PROBLEM GAMBLING AND ITS TREATMENT

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This book is dedicated to my grandchildren:
Whitney, Parker, and Porter

PREFACE

Legalized gambling has expanded dramatically in the United States and other countries since the 1960s. Along with this expansion, clinicians, counselors, researchers, and public policy makers have come to realize that as opportunities to gamble increase, increasing numbers of people gamble, and they gamble more frequently; as more people gamble, more people get into financial and other difficulties related to their gambling. They become "problem gamblers," addicted to gambling as surely as other people become addicted to alcohol or other drugs.

This book is an introduction to the topic of problem gambling and its treatment. The decision to write it reflects the author's personal commitment to promoting a better understanding of problem gambling and the belief that a need for a comprehensive overview of this topic exists in several quarters. I hope that one audience for this book will be college students taking courses in counseling, mental health and illness, social work, social problems, and public policy; and, more generally, students interested in pursuing careers in counseling and human/social service agencies. Public policymakers involved in the legalization, expansion, and regulation of commercial gambling are another audience that, I believe, needs an understanding of gambling's "downside," i.e., problem gambling. I have also tried to write this book using no more technical social/behavioral science "jargon" than absolutely necessary, with the hope that lay readers will find it interesting and valuable. Finally, I hope that, among those lay readers, problem gamblers and the relatives and friends of problem gamblers may gain some insight into how problem gambling manifests itself and what can be done about it.

A NOTE ON METHODOLOGY: HOW DO WE KNOW WHAT WE KNOW?

Throughout this book, a variety of different data and information will be drawn upon to understand problem gambling and its treatment. What we know about problem gambling comes from different sources, which vary in their reliability, validity, and how well we can generalize from them. Another way of putting this is that "not all data are created equal."

One of the main things I will try to do is use data based on solid research whenever possible. This includes the results of both survey research and case studies. When using such research, we need to ask questions such as: how representative is the sample or study population of the universe we are trying to understand; were the questions asked of respondents clear and unambiguous; if the research was done in a particular part of the country, can the findings be generalized to the country as a whole? In effect, we always need to ask about the methodological soundness of the research we are using. A good example of the caution needed comes from research done on a core issue like the basic social and psychological characteristics of problem gamblers. A good deal of what we know about problem gamblers comes from studies of members of Gamblers Anonymous. If we try to generalize from such studies to "problem gamblers," we run into difficulties. Clearly, members of Gamblers Anonymous are not representative of all problem gamblers. After all, they have sought help from a self-help program, whereas most problem gamblers have not. "Gamblers Anonymous members" are very different from "problem gamblers."

There are ways of obtaining knowledge about problem gambling other than through systematic research. The relative newness of "gambling studies" (and problem gambling in particular) as a subject of research means that there are many issues on which we do not have solid research. It is essential to rely on other sources of information.

Counselors who treat problem gamblers and their families have a wealth of information about the gambling addiction process, the impact of problem gambling on families, barriers to treatment, what triggers relapse, etc. This is knowledge based on professional experience that comes from repeated encounters with problem gamblers.

When counselors describe problem gamblers and the treatment process, there is always the nagging question of just how representative a given counselor's clients are of problem gamblers in treatment, let alone all problem gamblers. Are they typical, or are they unique in some way? Because counselors are focused on treatment and concerned with bringing about changes in the behavior of their clients, they rarely ask such questions. But these are questions that must be asked when we try to incorporate the experience-based knowledge of counselors into our understanding of problem gambling. When consensus exists among counselors, we can be more confident about the validity of their observations. This is especially true if a number of counselors treating clients with different social and demographic characteristics (e.g., age, gender, ethnicity, region of the country) report seeing the same or similar phenomena. As an example of this, many if not most counselors report that clients who develop problems playing video poker machines do so very rapidly. Among counselors, video poker machines are commonly referred to as "the crack cocaine of gambling" (making an analogy with how quickly people become addicted to crack cocaine). This generalization has become the "conventional wisdom" among counselors, even though there is no "research" to support it. It remains a hypothesis to be empirically tested. That does not mean that it is not useful information. It can be used to understand the gambling problems of some people. We simply need to be careful not to treat this experience-based observation the same as factual knowledge established by rigorous, empirical research.

Another source of information about gambling can be useful. This consists of the individual experiences of recreational gamblers, problem gamblers, and recovering problem gamblers, all of whom have "stories to tell." They all have had experiences, good and bad, with gambling. They have personal "insights" into gambling, problem gambling, what works and doesn't work in recovery, etc. The difficulty in using those experiences and insights to come to a general understanding of gambling should be fairly obvious. It is very difficult to separate the unique experiences from the more general ones. As with the knowledge of counselors, when we hear the same experiences being recounted by different people, the information contained in them becomes more credible. They, too, can be a valuable source of hypotheses to be tested.

Finally, there are more and less informed "opinions" about gambling and problem gambling that are not based in any of the forego-

ing sources of knowledge. Gambling is a topic on which many people have many opinions. We need to be extremely careful to not convert opinions into information based on experience with gambling, let alone facts based on sound research.

ORGANIZATION OF THIS BOOK

This book follows what I believe is a logical sequence, starting with the development of an understanding of problem gambling and ending with a discussion of different kinds of treatment.

Chapter 1 deals with various terms that have been used to describe problem gambling. Because the study of problem gambling has borrowed many ideas and concepts from the field of chemical addiction, this chapter also examines the concepts of use, abuse, dependence, and addiction as they apply to problem gambling. Also discussed is the "medical model" of deviant behavior and its relevance to problem gambling.

The focus of Chapter 2 is problem gambling as an addiction. Similarities with and differences from chemical addiction are dealt with, as well as the behavior that distinguishes problem gamblers from recreational gamblers. An important goal of this chapter is developing an understanding of how gambling addiction progresses over time. The distinction between escape and action gamblers, securities trading as a form of gambling, and internet gambling is also discussed.

Chapter 3 focuses on the assessment and diagnosis of problem gambling. The development and use of several diagnostic instruments is discussed, and case studies are included to illustrate the diagnostic process.

How widespread, or prevalent, is problem gambling? Chapter 4 deals with this question. State and national studies are summarized, as well as research from other societies. This chapter also examines problem gambling prevalence rates in terms of standard demographic variables (gender, race/ethnicity, education, income, marital status), with special emphasis on age (gambling and problem gambling among youth and the elderly).

The social costs of problem gambling are the subject of Chapter 5. Included here are financial and psychological costs to families, finan-

cial institutions, the criminal justice system, the human service system, and employers. Both quantitative and qualitative data are used to illustrate these social costs.

How people find their way to treatment and obstacles to seeking treatment are dealt with in Chapter 6. Denial of a problem and embarrassment about admitting to a gambling problem serve as serious deterrents to seeking treatment.

In Chapter 7 the primary strategies for treating problem gambling, behavioral and cognitive therapy, are discussed. Relapse (returning to gambling after a period of recovery) is dealt with too. This chapter also presents a discussion of the treatment of the families of problem gamblers, as well as a review of research on the effectiveness of treatment programs.

Gamblers Anonymous, a self-help recovery group, is discussed in Chapter 8. Although modeled after the better known Alcoholics Anonymous, many significant differences exist between the two programs. In addition to pointing out these differences, this chapter identifies how Gamblers Anonymous attempts to change the behavior and thinking of problem gamblers. It concludes with a discussion of the program's effectiveness.

Chapter 9 deals with public policy issues in the treatment of problem gambling. The recently issued recommendations of the National Gambling Impact Study Commission are summarized. Programs for the training and certification of problem gambling counselors are reviewed, as is the private gambling industry's response to problem gambling.

A "disclaimer" of sorts is needed before proceeding. Anyone who studies or writes about any aspect of gambling is likely to be asked at some point whether they think gambling is a good or bad thing. The author is neither for nor against the legalization of gambling or its expansion. The decision to gamble or not is a matter of individual choice. The only thing for which I am an advocate is the recognition of problem gambling as a very real but treatable disorder.

RONALD M. PAVALKO, Ph.D.

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PROBLEM GAMBLING AND ITS TREATMENT

Chapter 1

PROBLEM GAMBLING AS A PSYCHIATRIC DISORDER

VARYING TERMINOLOGY: PATHOLOGICAL, COMPULSIVE, DISORDERED, AND PROBLEM GAMBLING

For the newcomer to the field of problem gambling, the variety of terms used to describe the disorder in which we are interested can be truly bewildering. During the past twenty-five years, researchers and clinicians have studied and talked about this disorder using terms inconsistently and using different terms interchangeably. The field has not yet reached complete consensus on precisely the term to be used and how to describe the degree to which this disorder is present.

An example can illustrate the situation. The professional organization that brings together people interested in problem gambling is called the National Council on Problem Gambling (NCPG). Formed in 1972, it was originally known as the National Council on Pathological Gambling. In the early 1990s the change from "pathological" to "problem" was intended to call attention to the wide range of problems that can be associated with gambling, not just "pathological" gambling. Most researchers and clinicians in the Unites States (and other countries) who are interested in this field of study or practice belong to the NCPG. In June 1999, 36 "state councils" were affiliated with the NCPG. The words these state councils use to identify themselves are interesting and important, because they reflect the lack of consensus on what term to use to describe this field. Half of the state councils use the term "problem gambling" in their official names. An additional 12 call themselves councils on "compulsive gambling," and

four use both terms (problem and compulsive or compulsive and problem) in their official names. One calls itself a council on "gambling problems" and one is identified as a council on "problem gambling concerns." Of course, none of these names are inherently "right." The variation simply reflects the lack of consensus that exists.

Consequently, great care is needed when we try to compare the results of research addressing some aspect of problem gambling. Similarly, we cannot always be sure that clinicians or researchers using the same term (e.g., pathological) are talking about the same phenomenon, or that when different terms are used, the same phenomenon is not being referred to. Taking a careful look at how these terms are defined and what some of the differences are can reduce some of the confusion.

The American Psychiatric Association (APA) has shaped the evolution and development of the way in which this disorder is identified. The APA uses the term "pathological" gambling to describe this disorder. However, the terms "compulsive" and pathological gambling are often used interchangeably. Counseling professionals who treat problem gamblers tend to use the term pathological, because the APA regards pathological gambling as an "impulse control disorder" and not a "compulsion" (Lesieur, 1998).

The APA first recognized "pathological" gambling as a mental disorder in 1980 in the third edition of its *Diagnostic and Statistical Manual of Mental Disorders* (DSM III). In 1987 the APA published a revision of its Manual (DSM III-R) and identified nine criteria, at least four of which had to be present for a diagnosis of pathological gambling. These criteria follow very closely the criteria the APA uses to identify psychoactive substance dependence (alcohol, heroin, cocaine, and other drugs).

The fourth and most recent edition of this manual (DSM IV) was published in 1994. Ten criteria are used to define pathological gambling. According to the APA, a person must exhibit at least five of these criteria to be diagnosed as a pathological gambler . These criteria are presented in Table 1.2 and will be used later as a framework for developing an understanding of problem gambling (for a detailed analysis of how changes were made in the criteria, between DSM III-R and DSM IV, see Lesieur and Rosenthal, 1991).