

Alyssa N. Wilson, PhD., BCBA-D, LBA*

Associate Professor of Psychology

California State University, Fresno

21st Annual Midwest Conference on Problem Gambling and Substance Abuse

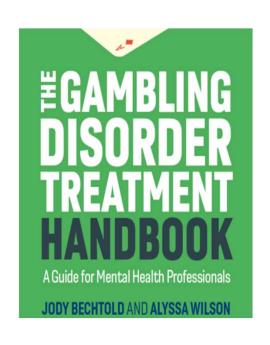
"Connections: The Key to Recovery"

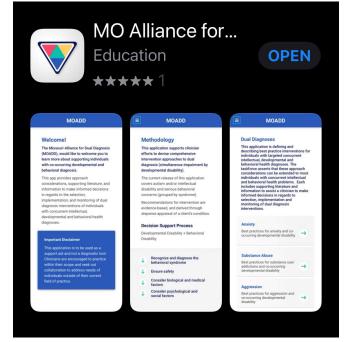
Kansas City Marriott Country Club Plaza, Kansas City, Missouri June 19-21, 202



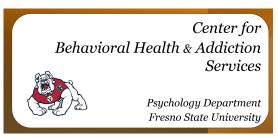
Acknowledgements











Big THANK YOU

Christina Cook & her online community of women impacted by gambling related harms





Molly Ecrol, CCPG

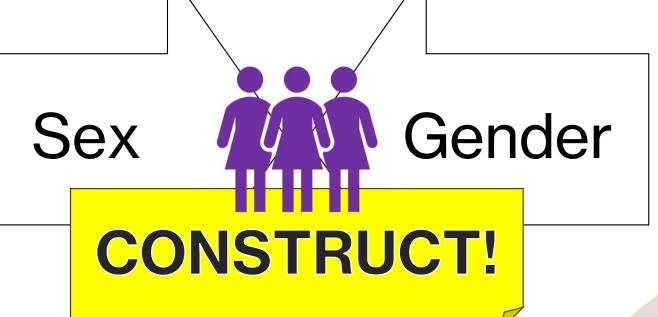


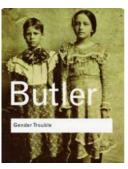
COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA

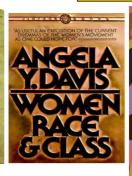


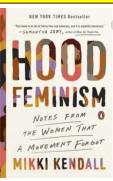
Some content may be sensitive to those in recovery.

Please take care of yourself and do what you need throughout this presentation.

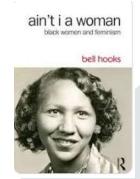






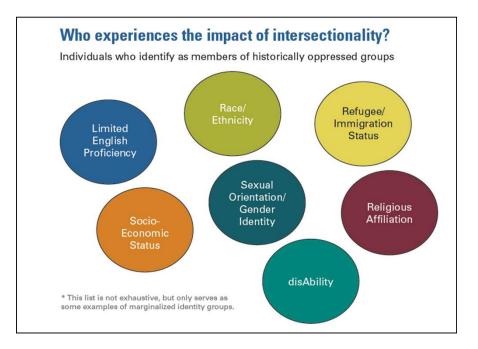


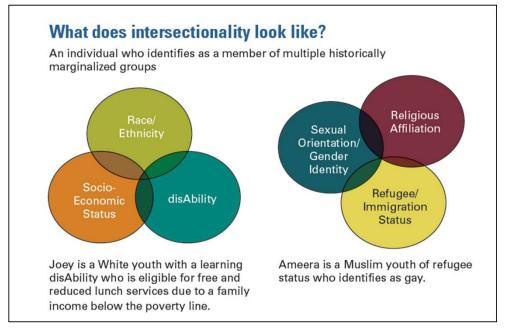




Take a quick conceptual walk...

Intersectionality







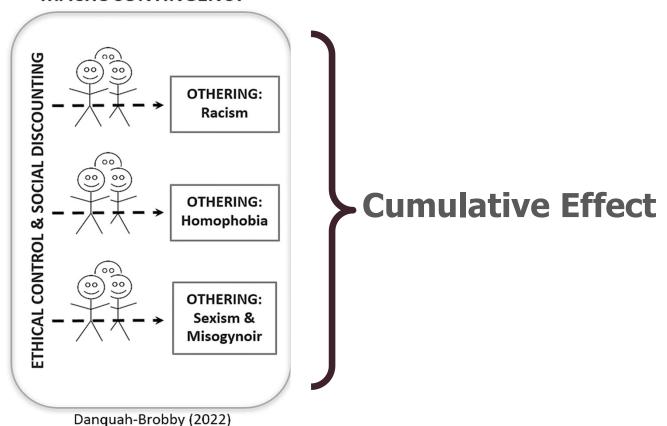


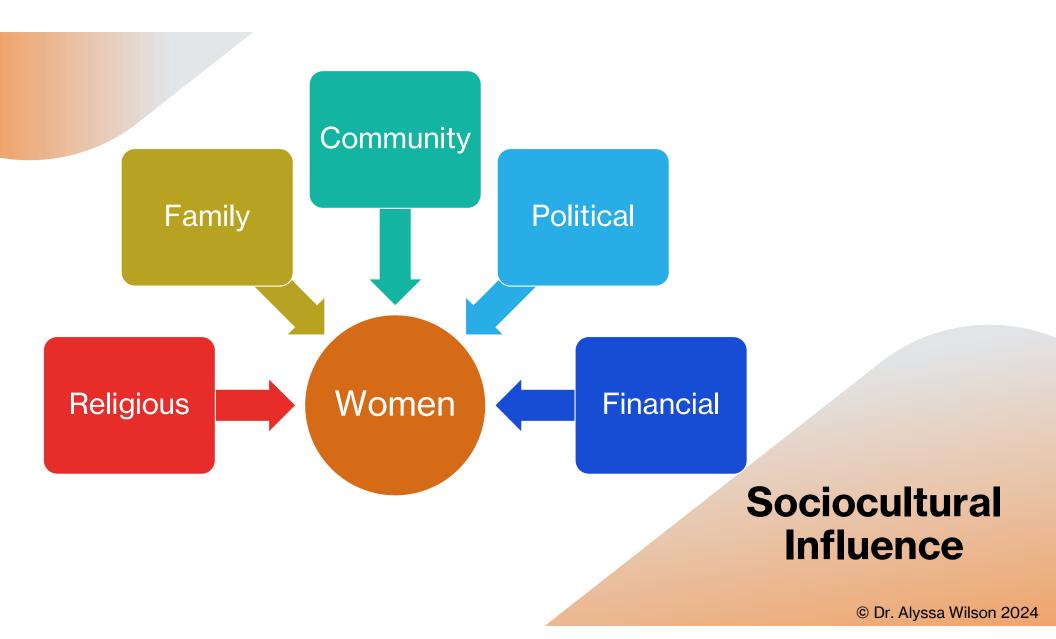


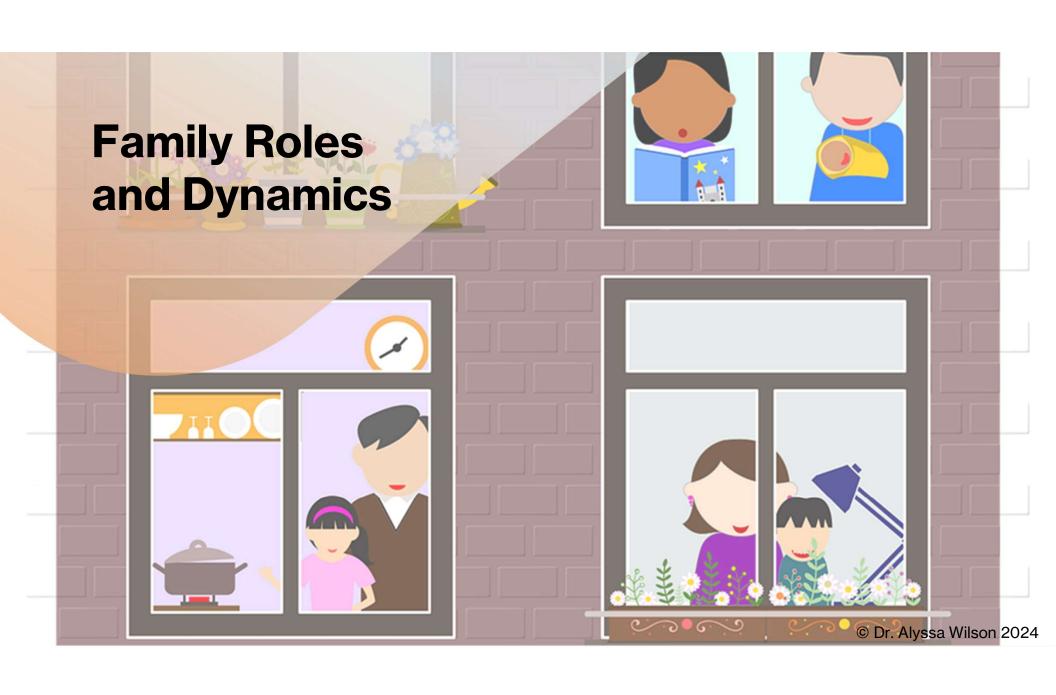
(NASP, 2017)

Microaggressions and "Othering"

MACROCONTINGENCY

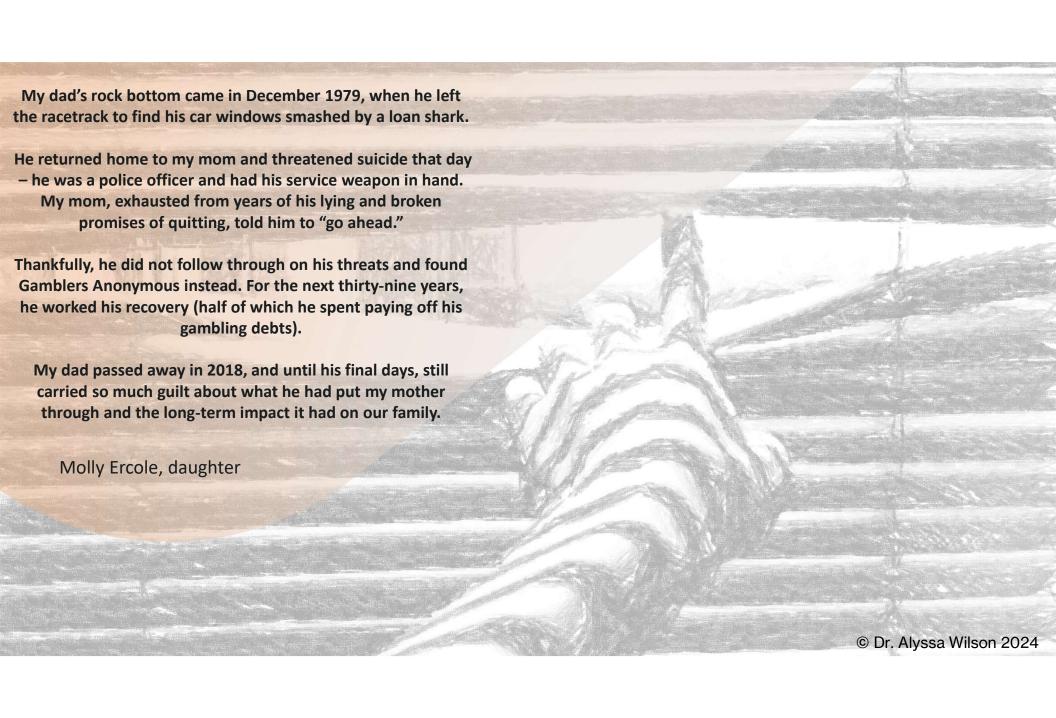


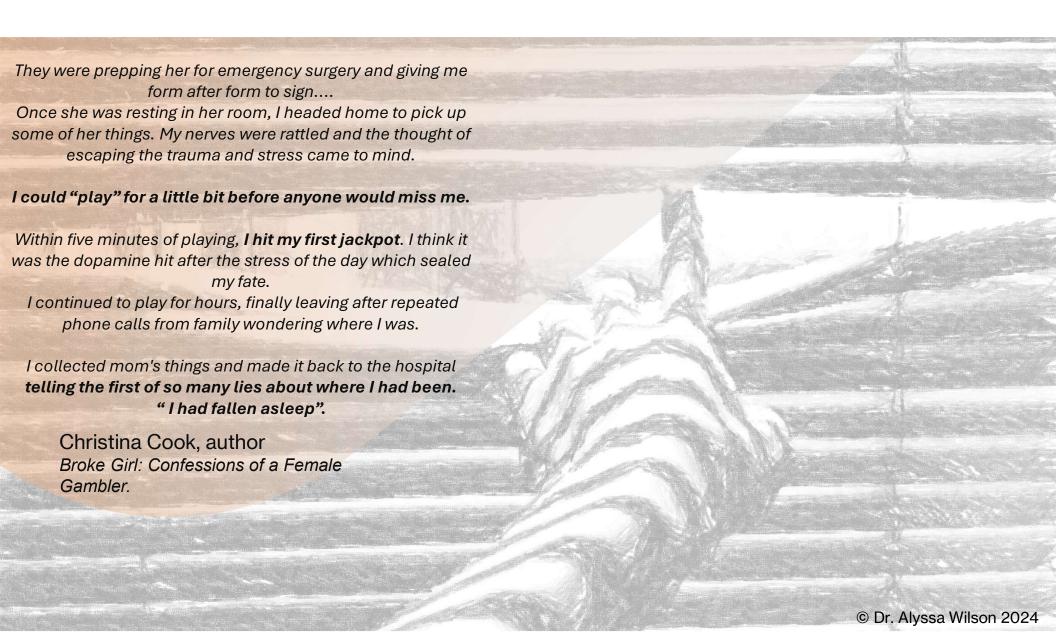














Myth: Women Don't Gamble*

Giragi Ladoca

In our society, I think when people say "alcoholic" or "gambler," the first image that comes to mind is a man. In fact, more so for gambling. We don't fit that preconceived notion of a what a compulsive gambler looks like. It's bad enough dealing with this horrible addiction, but to have to convince people we really have an addiction?

Etiological Overview

Frequency





Age of Onset

18-24yo

65+yo

Lara-Huallipe et al., 2022; Calado and Grifths, 2016; Karlsson and Håkansson, 2018; Slutske et al., 2015 © Dr. Alyssa Wilson 2024 Gartner et al (2022) Journal of Behavioral Addictions



Myth Buster: Women TOTALLY Gamble!





Angele

Personally I had a hard time convincing the people around me that it was a problem. I think some men (not all) view us as some sort of hormonal mess and that this wasn't an addiction it was just a symptom of that.

Myth Buster:



neuropsychiatrie vereinigt mit psychiatrie & psychotherapie

Moderator effect of sex in the clustering of treatmentseeking patients with gambling problems

Susana Jiménez-Murc Subsample: men Subsample: women Bach · Teresa Mena-N Isabel Baenas-Soto · ! González · José M. Me Marital: single Marital: single Higher education Higher education Stressful life events Stressful life events Self-directedness 0.8 Unemployed Self-directedness Unemployed Harm avoidance Higher social index Harm avoidance Higher social index Gambling: both Gambling: both Negative urgency Negative urgency Positive urgency Chronological age Positive urgency Chronological age Onset gambling Onset gambling Novelty seek Novelty seek Lack perseverance **Duration gambling** Lack perseverance **Duration** gambling Lack premeditation DSM-5 criteria GD Lack premeditation DSM-5 criteria GD # gambling activities Debts (gambling) # gambling activities Debts (gambling) Depression Depression Cognitive bias Cognitive bias -C2

Fig. 2 Radar chart displaying the main differences (standardized mean plotted) between clusters (C). GD gambling disorder, DSM-5 Statistical Manual of Mental Disorders

Myth Buster: Mixed Research Outcomes





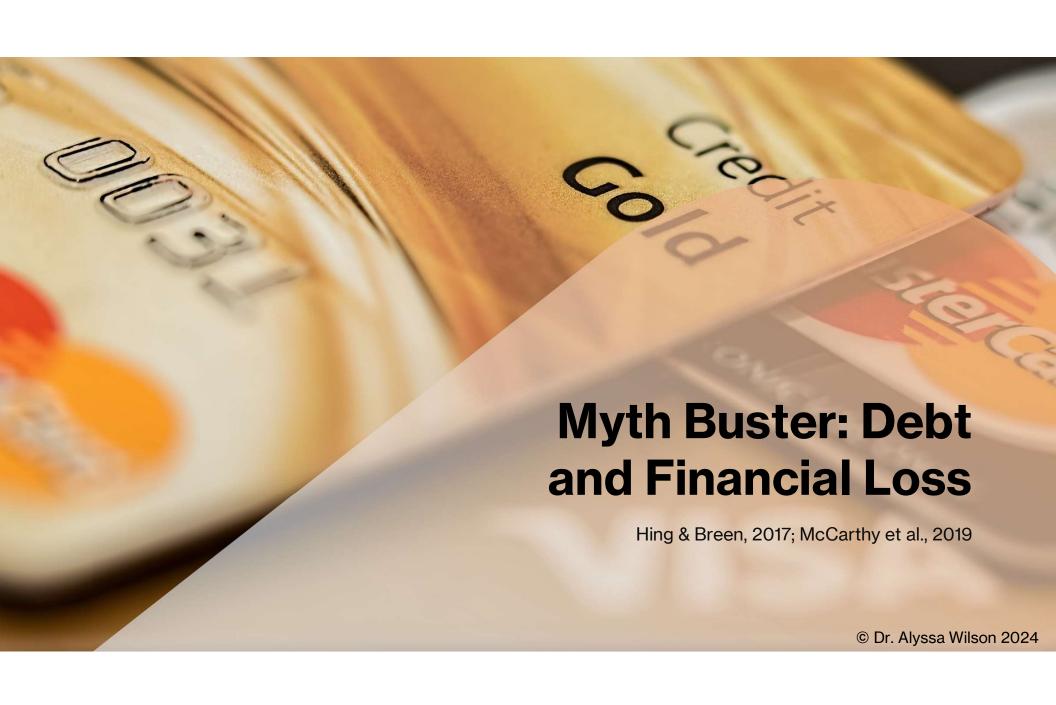












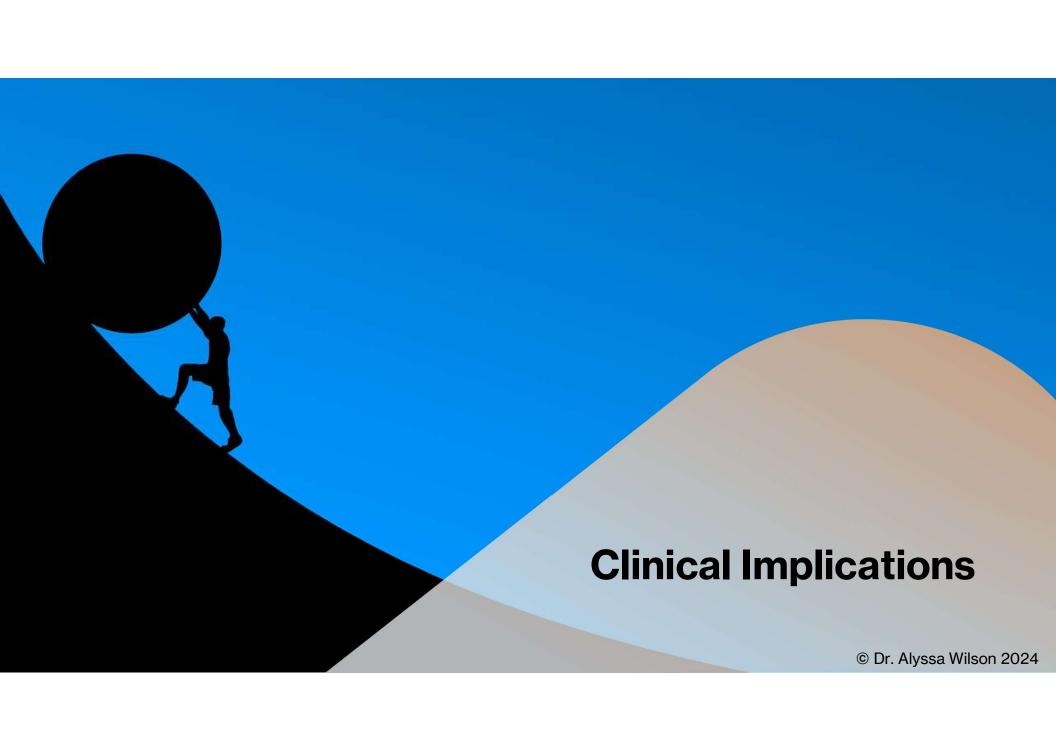
I am both an alcoholic (clean and sober 31 years) and a compulsive gambler (bet free 2 years) - I have shared on both my Facebook posts and in this private group I am an alcoholic - I however have NOT shared on my facebook post that I am a compulsive gambler - for me I believe that I would be heavily judged and not trusted with finances. I only have told my closest friends of my gambling and they have been supportive but on a whole - I just feel waaayyy to vulnerable to share that with the outside world. It is truly a different stigma to me.





I think society sees women as needing to present a perfect persona <u>- like we have it all together all the time</u>. Men do not have that same expectation, so when we face similar struggles, women are often held to a higher standard. It's feels like a flaw of character or willpower, rather than an addiction, which is an equal opportunity affliction.





Social Determinants of Health



Economic stability



Neighborhood and built environment



Social and community



context



Health care and quality



Education access and quality

Social Determinants of Gambling

Family composition

Age of onset

Race/Ethnicity

Gender/Sexual Identity

Residence proximity to gambling venue

Socioeconomic status

Gambling Activity



Clustering Treatment Outcomes in Women with Gambling Disorder

Milagros Lizbeth Lara-Huallipe¹ · Roser Granero^{2,3} · Fernando Fernández-Aranda^{1,3,4,5} · Mónica Gómez-Peña¹ · Laura Moragas¹ · Amparo del Pino-Gutierrez^{3,6} · Eduardo Valenciano-Mendoza¹ · Bernat Mora-Maltas¹ · Isabel Baenas^{1,3,4} · Mikel Etxandi¹ · José M. Menchón^{1,4,5,7} · Susana Jiménez-Murcia^{1,3,4,5}

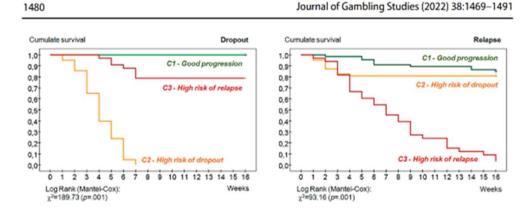
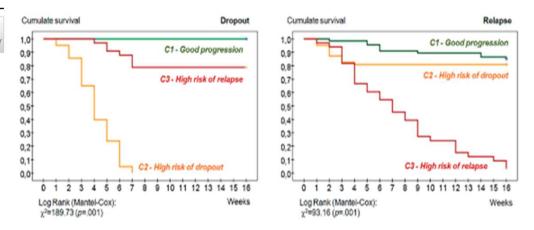


Fig. 2 Kaplan–Meier functions for the rate to dropout and relapse (n = 163)

CBT was implemented in this study as a time-limited technique across 16 weekly individual sessions lasting 90 min each. The main objective was to achieve full abstinence from all types of gambling. To achieve this purpose, diferent strategies were implemented to regulate the patients' negative emotions, to reduce arousal levels in the presence of any stimuli that trigger the urge to gamble, and to increase self-control of gambling. Throughout the process, women received feedback regarding the improvement of their self-efcacy and all eforts made to achieve recovery are reinforced

Clustering Treatment Outcomes in Women with Gambling Disorder

Milagros Lizbeth Lara-Huallipe¹ · Roser Granero^{2,3} · Fernando Fernández-Aranda^{1,3,4,5} · Mónica Gómez-Peña¹ · Laura Moragas¹ · Amparo del Pino-Gutierrez^{3,6} · Eduardo Valenciano-Mendoza¹ · Bernat Mora-Maltas¹ · Isabel Baenas^{1,3,4} · Mikel Etxandi¹ · José M. Menchón^{1,4,5,7} · Susana Jiménez-Murcia^{1,3,4,5}



Cluster 1:

Fig. 2 Kaplan–Meier functions for the rate to dropout and relapse (n = 163)

- Low rates of dropout and relapse
- Married, high social status, employed, medium gambling severity, highest level of debts

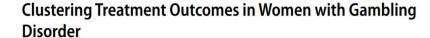
1480

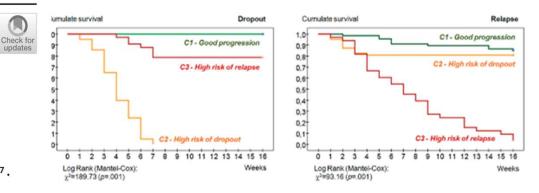
Cluster 2:

- High risk of dropout (all dropped out of CBT), with moderate risk of relapse (19%)
- High proportion of unmarried without a stable partner, low social status, lowest mean criteria for GD, and medium levels for debts

© Dr. Alyssa Wilson 2024

ORIGINAL PAPER





J.2 Kaplan–Meier functions for the rate to dropout and relapse (n = 163)

Cluster 3:

- Highest risk of relapse
- Highest proportion of unmarried (single or divorced/separated), not actively working, highest severity for GD, lowest level of accumulated debts

Treatment Considerations



Given that, ALWAYS:



Ask about marital/relationship status, including quality



Ask about current and past debts, including amounts and loan type



Ask about employment



De-stigmatize relapse: TRACK RELAPSE



Adjust treatment approach and focus on GD severity and co-occurring considerations

Assessment Considerations

How often do you gamble?

For example, buy lottery tickets, go to the casino, play cards with friends?

(endorsing any gambling activity at all - ask next series of questions)

In the past 12 months:				
1. Have you tried to hide how much you have gambled from your family or friends?	Yes	No		
2. Have you had to ask other people for money to help deal with financial problems that had been caused by gambling?	Yes	No		
3. Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?	Yes	No		
If yes to any of these 3 questions, continue with the next 6 questions.				

GBIRT: Having the Conversation

	In the past 12 months:				
4.	Have you tried to cut down or stop your gambling?	Yes	No		
5.	Have you increased your bet or how much you would spend, in order to feel the same kind of excitement as before?	Yes	No		
6.	Did you think about gambling even when you were not doing it? (Remembering past gambling experiences, or planning future gambling?)	Yes	No		
7.	Did you go to gamble when you were feeling down, stressed, angry or bored?	Yes	No		
8.	Did you ever try to win back the money that you had recently lost?	Yes	No		
9.	Has your gambling caused problems in your relationships or with work?	Yes	No		
	Total "YES" responses:				

GBIRT: Having the Conversation

The PGSI (Ferris & Wyne, 2001) was developed as an alternative to the SOGS (Holtgraves, 2009).

This 9-item questionnaire is used to measure the severity of gambling problems. Cutoff scores determine four subgroups of gamblers: non-problem (0), low risk (1-2), moderate risk (3-7), and problem gambler (8+).

The PGSI has been shown to have good test-retest and internal reliability (Ferris & Wynne, 2001), and has been shown to be positively correlated with frequency of gambling (Holtgraves, 2009).

PROBLEM GAMBLING SEVERITY INDEX (PGSI)

(Ferris, & Wynne, 2001)

This self-assessment is based on the Canadian Problem Gambling Index. It will give you a good idea of whether you need to take corrective action.

Thinking about the last 12 months...

1.	lave you bet more than you could really afford to lose?				
	O (never)	1 (sometimes)	2 (most of the time)	3 (almost always)	
2.		itill thinking about the last 12 month, have you needed to gamble with larger amounts of money to get the same feeling of excitement?			
	O (never)	1 (sometimes)	2 (most of the time)	3 (almost always)	
3.	When you gambled, did	When you gambled, did you go back another day to try to win back the money you lost?			
	O (never)	1 (sometimes)	2 (most of the time)	3 (almost always)	
4.	Have you borrowed mo	Have you borrowed money or sold anything to get money to gamble?			
	O (never)	1 (sometimes)	2 (most of the time)	3 (almost always)	
5.	Have you felt that you might have a problem with gambling?				
	O (never)	1 (sometimes)	2 (most of the time)	3 (almost always)	
6.	Has gambling caused you any health problems, including stress or anxiety?				
	O (never)	1 (sometimes)	2 (most of the time)	3 (almost always)	
7.	Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?				
	O (never)	1 (sometimes)	2 (most of the time)	3 (almost always)	
8.	Has your gambling caused any financial problems for you or your household?				
	O (never)	1 (sometimes)	2 (most of the time)	3 (almost always)	
9.	Have you felt guilty about the way you gamble or what happens when you gamble?			ou gamble?	
	O (never)	1 (sometimes)	2 (most of the time)	3 (almost always)	

TOTAL SCORE

Total your score. The higher your score, the greater the risk that your gambling is a problem.

score of 0 no problem with gambling
score of 1 or 4 low level of problems with few or no identified negative consequences
score of 3 to 7 moderate level of problems leading to some negative consequences
score of 8 or more



Gambling Functional Assessment II

Answer the questions below using the provided scale. Write the corresponding number next to each question.

Neve	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6
1.	I tend to gamble mo	st frequency wh	nen there is not	thing else going	on or I have r	nothing
2.	I often gamble after	fighting with n	ny spouse or si	gnificant other.		
3.	I enjoy the social as other people who ar	•	_		the contract of the contract o	round
4.	If I have a hard day at work, I am likely to gamble.					
5.	When I gamble, I lil and bonuses.	ke to accumulat	e points at a ca	isino so they wi	ll offer me inc	entives
6.	I often gamble when	I feel stressed	or anxious.			
7.	I feel more alive when I am gambling than when I am doing other types of activities.					
8.	I really enjoy the co drinks, comp coupo		erks that come	along with gan	nbling, like fre	e points,

SCORING:

Gambling

Revised

Functional

Assessment

Write the number for each question in the following columns. Sum all items, and divide each by the total number of items, for the total score. Circle the column with the highest total score.

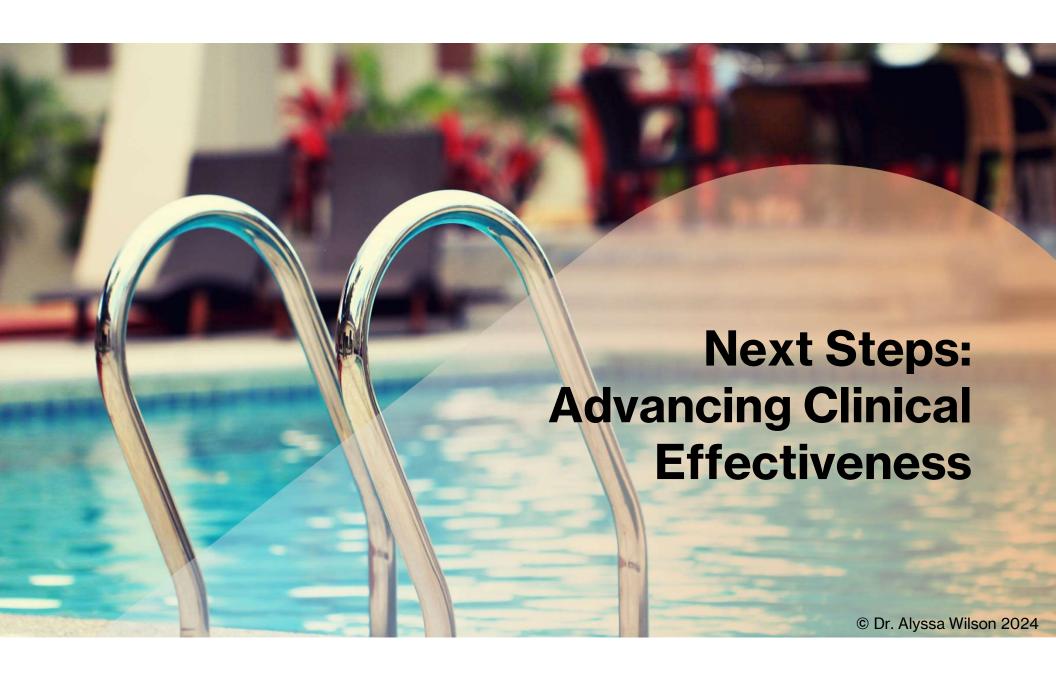
10. After I gamble, I often find comfort from other people to help me deal with my losses.

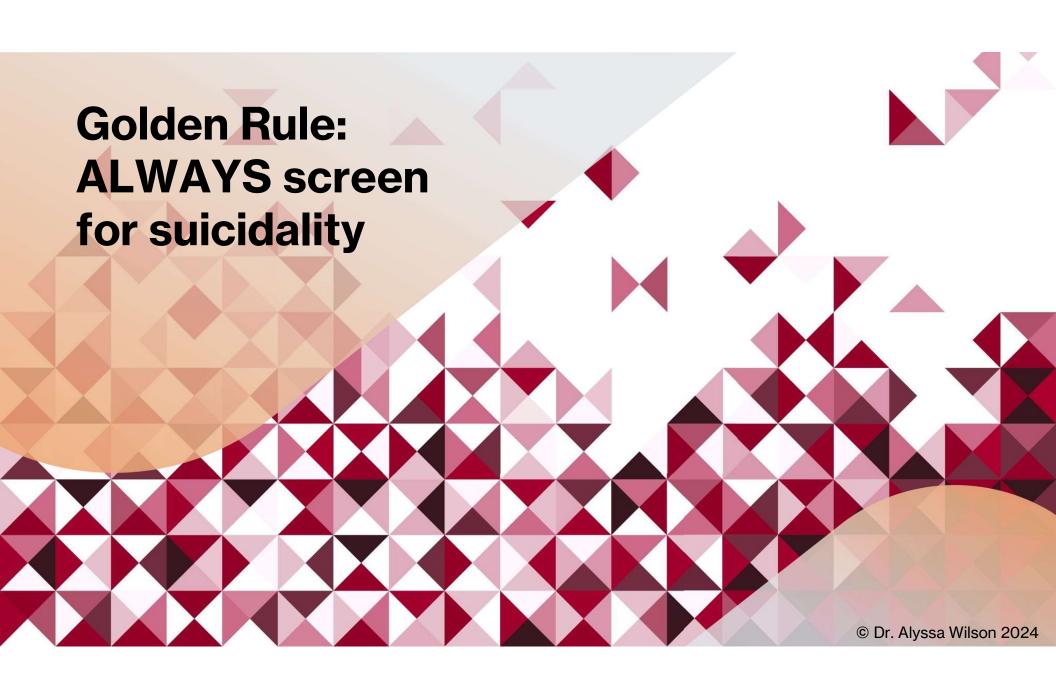
9. I gamble to get a break from work or other difficult tasks.

ATTENTION 3 10	TANGIBLE 5 8
	ATTENTION 3 10



Addressing Guilt & Shame









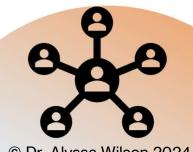


Barton Hoover

I think we get judged harsher. It's assumed we're terrible mothers (care-givers) where I don't hear the same thing of men for men it seems to just focus on strictly the gambling problem. People want to help men, women get judged.

5. New Rule: Person-Centered Approaches

Include client/family in assessment and treatment decisions, progress, and planning



© Dr. Alyssa Wilson 2024



Shahla Alai-Rosales, Malika Pritchett, April Linden, Isabel Cunningham, and Noor Syed

Our labor in creating culturally responsive evidence-based practice then comes to create what Barrera and Kramer (2009) called a "third way," an outcome that is a process of taking seemingly divergent and sometimes contentious positions to create a new, provisional approach. That is, in the case of evidence-based practice and culture, it means crafting a new way that harmonizes the family cultural values and contingencies, the child's immediate and long-term growth and happiness, the research evidence, and the sources of knowledge from other areas, such as sociology, anthropology, public health, and education (Miller et al., 2019). We can do this, in part, by perspective taking and making, a set of skills that is intertwined with humility, ongoing learning, and care

(Alai-Rosales et al 2022, p 9)



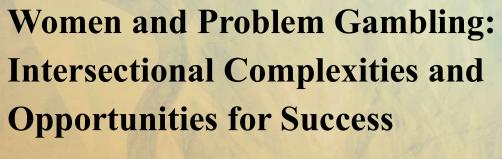








What is ONE thing you will do DIFFERENTLY when you return to work?



Alyssa N. Wilson, PhD., BCBA-D, LBA*

awilson@mail.fresnostate.edu

