

WHAT COUNSELORS NEED TO KNOW (PART 1)

INTRO TO PROBLEM GAMBLING
DHHS FUNDED GAMBLING TREATMENT SYSTEM
COMORBIDITY
WHAT YOU CAN DO & WHERE TO FIND RESOURCES



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President & Senior Consultant
Problem Gambling Solutions, Inc.

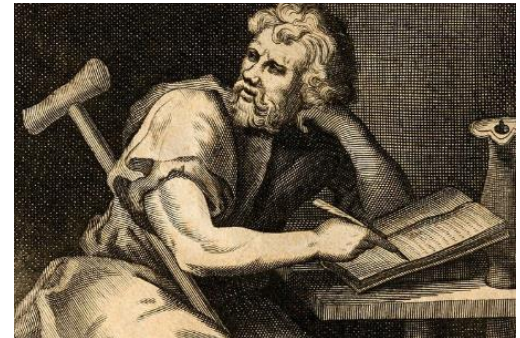
12th Annual Nevada State
Conference on Problem
Gambling

May 3, 2018

Suncoast Hotel & Casino
Las Vegas

IF ONE OVERSTEPS THE
BOUNDS OF
MODERATION, THE
GREATEST PLEASURES
CEASE TO PLEASE.

EPICTETUS, C. 55 – 135 AD.



AIMS OF THE PRESENTATION

1. Introduction of Gambling Disorder
2. Understand the state system of problem gambling services in Nevada including provider qualifications
3. Understand what you can do to improve outcomes by addressing gambling behaviors
4. Learn about resources

THE PHENOMENOLOGY OF GAMBLING DISORDER

FACTORS LEADING TO ADDICTION



Facilitates disassociation
Shifts valence of anxiety
Experiential avoidance
Mind altering
Dependency
Others

GAMBLING & PROBLEM GAMBLING PREVALENCE

Nevada has one of the highest rates of adult problem gambling in the United States (6%)



PROBLEM GAMBLING IS MORE COMMON THAN...

Schizophrenia

Obsessive Compulsive Disorder

Borderline Personality Disorder

Parkinson's Disease

Celiac Disease

Natural Red Heads



DEFINING THE PROBLEM

"That was quite a beating you took. Next time your grandma is gambling online, I suggest you don't disturb her."

GAMBLING DISORDER:

PERSISTENT AND RECURRENT PROBLEMATIC GAMBLING BEHAVIOR LEADING TO CLINICALLY SIGNIFICANT IMPAIRMENT OR DISTRESS, AS INDICATED BY THE INDIVIDUAL EXHIBITING FOUR (OR MORE) OF THE FOLLOWING IN A 12 MONTH PERIOD:

1. Tolerance
2. Restless/irritable when cutting down or stopping
3. Unsuccessful attempts to quit
4. Preoccupation with gambling
5. Gambles when distressed
6. Chasing losses
7. Lies to conceal gambling behavior
8. Jeopardized or lost a significant relationship, job, or education opportunity
9. Needed financial bailout due to gambling

TRUE OR FALSE:

For a Nevada DHHS funded gambling treatment program to offer free services, a client has to meet at least 4 of the DSM-5 criteria for Gambling Disorder.



NEVADA'S DHHS FUNDED GAMBLING TREATMENT SYSTEM



**Department of Health and
Human Services**

Helping people. It's who we are and what we do.

LEGISLATED RESPONSE TO PG



In 2005, the Nevada State Legislature created an account for the prevention and treatment of PG

- Approved a \$2 quarterly fee on each electronic gaming machine
- Department of Health and Human Services (DHHS), Office of Community Partnerships & Grants, tasked with administrative oversight for these funds
- Governor appointed Advisory Committee on Problem Gambling (ACPG) was created to advise DHHS

DHHS PROBLEM GAMBLING SERVICES STRATEGIC PLAN



- Section I:
 - Capacity of the Problem Gambling Service Delivery System
- Section II:
 - Needs Assessment Findings
- Section III:
 - Stakeholder Identified Priorities
- Section IV:
 - Framework and Guiding Principles for DHHS Problem Gambling Services
- Section V:
 - Goals, Activities, Enhancements, & Phases
- Appendix A:
 - DHHS Problem Gambling Treatment Providers Guide

DHHS Problem Gambling Services 2017 –2019 Strategic Plan

Approved by
DHHS Advisory Committee on Problem Gambling
May 19, 2016



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Human Services
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Treatment Works*



80% of individuals with problem gambling reported reduction in symptoms and improved quality of life with treatments and supports (at 12-months post enrollment).

**Based on surveys conducted 12-months post enrollment with individuals who obtained DHHS supported problem gambling treatment. St. John, Sarah A., Andrea Dasseopoulos, and Bo J. Bernhard. 2015. Annual Gambling Treatment System Performance Report. Produced by the International Gaming Institute, University of Nevada, Las Vegas for the Nevada Department of Health and Human Services.*

STATE FUNDED PROBLEM GAMBLING TREATMENT IN NEVADA

- DHHS Problem Gambling Program consists of several grants that fund Treatment, Prevention, Workforce Development, and Data Collection/Research
- Grants are awarded through a competitive process (Request for Applications or RFA) and funds the programs for two-year grant cycles.
 - The next RFA will be in early 2019 for the next two fiscal years (7/1/19 – 6/30/21).
 - To be eligible, need identified CPGC within application, among other criteria TBD.
- Currently, DHHS has 7 PG treatment grants: 4 in Las Vegas area, 2 in Reno, 1 in Fallon
 - Outpatient treatment is available in all 7 programs
 - Residential treatment is available in two programs, one in Reno and one in Fallon.

ELIGIBLE PROVIDERS

Persons administering gambling treatment clinical services,
reimbursed through funds from by the Revolving Account for the
Prevention and Treatment of Problem Gambling through NRS
463.320(2)(e)

ELIGIBLE PROVIDERS

1. **Certified Problem Gambling Counselor (CPGC)**
2. **Certified Problem Gambling Counselor Intern (CPGC-I)**
receiving minimum of 2 hours per month of clinical supervision by a CPGC that is Board approved to supervise CPGC-I
3. **Fill-in Gambling Counselor:** Qualified mental health professionals, as defined by NRS 458A.057 at least 10 hours of gambling specific education within the past two years



Nevada State Board of Examiners for

**Alcohol, Drug and Gambling
Counselors**

<http://alcohol.nv.gov/>

CRITERIA NEVADA CPGC-I

- High school diploma or GED and verification of graduation from an accredited college or university in an appropriate social science field and/or submittal of educational affidavit indicating you are enrolled in college or will enroll at the beginning of the next semester
- Supervision Agreement
- Proof of the completion of 30 hours of training specific to problem gambling approved by the Board
- Complete Application
- Fees of \$210.00

CRITERIA

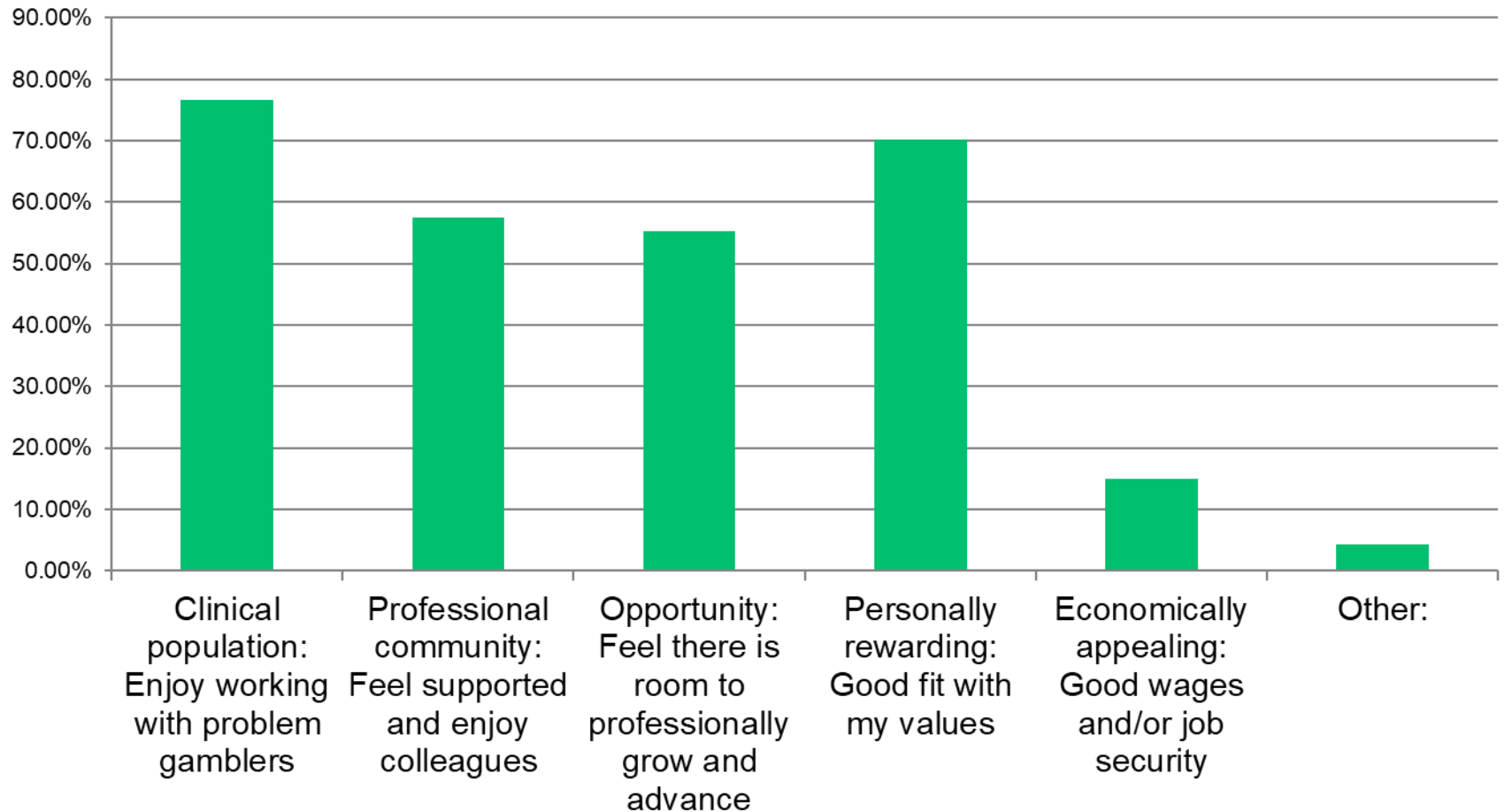
NEVADA CERTIFIED PROBLEM GAMBLING COUNSELOR

- Bachelors, Masters or Doctoral degree in an approved social science field
- 2000 hours employment under clinical supervision in problem gambling counseling **or** if already licensed professional then completed at least 6 months of supervised counseling of problem gamblers approved by the Board
- Proof of completion of 60 hours training specific to problem gambling, approved by the Board
- Fees of \$520.00
- Passage of written and oral examines with an average score of at least 70%

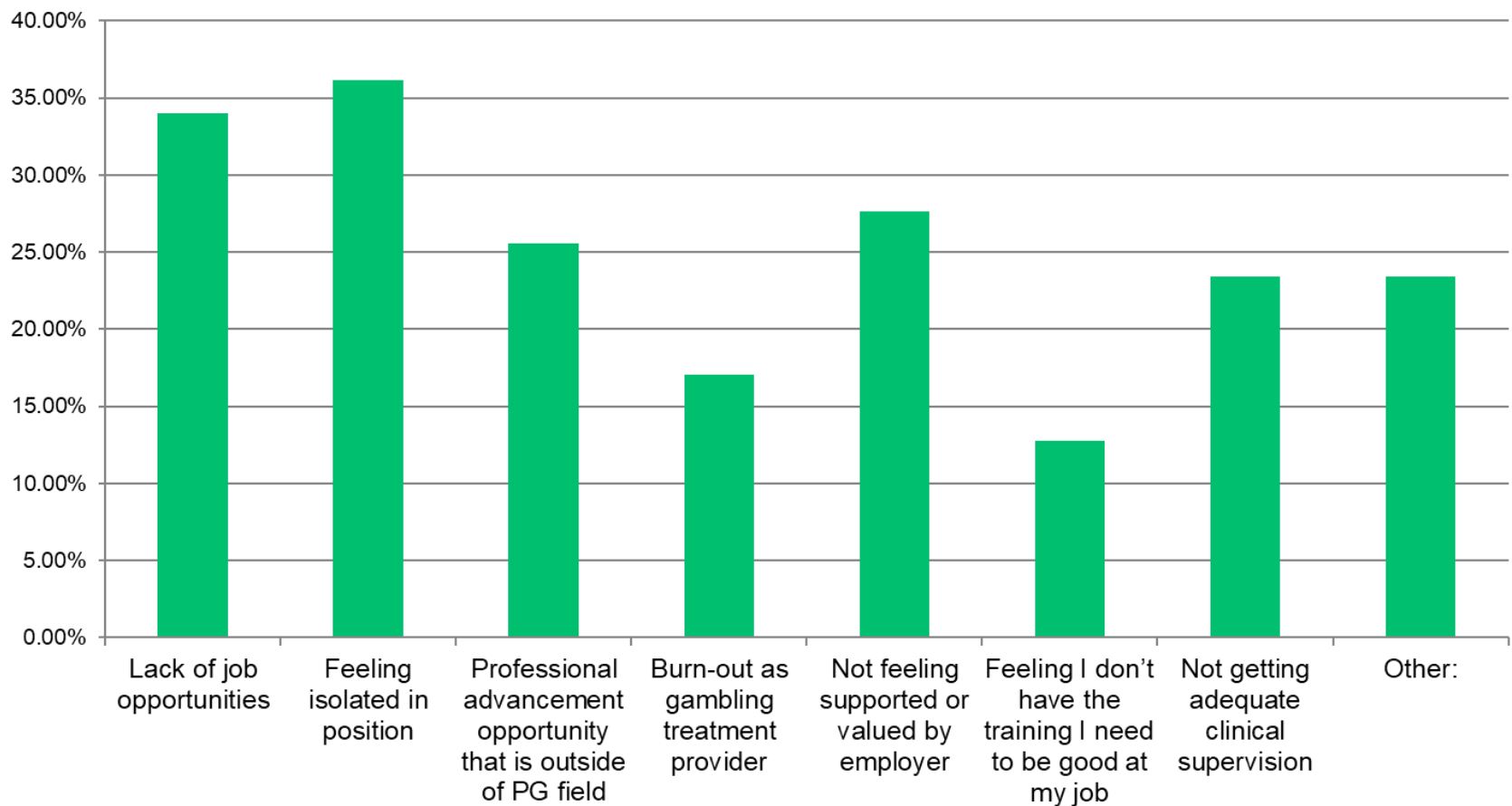
WHY PURSUE A SPECIALIZATION IN PROBLEM GAMBLING TREATMENT?

*Upside
&
Downside*

WHAT IS KEEPING YOU IN THE PROBLEM GAMBLING FIELD (CHECK ALL THAT APPLY)?



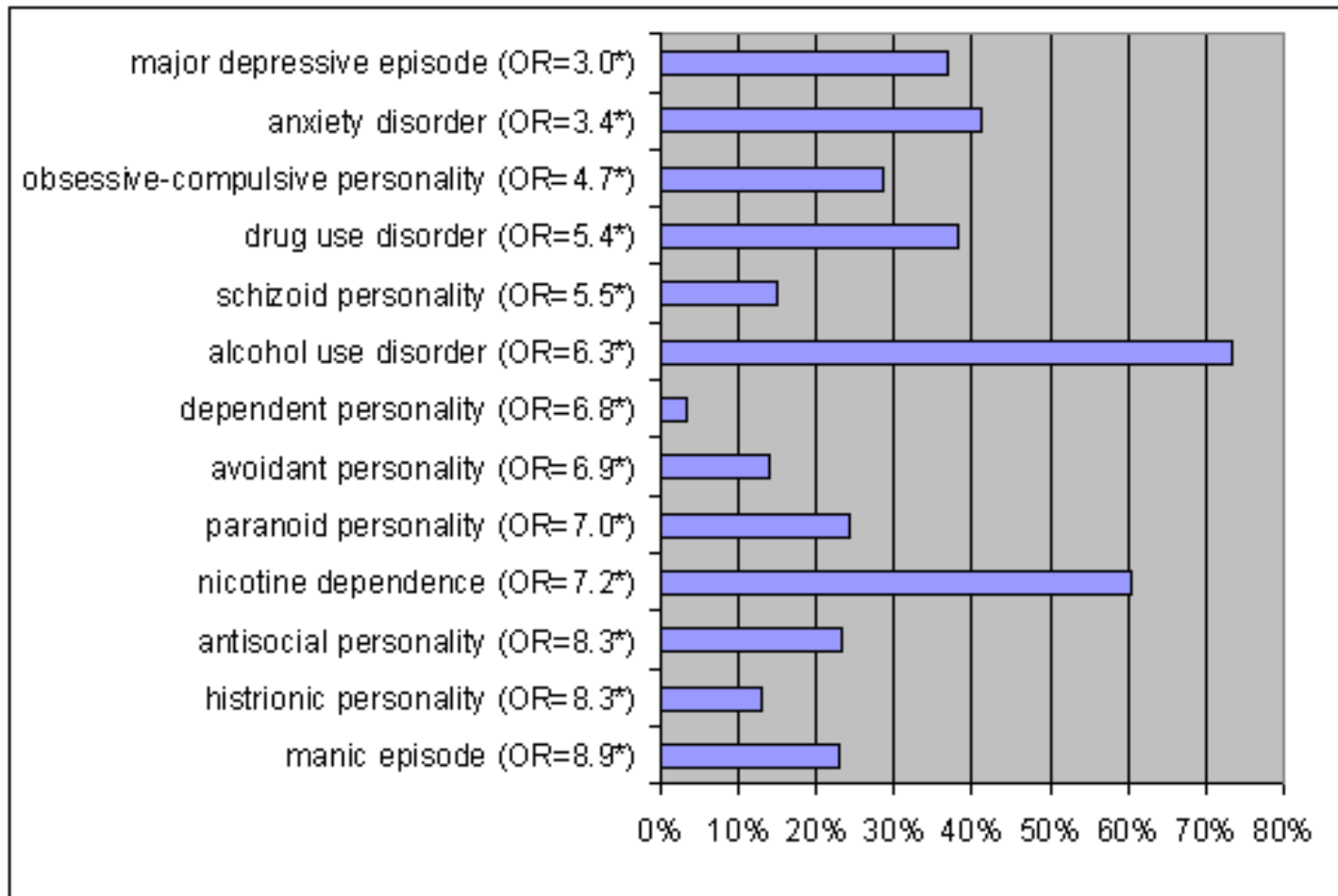
WHAT ARE THE FACTORS THAT MAY DISSUADE YOU FROM STAYING IN THE FIELD (CHECK ALL THAT APPLY)?



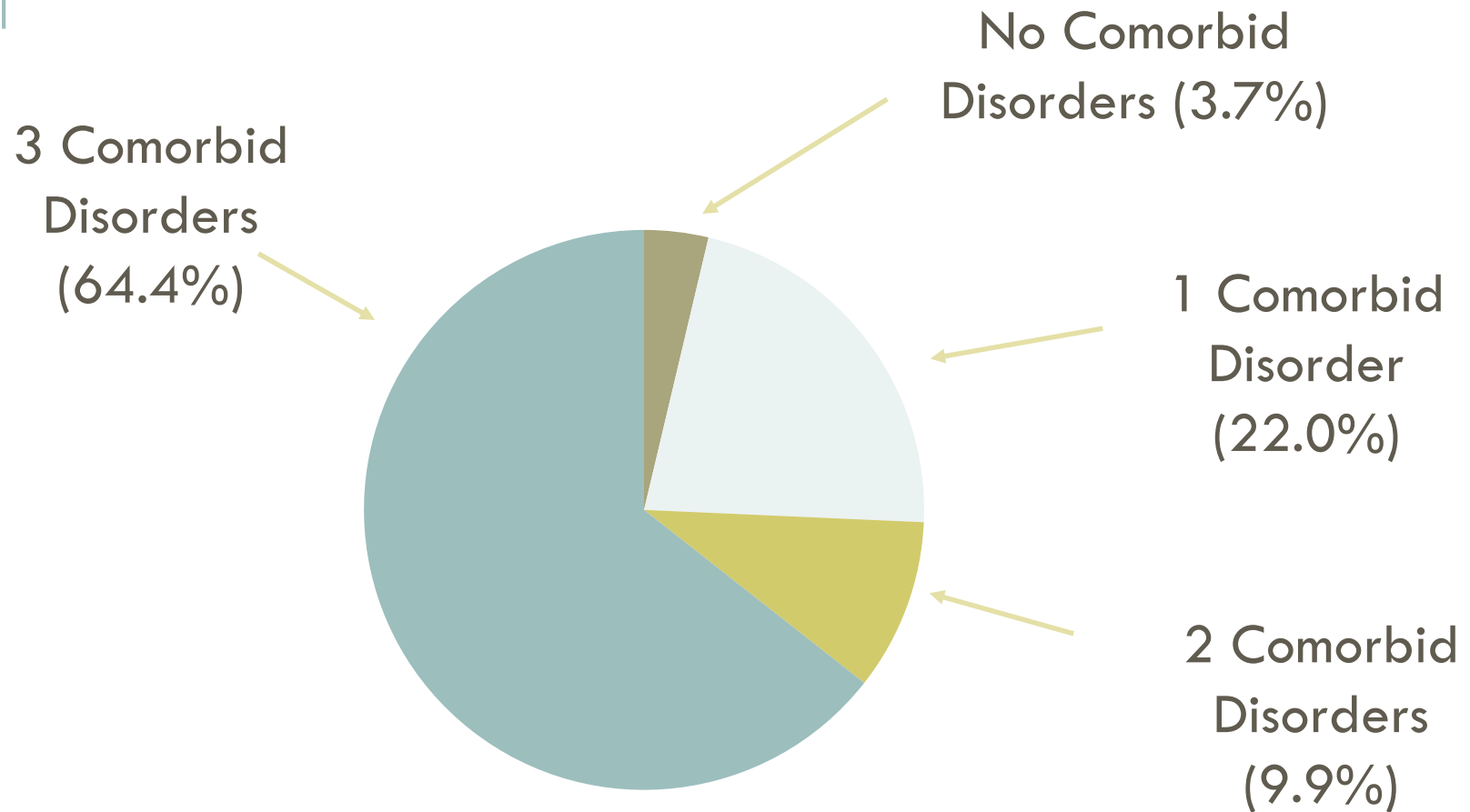
GAMBLING DISORDER & COMORBIDITY

Why all behavioral health professionals
need to be aware of gambling disorder

LIFETIME COMORBIDITY RATES



NUMBER OF LIFETIME COMORBID DISORDERS



GAMBLING DISORDER IN SUD TREATMENT

	Prevalence
Comorbidity Timeframe	
Lifetime	15.2%
Current	10.9%
Treatment Setting	
Inpatient	11.5%
General SUD outpatient	10.7%
Methadone maintenance therapy (MMT)	18.8%

GAMBLING DISORDER NOT ADDRESSED = COMPROMISED TREATMENT OUTCOMES

Example study:

Gambling Disorder & Methadone Maintenance Therapy:

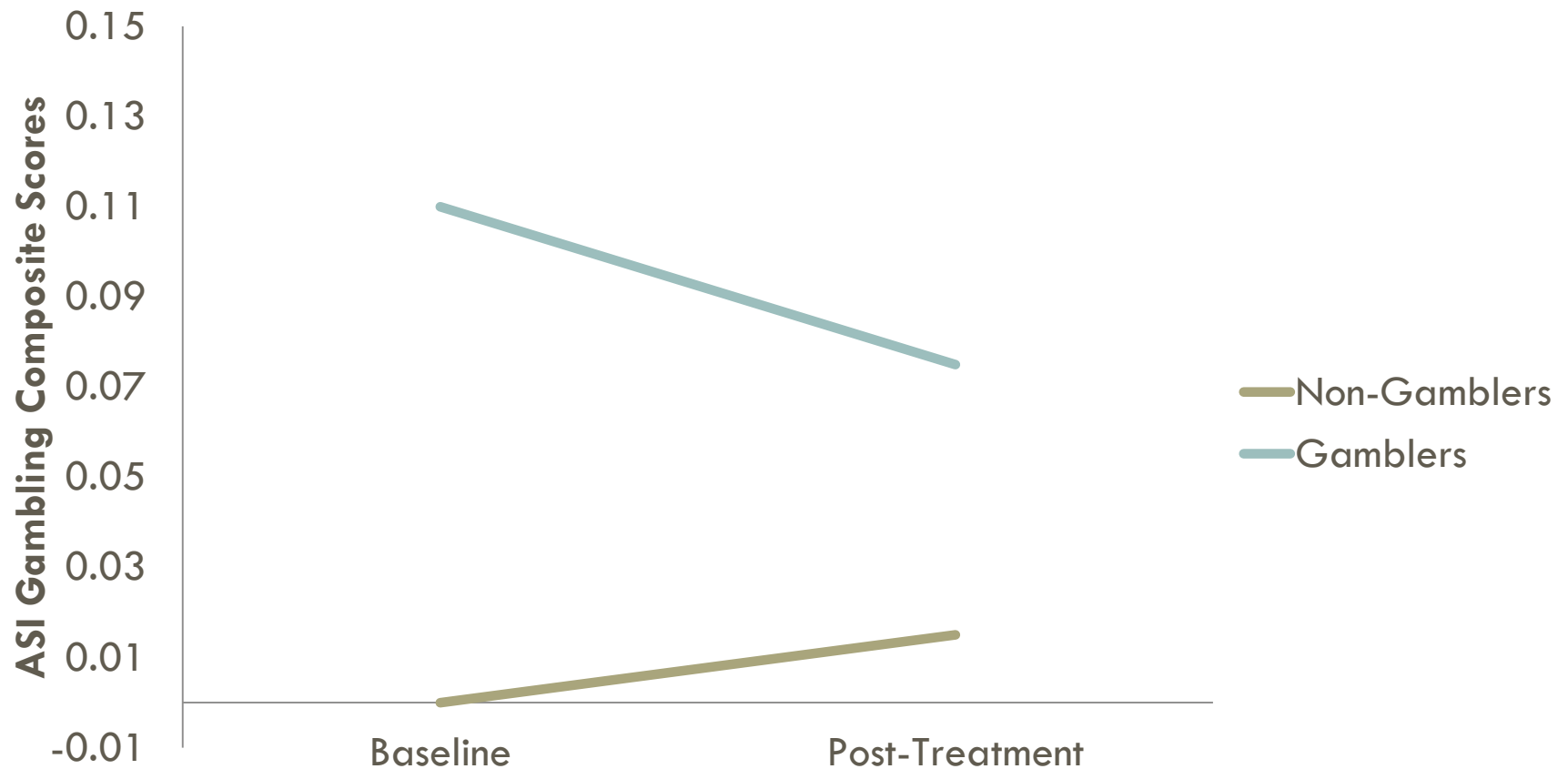
- MMT patients with GD more likely to provide a positive urine toxicology screen (54% vs. 25%)
- MMT patients with GD more likely to drop out of treatment within six months (46% vs. 18%).

GD PATIENT PERCEPTIONS & SUD TREATMENT

Assessed problem gambling in patients ($N = 962$) living in 13 residential SUD treatment facilities.

- 22% identified as lifetime problem gamblers
- Only 4% reported gambling was addressed in their treatment or relapse prevention plan.
- Nearly 1/3 of problem gamblers had concerns that gambling could interfere with their future efforts to stay clean and sober from substances.

GAMBLING DURING SUD TREATMENT



SCREEN FOR GAMBLING DISORDER

1. Assess for lifetime gambling disorder.

- Brief Biosocial Gambling Screen (Gebauer, LaBrie, & Shaffer, 2010)
 - 3 Questions – Ask lifetime version
 1. Have you become restless, irritable or anxious when trying to stop/cut down on gambling?
 2. Have you tried to keep your family or friends from knowing how much you gambled?
 3. Has your gambling led to financial trouble that you had to get help from family or friends?

2. Incorporate results into client treatment plan and relapse prevention plan.

GAMBLING DISORDER AND COMORBIDITY: SUMMARY

1. Gambling Disorder occurs in about 1-3% of the population.
2. It is highly comorbid with substance use disorders and is present in SUD treatment settings (~10-20%).
3. Even a history of gambling disorder can potentially impact treatment, and it is commonly not addressed.
4. Keep your awareness up, screen for gambling problems, ask/monitor gambling throughout treatment.

CONCLUSION & KEY CONTACTS

WHEN PERSONS WITH GD GET HELP

WHAT YOU CAN DO

RESOURCES

WHY THE GAMBLER CONSIDERS GETTING HELP:

There is a moment of clarity that change is needed and can't do it alone (Usually brought on by a financial crisis)

Someone that matters to them has leveraged them into treatment

The gambling has brought on, or exacerbated, a mental health crisis

A professional (such as yourself) has helped the gambler notice the problem and motivate them to change (MI)

WHAT YOU CAN DO:

Talk about gambling and ask questions.

Use MI and your skill set to clarify and enhance client motivation.

Talk about how professional treatment in Nevada can help (And it's practically FREE)

When possible, a warm handoff is best

When it's not, heighten the clients motivation and provide info to get the help they need (sell the opportunity, sell the referred to program).

HTTP://WWW.NEVADACOUNCIL.ORG/



Who
We Are

Understanding
Problem Gambling

Get
Help Now

Programs &
Resources

Responsible
Gaming

Get
Involved

For confidential assistance, call the Problem Gamblers Helpline: 1-800-522-4700

Welcome to the Nevada Council on Problem Gambling.

Whatever your need, We're Here to Help!

The Nevada Council on Problem Gambling is a nonprofit organization whose mission is to generate awareness, promote education and advocate for quality treatment and support resources for problem gambling in Nevada. We are here to help you learn, understand, and find solutions that are right for you!



Concerned because you can't control your gambling? Is your family being affected by problem gambling?



**Resource
Locator**

Problem gambling is a treatable disorder and there are many resources available to help! Use the online **Resource Locator** link to the left, to access current listings of Treatment and Support resources in Nevada. And the good news? Many of the services are **FREE** for problem gamblers and their family members!

To speak to someone confidentially about problem gambling and resources for help, call the 24 hr. **Problem Gamblers Helpline** at 1-800-522-4700.

For information on programs and services outside Nevada, click [HERE](#).

News & Updates

Guest Editorial – Responsible Gaming
03/25/2018

12 CEUs for \$60!! Register Now! 03/19/2018

March Proclaimed Nevada "Problem Gambling Awareness Month" 03/01/2018

Upcoming Events

MAY

3

Thu

all-day NV State Conference on
Problem G... @ Suncoast Hotel & Casino

MAY

30

Wed

3:00 pm When the Fun Stops –
Employee Tr... @ Nevada Council on
Problem Gambling

JUN

20

Wed

10:00 am When the Fun Stops –
Employee Tr... @ Nevada Council on
Problem Gambling

PGS Program Lead: Pat Petrie

(702) 486-4319 | pdpetrie@dhhs.nv.gov

[HTTP://DHHS.NV.GOV/PROGRAMS/GRANTS/PROGRAMS/PROBLEM_GAMBLING/PROBLEM_GAMBLING_SERVICES_\(PGS\)/](http://DHHS.NV.GOV/PROGRAMS/GRANTS/PROGRAMS/PROBLEM_GAMBLING/PROBLEM_GAMBLING_SERVICES_(PGS)/)



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PROBLEM GAMBLING SERVICES

The Revolving Account to Support Programs for the Prevention and Treatment of Problem Gambling (Problem Gambling Fund) was created by Senate Bill 357 of the 2005 Legislative Session and codified in [NRS 458A](#). The account is funded through slot machine fees that would otherwise go to the State's general fund, and supports Problem Gambling programs including subsidized [Problem Gambling Treatment](#) for residents of the State of Nevada.

The [Advisory Committee on Problem Gambling \(ACPG\)](#) provides review and recommendations related to solicitation of applications and awarding of grants. The ACPG also assists the Department in determining the needs of local communities and in establishing priorities for funding programs for the prevention and treatment of problem gambling.

- [ACPG Members, Meeting Notices and Bylaws](#)
- [Problem Gambling Services Strategic Plan, SFY 2017-2019](#)

Resources

[State-Supported Treatment & Prevention Programs](#)

For confidential help, call or text the National Council on Problem Gambling HelpLine: 1-800-522-4700

[Nevada Council on Problem Gambling \(website\)](#)

[Brochure: Risks and Resources - Problem Gambling and Suicide](#)

Thank You
Keep in Touch!

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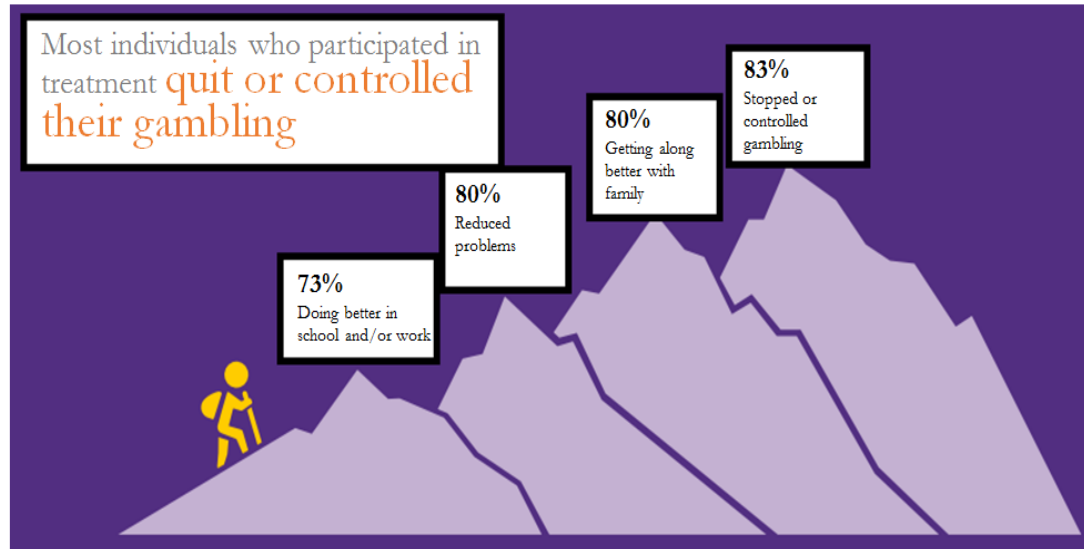
BONUS INFORMATION

(IF TIME ALLOWS)

Nevada Problem Gambling Treatment

- Client Demographics
- Evaluation Findings

Treatment Works*



80% of individuals with problem gambling reported reduction in symptoms and improved quality of life with treatments and supports (at 12-months post enrollment).

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PROFILE OF PERSONS SERVED

DHHS Gambling Treatment Programs

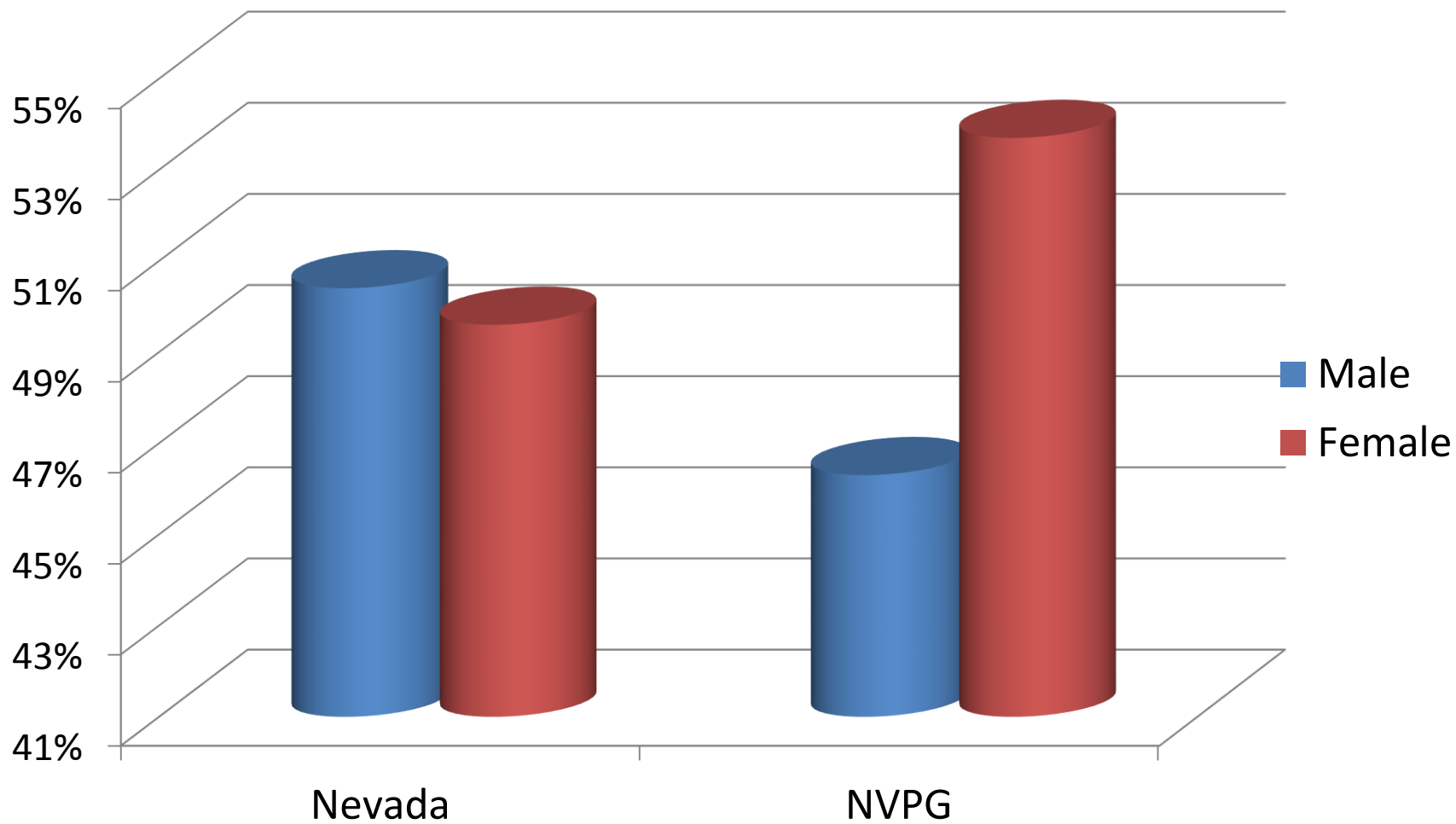


GAMBLING SEVERITY

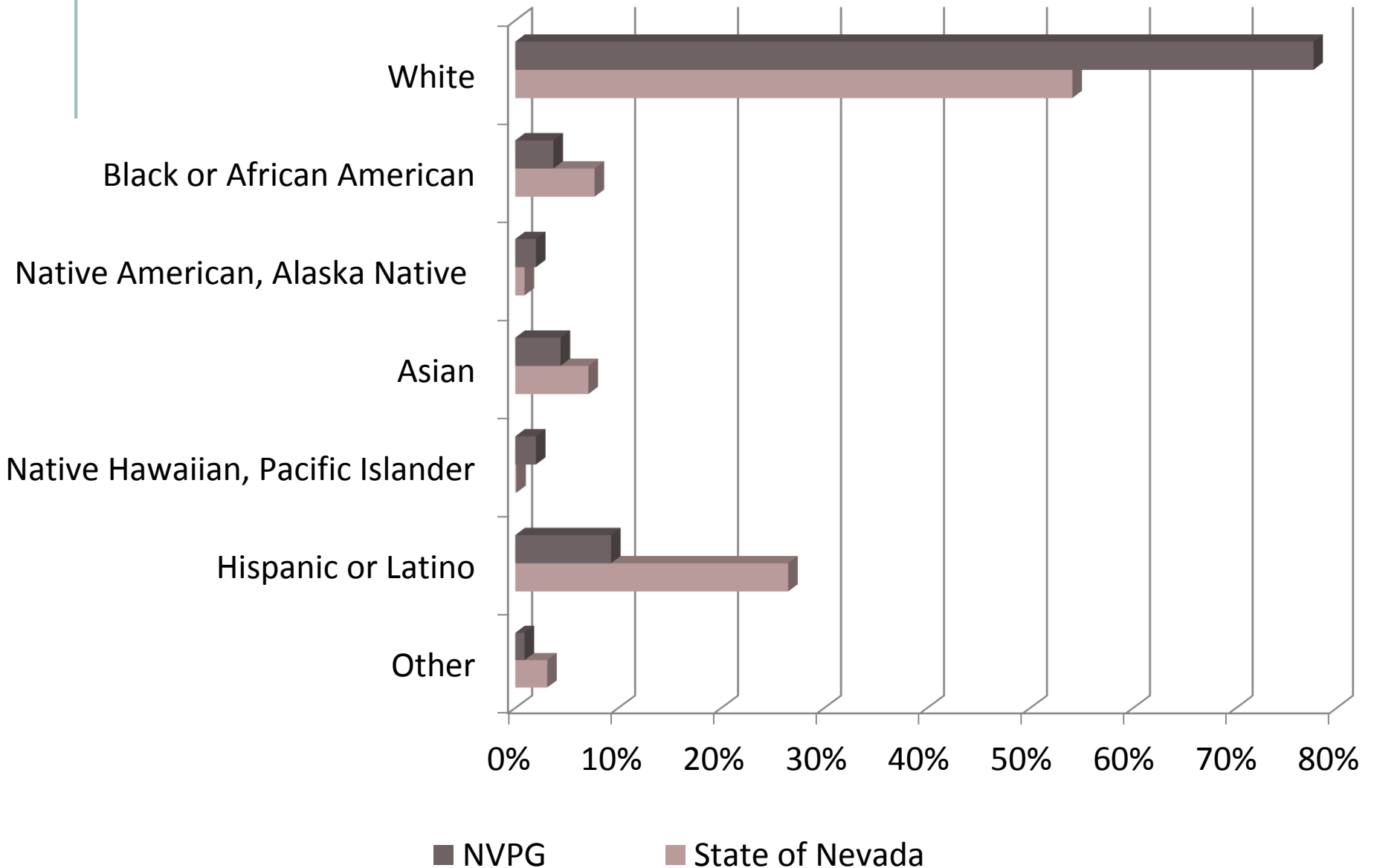
The majority of clients enter treatment with a Gambling Disorder in the Severe range, with an average score of 7.8

Almost 71% of clients are in problem gambling treatment for the first time!

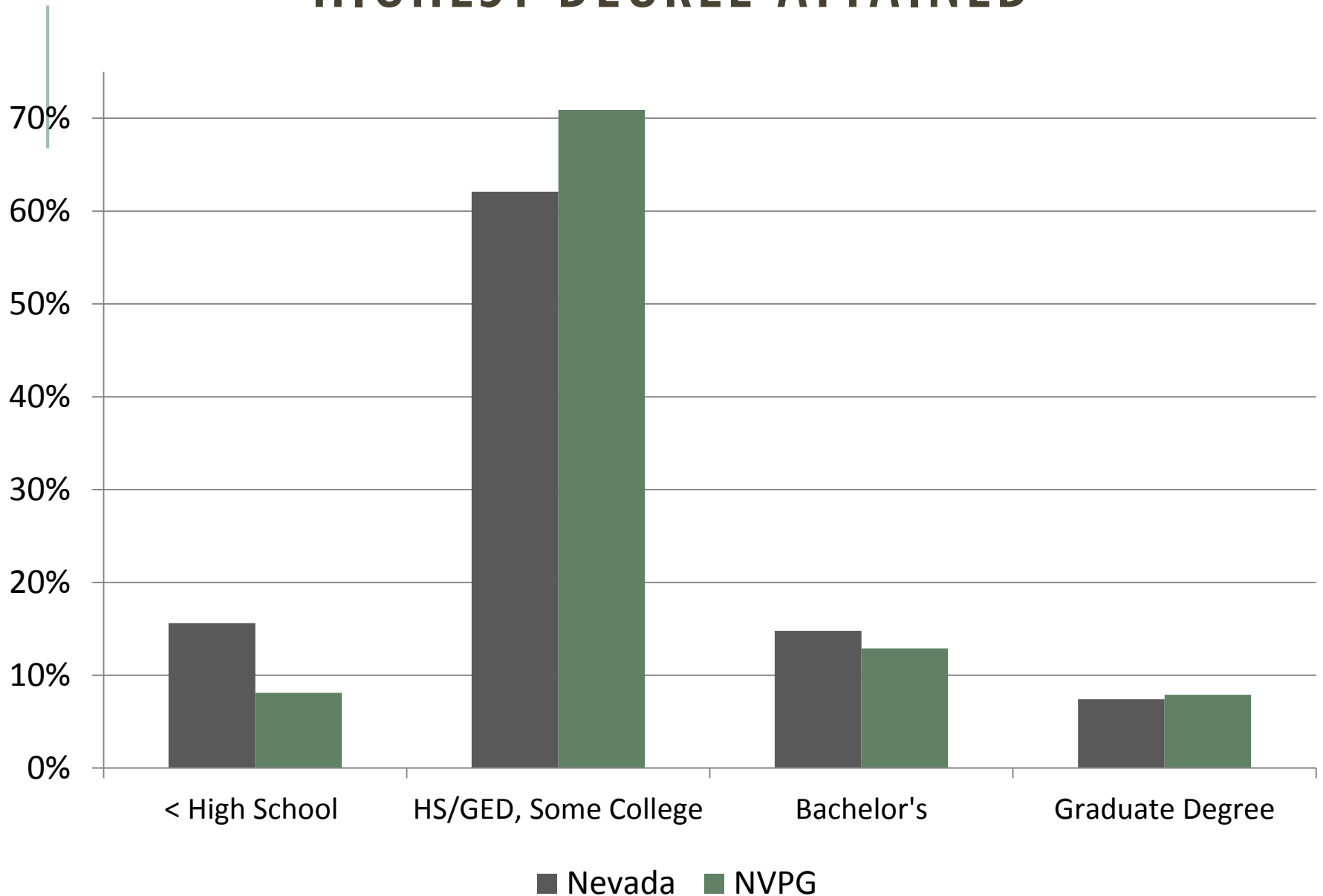
GENDER



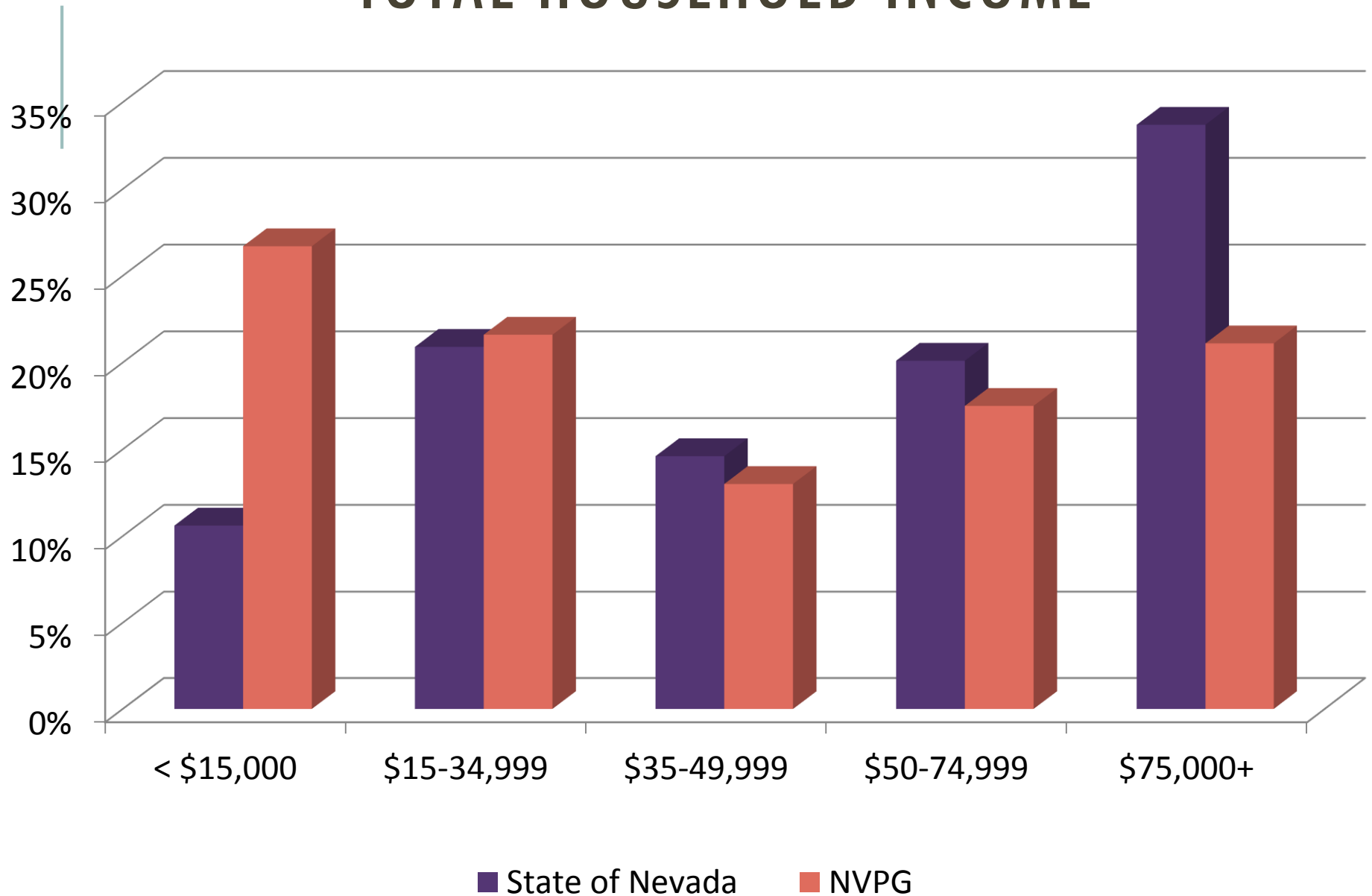
RACE/ETHNICITY



HIGHEST DEGREE ATTAINED

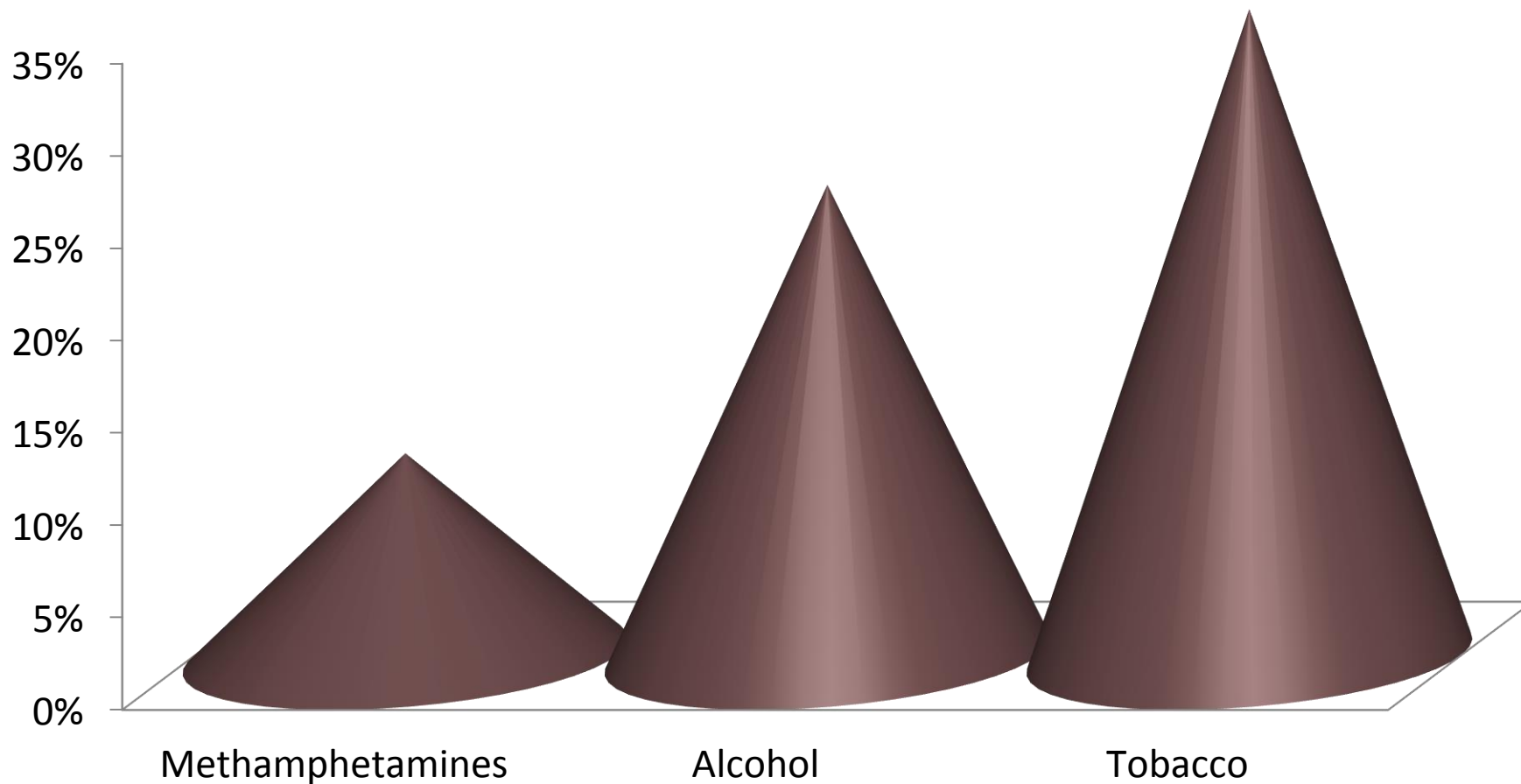


TOTAL HOUSEHOLD INCOME



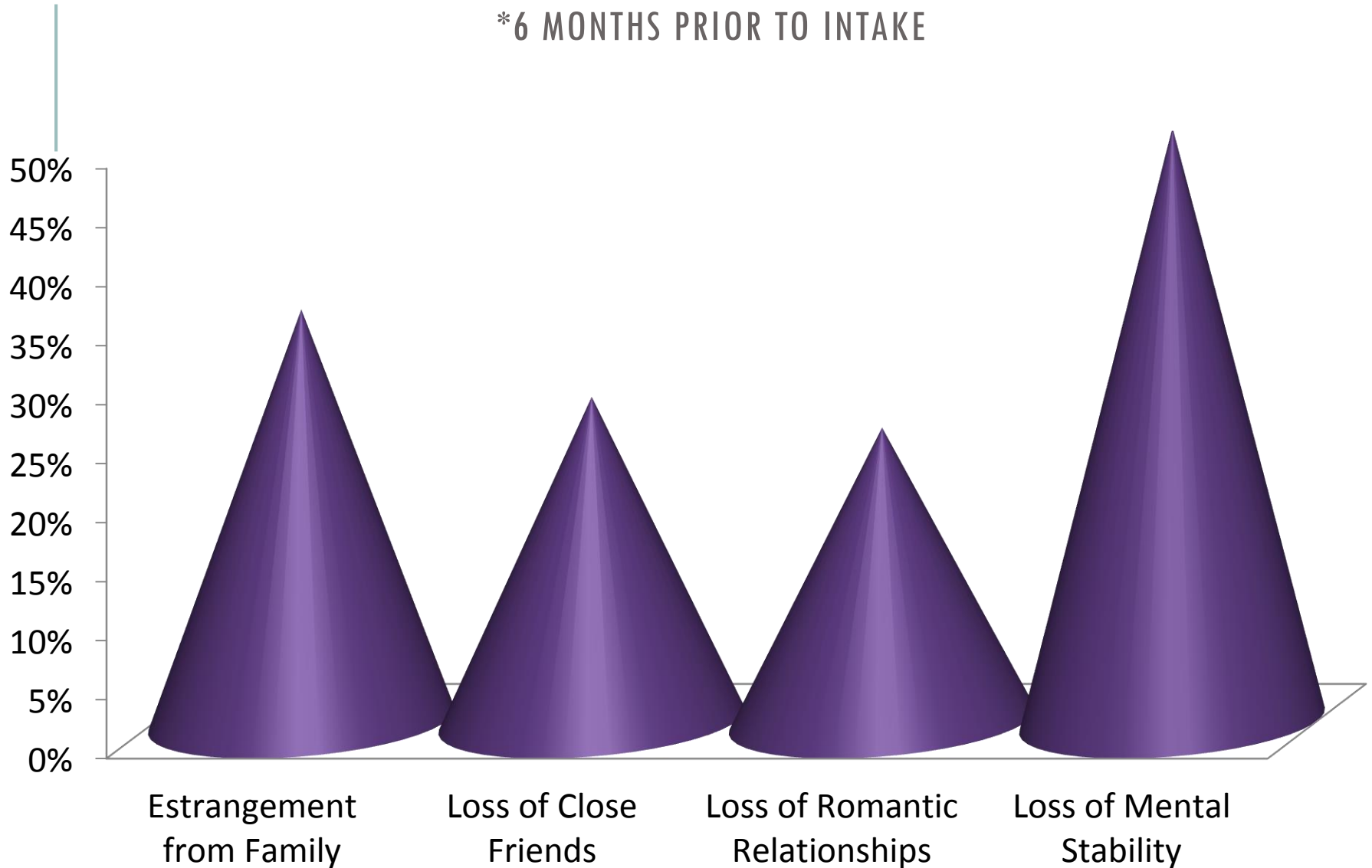
PROBLEMATIC SUBSTANCE USE

*6 MONTHS PRIOR TO INTAKE



PERSONAL LOSSES DUE TO GAMBLING

*6 MONTHS PRIOR TO INTAKE



DHHS GAMBLING TREATMENT SYSTEM PERFORMANCE

Access:

- Most seen within one day

Retention:

- Average of 19.6 clinical contacts

Successful Completion:

- The percent who successfully complete treatment was 69%

Client Satisfaction:

- 95% percent who complete satisfaction survey would positively recommend the Provider to others

Long-term Outcome:

- 91% percent who successfully complete treatment maintained improvement at twelve months after intake

DHHS GAMBLING TREATMENT SYSTEM PERFORMANCE STANDARDS (CONTINUED)

Consent for Follow-Up Evaluation:

- 380 people consented for follow-up out 528 total intakes; 71.9%

Case Cost:

- The average outpatient treatment cost per case was \$1,406.57 (SFY 2017)

Documentation Accuracy:

- A comparison of documented clinical services with encounters entered into the Data Management System was, on average 97%

THE MOST HELPFUL PART OF TREATMENT

- Group
- Destigmatizing
- Peer support
- Positive interactions with staff
- Learning about addiction

“The program changed my life. I don't know what I would have done without it. It completely and utterly changed my life.”

HTTP://DHHS.NV.GOV/PROGRAMS/GRANTS/PROGRAMS/PROBLEM_GAMBLING/PROBLEM_GAMBLING_SERVICES_(PGS)/



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