

Therapeutic Approaches for Adolescent Problem Gamblers

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International Centre for Youth Gambling
Problems and High-Risk Behaviors



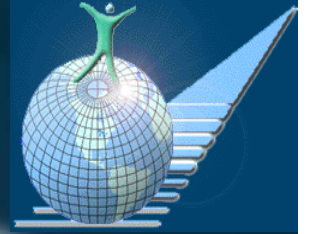
Centre International d'étude sur le jeu
et les comportements à risque chez les jeunes

McGill University

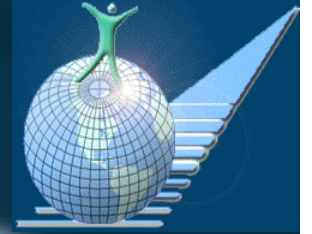
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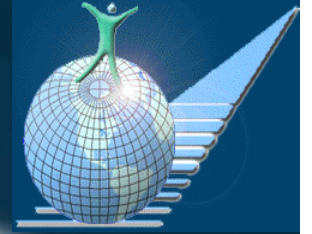
Niagara, Ontario



When you treat an adolescent with a gambling problem, you must take into account their entire person.... Not just the fact that they gamble uncontrollably.

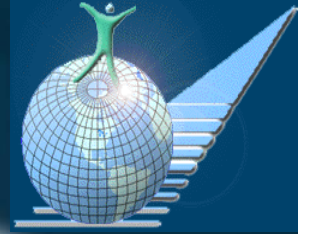


Treating adolescents with a serious gambling problem primarily consists in an eclectic approach, taking into account possible comorbidity, adapted to each **individual**. (Derevensky & Gupta, 1999; 2000; Gupta & Derevensky, 2000; Rugle, Stinchfield, Winters, Derevensky, & Gupta, 2001)



Treatment is not viewed as completed or successful until the individual's underlying problems have been addressed and coping/problem-solving skills are improved.

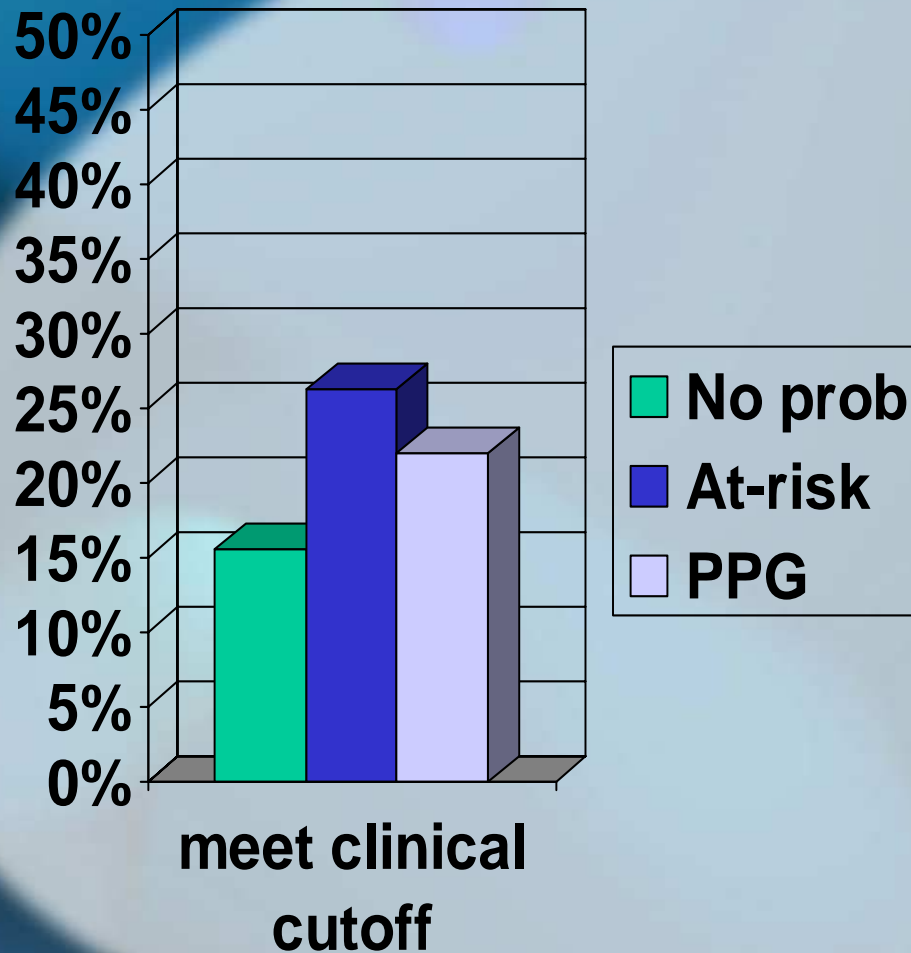
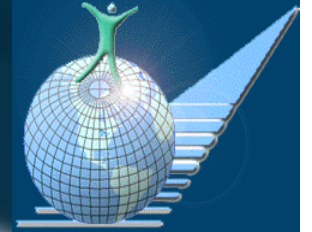
Unless these goals are met, cessation of gambling may result in individuals seeking alternative addictive behaviors.



Do all adolescent gamblers
present with the same profiles?

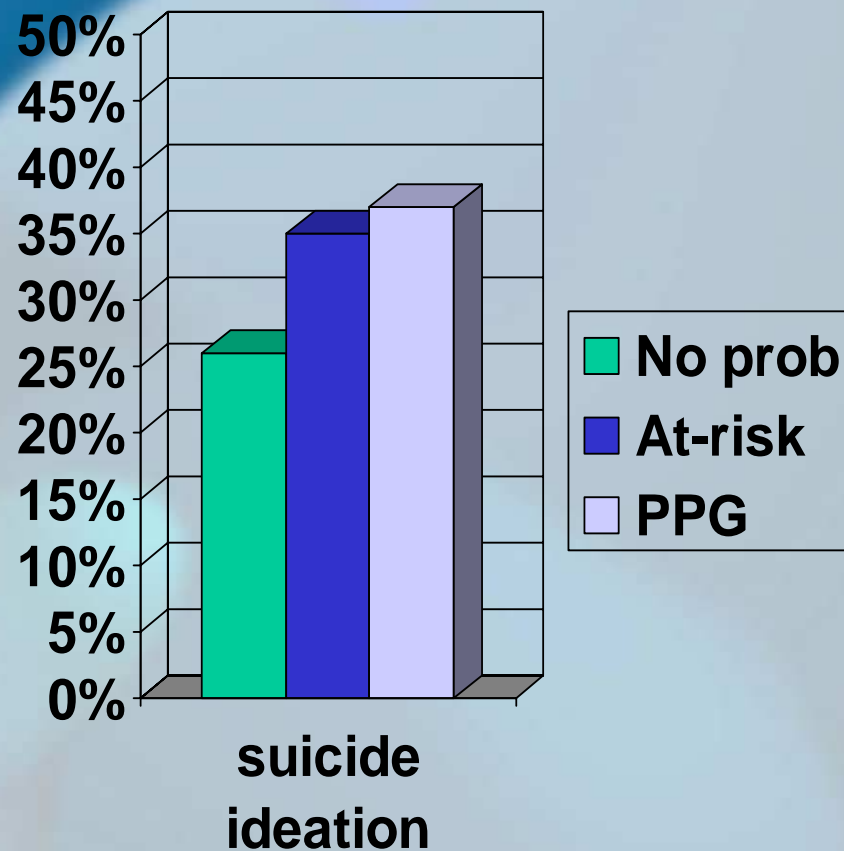
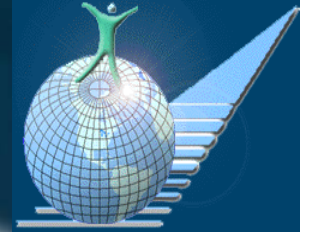
No...however, there are many similarities

Clinical depression



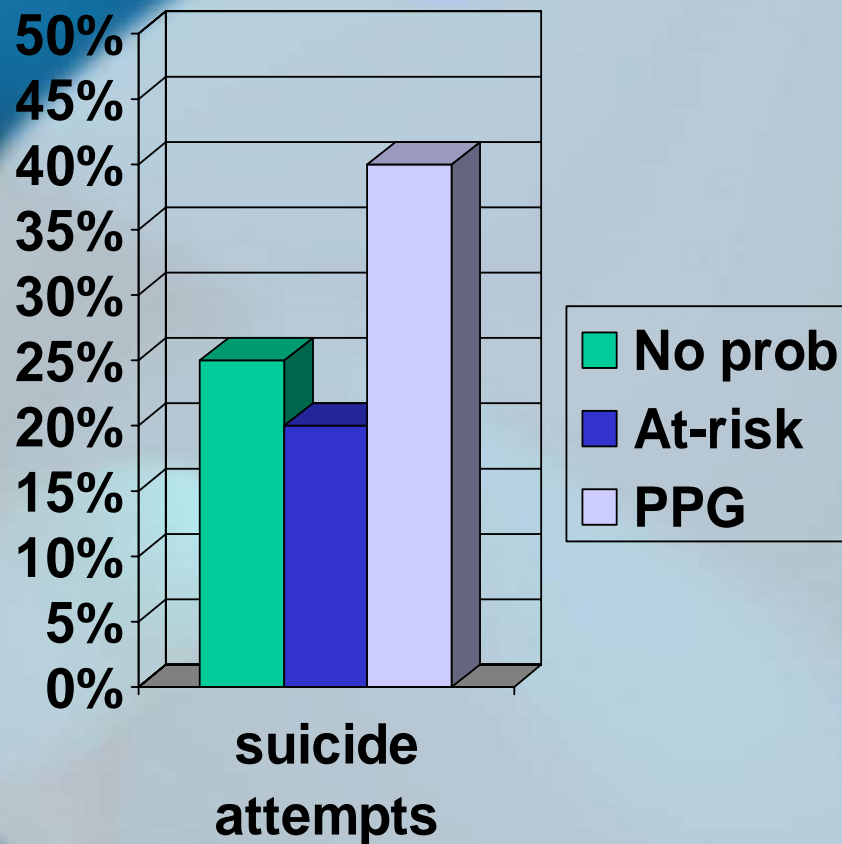
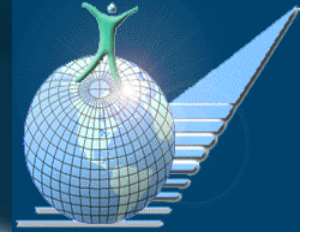
- This pattern is consistently found throughout our research.
- We suspect that the heavy gambling is alleviating some of the depressive symptomatology in the PPG group.

Suicide ideation



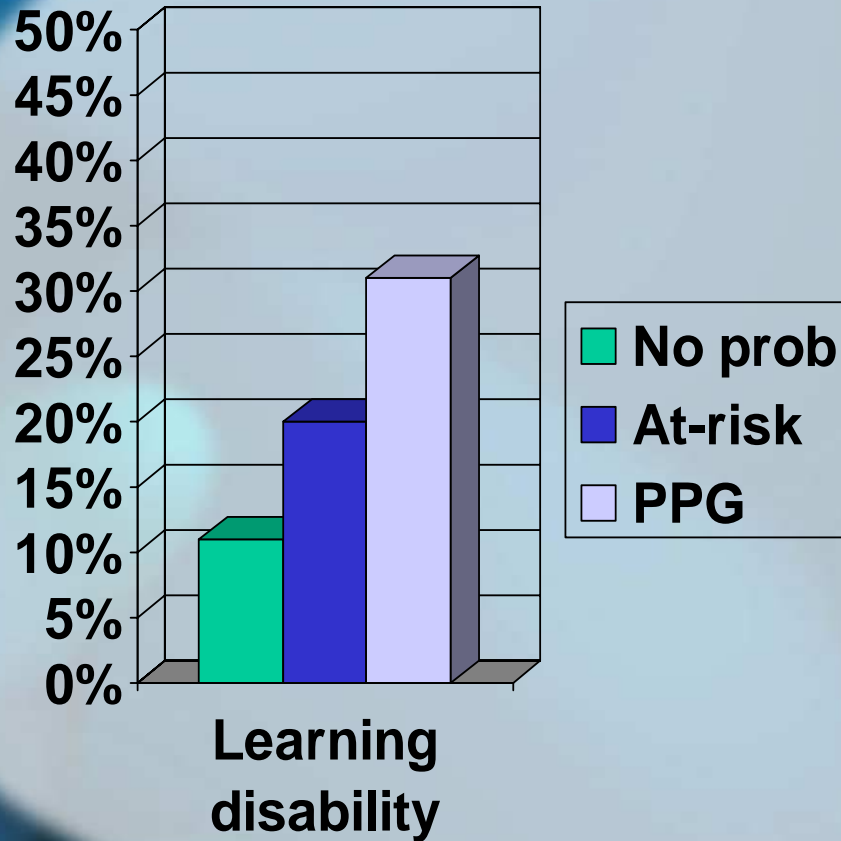
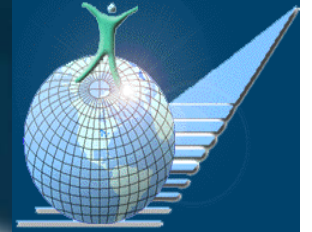
- The at-risk and the PPG groups reflect higher suicide ideation rates than those who do not have gambling-related problems.

Suicide attempts



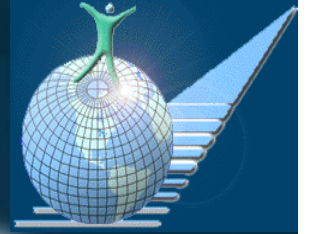
- Those meeting the criteria for PPG have made significantly more suicide attempts (unsuccessful) than the other two groups.

Learning problems



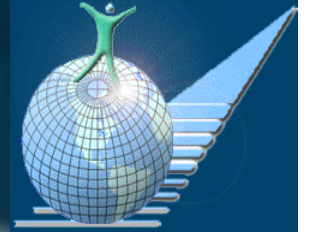
- **Students were asked whether they had been formally diagnosed with a learning disability. A clear relationship is evident.**

Problems coping on a daily basis



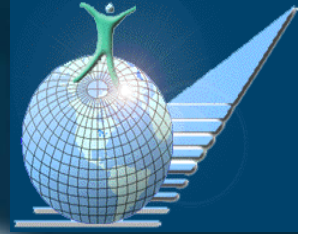
- **Specific maladaptive coping styles among adolescents are associated with excessive involvement in gambling**

Problems coping on a daily basis

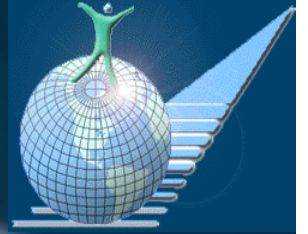


- **Adolescents with gambling problems use more emotion and distraction-oriented coping skills, and are less task-oriented in their problems-solving approach**

Problems coping on a daily basis

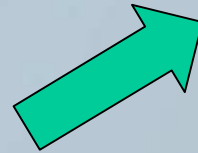


- **They *tend to* resort to these types of coping due to an external locus of control**



Coping as a mediating factor

**Off-kilt physiological
resting state**

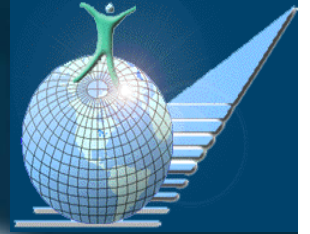


**Maladaptive
coping**

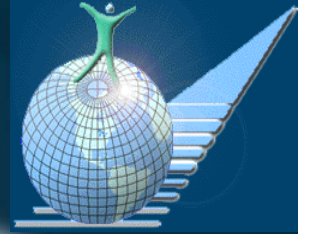
Emotional instability
(trauma, poor childhood, ect..)



Addictive Behavior

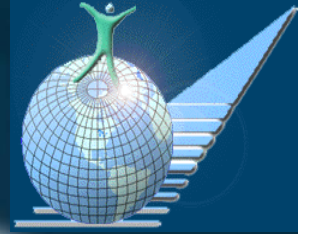


Therapeutic Objectives

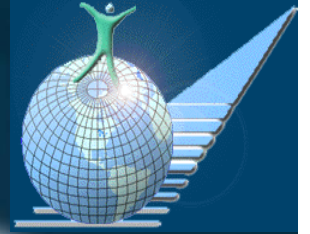


Establish trust....

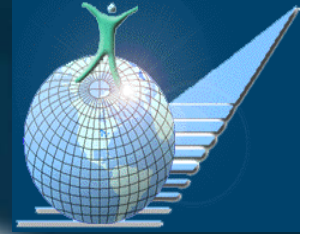
and the rules of the game



**Keep them coming back...
by communicating an
understanding of who they are**



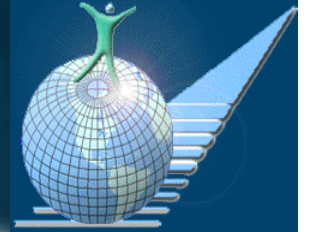
Acceptance of gambling as a problem



Identification of underlying problems

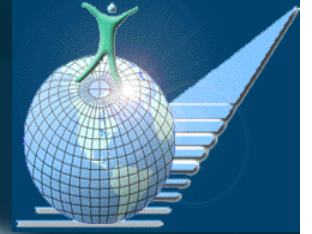
Attempt at resolution of underlying problems

Subgoals of therapy



- **Reduce anxiety** (restlessness, self-destructive patterns, anxiety attacks, etc.).
- **Reduction in signs of depressive symptomatology** (loss of appetite, difficulty sleeping, moody, low energy, etc.)
- **Reduction of antisocial behaviors** (delinquent behaviors, lying, stealing cheating, etc.).
- **Reduction in excessive use of alcohol or drugs**

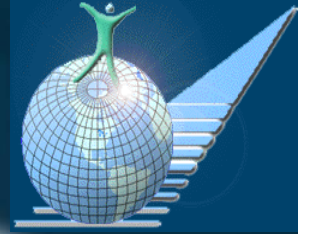
Fostering the development of effective coping skills



- **Teaching effective coping skills and techniques in dealing with frustration, anxiety and disappointment.**
- **Orientation of therapy when dealing with these issues is primarily cognitive, and includes role-playing and take-home assignments at times.**

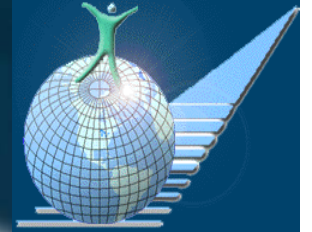


Intervention strategies



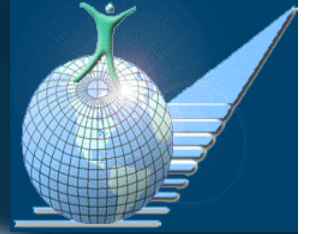
- **Reduction of gambling with goal of eventual cessation (recording all gambling activity)**
- **Mental Imagery/ relaxation**
- **Time management**
- **Problem-solving**
- **Adoption of healthy lifestyle (nutrition, exercise, etc..)**

Create concrete references to assess progress

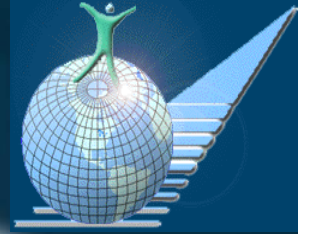


Week	Staying awake	Proper nutrition	Exercise	School work	Work	Socializing	Total
April 8-14	8/10	7/10	10/10	6/10	8/10	8/10	78%
April 15-21	9/10	8/10	7/10	8/10	0/10	10/10	70%
April 22-28	9/10	9/10	10/10	8/10	7/10	9/10	87%

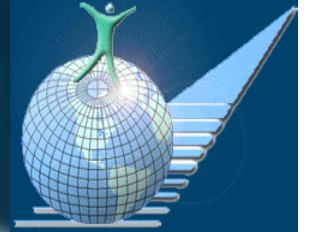
Involvement of family



- **Strengthening of relationships with family members.**
- **Building social support systems for the adolescent. This can include involving parents, siblings, and close friends in the treatment process.**



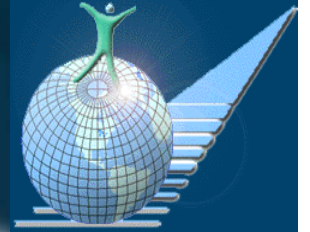
Cognitive restructuring



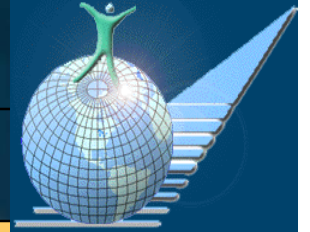
Gamblers forget or deny that the outcomes of games of chance are determined by chance and not by their skill.

They develop an illusion of control where they overestimate their influence over a game. They perceive a cause and effect where there is none.

Some examples.....



Temporal Telescoping	Magnification of Skill	Selective Memory
<p>The contraction or expansion of time to exaggerate wins and downplay losses. For example, believing that a series of wins occurred within a period of time shorter than the reality.</p>	<p>Belief that he or she has found a way to « outsmart » the system.</p>	<p>Recall of past wins is easier than recall of past losses.</p>

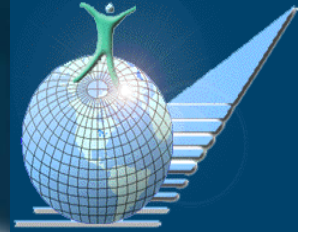


Superstitions

Cognitive	Behavioral	Talismanic
Belief taht certain states of mind or thoughts can be beneficial to gambling	Belief taht particular rituals and actions can favorably affect the odds of winning	Belief that possessing certain objects increases the chances of big wins

Illusion of luck as...

Controllable	Contagion
Belief that luck and probability can be manipulated to produce favorable outcomes	Belief that luck (or lack thereof) in other areas of life is predictive of luck at gambling



Interpretation

Attribution

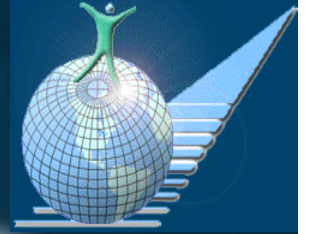
Anthropomorphism

« Gambler's
Fallacy »

Overestimation of the power that personal traits have over situational variables such as luck

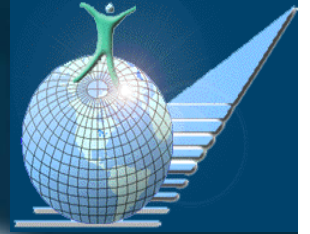
Imbuing inanimate objects with human characteristics

Erroneous belief in the « law of averages ». That is, a series of losses must inevitably be followed by a win



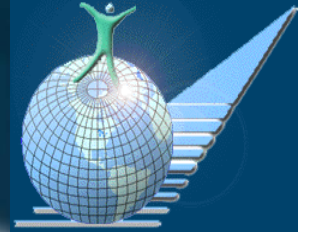
Case study: **Andrea**

Presenting profile



- **Female 18 years old**
- **ADHD**
- **Learning problems, in school but failing**
- **Depression and anxiety**
- **Father a pathological gambler, mother in denial**
- **No direction, little independent thought, few opinions**
- **Card player. Funded by dad.**

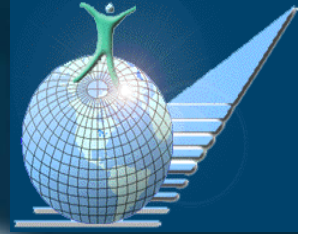
Quotes



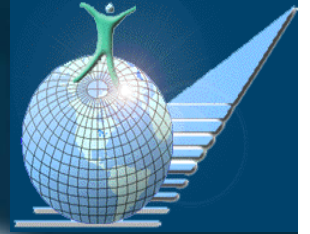
"Just like cars use gas, I used money"

"What did therapy do for me? I grew up. I am now in control of my life"

"Now I know what I want to do with my life, and gambling is not part of it any more"



So when should therapy end?

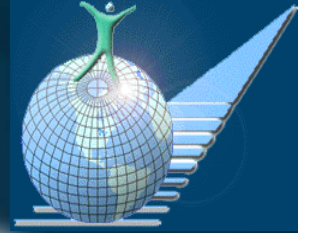


The adolescent should be abstinent from gambling for 6 months, and not meeting any of the criteria for pathological gambling.

The individual should be either working and/or in school, no longer lying or engaging in other delinquent or antisocial behavior due to gambling, and free of excessive alcohol and drug use.

They are hopefully on amicable terms with parents and some friends, and living a relatively healthy lifestyle.

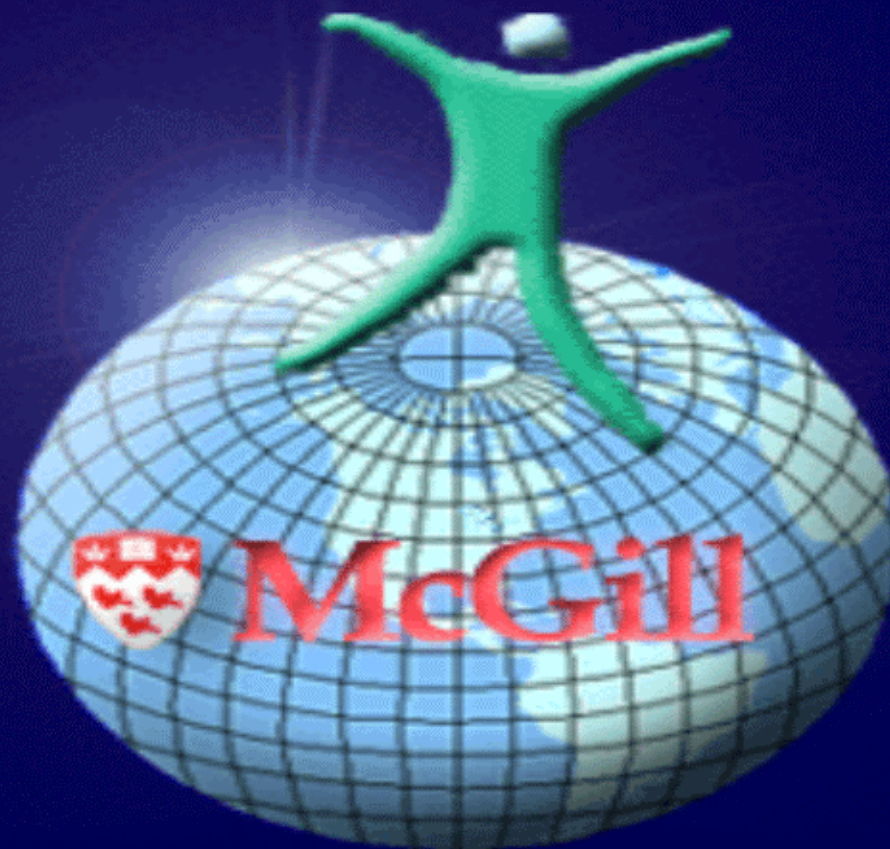
Treatment..how to get started



- **Emphasize the importance of honesty and mutual respect.**
- **Provide a non-judgmental environment.**
- **Allowing them to feel understood...that their beliefs, perceptions and behaviors are common among young problem gamblers.**
- **Discussion of reasons underlying the need to gamble.**

- **Conduct a thorough assessment..know your client (personal history, family relationships, depression, etc)**
- **Identification of gambling triggers**
- **Encourage a decrease in gambling participation (time and money). Goal is abstinence.**
- **Have them record their gambling activities (including wins and losses, time spent and type of activity) on a daily basis.**

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