2022 MIDWEST CONFERENCE ON
PROBLEM GAMBLING AND SUBSTANCE ABUSE

Substance Use and Gambling Disorders

Seeking Justice, Recognizing Diversity, and Supporting Recovery

SUMMARIZED BY WILEY HARWELL, DMIN, LPC, ICGC-II, AND KENZIE SIMPSON, MA

Funded by the Port KC Problem Gambling Fund Advisory Committee
Committee Chair, Keith E. Spare, MS, MDiv, LPC

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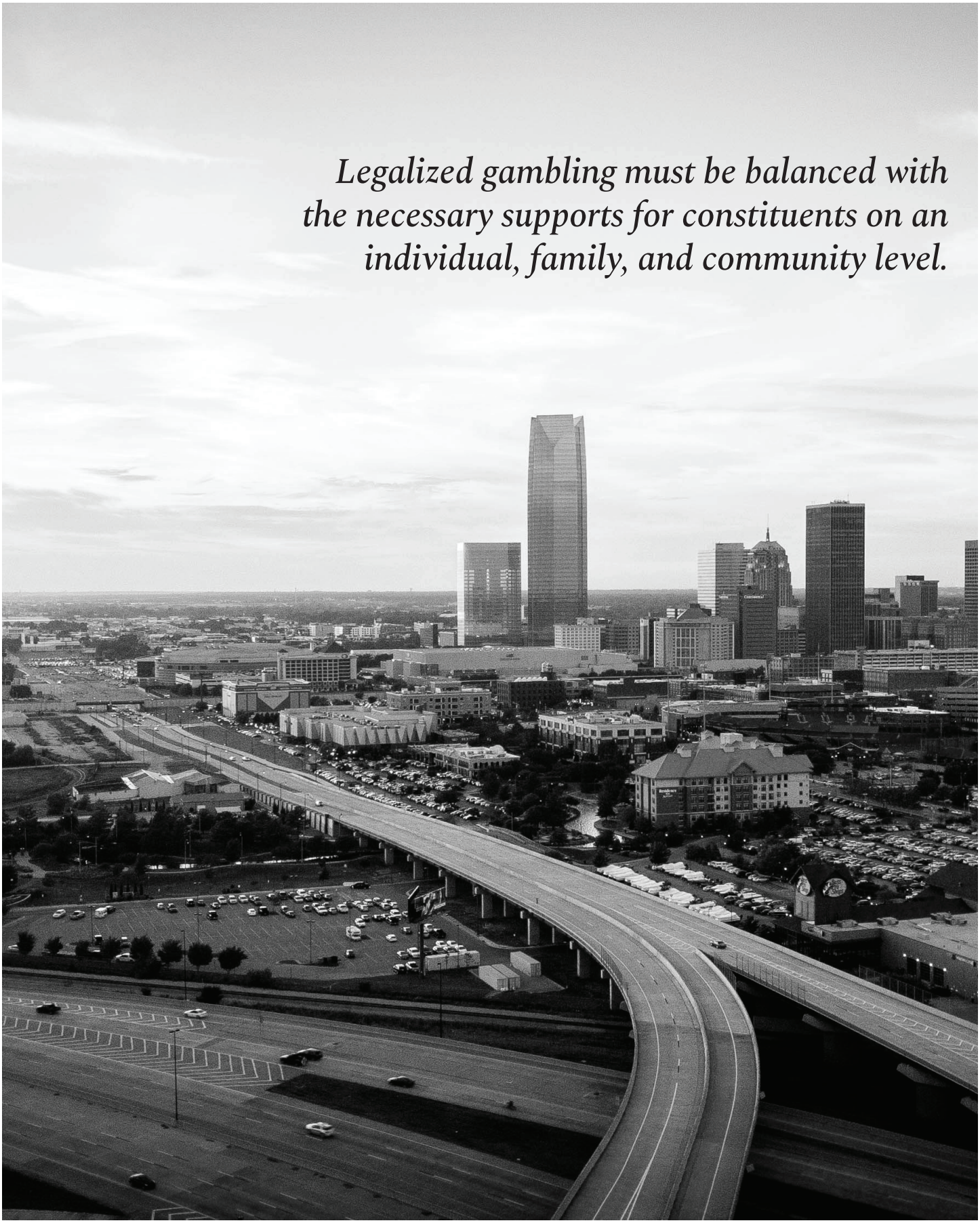
RECOVERY

Legalized gambling must be balanced with the necessary supports for constituents on an individual, family, and community level.



EXECUTIVE SUMMARY

This conference summary highlights timely information in support of advocacy, awareness, and funding for substance use disorder and gambling disorder.

During the 2022 Midwest Conference on Problem Gambling and Substance Abuse, international leaders in mental health, problem gambling, and justice presented information that can help guide future policy decisions in these areas. Presenters for the 2022 conference presented on the topics of therapeutic justice, diversity, and recovery.

The hope is that state decision makers can recognize the scope of the problems that are the consequence of legalized gambling and provide necessary supports for their constituents on an individual, family, and community level.

THERAPEUTIC JUSTICE

Gambling treatment diversion court (GTDC) supports recovery from gambling disorder, promotes restitution, and lowers the cost to the judicial system, compared to incarceration. This section provides information on how to organize a GTDC and how counselors can present cases for treatment diversion and advocate for recovery and restitution.

DIVERSITY

Successful treatment of substance use disorder and gambling disorder involves addressing barriers to care, supporting gender expression and sexual orientation, and being aware of common generational attitudes. This section provides information on extending care to include cultural and social identities and address the broader scope and effects of power and threats in an individual's life, recognizing the higher risks for mental health issues in the queer community and creating inclusive treatment settings, and matching treatment to the needs of Generation Z, as gaming increases and women increasingly join the sports betting arena.

RECOVERY

Navigating the many systems of care can be difficult, yet it is extremely important for those with a gambling problem to find care, because the rates of suicidal ideation for this group is over 40%, with the suicide attempt rate at 20%. This section addresses mapping the recovery process, the connections between spiritual and theoretical approaches, and how to reduce suicide among those with a gambling problem.

PREVALENCE OF GAMBLING DISORDER

According to a 2022 prevalence study (publication forthcoming), 1 in 16 (6.2%) Oklahoma adults and 1 in 25 (4%) Missouri adults meet the DSM-5 criteria for gambling disorder. Thirty percent of the adult population in Oklahoma is at risk for a gambling disorder, and in Missouri, 25% are at risk.

SUBSTANCE USE AND BEHAVIORAL DISORDERS

Substance use and gambling disorder follow the same neurological pathway, and research is beginning to suggest that gaming disorder does as well. For example, those with a gambling problem demonstrate frontal lobe impairment consistent with that of an individual addicted to methamphetamine.

SUBSTANCE USE AND GAMBLING DISORDER SIMILARITIES

loss of control, preoccupation, negative impact on major life areas, tolerance, cravings/urges, withdrawal symptoms

GAMBLING TREATMENT DIVERSION COURT

GAMBLING TREATMENT DIVERSION COURT COMPONENTS

- *voluntary participation*
- *conviction deferral while participating*
- *gambling treatment and abstinence from gambling*
- *restitution plan*
- *financial monitoring and budgeting*
- *random drug screens*
- *location monitoring*

GTDC programs usually last for between 18 and 36 months.

Upon program completion the conviction is dismissed, and if the program is not completed the individual is referred for sentencing.

In 2001, Judge Mark Farrell established the first gambling treatment diversion court (GTDC) in the western district of New York. In 2018, Judge Cheryl Moss used the same model and established the same process in Nevada. Based on the adult drug court model, GTDC is a modernized approach for individuals with gambling disorders who become involved in the legal judicial system.

GTDC is a court-supervised comprehensive treatment program for those in the criminal justice system with gambling problems and other addictive behaviors. The Nevada program includes the following components: voluntary participation, conviction/sentence deferral while participating in GTDC, gambling treatment, and restitution payment. The program length is 18–36 months. Upon program completion the conviction is dismissed, and if the program is not completed the individual is referred for sentencing.

To be eligible for GTDC, the defendant must have committed the crime in furtherance or as a result of problem gambling, the crime must not be against a person or a child, and it cannot be a sexual offence or domestic violence. Past criminal conviction may also prevent participation in GTDC.

Upon acceptance in the GTDC program the participant agrees to mandatory court attendance every other week, abstinence from gambling, mental health counseling, support groups, restitution agreement, financial transparency, financial monitoring, random drug screens, and location monitoring.

The investment by the GTDC and the participant is significant in time and effort but saves thousands of dollars compared to incarceration.

Future work for GTDC includes developing handbooks and policy, increasing community support, learning about the dynamics with gambling disorder, gathering support from professionals in the gambling industry, increasing funding and resources, and further advocacy in any state or district.

Retired Judge Cheryl Moss served on the bench for 20 years. In 2001, Judge Moss was the first judge to implement problem gambling assessments in domestic relations cases. In November 2018, Judge Moss became the first judge to preside over Nevada's first Gambling Treatment Diversion Court (GTDC).

WHEN THE ROAD TO RECOVERY INTERSECTS THE JUDICIAL SYSTEM

When a therapist seeks to help a person with a gambling disorder who has committed a crime, a dual focus must be maintained. First the therapist must focus on treatment of the gambling disorder by establishing therapeutic relations and engaging in the treatment process from assessment to movement through the stages of change, and the client must commit to recovery. Second, the therapist becomes an advocate for treatment justice which includes assessing for potential diversion, helping the client and family pre-arrest, and assisting the client with legal needs.

Further advocacy will establish connection with all those related to the judicial system such as judges and district attorneys. The therapist has the opportunity to advocate about the dynamics of gambling disorder *and* advocate for therapeutic justice. The judicial system has an opportunity to help the client in the following: being a proactive agent of change, changing the criminal behavior, promoting rehabilitation, and reducing recidivism.

Diversion programs can be justified by the hope of recovery from gambling disorder, the promise of restitution, and the lower cost of diversion compared to incarceration.

Each person that agrees to participate in the diversion process agrees to abstain from gambling, self-exclude from casinos, receive professional treatment, attend 12-step meetings weekly, maintain employment, and make restitution. Participation is always voluntary.

Therapeutic goals for the client include preparing the client and family for each step, enhancing support systems, addressing family dynamics, building therapeutic and community resources, and preparing for the future.

It is the hope that more districts and states will implement therapeutic justice systems for those who commit crimes secondary to a gambling disorder.

THREE FACTORS THAT INCREASE PROBABILITY OF A CRIME SECONDARY TO A GAMBLING DISORDER:

- *increased accessibility for gambling activity*
- *time spent in a gambling activity or venue*
- *a score of 8–9 criteria for gambling disorder*

DIVERSION IS NOT A FREE PASS.

A felony conviction makes all aspects of the situation more costly and difficult, including recovery and restitution.

Diversion provides accountability so that restitution is more likely to be paid and recovery is supported.

When pre-trial diversion is not an option, provide education and aim for probation with the same therapeutic points as diversion.

JoAnn Briles-Klein (**LSCSW, MBA, KCGC-II,** *not pictured*) **and Rosile Hollis** (**BA, MBA**) are members of the South Central Kansas Problem Gambling Task Force. **Jason Moeller** (**BA, BSN**) was also a member of the South Central Kansas Problem Gambling Task Force; he passed away in the fall of 2022.

BEYOND THE MEDICAL MODEL

HONORING DIVERSITY, EQUITY, AND INCLUSION

POWER THREAT MEANING FRAMEWORK

The Power Threat Meaning Framework is an alternative to the more traditional models based on psychiatric diagnosis.

The main aspects of the Framework are summarized in these questions, which can apply to individuals, families or social groups:

- *What has happened to you?*
  *(How is **Power** operating in your life?)*
- *How did it affect you?*
  *(What kind of **Threats** does this pose?)*
- *What sense did you make of it?*
  *(What is the **Meaning** of these situations and experiences to you?)*
- *What did you have to do to survive?*
  *(What kinds of **Threat Response** are you using?)*

Substance use disorder (SUD) exists in the context of many cultural variables. The models used to describe SUD reflect the weight of history and the power dynamics that exist in communities and larger society. The dominant model of SUD has moved from moral judgment to a medical model. This means we understand that SUD is not a moral weakness, that a punishment-based approach doesn't work, compassion is central to healing, the whole person needs to be addressed, and recovery is about overall health and wellness.

However, many who are caught in the throes of SUD are also living in a powerless situation due to trauma, inequities, and domestic violence. In these cases of power inequity, it's important to ask what happened, what was the impact, what sense did you make of it, and what helped you to survive.

SUD providers and agencies must ask if their setting is sensitive to power dynamics, if their actions contribute to inequity of power, and how can they honor multiple perspectives and understand those who are most impacted by power inequity and have the least access to care. Recovery can be blocked by structural barriers such as the added burdens of collective, racial, and/or migration stress or trauma; a high recognition of need but low access, retention, and satisfaction of care; and economic inequity.

Everyone's recovery is unique and often includes a combination of pathways, such as addressing culture, social identities, and positionality.

The culturally competent counselor and agency should seek to address all levels of inequities and help the client build a sense of resilience. This may include any or all of the following: pride in one's culture, social skills in one's culture, traditional practices, generational wisdom, cultural heritage, and culturally specific ways of coping. There are many pathways that lead to recovery, so it may or may not be the traditional forms of treatment and recovery that are the most helpful.

Gabriella Zapata-Alma (**LCSW, CADC**) is the associate director of the National Center on Domestic Violence, Trauma, and Mental Health. Gabriella is also a Senior Lecturer and Coordinator at the University of Chicago's School for Social Service Administration and runs a small practice, Gabriela Zapata Alma, Inc., providing individual clinical supervision, leadership coaching, consulting, and counseling.

UNDER THE QUEER UMBRELLA

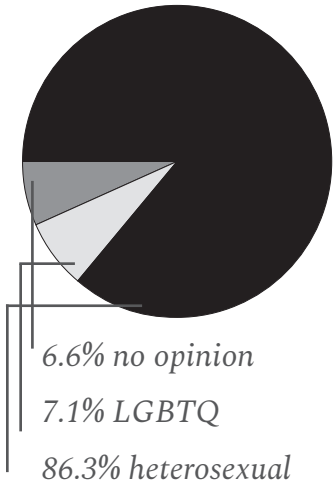
A Gallop poll in 2022 identified that 7.1% of the adult U.S. population identify as something other than heterosexual. There are many differences between gender identity, expression, and sexual orientation, and LGBTQ individuals live in a society that views them on a scale from derision or pity to tolerance, or acceptance (Riddle Homophobia Scale). Judgment is common toward LGBTQ individuals, whereas a heterosexual individual does not have to worry about disclosing their gender or sexual identity. Discrimination can also occur within the LGBTQ community.

Those in the LGBTQ community experience high rates of health issues, trauma, and violence. Risk factors include discrimination, isolation, community grief, and economic and medical vulnerabilities. An important protective factor is the chosen family.

Individuals of the LGBTQ community have higher risk rates of trauma, substance use disorders, health issues related to poor nutrition, fitness and weight, depression and anxiety, sexual health, and higher rates of self-harm and suicide attempts.

The mental health provider can do several things to create an affirmative environment and practice to embrace all individuals. Understanding the role of stigma helps the provider to relate to the shame and judgment in the home, school, and society. The mental health provider can also engage in Sexual/Gender Minority Affirmative Practice by desensitizing negative feelings such as shame and guilt, leading to increased self-esteem, resilience, and community building. Through this work, the counselor becomes an advocate for cultural inclusivity and a voice against social injustice.

2022 US POPULATION BY SEXUAL ORIENTATION



LGBTQ ACRONYM

Refers to gay, lesbian, bisexual, transgender, queer/questioning.

SEXUAL/GENDER MINORITY (SGM) AFFIRMATIVE PRACTICE

Desensitize negative feelings, counter negative cognitive styles, promote resilience, act as advocate.

Dale Roberson (**LCSW, CADC, C-DBT**), a University of Chicago graduate, has been a substance use therapist for the Recovering with Pride (RWP) program at Howard Brown Health Counseling Center since October 2020. In addition to his work at Howard Brown Health Counseling Center, Dale is a facilitator for Haymarket Center's six-month CADC/Addiction Counselor preparatory course.

NATURAL BORN GAMBLERS

GETTING TO KNOW GENERATION Z

- *socially responsible*
- *diverse and inclusive*
- *digital natives*
- *not concerned with winning money*
- *prefer games of skill over chance*
- *prefer gaming over gambling*
- *live for speed and instant gratification*
- *information needs to be broken down into bite-sized chunks*

TREATING PROBLEM GAMBLING IN GENERATION Z

- *communicate more widely*
- *treat sooner*
- *educate and raise awareness earlier*

Many in Generation Z are natural born gamblers. Individuals in this age group, born after 1996, now ages 10–25, are digital natives and self-identify as competitive and shaped by peers and "influencers." They seek instant gratification, seek captivating entertainment, want their voice to be heard, and want information delivered in bite-size chunks.

Gen Z is motivated more by engagement, entertainment, and inclusion than by the "win."

Because they are the most socially connected generation, Gen Z is motivated to do things that peers are doing, care about what others think of them, want involvement, and do not want to be left out. While they can be competitive, they are not concerned with winning or losing money.

Gen Z is more likely to be absorbed in forms of gaming and not traditional gambling.

The use of money is veiled and even hidden in gaming, so it is not seen as a motivation or a problem. For instance, loot boxes in many video games may be earned or purchased. Gen Z sees the risk of opening a loot box as a component of skillful play, but not gambling. It is important for counselors to access the criteria of gaming disorder and not the use of language of Gen Z.

Gen Z will present unique challenges for the future. Outreach efforts promote problem gambling helplines, and helplines need to be developed with text/chat capabilities. Gen Z will not identify as gamblers, so traditional screening tools will not likely identify those that have a gambling or gaming disorder. Counselors will need to use non-labeling language and document the consequences of digital mediums and devices which impair the normal functioning in family, school, and society.

Traditional treatment, prevention, and awareness programs for responsible gambling and gaming will not make an impact with Gen Z.

Christina Thakor-Rankin has over 25 years' experience in the betting and gambling industry. She is currently Principal Consultant at 1710 Gaming Ltd working with start-ups, investors, established operators, regulators, law enforcement, and industry groups across the world, advising on all aspects of the gaming and gambling cycle.

DID YOU KNOW THAT 30% OF SPORTS BETTORS IN THE US ARE WOMEN?

The title reveals a new trend that is expected to increase in coming years and for several reasons. The growth and expansion of sports betting in more states and the rise in Generation Z female sports bettors gives pause to what we thought we knew about those at risk for a gambling problem. The rise of female sporting events could mean the women's World Cup could attract a larger audience than the Superbowl.

Part of this increased interest is due to the twenty-first century audience made up of Generation Z (ages 10–25). Gen Z has the value system and perspective of being international and inclusive, following global trends, being driven by rewards and values, looking for experiences and entertainment, and patronizing companies that reflect their values. New trends show podcasts that are "girl chat sports." There is also the desire to "follow" others who are trend setters and the desire to do things that feel positive as long as it is inclusive and has the flavor of something that shouldn't be missed.

One in three sports bettors is a woman, and women are enrolling with betting operators at a higher rate that men.

This trend of increased female participation is also driven by female sports figures that are high profile and the effort to equalize pay and visibility. Influencers are also playing a role. Nicki Minaj, the most successful female rapper of all time, is joining forces with Maxim and Maxi Bet.

The bottom line for counselors and those writing legislation for responsible gambling is to remember that when it comes to responsible gambling, different tips work for different people. When Gen Z needs help for problem gambling or gaming disorder, they are more likely to text or chat instead of calling a helpline by phone. Awareness is necessary so that gambling can be a positive experience.

THE RISE OF FEMALE SPORTS BETTORS

- *the rise of female sports*
- *Nielsen report data and FIFA data*
- *Generation Z*
- *new role models focusing on diversity and accomplishment*

WHO BETS ON SPORTS?

Men and women bet with similar frequency, but men take on more risk. One in ten (12.2%) of female sports bettors wager more than $500 per month.

SOCIAL BETTING

Women tend to prefer social betting, either by sharing the experience over social media or in person. Highly talked about events such as the Kentucky derby or the NCAA championships receive attention from female bettors.

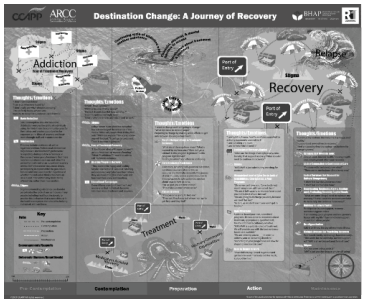
Christina Thakor-Rankin is currently Principal Consultant at 1710 Gaming Ltd.

Juan Baez (**LAC, KCGC, IGDC**) is a bicultural and bilingual (Spanish) problem gambling prevention professional and holds leadership positions on committees with the National Council on Problem Gambling.

THE SUBSTANCE USE RECOVERY CONTINUUM

FROM CONTINUUM TO MAP

A map entitled "Destination Change: A Journey of Recovery" was created to help individuals gain an overview of the recovery process. It includes the substance use recovery continuum, stages or change, and stages of recovery.

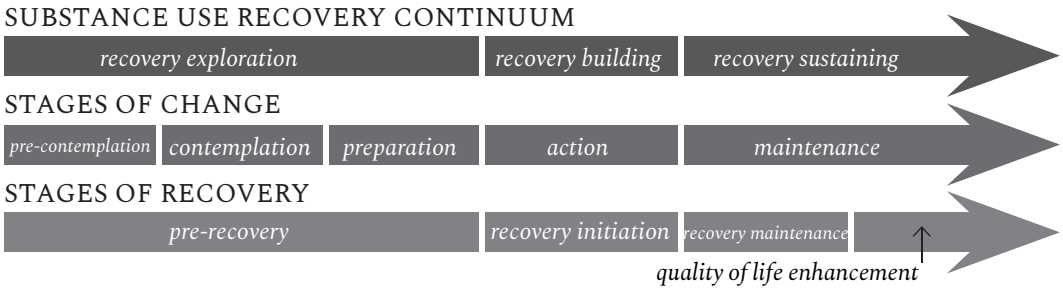


RECOVERY CAPITAL

The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery, including clinical, non-clinical, and self-managed care.

Individuals and family members often ask how they can assess systems of care when addiction has been identified. A mapping system of the recovery continuum and the stages of change can help navigate the process of recovery. The map combines the stages of recovery with the stages of change, because, for instance, if a client is in the pre-contemplation stage of change, the treatment approach is likely to be more difficult than the client who is in the action stage of change and has already taken steps toward recovery.

SUBSTANCE USE RECOVERY CONTINUUM STAGES BREAKDOWN



This continuum map is the result of work in California to evaluate the doorways or paths of recovery and to ask if the traditional forms of out-patient or in-patient treatment are always appropriate. Prevention, harm reduction, treatment and recovery can seem disconnected; the map is intended to help people navigate this confusing array of options. The stages accurately reflect patients' experience and are tied to multiple, widely applicable treatment and recovery avenues so that support becomes larger than the sum of its parts.

To maximize the recovery experience, adopting a *recovery capital approach* is critical. Recovery capital includes healthcare providers and clinicians, non-clinical partnerships such as support groups or peer-led recovery programs, and self-managed pathways that have no formal services. In other words, there is no one-size-fits-all when it comes to recovery or the pathways that can be selected. The task is to recognize all possibilities. Giving people in all stages of treatment and recovery an opportunity to see themselves on their journey is a powerful way to link recovery capital intervention to action.

Pete Nielsen (**MA, LAADC**) is President & CEO of CCAPP, Publisher of *Counselor, the Magazine for Addiction and Behavioral Health Professionals*. Mr. Nielsen has worked in the substance use disorders field for 20 years. In addition to association management, he has experience as an interventionist, family recovery specialist, counselor, administrator, and educator, with positions including campus director, academic dean, and instructor.

BUILDING HOPE FOR RECOVERY

Both the spiritual and theoretical approach to recovery suggests action and principles that can help individuals keep their lives moving forward. Participants in either or both processes learn how to better manage the self, how to form healthy relationships with others, and how to respond to conflicts.

The twelve-step program within Alcoholics Anonymous (AA) or Gamblers Anonymous (GA) is built on the supposition that recovery is a spiritual process of surrendering to a power greater than ourselves, turning our lives over to the care of God as we understand God, and working the twelve-step program. There is not a spiritual supposition in any theoretical approach of psychological treatment or recovery, although theoretical frameworks like Motivational Interviewing and the states of change help clients in recovery to work the twelve-step program and a new sense of connection helps clients in recovery to rebuild relationships. Most counselors agree that working with persons seeking recovery includes a spiritual component but we should respect the client's perspective and experiences and allow each person to define their personal meaning and experience of the concept of a "higher power."

We create good life outcomes when we connect within to consciously own and do our part in meeting individual needs and cooperating with others, rather than unconsciously assuming or transferring responsibility for meeting common needs.

Whether the approach for guiding change is theoretical or spiritual, for those who choose to practice the program of recovery on a daily basis, the hope for a good life can be achieved.

THEORETICAL AND SPIRITUAL APPROACHES

- *How do theoretical and spiritual approaches add value to the recovery process?*
- *What happens in recovery that guides individuals in how they form and express their personal presence, power, and energy?*
- *How are the approaches you use when you are counseling clients different from the actions suggested by the twelve-step recovery programs?*

GAMBLERS ANONYMOUS

Founded in 1957, GA follows many of the principles of AA. GA uses a list of 20 questions to help individuals identify a gambling problem. A major focus of GA is financial inventory and recovery.

Esther Maddux is a Resource Management Consultant. She specializes in financial planning, alcohol, drug, and gambling counseling. She has been a Certified Financial Planner (CFP) certificant since the late 1980s and a certified addiction counselor since 2007. She taught personal financial management at the University of Georgia and Kansas State University where she is professor emeritus.

PROBLEM GAMBLING AND LETHALITY: WHY ASK?

FACTORS ASSOCIATED WITH SUICIDAL IDEATION IN PROBLEM GAMBLING

- *stigma*
- *debt and financial crisis*
- *psychiatric illness*
- *unemployment*
- *broken relationships*
- *legal issues*

ASKING ABOUT SUICIDAL IDEATION

- *decreases lethality*
- *decreases stigma*
- *increases help seeking*
- *saves lives*

CRISIS CENTERS ARE CRITICAL

Crisis centers provide support at critical times and connect individuals to local services.

Problem gambling is a well-established public health concern. As gambling increases through availability, accessibility, and acceptability, so do the issues for those who develop a gambling disorder. Public health issues due to gambling disorder include problems with physical and mental health, employment, and financial crisis, and are seen in their effects on family, friends, and increased costs to society.

For those with a gambling disorder, the suicide attempt rate as high as 20% and the suicidal ideation rate is over 40%.

Suicide warning signs include (1) talk: feeling a burden to others, experiencing unbearable pain, feeling hopeless and using actual words of self-harm; (2) mood: depression and anxiety, irritability, lack of interest in life activities and unresolved anger; and (3) behavior: increased substance use, withdrawal, giving away objects, planning a means to end one's life, and a reckless behavior.

One contributor to lethality and gambling disorder is the stigma that is associated with the disorder. Stigma creates a reluctance to reach out for help as the individual feels hopeless and beyond help. Another issue that creates a hopeless feeling is financial indebtedness; in fact depression and financial crisis are the leading issues related to lethality. Other factors contributing to lethality include the loss of a job, legal issues, and broken relationships.

All providers for those with a gambling disorder must become accustomed to assessing for lethality and learn to ask directly if a person is thinking of self-harm or suicide. At the same time, counselors can help the client with gambling disorder identify suicidal ideation, decrease stigma, increase help seeking with resources, and believe in the priority of saving lives. When counselors commit to helping those with a gambling disorder, they must learn to be comfortable in uncomfortable situations, lean into the lethality conversation, create a safe place, and continue asking open-ended questions. Is the hope that each state provides the resources to address gambling disorder and the issue of lethality that is always a concern.

Michael Buzzelli (**MA, MPH, OCPSA**) is the Associate Director of the Problem Gambling Network of Ohio.

Derek Longmeier (**MBA, OCPC, ICPS**) is the Executive Director of the Problem Gambling Network of Ohio.

ABOUT THE MIDWEST CONFERENCE ON PROBLEM GAMBLING AND SUBSTANCE ABUSE

The mission of the Midwest Consortium on Problem Gambling and Substance Abuse is to promote and unify education, science and services to improve the quality and availability of community-based problem gambling and substance abuse treatment services for individuals and families who need them.

The Midwest Consortium was created in 2003 with a focus on development and implementation of the Midwest Conference on Problem Gambling and Substance Abuse. For over twenty years, the MCPGSA has met for an annual conference including counselors and mental health administrators from Iowa, Missouri, Nebraska, Kansas, and Oklahoma.

The annual conference offers participants an opportunity to interact with a diverse community committed to making a difference and to learn from nationally recognized experts in the field. In addition, participants network with national and international educators and researchers to discover resources that enhance quality services for persons with problem gambling and substance abuse behaviors.

ORGANIZATIONS

Your Life Iowa, Iowa Department of Public Health

Kansas Association of Addiction Professionals

Kansas City Port Authority Problem Gambling Fund Advisory Committee

Kansas Coalition on Problem Gambling

Kansas Department for Aging and Disability Services

Missouri Addiction Counselors' Association

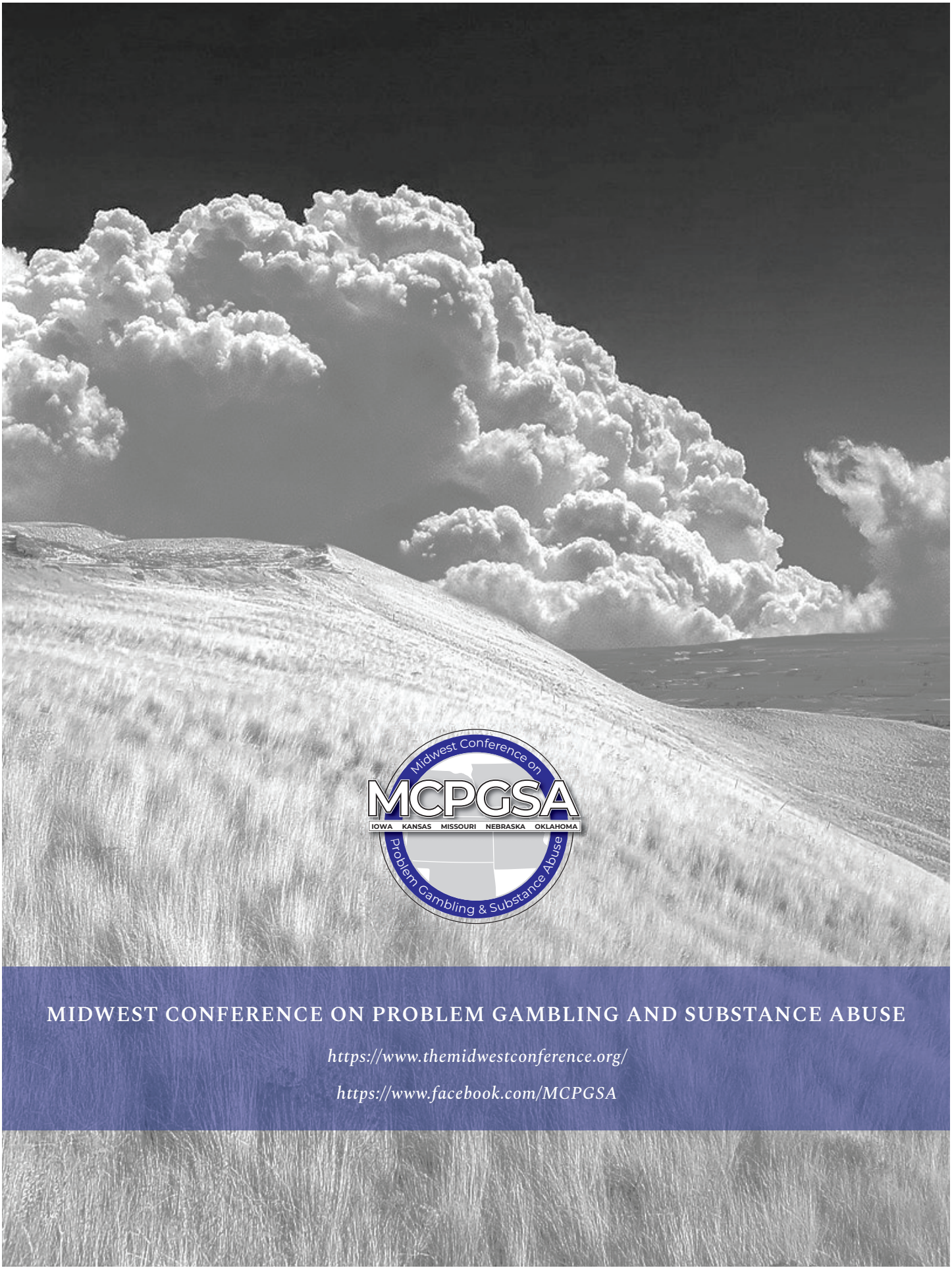
Missouri Department of Mental Health

Nebraska Commission on Problem Gambling

Oklahoma Association on Problem Gambling and Gaming

Oklahoma Department of Mental Health and Substance Abuse Services

Oklahoma Drug and Alcohol Professional Counselor Association



MIDWEST CONFERENCE ON PROBLEM GAMBLING AND SUBSTANCE ABUSE

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