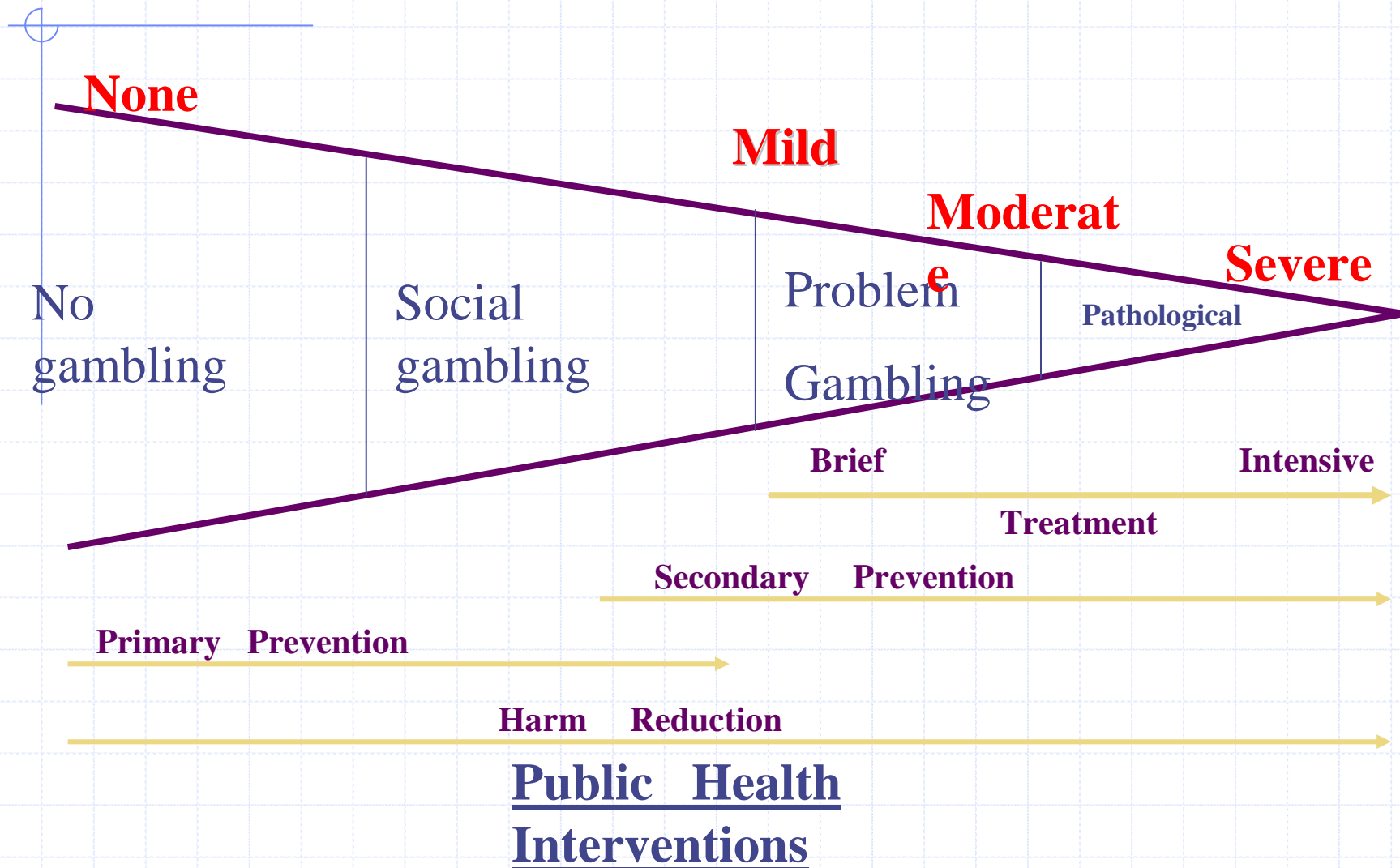


Youth Gambling and Problem Gambling

- ◆ Gambling behavior can best be understood and measured along a continuum of risk.
- ◆ The continuum ranges from no gambling to social gambling to problem and pathological gambling
- ◆ While most of us gamble responsibly, some of us fail to control our level of playing, or are unable to stop and fail to set and maintain reasonable limits.
- ◆ Problem gambling is a growing concern among children and youth.

Gambling Problems



- ◆ . the **psychological make up** of youth make them more prone to gambling addiction abruptly
- ◆ continuous exposure

Problem Gambling

is an urge to gamble despite harmful negative consequences or a desire to stop.

Problem Gambling

Extreme cases of problem gambling can lead to mental disorders, such as pathological gambling, categorized in the DSM-IV

Pathological Gambling

is an impulse control disorder that is a chronic and progressive mental illness

- An impulse control disorder is a brain disorder whose main feature is impulsivity- seeking a small, short-term gain at the expense of a large, long-term loss.

Commonalities of youth who become problem gamblers

- ◆ History of gambling in the family; children of parents who gamble are nearly twice as likely to be weekly or daily gamblers than children whose parents don't gamble.
- ◆ Problems at home
- ◆ Low self-esteem
- ◆ Peer pressure

Commonalities of youth who become problem gamblers (cont.)

- ◆ Loneliness/depression/boredom
- ◆ Competition/risk
- ◆ Escape from reality
- ◆ Coping mechanism from life's problems
- ◆ To gain attention from peers
- ◆ To win money (however, for adolescents with gambling problems, money is the vehicle, not the reason, for gambling)

- ◆ unexplained absences at school,
- ◆ poor grades, worsening academic standing
- ◆ social isolation,
- ◆ mood swings,
- ◆ poor sleeping habits and hygiene,
- ◆ money problems, gambling preoccupations,
- ◆ involved with illegal behavior.

- ◆ The majority of teens who gamble are male.
- ◆ preoccupied with it for a long time.
- ◆ other family members do.
- ◆ Peer pressure
- ◆ Enjoyment
- ◆ Adventure
- ◆ Boredom
- ◆ Competition
- ◆ Desire to make money

HOW DO PEOPLE CHANGE

RafflesHospital

NATURAL CHANGE

◆ JUST CHANGE
VS

◆ STAGES & PROCESSES.....

COUNSELING/INTERVENTION facilitates
the process of change

Stages of Changes Model

- ◆ Precontemplation
- ◆ Contemplation
- ◆ Determination/Preparation
- ◆ Action
- ◆ Maintenance
- ◆ Recurrence

MORE TREATMENT BETTER ?

◆ NO

◆ BRIEF INTERVENTION CAN LEAD TO
SIGNIFICANT CHANGE

DO YOU KNOW

◆ ADDICTION IS ABOUT MOTIVATION

◆ AMBIVALENCE IS THE VERY HEART OF ADDICTION

AMBIVALENCE

- ◆ Normal
- ◆ All clients have this ..want to give up and don't want to give up.”
- ◆ Working with ambivalence is the heart of the problem ..”want to give up and don't want to give up.”

AMBIVALENCE

- ◆ Lack of motivation=Ambivalence (both sides within the person)
- ◆ IF you argue for one side..he will then defend the other
- ◆ If he defend, then change less likely
- ◆ Resist to take up the good side of the ambivalence

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Counselor's task

- ◆ Client-centered interpersonal relationship
- ◆ Accurate empathy
- ◆ Non possessive warmth
- ◆ Genuineness
- ◆ Respect
- ◆ Affirmation
- ◆ Supportive, Compassionate

Strategy of Motivational Interview

- ◆ Resolve ambivalence
- ◆ Avoid eliciting /strengthening resistance
- ◆ Elicit Self-Motivational Statements (SMS)
- ◆ Enhance motivation and commitment for change
- ◆ Help client go through Stages of Change

Resistance

- ◆ Resistance = Ambivalence
- ◆ Don't argue, you entrench it
- ◆ Respond in way that does not increase resistance, roll with it

MOTIVATIONAL INTERVENTION

- ◆ Any method that enhance the client motivation to change
- ◆ Focus on the intrinsic motivation and readiness for change

“Therapeutic factors in group”

- ◆ Instillation of hope,
- ◆ universality,
- ◆ imparting information,
- ◆ altruism,
- ◆ development of socializing techniques,

Therapeutic factors in group"

- ◆ imitative behavior,
- ◆ interpersonal learning,
- ◆ group cohesiveness,
- ◆ catharsis and
- ◆ existential factors
- ◆ Replay of family dynamics

Instillation of Hope

- ◆ client feel **optimistic** about the group therapy experience- that change and resolution are possible

Universality

- ◆ **universality, which helps a client know that they are not alone and isolated with unique psychological issues.**
- ◆ **Simply being in a group therapy setting, amongst individuals who have similar issues to your own**

Imparting Information

- ◆ **imparting of information, which can also be known as psychoeducating clients.**
- ◆ **Group therapists may give instructions, advice and/or suggestions to client.**

ALTRUISM

- ◆ **Altruism, meaning, the act of giving without expecting anything in return.**
- ◆ **If a client is given to by others, they can understand that people find them to be of value and importance.**
- ◆ **Similarly, if a client gives to another client, they can see that they have something of importance**

Capture the family interaction

- ◆ **Yalom says that the majority of clients had unsatisfactory experiences in their their primary family.**
- ◆ **The group therapy setting can give clients a chance to correctively relive early family...resolving unfinished business**

Imitation

◆ **imitative behavior ..**

those in group therapy will try out parts of the therapist's and other member's behavior to see what fits them well.

Interpersonal learning

- ◆ **interpersonal learning, meaning that interpersonal relationships are highly important,**
- ◆ **they are ground for experiencing corrective emotional experiences,**

Group Cohesiveness



Group cohesiveness, another Therapeutic Factor, allows members to feel the warmth and comfort of being part of a group.

◆ They feel like they belong somewhere, they value the group and feel valued by the other members

Catharsis

- ◆ **Catharsis is a Therapeutic Factor that occurs when an individual can express their deep emotional feelings and experience a release and healing.**
- ◆ **Merely having a conscious awareness of repressed feelings and experiences allows for their release**

Existential

- ◆ **A last Therapeutic Factor is existential factors, or the ability to simply be with others as part of a group.**
- ◆ **Existentialism is a psychological and philosophical theory that recognizes that life can be unfair and unjust at times,**

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Teen Problem Gamblers have higher rates of:

- ◆ Crime (theft, robbery, embezzlement)
- ◆ School problems (e.g., lower grades, truancy, behavior issues)
- ◆ Family problems (e.g., withdrawal, behavior issues)
- ◆ Peer relationship problems
- ◆ Legal and money troubles
- ◆ Depression
- ◆ Suicidal thoughts and attempts
- ◆ Dissociative, "escape" behaviors
- ◆ Risk for other addiction(s), including alcohol and substance abuse

Sources: Gupta & Derevensky; 1998a; Gupta & Derevensky, 1998b; Vitaro, Ferland, Jacques & Ladouceur, 1998; Wallisch & Liu, 1996; Winters & Anderson, 2000; Wynne, Smith, & Jacobs, 1996.

Gambling-Substance Abuse Compared

◆ Similarities

- Withdrawal symptoms
- Tolerance
- Self-help groups
- Loss of control
- Preoccupation
- Negative impact on major life areas

Gambling-Substance Abuse Compared

◆ Differences

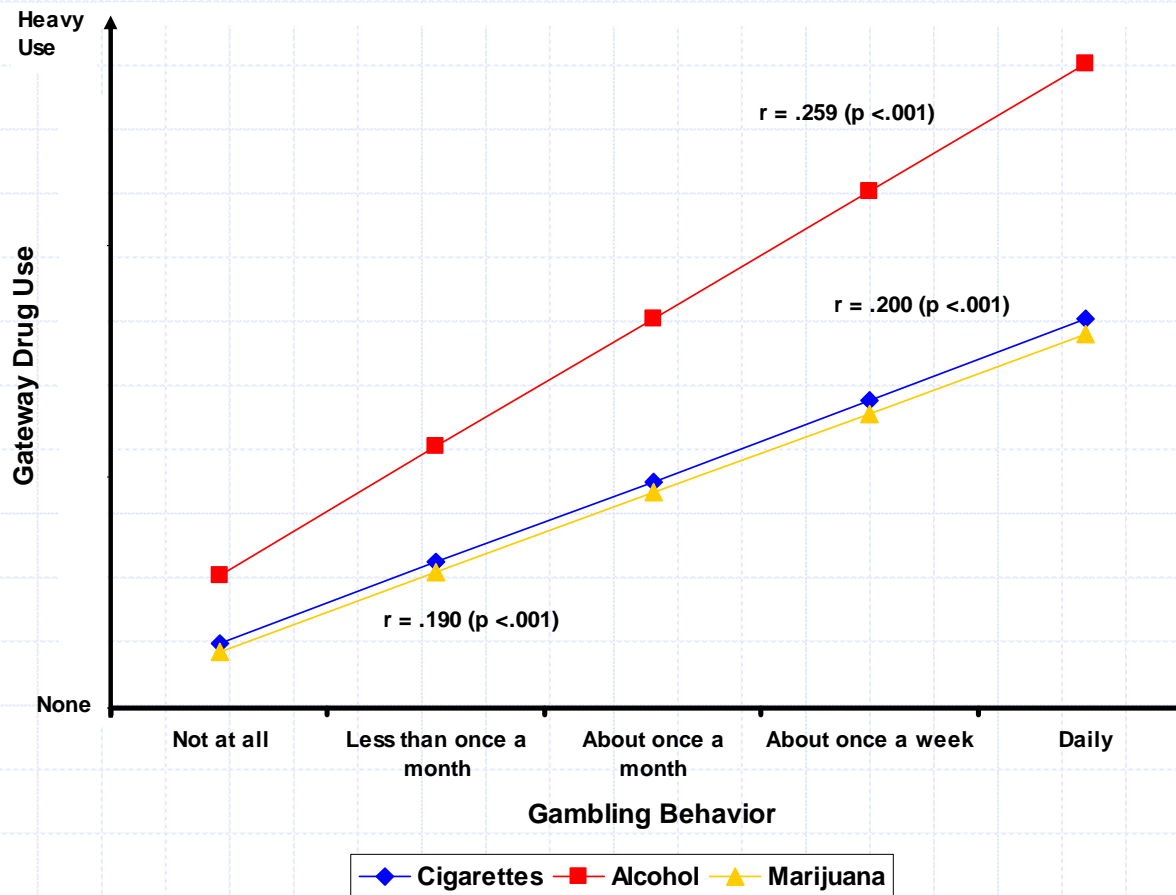
- Gambling is not self-limiting
- Behavior is not attributable to intoxication
- Unpredictable outcome
- Fantasies of success
- Easier to hide
- Greater financial problems
- Intensity of family anger
- Less public awareness and acceptance

Compare Youth Gambling and Drug Use (Prior Year)

- ◆ Found lifetime alcohol use a strong predictor for gambling
- ◆ Youth were 3x more likely to never have gambled if they have never used drugs
- ◆ Youth were 3.8x more likely to be a weekly/daily gambler if there were a weekly/daily user of drugs

■ Winters and Anderson, Journal of Gambling Studies, Vol 16, No 2/3, 2000

Gambling Behavior and Gateway Drug Use



Three key points you should know about gambling:

- ◆ **Gambling is not a safe alternative to alcohol or drug use.** Many people think that poker cards among friends is totally safe because young people are not drinking or smoking. The truth is, while most people don't have problems when they gamble, more young people are developing problems with gambling. Consequences of problem gambling include more than lost money. Depression, social withdrawal, and school dropout are just a few of the consequences of a gambling problem.

Singapore Problem Gambling Conference 2009

Use of Brief Motivational Interventions in Problem Gambling

Cecilia Chu
BSocSc(Hons) Psych, D.Psych (Clinical) candidate
17 Aug 2009



COMMON ISSUES IN TREATMENT OF PROBLEM GAMBLING

"I'm here because my wife said she will leave me if I don't seek help"

"My gambling is not that bad, lah"

"It wasn't my fault that I got hooked"

**"Resistance"?
Frustrated
counsellor?"**

"If only I had a bit more money..."

"I want to change, but it's hard"

High drop-out rate



WHY DON'T PEOPLE CHANGE?

The problem with them is....

- They don't see - denial, insight etc
- They don't know
- They don't know how
- They don't care - lazy, complacent etc

What it takes is....

- Give them **insight** - if you can just make people see...
- Give them **knowledge** - if people just know enough...
- Given them **skills** - if you can just teach them how...
- Give them **hell** - if you can make them feel bad or afraid enough...

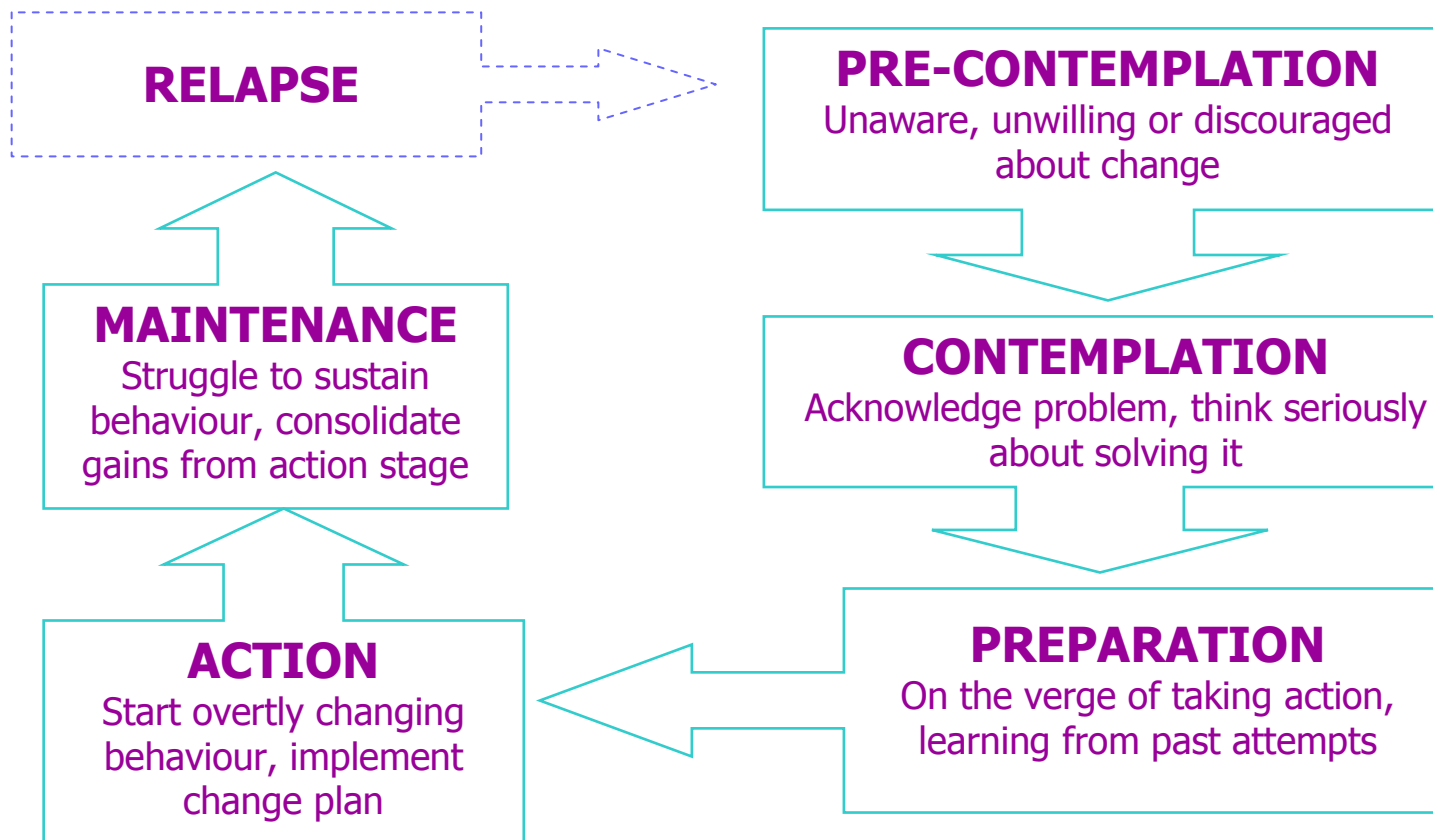
Perhaps a better question : Why DO people change?



UNDERSTANDING CHANGE

- Natural change: positive change often occurs without treatment
- Brief intervention effects: a little counselling (of a certain kind) is consistently better than nothing, and often can result in significant change
- (No) dose effect: More treatment is not necessarily better
- Faith/Hope effects: hope for and belief in recovery is a self-fulfilling prophecy
- Counsellor effect: It does matter who treats the client (accurate empathy, non-confrontational, client-counsellor relationship) - treatment retention, adherence & outcome
- Waiting list effect: People who seek help usually show a drift towards positive change regardless of what treatment is given. Those on waiting list don't get better - they are waiting.
- Change-talk effect: what people say about the possibility of change is related to whether it will actually happen

STAGES OF CHANGE: TRANSTHEORETICAL MODEL





MORAL OF THE STORY?

Don't assume the client is ready to change - even though he/she is seeking help

Spend time building a collaborative, non-confrontational relationship

Be sensitive to and resolve ambivalence - it's normal and pops up now and then

Motivation
- **Willing : importance**
- **Able: confidence**
- **Ready: priorities**

Help the client discover faith and hope

Let the client present arguments for change, not you

Treat the first meeting like it's the last - brief interventions can work too



**Brief
Motivational Intervention**



WHAT IS MOTIVATIONAL INTERVIEWING?

Motivational Interviewing (MI) is a **directive and client-centred approach** for initiating behaviour change by helping clients to **explore and resolve their ambivalence** about changing.

- **Directive:** consciously directive towards change, elicits and sensitively reinforces change talk, responds to resistance in a way that diminishes it
- **Client-centred:** focuses on concerns, perspectives and values of the individual (vs. teaching skills, excavating past, reshaping cognitions)
- **Ambivalence:** common human experience, dilemma of “I want to, and I don’t want to”, getting stuck in ambivalence can lead to problems, resolving it can lead to change
- **Communicating & eliciting:** A communicative approach that evokes natural change and intrinsic motivation to change, not a bag of tricks or a set of techniques - “a way of being with people” that builds rapport

SPIRIT OF MI

AUTONOMY

- It is the client, not the clinician, who must decide to change and provide the means for it. The clinician affirms the client's right and capacity for self-direction and informed choice

COLLABORATION

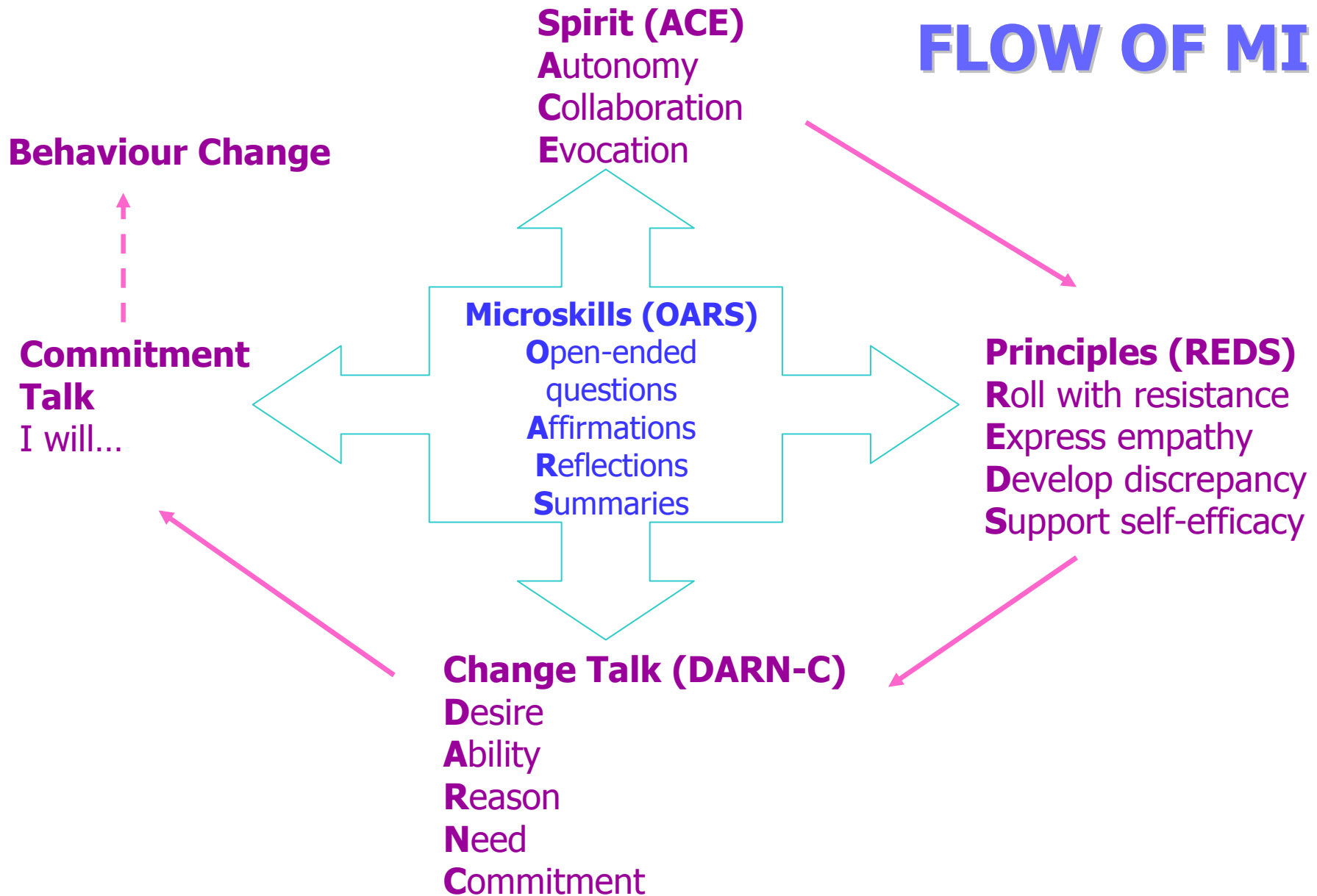
- Counselling involves a partnership that builds an atmosphere conducive (not coercive) to change. The clinician is a resource, the client is the expert

EVOCATION

- The resources and motivation for change are presumed to reside within the client. Intrinsic motivation to change is enhanced by drawing on the client's perspectives, values and goals.

It's like dancing, not wrestling!

FLOW OF MI



BRIEF MOTIVATIONAL INTERVENTION

Assessment & Personalised Feedback

- Quick assessment of gambling involvement
- Feedback to client comparing his/her involvement with average Singaporean
- Ask client for views

Values & goals

- What is important to you in life?
- How does gambling fit into what you want for life?

Pros & Cons of Gambling (and not Gambling)

- What are the good things about gambling? Not so good?
- If you don't stop, what will happen?
- What positive things can happen if you stop gambling?

Importance & confidence to change

- Explore how important changing gambling is, given discussions so far
- Explore confidence to change - past experiences, personal strengths, support available

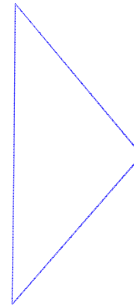
Key question:
What would you like to do about your gambling?

Handle Your Gambling Problems With Self-Help Approaches

▶ **Worried about your gambling** - spending too much time and money?

Thinking about changing, but not sure how to?

Prefer to talk to someone **privately over the phone**?



▶ Participate in a research study by a clinical psychology doctorate student from James Cook University

Try for yourself self-help approaches that have been used successfully in the US and Canada

How you will benefit

- ▶ Receive **therapeutic support** over the phone once every month for 4 months, **absolutely free**
- ▶ Get **feedback** on your gambling behaviour, according to international and Singapore standards
- ▶ Maintain your **privacy** over the phone: no face-to-face meetings, and your personal details are strictly confidential

Call the research helpline today
6457 9457