience



Our human brain or neocortex

The highest level in our brain development is the neocortex

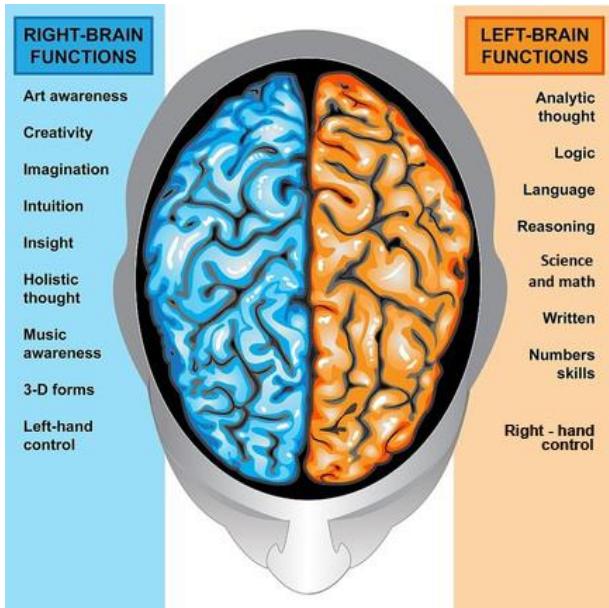
1. At the front is the prefrontal cortex (PFC) which is most highly developed in humans
–mediates cognition and reasoning
2. Enables us to think about, make sense of, explain, justify and verbally express the instinctive and emotional perceptions and responses generated by our lizard and mammalian brains
3. Concerned with intellectual and executive functioning, verbal language, conscious thought and self-awareness
4. Doesn't mature until we are 25 or 26 years old



Two hemispheres

Right Hemisphere

- Responsible for control of the left side of the body
- The more artistic and creative side of the brain
- Excels in visual perception, understanding spatial relationships, recognizing patterns, music, emotional expressions, etc.
- Good at making inferences
- Lets us perceive our sense of self
- Processes information as a whole

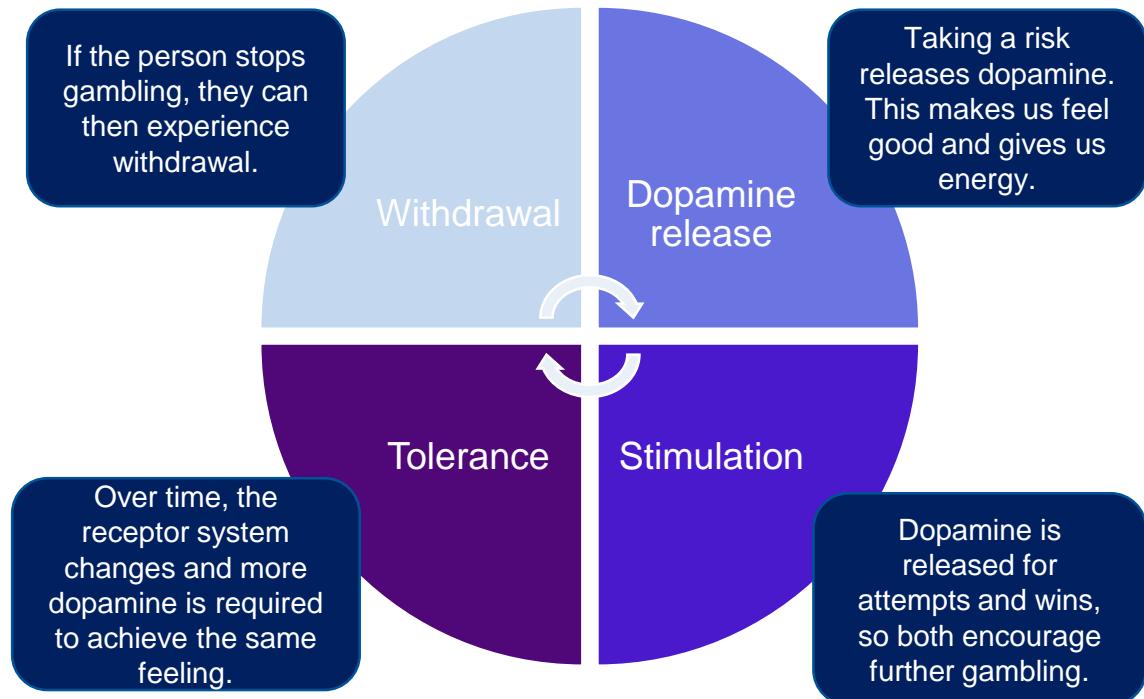


Left Hemisphere

- Responsible for control of the right side of the body
- Is the more academic and logical side of the brain
- Handles tasks such as reading, writing, speaking, arithmetic reasoning and understanding
- Tends to process information sequentially, one at a time.



Summing up gambling and the brain





Break





Assessment process

1. PGSI
2. Core 10
3. Case Study



Collaborative Assessment

- Assessment (Including Outcome Measures PGSI , CORE 10)
- Risk Assessment
- Levels of Risk
 - Low Level
 - Significant risk
 - High Risk: Referral/Liaison to statutory services
- Goal Planner (what is the client's goal?)



Assessment task

What does the client need?

- Feel listened to, valued and safe
- Have Hope for improvement
- Receive information about other supporting organisations
- Have evidence for the family of achieving goals

What does the addiction centre need?

- Robust assessment and ability to allocate the right level of intervention
- Safeguarding Information
- Is there any other agency involved? (social services, doctor etc)
- Client consent
- Inspire confidence and safety in the service

What do you need to assess as a practitioner?

- Build rapport & understand their situation
- Why now? Level of motivation to change
- Current & history of gambling problem
- Relationships & hobbies
- Employment
- Identify readiness to change
- Financial situation/debt/criminal history
- Strengths/Resources the client has and can use
- Health/mental health issues/diagnosis
- Risk/Suicidal intention
- Safeguarding; Who is impacted? Vulnerable adults/children
- Personal History
- GP details/Other agency details



Problem Gambling Severity Index

- A standardised measure of gambling severity

	0	1	2	3
	Not at all	Rarely	Sometimes	Often
1. Have you bet more than you could really afford to lose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Still thinking about the last 12 months, have you needed to gamble with larger amounts to get the same feeling of excitement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When you gambled, did you go back another day to try to win back the money you lost?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have you borrowed money or sold anything to get money to gamble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have you felt you might have a problem with gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Has gambling caused you any health problems, including stress or anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Has your gambling caused any financial problems for you or your household?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Have you felt guilty about the way you gamble or what happens when you gamble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



- An in-time indicator of psychological distress

Over the last week...

	Not at all	Only occasionally	Sometimes	Often	Most of all of the time
1 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4





Screening and measures

	PGSI	CORE-10
Designed for	Gambler only	Gambler and affected others (family and friends of the gambler)
Conducted by	Practitioners	Practitioners
Frequency	At assessment and every treatment session	At assessment and every treatment session
Purpose	Assess the severity of an individual's gambling <i>and</i> show progress	Assess psychological distress over one week <i>and</i> show progress



Safeguarding reminders

- It is everybody's responsibility to ensure that we respond appropriately to concerns around safeguarding and risk (duty of care)
- Sensitive language eg: "With money being tight, it's not uncommon for food to be low... is this something you are experiencing..?"
- Suicide ideation is high in gambling addiction
- Ensure we are all utilizing the "safety checklist" (we will see it in the Safeguarding section)
- Look out for domestic violence
- Explore financial abuse/impacts
- Always ask about the children – neglect – food, clothing, etc.



"Suicide attempts among pathological gamblers are higher than for any of the addictions and second only to suicide attempt rates among individuals with major affective disorders, schizophrenia and a few major hereditary disorders"

*Dr. Rachel A. Volberg, President of Gemini Research,
Ltd.
(Gambling Research, 1993)*



Case study (30 minutes)



Experiential learning

Choose and read one case study in your group.

1. What contributing factors or common characteristics do you recognise?
2. What topics would you explore more?
3. Is there something that concerns you?
4. What is the level of risk?
5. How do you think the client would grade the outcome measures (PGSI, CORE 10)



Lunch



Gambling Related Harms

1. To the Gambler
2. To the Affected Others
3. Working with Affected Others
4. Case Study



Impact on self

- What are some of the ways that problem gambling impacts the gambler themselves?





Impact on self

Categories of harm

Mental Health

Financial

Family
Breakdown

Relationship

Work/Education

Housing
Problems



Impact on self

Categories of harm

Mental Health	Financial	Family Breakdown
<ul style="list-style-type: none">• Mood disorders• Anxiety• Shame• Stigma• Neurotic symptoms• Suicidal ideation	<ul style="list-style-type: none">• Debt• Gambling on Credit• Loan Sharks• Criminality• Spending family savings	<ul style="list-style-type: none">• Isolation• Divorce• Absent Parenthood• Safeguarding• Neglect• Abuse• Violent Behaviour



Impact on self

Categories of harm

Relationship	Work/Education	Housing Problems
<ul style="list-style-type: none">• Lying• Arguing• Anger and Tension• Doubts• Panic• Avoiding• Rejecting	<ul style="list-style-type: none">• Absenteeism• Low performance• Low engagement• Low motivation• Sick days	<ul style="list-style-type: none">• Evictions• Missed Mortgage/rent payments• Homelessness



Harms and Risk discussion (10 minutes)

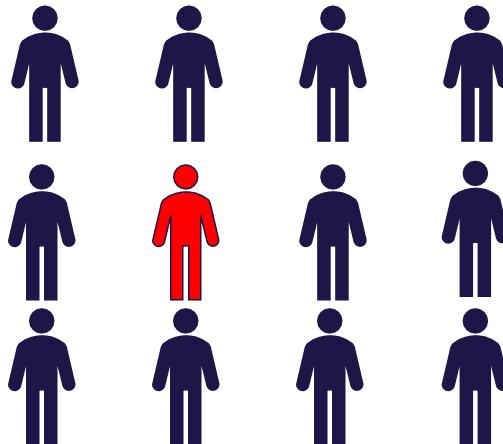
- In your groups discuss how these gambling related harms demonstrate an increased level of risk for the person affected.
- What is your work and personal experience? Have you worked with harms like this in the past?
- Are there any other gambling related risks that might exist?

Mental health	Financial	Family breakdown	Relationship	Work/education	Housing problems
<ul style="list-style-type: none">• Mood disorders• Anxiety• Shame• Stigma• Neurotic symptoms• Suicidal ideation	<ul style="list-style-type: none">• Debt• Gambling on Credit• Loan Sharks• Criminality• Spending family savings	<ul style="list-style-type: none">• Isolation• Divorce• Absent Parenthood• Safeguarding• Neglect• Abuse• Violent Behaviour	<ul style="list-style-type: none">• Lying• Arguing• Anger and Tension• Doubts• Panic• Avoiding• Rejecting	<ul style="list-style-type: none">• Absenteeism• Low performance• Low engagement• Low motivation• Sick days	<ul style="list-style-type: none">• Evictions• Missed Mortgage/rent payments• Homelessness



Affected others

- It is estimated than an individual experiencing a problem with gambling can affect between 6 and 10 others





Affected others

- Citizens Advice in the UK surveyed over 1500 people affected by gambling related harm in 2017.

One third of families unable to afford essentials like food and rent

33% of households with children experienced family breakdown

65% of gamblers reporting losses of £10,000 or more, with 69% of affected others having to cover costs

90% experienced emotional distress, with over half experiencing mental ill health



Activity: Together let's read the statements and think of what gambling harms exist:

What you might hear a service user say:

‘I thought of suicide last year, and even though I’m still feeling down, I don’t think I’d try it. My wife is supportive and is trying to help me reduce my gambling.’

‘I haven’t told my partner what’s going on...’

‘I got out of prison for petty theft six months ago, and I thought I was done with gambling for good – given how much I’ve messed up my life already. But my gambling mates have been back in touch and I know any day now I’m gonna head down to the races or to the betting shop.’

‘It’s been 3 years since I started gambling properly and in that time I’ve lost thousands in family savings. Just last week I lost £2000. My debt’s getting out of hand, my wife’s threatening to leave me and I just don’t know if I can do this anymore.’

‘My doctor keeps on at me to keep taking my meds but they make me feel numb. I don’t get the highs I used to.’

‘I keep getting nagged by the school about Jenny’s attendance. I wish they’d keep their noses out of it.’

‘Yesterday my manager at work told me I need to get my act together. I just don’t care though, you know? If I lose my job though I won’t be able to pay my rent..’

What gambling related harms might exist?

Mental health

Relationship , Isolation

Financial

Financial, relationship, mental health (always ask: “what you are saying sounds a bit hopeless.. Can you tell me more about what you meant “you cannot do this anymore..” ?)

Mental health

Family breakdown, possible neglect and safeguarding

Work, relationships, possible housing problems



Affected others

Financial harm	Withdrawal	‘Emotional theft’
Isolation	Guilt and shame	Loss of trust
Relationship breakdown	Family complications	Risk (Safeguarding)
Compassion Fatigue		



What can be useful for Affected Others

- Educational information: Knowledge about addiction, signs and effects on the brain and the body
- How to help the gamblers recovery (from exclusion tools and diversion techniques to group or other available support for gambler and family/friends)
- Re-establishing communication and honesty
- Boundaries to prevent harm from occurring: example financial boundaries, separating accounts, handing over money management to a trusted family member)
- Building trust again and finding support networks in their community and family



Case study (15 minutes)



Choose and read a case study in your group.

1. Who is affected and how?
2. What topics would you explore more if they came for support?
3. Is there something that concerns you?
4. What is the level of risk?
5. What could be helpful?



Break





Safeguarding and Suicidality in Problem Gamblers





Safeguarding Principles

1. **Empowerment** - person-led decisions and informed consent
2. **Prevention** – It is better to take action before harm occurs
3. **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented
4. **Protection** – Support and representation for those in greatest need
5. **Partnership** – Local Solutions through services & communities working together in preventing, detecting and reporting neglect and abuse
6. **Accountability** – Accountability and transparency in delivering safeguarding.



Recognising Abuse (10 minutes)

- Read the 10 types of abuse in your workbook and discuss how they may present with clients. Have you worked with abuse in the past?
- Debrief in the bigger group



Types of risk

- Gambling related harms (e.g. housing, isolation, risked relationships)
- Abuse
- Suicidal ideation



Abuse: assessing risk

Physical

Domestic
violence

Sexual

Psychological

Financial

Modern
slavery

Discriminatory

Organisational

Neglect and
acts of
omission

Self-neglect



Assessing Safeguarding Risk

How do we assess risk?

- Assessment
- Clinical Outcome Measures (CORE 10/PGSI)
- Reported Gambling Related Harms/Impacts
- Conversations with clients (during sessions/any other interaction)
- Clinical Judgement

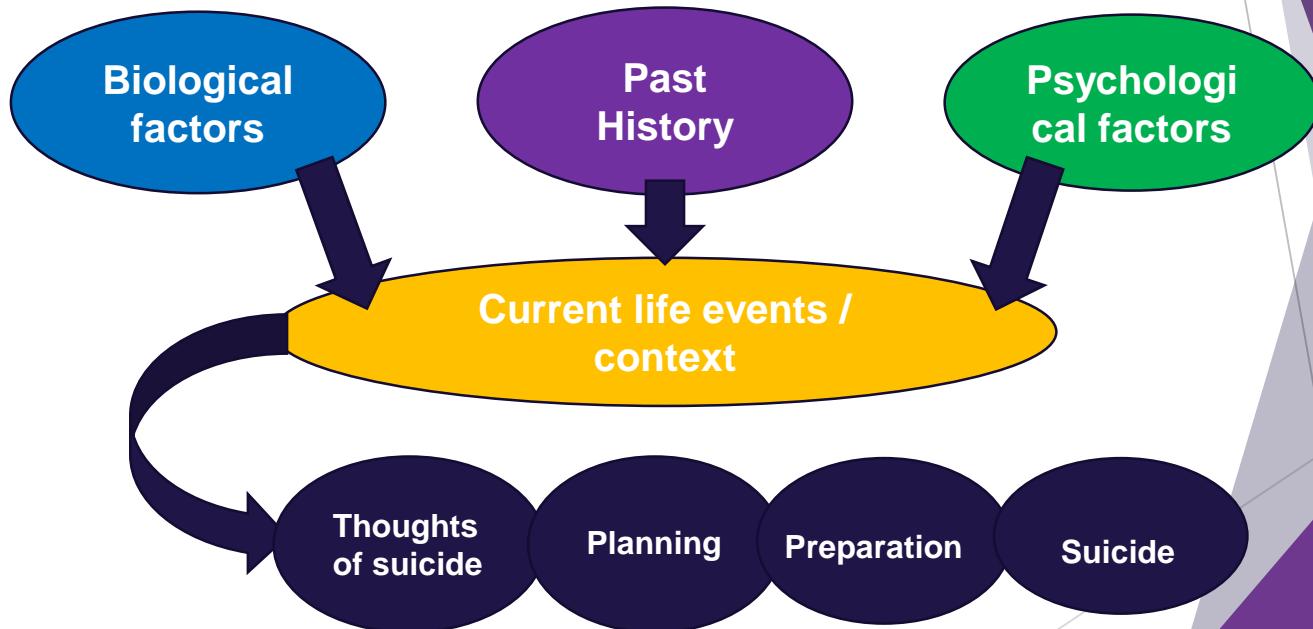
*As part of your case management risk should be reviewed frequently



Suicide: assessing risk

Assess Suicide Mental Risk Checklist	Yes	No
Current / Recent Suicide Attempt		
Recent Self-Harm		
Hopelessness and Helplessness / Wished to be dead		
Specific plans for suicide e.g. making of will, tidying of affairs, purchasing of equipment etc		
History of suicide attempt / self-harm		
Suicide ideation / intent		
Are there triggers for suicide ideation		
Other factors – Alcohol, Drugs, relationship change, bereavement, job loss, significant gambling loss		
General Mental Health issues		

The continuum of suicide





Useful questions to explore a potential safeguarding issue

Who/What?

“Is anyone else affected”

Pattern/ Ongoing Threat?

‘Is this the first time this has happened?’

Abuse level?

‘How much have you lent them?’

Support?

‘What support do you have?’

Impacts/Harms

▶ ‘What impact is this having on your health/ wellbeing?’



Develop a Safety plan with client

- Develop a Safety Plan with your client as such a plan focuses on what the client will do to keep himself safe rather than what he won't do to harm himself.
- Help the client identify her own triggers and situations that put her at greatest risk and work together to list and practice whatever coping skills they have available.
- Determine if the client has access to lethal medications or any other means for hurting herself. If yes ask/insist that the client give such items to a trusted friend or relative.
- Ask the client to allow you to contact family members or other trusted individuals who can be helpful. Can these individuals attend some sessions to clarify whether they are willing to accept a supportive role? (*example: Do they just need to talk the person through on the phone or do they need to take the person to the hospital? Can they check in daily with a caring message? Can they develop a scale from 1 to 10 suggesting 1 is not urgent and 10 is very urgent so they can ask "How are you feeling today from 1-10?"*)
- Identify other sources of support such as the local crisis team, any helplines available or any peer groups. Write down the phone numbers and ask the client to keep them with him.
- Collaborate. If a client becomes suicidal collaborate with the local crisis team. With the client's permission, involve the family (see above).
- Increase your own supervision.



Suicidal risk

Imminent Risk – next few days

- Show Care
'I'm worried about you and want to help'
- Get GP's details
- Contact GP
- Make a suicide prevention psychological contract – if you feel you are going to harm yourself please call us/Samaritans, go to A and E (local solutions for Cyprus)

Immediate Risk - Now

- Call an ambulance/police while on the line. Get help from a colleague if you cannot do it while on the phone/ session with the client
- Or if can't you don't know where the client is – encourage them to get help and give them details of other agencies that are local and can help them



After

- Log all details – factual statements & perceived risk and update risk assessment if required.
- Debrief and Self Care— take a break, peers, supervision, talk to team leader or service manager or a colleague



Suicidal Ideation– Assessing risk exercise – What will you do next? Brainstorm in groups appropriate responses (10 minutes)

Marion – 'I've gambled away all our savings. I can't tell my husband. I just want to escape, sometimes I think about just taking loads of pills. I'm terrible, I'm a terrible person.'

Akif – 'I've been kicked out of my Mum's house. I have a rope from work in the back of my van. I've no idea why I've called you, what you can do for me.'



Responses- Marion

‘I am sorry to hear you are feeling this way Marion. Have you ever acted on your feelings of wanting to escape?’

‘What kind of pills would you be taking?’

‘Do you have access to pills at the moment?’

‘Does anyone around you know you have been feeling so low?’

‘Does anyone around you know you have been feeling suicidal?’

‘Have you considered a more positive and less finite way out of the situation you find yourself in due to your gambling?’



Responses – Akif

‘Sorry to hear Akif, it sounds like you are contemplating something very serious.’

‘What would you like us to do for you?’

‘Do you think you will use that rope to end your life?’

‘Where are you at the moment?’

‘Do you think you are safe to be by yourself at the moment?’

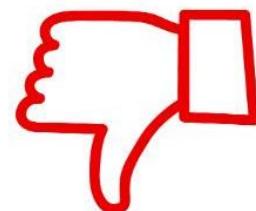
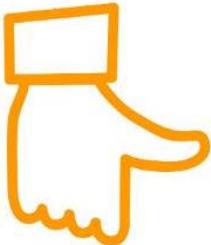
‘Would you like me to call an ambulance for you?’

‘Is there anyone else we could perhaps talk to on your behalf?’



END OF DAY 1

Did we achieve our goals for learning today?



Working with Gambling Addiction: Theory and Application Day Two

Facilitated by: Andrew Bowring

Created by: Fay Kepidou



Good Morning ! Welcome to Day 2.

How is everyone feeling?



Today's Learning Objectives

Topic	Learning Objectives
Motivation, why do we change?	<ul style="list-style-type: none">Assessing someone's motivation for change. Why do we change?Using Recovery ApproachCare Plans and Recovery Stars to encourage action
Cognitive Behavioural Therapy	<ul style="list-style-type: none">CBT Toolkit
Recommendations for Structuring Individual and Group session (find this in your workbook)	<ul style="list-style-type: none">Thematic Breakdown of sessionsOther Useful toolsTreatment of Minors (research based)
Self Care Summary and Feedback	Ending



Today's Agenda

09:00 Welcome and Refresher from yesterday

09:15 Assessing someone's motivation for change. Why do we change?

11:00 Break

11:15 Recovery Care Plans Tools

11:45 Building Self Esteem and Social Networks

12:30 Lunch

13:15 Cognitive Behavioural Therapy (CBT) and it's application to gambling problems

13:30 CBT tools

14:30 Break

14:45 Relapse Prevention

15:30 Self Care

16:00 Check Out

End



Refresher for Day 1

1. Name some behaviours on social, moderate and problem gambling
2. Name some problem gambler characteristics
3. How many structures do we have on our brain?
4. What topics would be useful to explore during an assessment?
Which outcome measures did we see yesterday?
5. Name some gambling related harms
6. What are the impacts on affected others?
7. Name some items from the suicide mental health check list

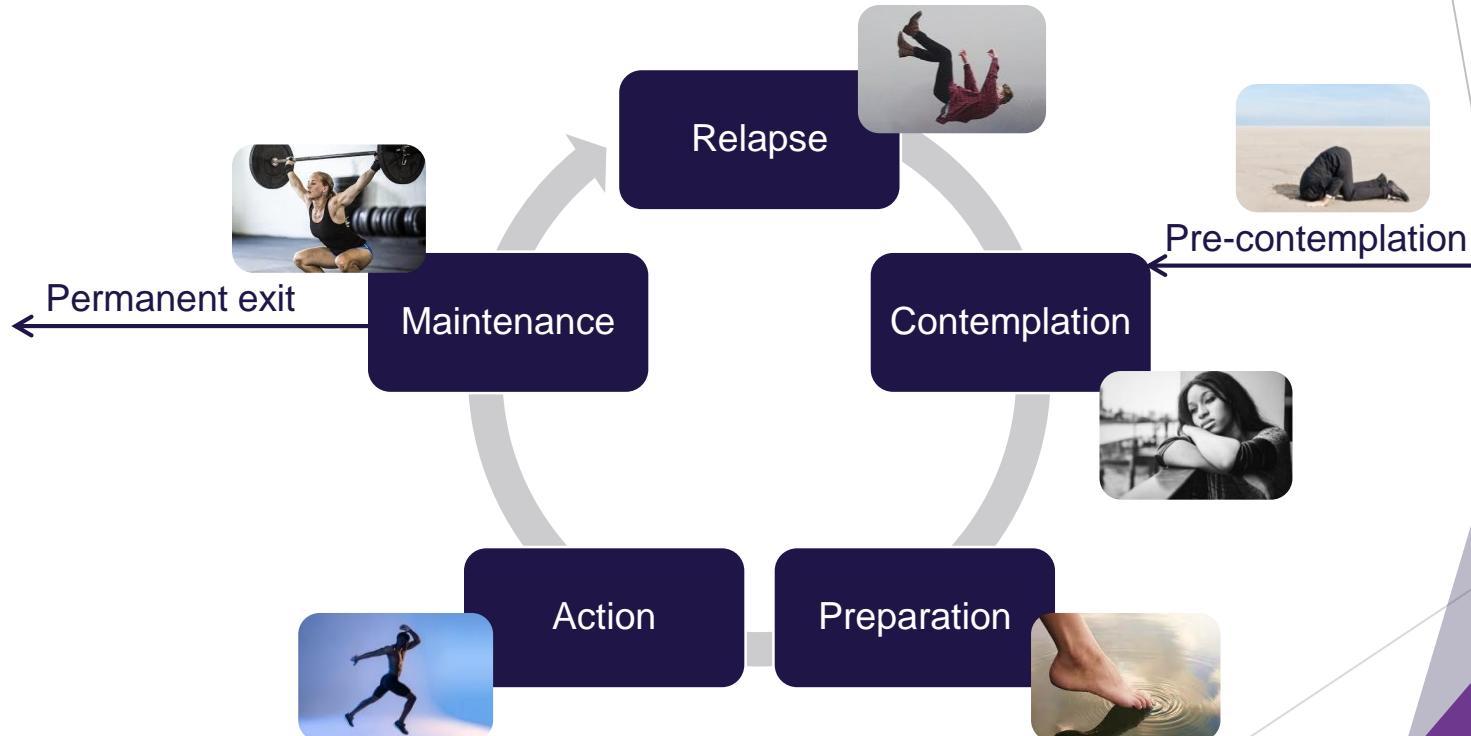


Assessing someone's motivation for change. Why do we change?

1. Motivational Interviewing (MI)
2. MI Exercise
3. Offering a brief Intervention: FRAMES



The cycle of change



N.B. People can go back and forth - motivation can change!



The cycle of change

Stage of change	Client perspective / questions	Best interventions
Pre-Contemplation	Don't want to change	<ul style="list-style-type: none">Validate lack of readinessClarify – decision is theirsEncourage exploration (particularly of risks)
Contemplation	Why change?	<ul style="list-style-type: none">Weight up pros and consEncourage exploration of benefits
Preparation	How to change?	<ul style="list-style-type: none">Identify obstacles and problem solveMake a realistic plan – small stepsIdentify support network and assess
Action	What to change?	<ul style="list-style-type: none">Bolster self-efficacyDeal with feelings of lossRemember benefits
Maintenance	Commitment to change	<ul style="list-style-type: none">Relapse preventionReinforce motivation
Relapse	Learning from mistakes	<ul style="list-style-type: none">Normalise lapse and elicit learningPlan stronger coping strategies



Motivational Interviewing

What is Motivational Interviewing?

- An effective, evidenced-based way of talking with people about change.
- For people who are ambivalent about change, it helps them find their motivation for change.
- The professional's role in MI is to elicit and enhance motivation, to enable the client to become ready, willing, and able to change.



Motivational Interviewing

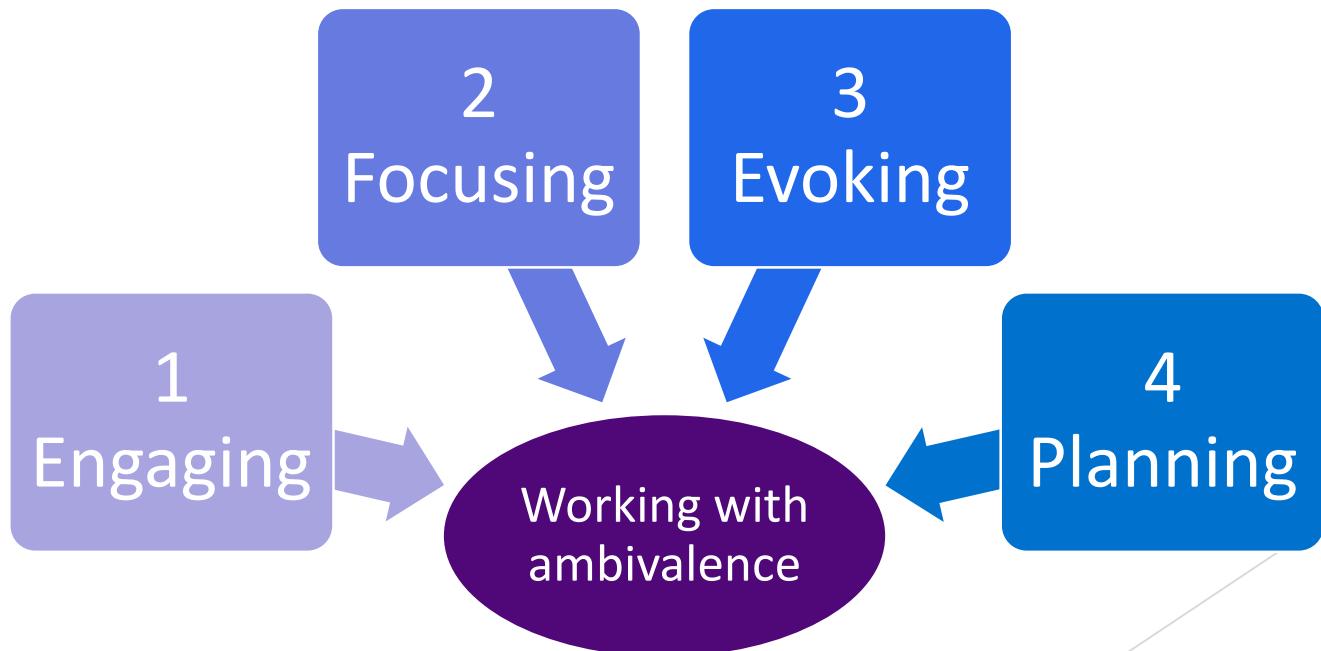
The spirit of MI

- Partnership: between professional and service user: avoid the 'expert' role
- Acceptance: of the service user's autonomy, strengths and perspective
- Compassion: keeping the service user's best interests in mind
- Evocation: getting the best ideas from the service user themselves



Motivational Interviewing

The Four Processes of MI:





MI techniques

- Exploring Ambivalence
- Eliciting change
- Normalizing
- The Columbo approach
- Rulers (Confidence, readiness, importance)
- Asking permission to offer advice & feedback, it honours the autonomy of client
- Decisional Balance Chart
- Establishing priorities now
- +OARS



Exploring ambivalence

Key questions

- What are some of the things you like about gambling?
- What are some of the things you dislike about gambling?
- What are some of the reasons why you would want things to stay the way they are?
- What are some of the reasons for making a change?



Eliciting change talk:

Where do you want to be in the future?

- What would you like to see different about your current situation?
- What makes you think you need to change?
- What will happen if you don't change?
- What will be different if you complete this program?
- What would your life be like 3 months/years from now if you changed your gambling behavior?
- Why do you think others are concerned about your gambling?



Normalizing

“A lot of people are concerned about changing their gambling behavior”

“Most people report both good and less good things about their gambling”

“Many people report feeling like you do. They want to change their gambling, but find it difficult.”

“That is not unusual, many people...”



The Columbo approach

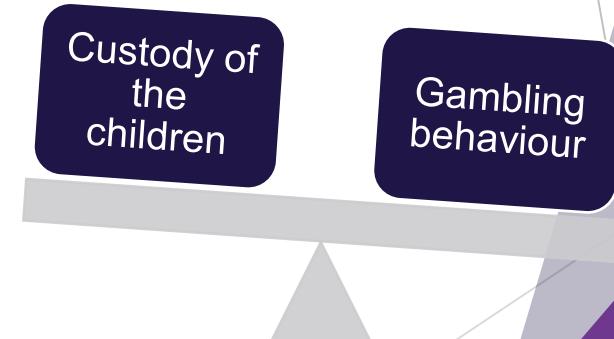
(empathically revealing inconsistency in client's sayings)

Help me understand, on the
one hand...

I here you saying you're
worried about keeping custody
of your children.

On the other hand....

You're telling me that you are
gambling constantly.





RICK Rulers

From 1-10 how ready, important, confident are they?

Readiness

- How ready? If not, what steps need to be taken to feel more ready?
- Last time you told me you felt like a 4, what happened in between and now you feel like 9?

Importance

- Why?
- Priorities
- Values
- Expectations

Confidence

- How?
- Self efficacy
- Expected success or failure

Knowledge

- How much information have we provided for the change?
- What else do they need to know?
- How else can we help?
- How much information have we provided for the change?
- What else do they need to know?
- How else can we help?



Advice and feedback

This may start by **asking permission** to talk about the client's behaviour:

- Do you mind if we spending a few minutes talking about...?
What do you know about...?
Are you interested in learning more about...?
- What do you know about how your gambling affects your stress and mood?
I have taken the information about your stress/mood/anxiety that you provided at the assessment...

Be ready

- To provide relevant advice
- Provide pre-prepared feedback material
- whenever possible, to focus on the positives of changing



Decision balance chart (pros and cons)

Continuing to gamble

Advantages

Disadvantage

Reducing/Stopping gambling

Advantages

Disadvantages



Important things in client's life

- Map what things are important to the client (People, places, activities, objects, feelings, values)
- Rank these things in order of importance
- What place does gambling have in their life today?
- How is their gambling inconsistent with their beliefs and values? (Columbo approach example)
- Encourage the person to explore how these things would improve if they change their gambling



Core skills – OARS

Use these to help someone identify the reasons they want to change

- **O**pen ended questions
- **A**ffirmations
- **R**eflective listening
- **S**ummarising

= Elicit change talk



Open Ended Questions

Benefits

- Invite reflection and elaboration
- Set the topic of exploration
- Establish atmosphere of acceptance and trust
- Encourage service user talking more (ideally 50%+)

Guidance

- Maximum three open Qs in a row
- Follow up with reflective listening



Open Ended Questions examples

Questions starting with How? In what ways? Can you tell me more about?

- How can I help you?
- What has happened?
- What do you feel is wrong?
- How do you feel about your gambling?
- Is there anything you would like to change?
- What do you have in mind?
- What are your expectations/ what would you like to achieve?
- How do you see this happening?
- What is it that you'd like to see accomplished?
- Can you help me understand that a little better?
- What do you see as the next action steps?



Affirmations

Benefits

- Our thoughts and beliefs shape our perception and experience of ourselves and the world around us
- People change when they feel good about themselves

Guidance

- Affirmations can be general or specific to the issue
- They should not be confused with praise



Affirmations examples

- I hope the information I provided did help you in a way today
- You sound like you have used exclusion in the past with success
- You seem strong willed to make the change
- You sound dedicated to your goals
- It sounds like it will benefit your family and business
- I hope our conversation has been useful to you
- I trust that the tools we have discussed will enable to take back control of your gambling
- You sound determined and confident to change the situation
- You have been very focused and persistent today
- You have the ability and the will to overcome the challenges, I am here to offer more support and guidance if needed so



Reflective Listening

Benefits

- It is being fully present with the speaker to assure them that you are understanding their feelings, thoughts and needs

Guidance

- The essence of a reflective listening response is to illicit what the speaker means rather than what they say
- Reflective listening is offering the idea back to the speaker, to confirm the idea has been understood correctly



Reflective Listening examples

- It sounds like...
- I hear you saying that...
- If I hear correctly...
- You seem to be saying...
- I think I hear you saying...
- From my understanding...
- It seems like...
- If I have got this correct you are saying..
- Help me understand, one the one hand you.. and on the other hand you...



Summarising

Benefits

- Collecting the previous reflections, and pulling them together at the end
- Linking previous and present material to encourage reflection

Guidance

- Can summarize to transition from one focus to another, a 'what else?' opportunity



Summarising examples. Offer:

- Key ideas
- Main points worth remembering
- Paraphrase what client has said
- Re-tell the story you heard



Motivational Interviewing: Activity

30 minutes total (10 min per person)

In 3s :

1. One of you: choose a behaviour you want to change, something you are ambivalent about
2. The other one: utilise Motivational Interviewing and OARS to work with your partner, exploring their motivation for change
3. Observer: reflect back where you think the person is in the cycle of change, what tools were used and which core principles were applied
4. Debrief all together on how you feel it went, what could improve, and how it made them feel.



Break





Tools: Recovery Care Plans

1. Goal Planner
2. Recovery Star
3. Building Self Esteem Worksheet
4. Social Network Building



A recovery based approach

Identify the individual's psychological / practical needs and support them in addressing them

Engage, inspire and motivate the individual with the belief that change and recovery is possible

A recovery-based approach. YOUR core tasks

Provide appropriate psychological interventions

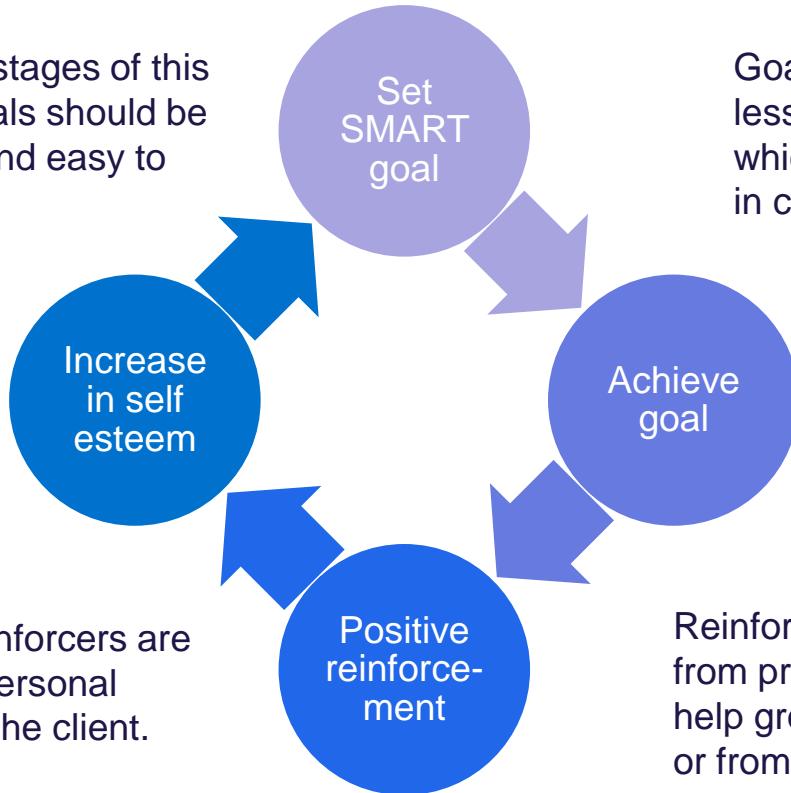
Act as a bridge between individuals and

- Others who embody successful recovery
- Groups and communities that support the recovery process



Goal Planning: the cycle

In the early stages of this process, goals should be very small and easy to complete.



The best reinforcers are those with personal meaning to the client.

Goals that are not SMART are less likely to be completed, which could lead to reduction in confidence

Reinforcement may come from professional, a self-help group or from family and friends



Goal Planning: step one

Area	Satisfaction out of 10	Change required to increase satisfaction by two points	Action needed to create the change	Choose 3 areas as priority areas
Gambling use				
Health: physical/mental				
Social life				
Relationships				
Housing				
Job/education				
Money				
Lifestyle				
Legal /crime				

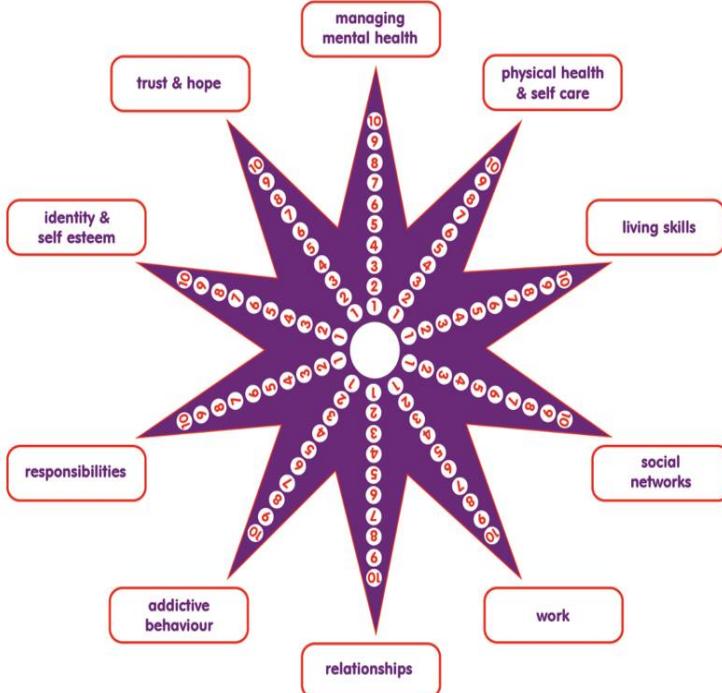


Recovery Star

- The Recovery Star (4th Edition) is underpinned by a five-stage, ten step Journey of Change model:

What the scoring means:

- Stuck (1-2)
- Accepting help (3-4)
- Believing and trying (5-6)
- Learning (7-8)
- Self-reliance (9-10)





Building self esteem

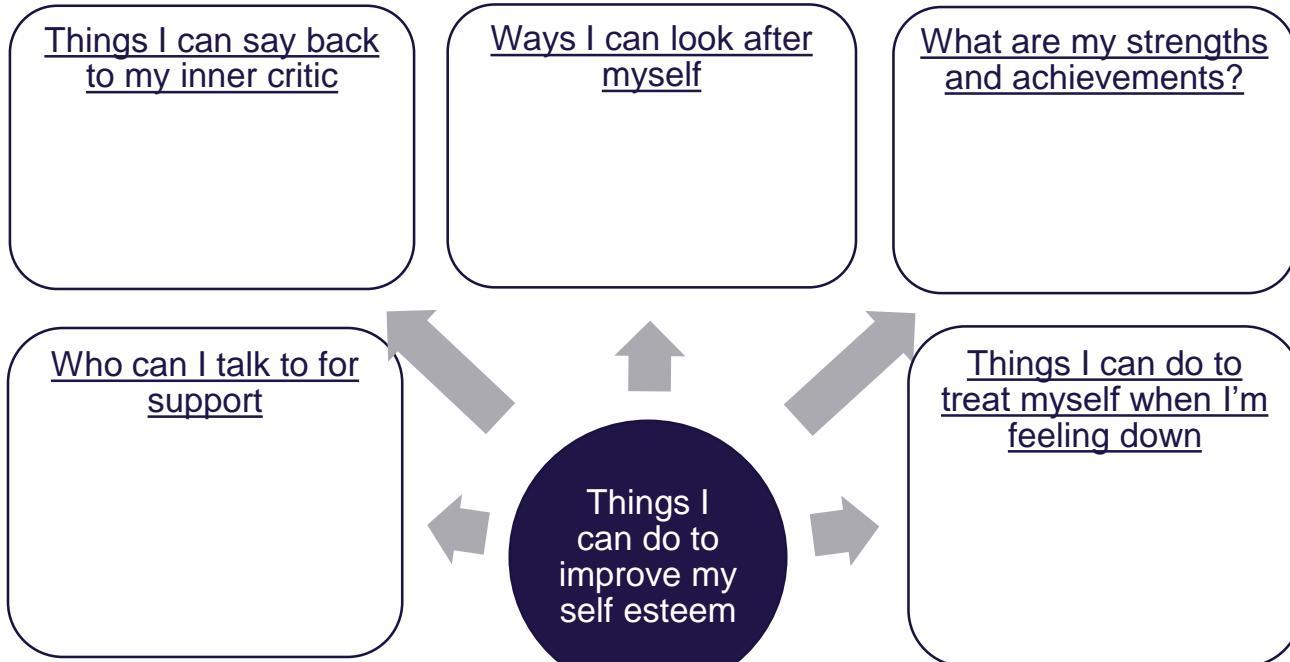
- Aim: to build a core of self esteem that is not linked to the successes and failures of every day life

Increase self esteem by:

- Challenging negative self talk
- Practice self care
- Reminders of strengths and achievements
- Seeking support from others
- Doing fun or relaxing things



Building self esteem





Social network building

Recovery is a social process:



The power of community

- Recovery is based on the power of community: the more people are helping you, the more likely you are to succeed

Boosting recovery capital



- Building social support for change boosts the individual's recovery capital outside of the formal treatment environment

Following positive footsteps



- People learn how to recover by copying others who have achieved recovery themselves



Social network building

Review the client's social network

- Who have you spoken to / seen in the last week?
- Are there people you haven't connected to for a while?
- Think about who's in your phone?
- Are there friends that encourage your gambling?
- How can you distance/protect yourself from a negative influence?
- What will be the losses and gains of changing this relationship or letting it go?

Family –
immediate/
extended

Friends

Religious /
community
contacts

Acquaintances

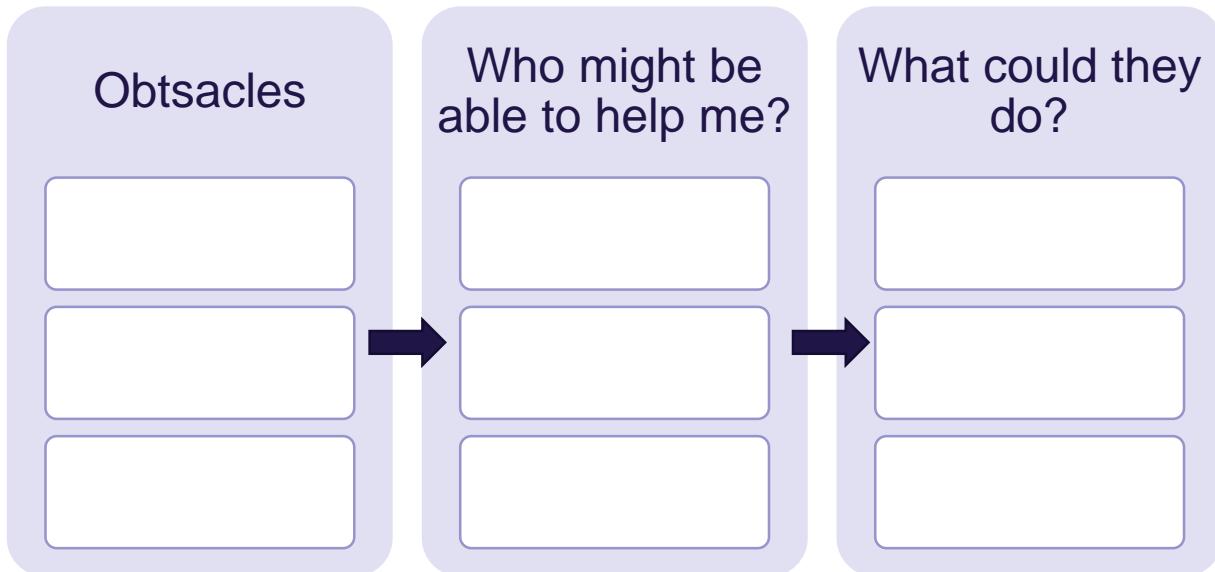
Work
colleagues

Professionals



Social network building

Brainstorm with service user:





Activity 20 minutes

- In 3s choose one of the worksheets and roleplay creating a goal plan/building self esteem/ recovery star between a client, practitioner and observer
- The aim is to help the client to find realistic steps they can action, and to identify what resources they can use to help them achieve their goals

You can use some of the small case studies for client inspiration on your workbook. Switch around, 5 minutes each.

- Debrief with the bigger group



Don't forget you can use GamCare Self-help Workbook

- Available to download from website, in three sections
- Includes worksheets

Changing your relationship with gambling

GamCare

The Problem Gambling Cycle

```
graph TD; GS["Gambling Stops<br>(Time/money run out)"] --> T["Trigger<br>(External/internal)"]; T --> U["Urge<br>(Physical/emotional)"]; U --> GE["Gambling Episode<br>(Win or lose)"]; GE --> FS["Further gambling<br>(Chasing losses/further wins)"]; FS --> GS
```

Triggers are fluid and may change over time, so it is a good idea to get into the habit of reflecting regularly on what is going on in your life and how this makes you think and feel.

Honestly answer 'yes' or 'no' for each of the statements:

- I can win (back) money through gambling
- I do not have the money to gamble
- Gambling affects key relationships
- Gambling puts my job or studies at risk
- I have made several unsuccessful attempts to control my gambling
- Gambling helps me to forget about other issues for a while
- Gambling helps me to deal with difficult feelings

My SMART Goal Planner

Rate the impacts gambling has in your life, where 5 is 'could get worse' and 1 is 'could not get better'. **What are your top two priorities, and how can you work to reduce these impacts?** Place your own list of goals somewhere that you refer to often, to keep your goals fresh in your mind and can keep working towards them all over time.

Problem Area	Impact /5	How can I reduce this impact by 2?	Priority
My gambling			
Physical and Mental Health			
Relationships			
Housing			
Work/education			
Money			
Social life/lifestyle			
Legal issues/crime			
Alcohol/drug use			



Lunch



Cognitive Behavioural Therapy

1. Increasing awareness of gambling behaviour
2. Reducing gambling resources
3. Addressing cognitive distortions
4. Challenging negative core beliefs



Cognitive Behavioural Therapy

- CBT is based on the idea that our thoughts, feelings, and behaviors are constantly interacting and influencing one another.
- CBT helps us notice and change problematic thinking styles or behaviour patterns.



CBT: tools and techniques

- GamCare resources
- Reducing gambling resources
- Increasing awareness of gambling behaviour
- Addressing cognitive distortions
- Challenging negative core beliefs



CBT: increasing awareness

- Daily gambling diaries help to raise awareness of the role gambling plays in the service user's life
- They highlight the time or money they spend on gambling, and what their triggers are
- This often increases desire to change



CBT: increasing awareness

Encourage service users to use a Gambling Diary every day.

My Gambling Diary

Print or copy as many of these pages as you need to keep track of your gambling behaviour over time.

Date: _____

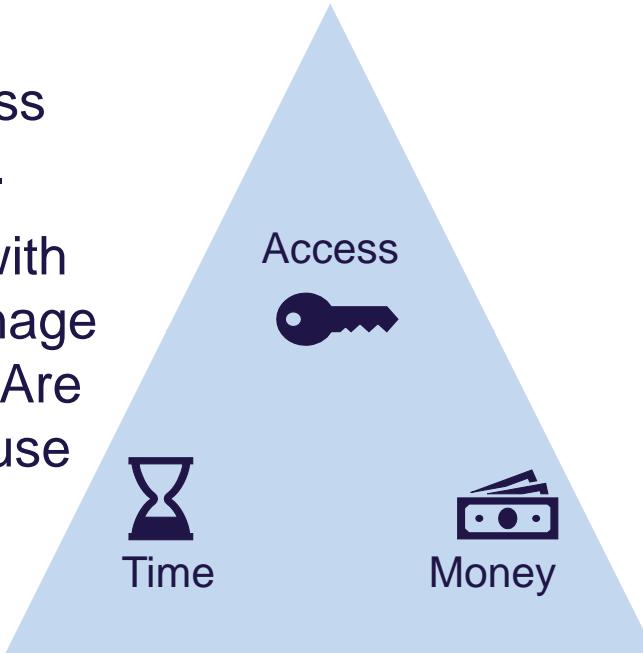
	Not at all	A little	Moderately	Very much	Completely
I feel in control of my gambling problem today	<input type="checkbox"/>				
I have a strong urge to gamble today	<input type="checkbox"/>				
I can abstain from gambling today	<input type="checkbox"/>				

Did I gamble today?	
If yes, how much time did I spend gambling today?	
If yes, how much money did I spend on gambling today? (Including winnings)	
What was my state of mind today?	
What events happened today which made me feel this way?	



CBT: reducing gambling resources

- Time, money and access are required to gamble.
- Brainstorm strategies with the service user to manage these practical factors. Are there tools clients can use from operators? (10 minutes)





CBT: reducing gambling resources

Limiting access



- Self exclusion and blocking software
- Avoid gambling venues
- Reduce time with gambling friends
- Limit alcohol or drugs



CBT: reducing gambling resources

Limiting time

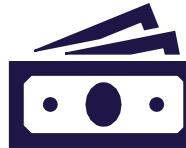


- Set time limits to play
- Take regular breaks
- Structure the week
- Create strategies to deal with boredom



CBT: reducing gambling resources

Limiting money



- Limit self to cash or basic bank account
- Hand over financial responsibility
- Agree a weekly limit for gambling spend
- Use player protection tools to limit amounts



CBT: reducing gambling resources

Setting ATM goals

- ‘What practical, realistic steps can you take to limit access, time, money?’
- Set goals for next session
- At next session: enquire - if achieved, praise and set next goal, if not, elicit learning and problem solve

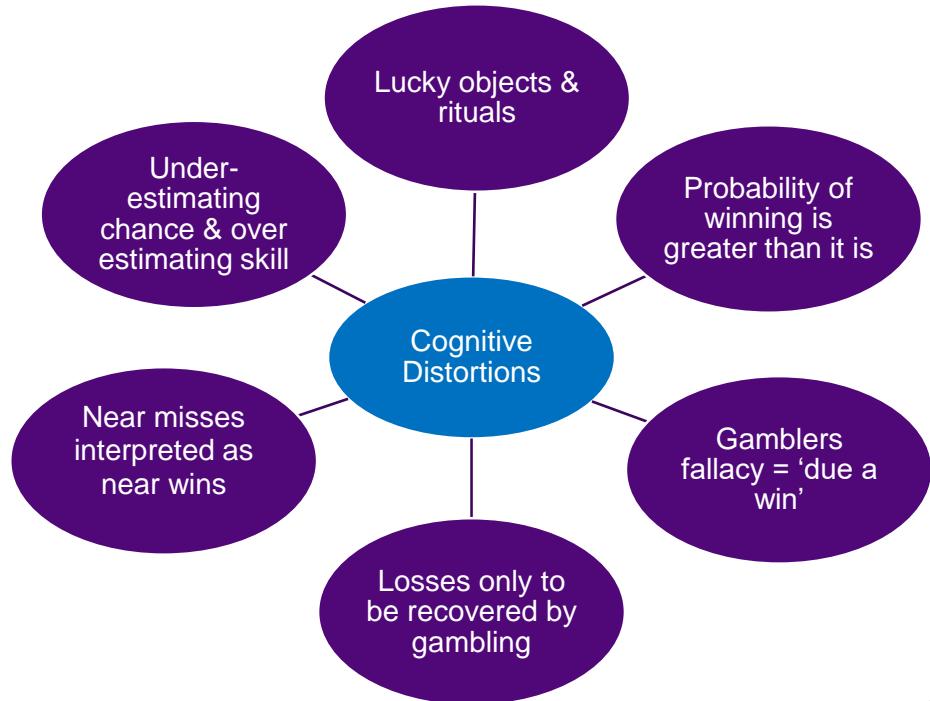


CBT: addressing cognitive distortions

- What is an example of a cognitive distortion/ thinking error??
- In what ways might a cognitive distortion lead to problematic gambling behaviour?



CBT: addressing cognitive distortions





CBT: addressing cognitive distortions

- Two strategies for highlighting cognitive distortions:
 1. Doing a 'walk through' of a gambling session with the service user
 2. Using a thought diary (ABC Model)



CBT: addressing cognitive distortions

Walk through of a gambling session

- Ask client to imagine a memorable gambling session, and to express the thoughts that crossed their mind 1) before, 2) during, and 3) after the session
- As they narrate, ask questions to identify their thought process
- Look out for gambling cognitive distortions, and raise awareness on this automatic thinking e.g. 'where is your confidence in winning based?'



ABC model: Thought diary

Activating event	Beliefs	Consequences	Alternative responses
<ul style="list-style-type: none">▪ Situation▪ Trigger	<ul style="list-style-type: none">▪ Hot automatic thoughts▪ Images▪ memories	<ul style="list-style-type: none">▪ Emotions▪ Physical response	Behaviour



ABC model: Thought diary

Activating event	Beliefs	Consequences	Behaviour	Alternative responses
<ul style="list-style-type: none">▪ Situation▪ Trigger	<ul style="list-style-type: none">▪ Hot automatic thoughts▪ Images▪ memories	<ul style="list-style-type: none">▪ Emotions▪ Physical response		
Seeing my mate Sean bet on his phone	<ul style="list-style-type: none">- He's really got a good strategy, if I do that, I'll definitely win- I'll do better than him. Then I'll take my partner on holiday- Last time I bet on this site I won £50	Excited, feeling good/high, competitive, heart racing	Bet £50 online Lost it all Feel stupid, low, anxious, angry	<ul style="list-style-type: none">- His strategy's not full proof, just cause he's winning now doesn't mean I'll win- I don't know that. I might loose all my money – then my partner will feel let down again.- Doesn't mean I'll win this time. Each gamble is a different event to the one before



The three levels of thinking

Negative automatic thoughts



Underlying assumptions

(assumptions that a person holds about oneself, others, and the world. They are treated as unquestionably true. However they are not)



Core beliefs

(Work on them to change them)

-I feel so low again. My partner is withdrawn maybe they want to break up with me.

-My finances are so bad I can't even manage my own money !

- I feel everything is failing..

-If I win I can buy something nice for my partner or treat them to a holiday

If I win I will have more money and won't feel so rubbish about my finances

-If I win I have not failed

And what if you don't win..? (you can ask this question to reveal the Core Belief)

-I am unlovable

-I am useless

-I am a failure



CBT: challenging negative core beliefs

- It is useful to explore automatic thoughts to see what rules and beliefs lie underneath - that are influencing them to gamble.
- Once you have identified the core beliefs that the service user is living by, you can examine where those beliefs come from, and if needed, create a more helpful rule.
- Develop collaboratively a healthier, compassionate, kinder inner voice



CBT: addressing cognitive distortions

Psycho-education

- Show links between thoughts and behaviour
- Examining the evidence
- Challenge the evidence
- Generate rational self statements
- Introduce home exercises



CBT Summary

Influence gambling behaviour by:

- Directing to GamCare self help resources
<https://www.gamcare.org.uk/self-help/self-help-resources/>
- Offering practical advice on reducing access
- Increasing awareness of gambling behaviour
- Highlighting and addressing cognitive distortions and negative core beliefs



Break





Relapse Prevention

1. Managing triggers and high risk situations
2. Mindfulness as a strategy to ride urges

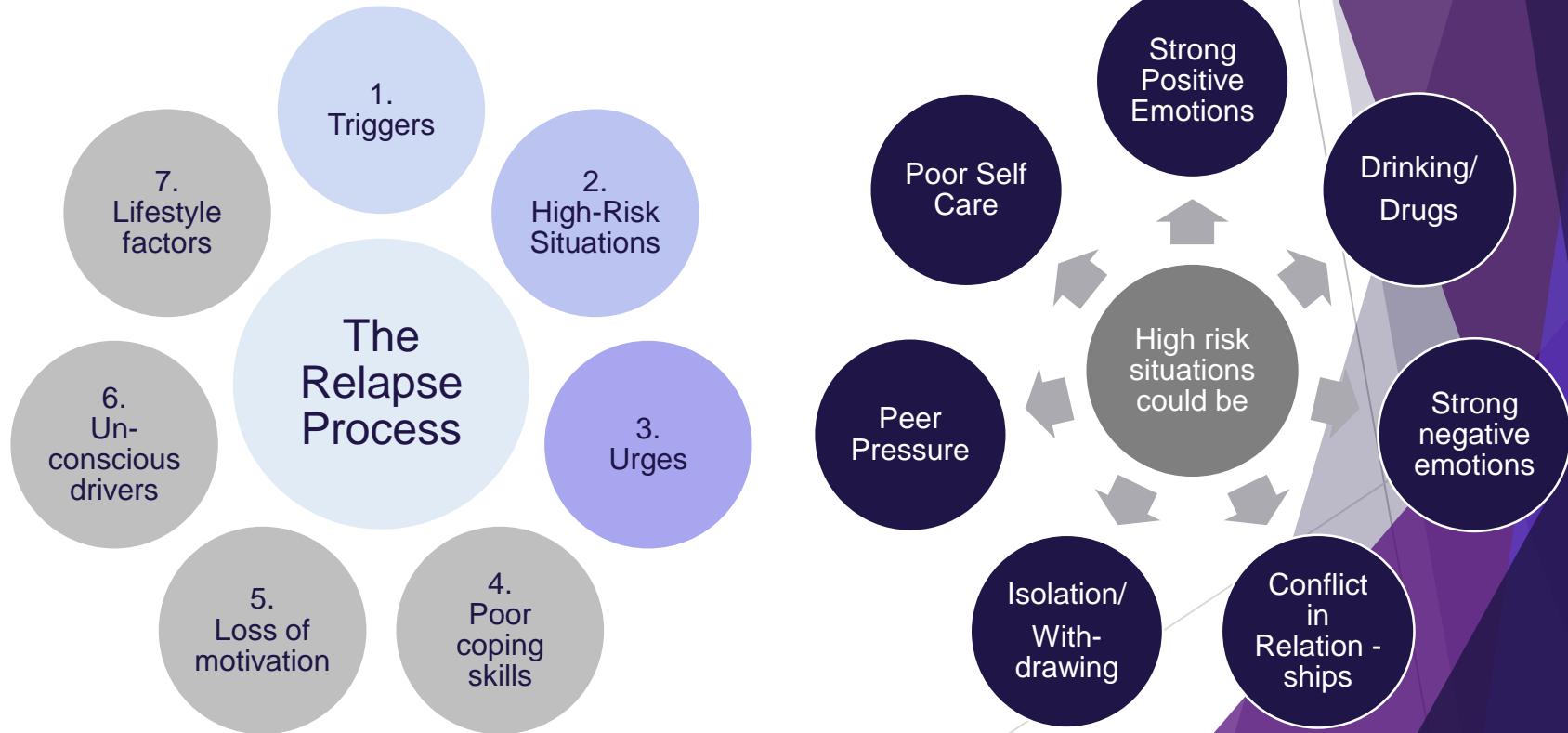


Relapse prevention

- Once a client has begun to achieve their goals, it's important to do some relapse prevention work to help ensure their recovery is long term.
- One of the focuses of relapse prevention is managing triggers and high risk situations, and developing strategies to cope with urges.



Relapse prevention





Relapse prevention (10 minute group discussion)

- What do you think could be a trigger or high risk situation for a problem gambler?



Relapse prevention

Cognitive triggers

- Euphoric recall
- Magical thinking
- Rationalisation/denial

External triggers

- TV/email/phone adverts
- Locations
- Money
- Other gamblers

Triggers
could
be...

Feeling state triggers

- Boredom
- Anger
- Loss
- Self hatred
- Shame

Behavioural triggers

- Risk taking behaviour
- Falling back to old patterns



Riding urges with Mindfulness

Mindfulness is “*paying attention in a particular way: on purpose, in the present moment and non-judgmentally.*” Jon Kabat Zinn, 2017

Research has shown that mindfulness can improve:

- Affect regulation
- Concentration
- Impulse control
- Decision-making
- Awareness of unhelpful thinking patterns



Relapse prevention

Relapse prevention work should include:

1. Relapse prevention education
2. Identify and plan for triggers and high risk situations
3. Develop strategies to ride urges
4. Encourage learning from relapses
5. Explore gambling fantasies



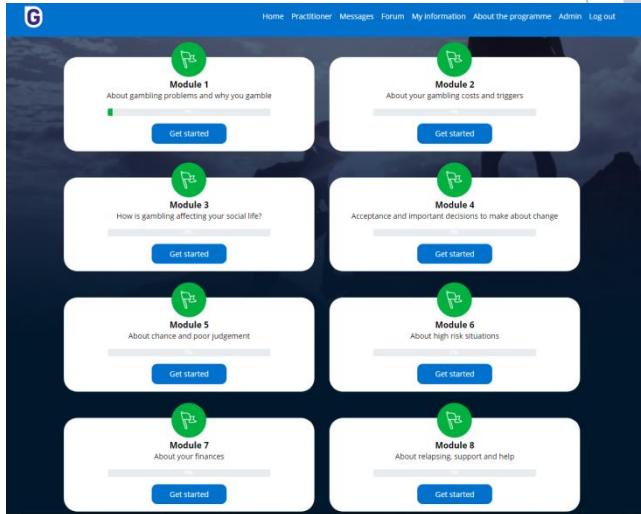
Structuring Individual and Group sessions

- Please see your workbook for some recommendations of thematic structure in Individual and Group Sessions.



GamCare cCBT take a look at our program. GameChange(r)

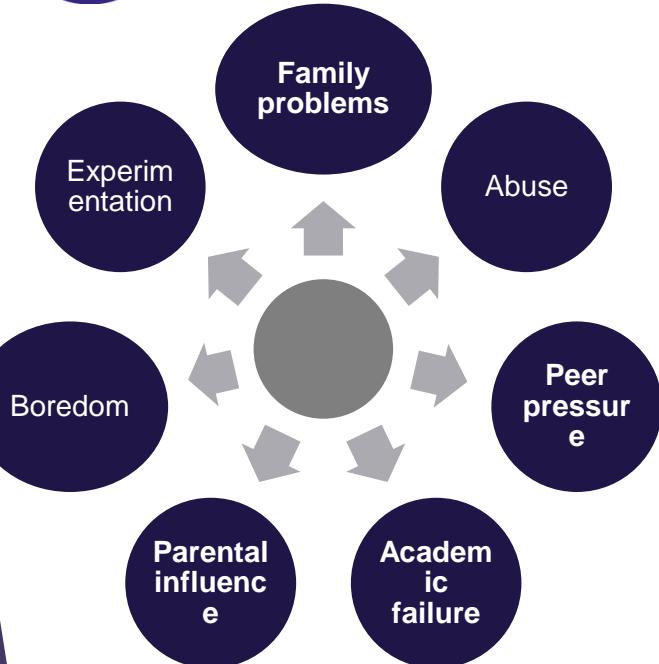
- Eight self-paced modules
- New insights and weekly exercises
- Weekly follow up calls
- Online at:
[https://www.gamcare.org.uk/](https://www.gamcare.org.uk/self-help/gamechange/)
self-help/gamechange/



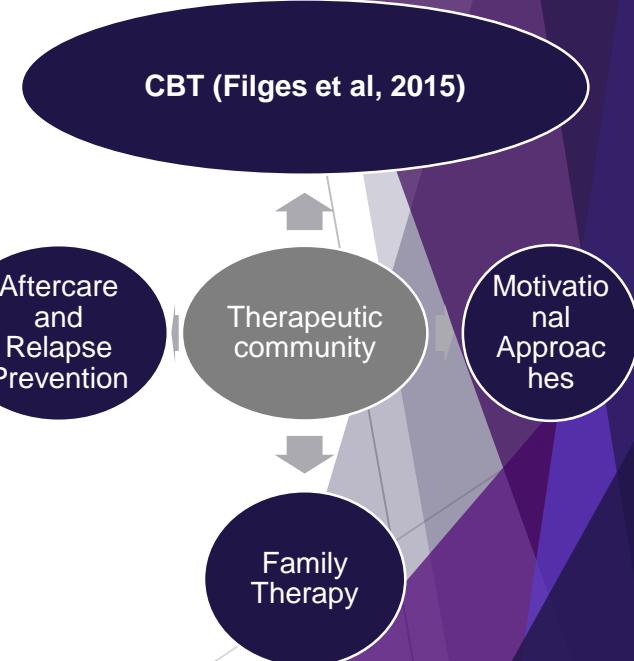


Risk Factors for Addictions in Minors

Treatment Recommendations (Winters et all 2011)



1. Educate them
2. Help them Accept it
3. Action it
4. Help them maintain it
5. 4. Help them get back on track if they relapse





Break





Self care

1. The ABC of self-care
2. Stress management: the lifeboat



Self Care

Awareness

- Attune
- Know
- Practise
- Accept

Balance

- Have a personal life
- Enjoy activities

Connection

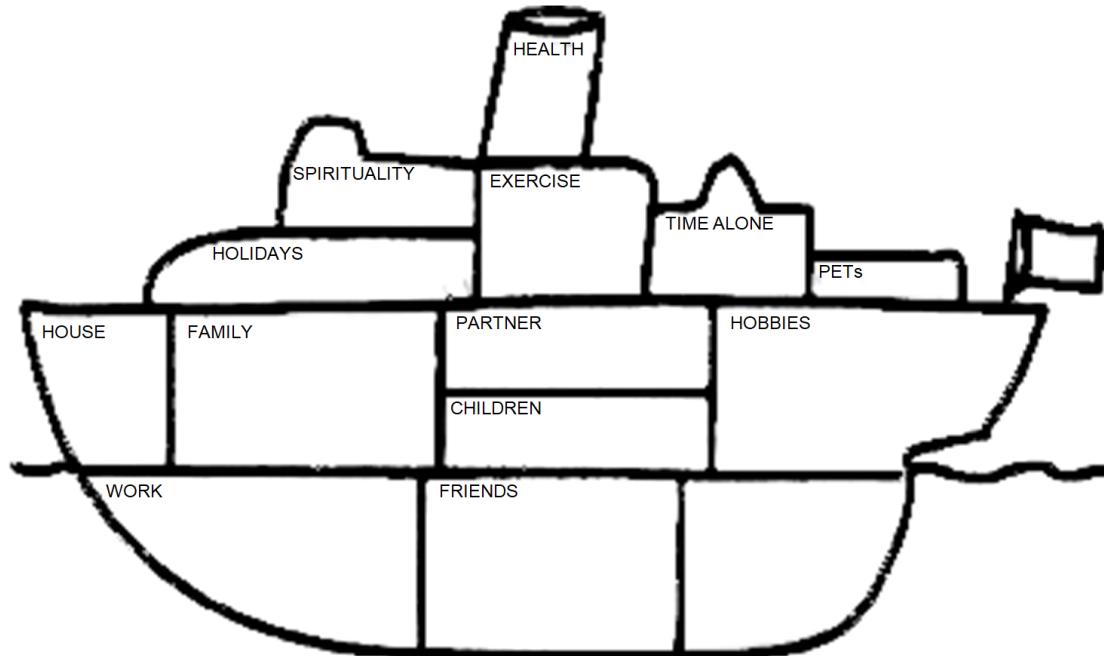
- To yourself
- To others
- To the bigger picture
- To the idea that you don't have to do this alone



breathe



Self Care: life boat

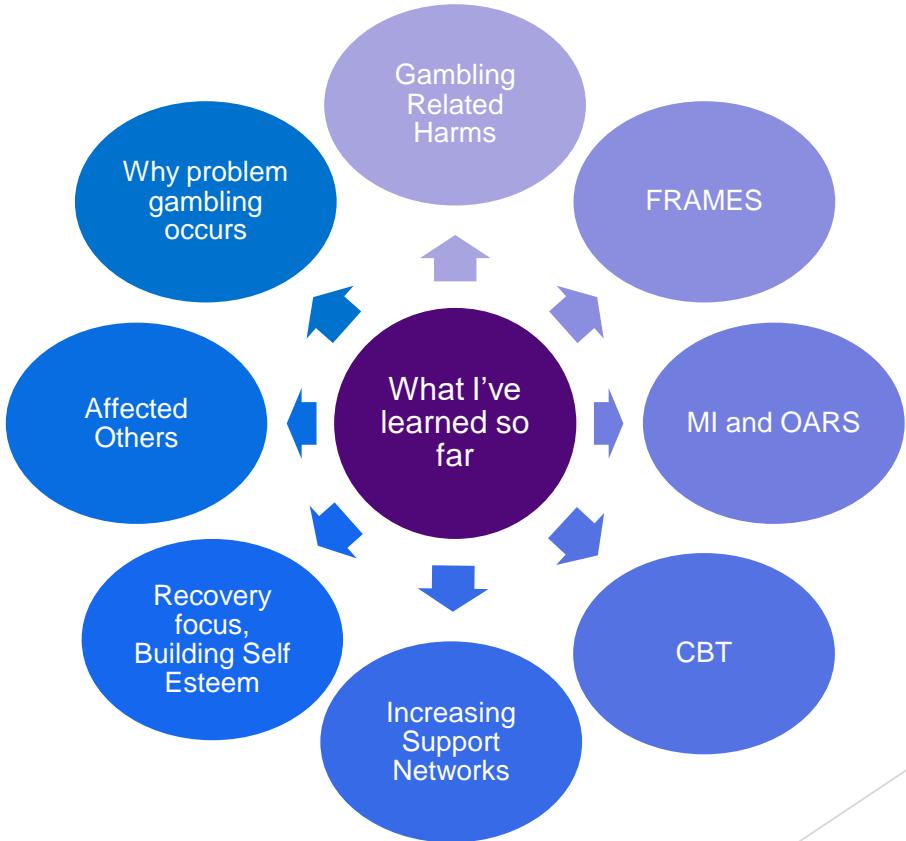


Five career sustaining behaviours

- Maintain sense of humour
- Spend time with partner/family
- Maintain balance between professional and personal lives
- Maintain self-awareness
- Maintain sense of control over work responsibilities



Summary:

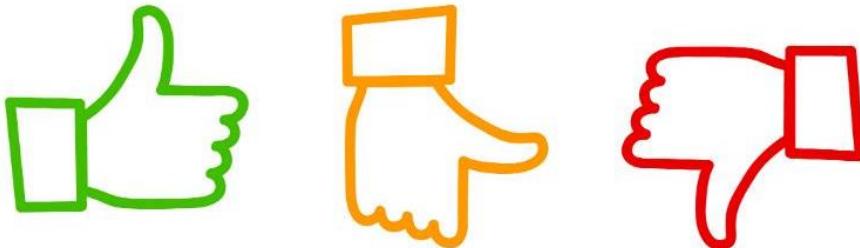




Did we achieve our goal today?

Goal:

- Assess problem gambling and apply Interventions.



**END OF DAY TWO. WELL DONE
ALL ! THANK YOU!**