

Survey Results cont...

- One Key:
What is the one key thing you feel others need to remember when setting out to work with this population?
- Know the facts: since co-morbidity is high between these populations, it is important to ask brief screening questions and to recognize that gambling problems can impede recovery from other issues
 - Agencies need to refer individuals and families to appropriate resources
 - Be authentic
 - Always use a non-judgmental approach
 - Remove the stigma associated with this specific disorder for both the client and his or her family members. There is often a stronger belief that the person can just quit or that they have little or no self-control
 - Find internal motivation to change behavior
 - The effects of the drugs mimic mental illness. Doing a good assessment over time allows us to see what symptoms are the effects of drugs and what may be primarily mental illness
 - Find effective measures to reduce the novelty factor around gambling
 - Continue to expand your knowledge though evidence-based practices, awareness of current trends/issues, and understand the importance of being culturally competent

Programs Surveyed

Connecticut
Fiorigio Fetta: Department of Mental Health & Addiction Services

Kansas
Misty Powers, MS: Department of Aging & Disability Services

Wyoming
Adelaide Wilson, MA, LMFT: Inspire Psychology Center

Pennsylvania
Cele Fichter-DeSando, MPM: Addiction Medicine Services, Western Psychiatric Hospital, UPMC

Frankie Sambuco, MS: Merakey- Drug and Alcohol Case Management

Indiana
Valerie Perez, Psy.D: Regional Mental Health Center

John Breslin and Peggy Payonk, Regional Mental Health Center, Gambling; Acute Addiction Services

“I believe it is important for prevention, treatment and recovery staff members to know that although there are differences between Gambling Disorder and Substance Use Disorders, there are plenty of similarities...I often ask the audience to keep their substance abuse hat on, because they already have similar and transferable skills at the ready to prevent and treat problem/disordered gambling..”

- **Fiorgio Fetta**

CONTACT:

For more information on survey results or to inquire about a specific program or strategy used, please contact:

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PRE-CONFERENCE PREVENTION LEARNING COMMUNITY—CO-OCCURRING HANDOUT

NCPG PREVENTION COMMITTEE - SPECIAL POPULATIONS SUBCOMMITTEE - CO-OCCURRING CONDITIONS



GOAL

The goal for the Special Populations Sub-committee was to survey professionals in the field with expertise in working with three specific populations who are at risk for problem gambling. The special populations selected for investigation in 2018-2019 were Co-Occurring Conditions (Substance Use Disorders and/or Mental Health Issues), African American and Older Adult Populations. This document reports specific strategies for Co-Occurring Conditions.

“Know the facts: since co-morbidity is high between these populations, it is important to ask brief screening questions, to recognize that gambling problems can impede recovery...”

- **Cele Fitchter-DeSando**

“Use Motivational Interviewing to explore and offer education on gambling.”

- **Frankie Sambuco, MS, CADC**

Reaching Individuals with Co-occurring Conditions-Substance Use Disorders and/or Mental Health Issues

Anyone can be affected by gambling addiction, just as one can be addicted to alcohol, drugs, sex, or games. There is rarely a single, defining cause for a person’s addictive behavior. In most cases there are a variety of contributing factors. Some of these contributing factors can include mental health issues, unresolved trauma, a genetic predisposition, exposure to addictive behaviors, grief/loss, social problems, and poor coping skills. When a person is suffering from a mental health issue, depression, or other emotional trauma, he or she may turn to addictive behaviors as a way to cope.

Using either gambling or a substance as a way to cope has similar effects on the brain. All addictions release excess dopamine which creates a feeling of satisfaction and pleasure. With continued use or repetitive behavior the person will be lead to a level of tolerance. Building up the tolerance will require more of the substance or more risk-taking behaviors to achieve the same “high” as felt before. Eventually negative consequences from those behaviors begin to appear. Both gambling and substance abuse lead to problems with finances, relationships, and work. Many also end up with legal consequences and will require treatment.

With the relative frequency of dual problem gambling and alcohol use disorders, one would expect a co-occurrence in some cases. There is an increased risk of problem gambling in patients being treated for alcoholism. The rate of alcohol use disorder is 2-4 times higher for problem gamblers. Forty-four percent of those with disordered gambling also report a lifetime history of alcohol use disorders. Among those with a higher socioeconomic status, alcohol dependence and problem gambling were strongly correlated. Since gambling disorder often co-occurs with substance use problems, mental health issues and other health risks, it is often the last to be addressed or not addressed at all thus compromising the effectiveness for treatment of the co-morbid issue.

The purpose of the following sections are to provide direct guidance about effective approaches and strategies in working with this population and how to overcome potential barriers and challenges that may present when trying to meet their needs. Results were collected from practitioners who serve individuals with co-occurring conditions

Survey Results

Approach:
Please briefly describe how you got your “Foot in the Door.”

- Clients are screened at intake and referred to addiction services. The client is informed of the services that are available for co-occurring disorders. Multiple attempts are made to identify co-occurring disorders and offer services for them
- We increased the use of enhanced screenings, assessments, awareness, intervention, recovery and health promotion strategies to make gambling problems and behaviors a relevant topic of conversation within the substance use, mental health and recovery-based treatment communities
- We set the primary goal of programs to become “gambling informed”

Survey Results cont...

- Successful Strategy:**
Please describe the specific successful strategy you used to develop a working relationship with this population.
- Identify gaps in understanding and increase staff competency in gambling by completing requirements for the Specialty Certificate in Problem Gambling.
 - We developed a Gambling/Problem Gambling Integrated Assessment and integrated gambling into our clinical and recovery services.
 - Offer compensation for the integration of gambling through each program.
 - Provide education for gambling specific issues as many people do not even correlate buying lottery tickets to gambling.
 - We use basic principles of relationship building, e.g., effective engagement and building trust. Use of Motivational Interviewing (MI) techniques assist in this process.
 - We have been able to make psychiatric appointments a priority of the clients in acute services. This allows the client to be seen and assessed prior to discharge.
 - We continue working on underlying mental illness or substance issues that are no longer contributing or causing their gambling issues. Decreasing their powerlessness in these areas gives individuals the confidence that these “symptoms” of the overall disorders can also be challenged, decreased, and eliminated.
 - We continue to promote awareness on Problem Gambling Specific Issues to the public by providing education and including each community by addressing their specific needs, concerns or interest related to this topic.

- Facing Barriers:**
What sort of challenges did you encounter in working with this population?
- There is a great deal of interest in working with co-occurring conditions but clinicians sometimes have difficulty incorporating an additional issue into their limited treatment time
 - It is difficult to motivate clients to change their behaviors if they have no- cost housing or no other bills to consider, enabling partners/family members, or are court ordered clients who didn’t choose to come to treatment
 - It is hard to address clients that find nothing problematic with their behaviors
 - Underreporting of problems is a common barrier
 - Some agency challenges can make it difficult to keep problem gambling on the radar
 - Insurance and the lack of reimbursement are definite challenges
 - Clients and/or family members who do not recognize gambling as a diagnosable disorder that is treatable or as significant as alcohol and/or drug use/misuse
 - Clients have trouble making the time commitment
 - There is a need for more certified gambling clinicians throughout the state in order for individuals to have access to a counselor in their area

“Identify triggers to behavior, using a powerless over my addiction approach...”

- Valerie Perez, Psy. D

“...Building trust and rapport, listening to their concerns and creating a client centered treatment plan with the client’s involvement...”

- Adelaide Wilson, MA

“Identify the specific needs within your community and address each concern accordingly using evidence-based practices.”

- Misty Powers, MS

“Provide training on co-morbidity, risk factors, screenings and prevention strategies...”

- Cele Fichter-Desando, MPM

Survey Results cont...

- Overcoming Challenges:**
Please share any tips, angles or incentives you used to successfully overcome the barriers or challenges you encountered.
- Use a prevention-like initiative in the treatment and recovery centers as it helps to make gambling a part of the holistic process; continue to educate clients on problem and disordered gambling due to the prevalence in treatment and recovery seeking environments
 - Use motivational interviewing and a client centered approach to assist clients in goal setting
 - Being a consistent, visible partner is important
 - Assist the client in identifying the reason that motivates them to stop the behavior then identify concrete goals that the client has that otherwise could not be attained by continuing to gamble
 - It is important for the clients to identify the goals of treatment rather than the staff developing a plan for the individual
 - Providing the clinician with prevention resources for the family and the individuals including self-help workbooks and referral options has proved helpful

- Meeting Needs:**
What specific needs of this population did you attempt to address with your efforts?
- Challenges with this population incudes difficulty with high level structure, stimulation, difficulty managing mental health symptoms which may interfere with functioning on a unit or with group/peers in a psychiatric facility. Efforts are made to treat clients in the Intensive Outpatient program.
 - Co-occurring clients’ needs include having adequate services to address mental health issues with the addiction issues.
 - There is a need to address and recognize the additional shame, guilt, and financial implications that may be associated with problem gambling.
 - We need to provide specific details, data and information/education to the client and/or their family members. The approaches we use are to further reduce stigma associated with a specific disorder.
 - We address the lack of money for individuals to live within a community and provide strategies and approaches for budget planning.
 - We help clients seek out alternative hobbies outside of gambling.
 - Utilization of evidence-based practices and resources from the NCPG and Pennsylvania problem gambling websites help with this population.
 - We emphasize why starting to gamble early increases risk of later problems.
 - We provide training on co-morbidity, risk and prevention factors, screening and prevention strategies.
 - The biggest need is integrating gambling into the work that is already being done within the agency or program. There needs to be a continuation of efforts to integrate gambling into already established programs/areas for co-occurring conditions.

“...We have a good relationship with programs that provide mental health services and work jointly with the referring clinician to develop a treatment program that fits the client’s individual needs..”

- John Breslin and
- Peggy Payonk

“I believe it is important for prevention, treatment and recovery staff members to know that although there are differences between Gambling Disorder and Substance Use Disorders, there are plenty of similarities...I often ask the audience to keep their substance abuse hat on, because they already have similar and transferable skills at the ready to prevent and treat problem/disordered gambling..”

- Giorgio Fetta