CHAPTER 7

ALCOHOL AND DRUG COUNSELLORS – SKILL RETOOLING TO WORK WITH GAMBLERS

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Many New Zealand problem gambling counsellors began their careers working in alcohol and drug treatment programmes (A & D). For this reason, it is useful to examine the skills used in substance-addiction work and to consider which of them are transferable to problem gambling treatment. Generally, counsellors treating clients with alcohol and drug related problems already have some ability to engage gamblers. A personal account is provided here to demonstrate that despite addiction workers themselves often underestimating their ability to transfer skills, in fact there is room for movement across fields.

Personal account

In my case, I was working in A & D when a former nursing colleague invited me to facilitate groups with gamblers. This was approximately seven years ago, and at the time I responded negatively to his suggestion since I believed that I had nothing to offer gamblers and had no experience in the area. He overcame my concerns however, and suggested that I needed to listen carefully and to use the skills acquired with clients in the substance addictions field.

I was convinced by my colleague to try working with gambling clients, and my first experience was facilitating a group of 10-15 men who were aged from their early 20s to their 60s. This initiation into the work was a positive experience, and looking back I realise that these men taught me a huge amount about the Christchurch gambling scene. Their stories helped me to deal more effectively with future gambling clientele. In considering this experience I realise that it was successful because of the characteristics shared by gamblers and people experiencing substance addictions. These similarities between the two disorders mean that similar treatments are

applied to both groups of clients. This in turn makes it possible for New Zealand counsellors to transfer between the two fields.

Similarities in substance addictions and gambling problems

There are many similarities between gamblers and people who grapple with alcohol and drug issues. Both client types may be cross-addicted, experience additional disorders, or come from disordered families. Each of these issues will be discussed in turn.

Many gamblers have a history of alcohol or cannabis consumption. Others use substances to intoxicate themselves before they gamble. Clients with this background are immediately recognisable to workers in the A & D field. Typically, counsellors ask in their first interview for a history of the gambler's activities and any linkages to alcohol and drug use. If other dependencies are disclosed the counsellor works with the client to determine treatment options, which may involve abstinence from both addictive substances and gambling, or may focus initially on just one problem.

Often gamblers and A & D clients have co-morbid disorders, such as depression, anxiety disorders, suicidality and attention deficit disorder. New counsellors in the gambling field from the alcohol and drug sector already have experience in dealing with these issues and can provide immediate assistance. People are often relieved to discuss their mental health issues with an experienced counsellor who can demonstrate empathy, avoid stigmatising or patronising comments and offer practical solutions to improve their lives.

Some researchers in the gambling field (e.g. Jacobs, 1986) have suggested that many addictions are linked to negative experiences in childhood and early adolescence, which predispose a person to develop an addictive lifestyle. Often young people emerge from these types of backgrounds with low self-esteem and poor coping abilities. Gambling and drugs may provide them with a means for avoiding uncomfortable feelings and other problems.

Frequently gamblers themselves may view their gambling as an addiction. Some additional support for this hypothesis is provided by the fact that cross- addiction (i.e. switching to another dependency) may occur with both gamblers and A & D dependent individuals. To minimise the chances of cross-addiction, counsellors can provide education about this issue to their clients.

Both gamblers and A & D dependent clients frequently experience a state of enduring hypo-arousal (i.e. depression) or hyper-arousal (i.e. overexcitement). Individuals consuming addictive substances use them to alter brain and body chemistry. It has been suggested that gamblers manage to do this through sustained gambling activity which changes cerebral chemical and hormonal balances (see Chapter 11).

The DSM-IV model describes similar dependency symptoms for both psycho-active substance users and problem gamblers (American Psychiatric Association, 1994). The warning signs include increased tolerance, cravings, and mood changes. To assist with easing these symptoms counsellors can provide information on stress reduction and exercise (see Chapter 9).

Both gamblers and A & D dependent clients may manifest a continuum of dysfunctional behaviour ranging from mild to severe. Some clients have suffered major gambling problems for the past 25 years, whereas other individuals may have shorter-term, milder difficulties. The likelihood of relapse and the challenge of treatment is often higher with the more severe and long-term group of gamblers. Alcohol and drug treatment counsellors understand that severe gamblers may require more counselling sessions since they will have experienced similar situations with their substance-disordered clients.

Differences between substance addictions and gambling problems

While there are many similarities between these two groups of clients, there are also some obvious differences. For example, gamblers often demonstrate different personalities and behaviour from substance abusers. Typically, the mild-moderate alcohol/drug dependent group is more social and outgoing, in contrast to gamblers, who are often quite solitary and may even avoid others. Because A & D clients often enjoy the disinhibiting effect of psycho-active substance use, other people may be aware of their addiction. In contrast, gambling is often termed the 'hidden disorder,' because participants tend to keep their gambling problems secret.

Generally, A & D patients begin to feel much better physically and emotionally when abstinent. This is not typically the case for chronic gamblers. In some ways, rehabilitation for serious gamblers may be a more difficult journey. Frequently gamblers have large amounts of money to pay back and see little progress when they begin to repay their borrowed

money. Frustration may lead to relapses in which gamblers attempt to pay off debts by gambling for a big win.

It has been suggested that gambling can develop into a problem in a relatively short period of time (three to six months). For example, a poker machine player may develop a major gambling problem because of the positive reinforcement provided by near misses, flashing lights and catchy tunes. In contrast, alcohol and drug dependence sometimes takes years to manifest itself.

While major depression is seen frequently in both problem gamblers and alcohol and drug abusers, depression in gamblers may be more acute and severe. Mood disorders may severely affect gamblers who have experienced major financial or relationship losses. Clients suffering from both substance abuse and gambling are more at risk of depression and also of suicide than individuals suffering from a single disorder (Sullivan, 1994a). The vulnerability of these clients should never be under-estimated, and counsellors who are new to working with gamblers need to monitor clients carefully and to refer them immediately to appropriate agencies (see Chapter 12).

Early referral to a psychiatric emergency service is crucial. This may mean accompanying clients to the facility or ensuring that a trusted friend or family member takes them. Referral to a medical general practitioner (GP) is also important, and clients should be encouraged to give their doctor permission to discuss their heath with their counsellor.

Interventions

Gamblers are often incredibly unreliable in attending counselling. Non-attendees frequently don't call to cancel and later provide a multitude of reasons for their non-appearance. In contrast to this trend, some clients are eager to attend counselling and come to appointments at least 15 minutes early.

Successful treatment is best ensured by a friendly, empathetic, non-judgmental manner. Generally, an approach that draws on a combination of treatment modalities is useful for dealing with gamblers, since this population is quite a heterogeneous group.

Most counsellors commence treatment with a comprehensive assessment combined with gambling screening tools, such as the Seven Oaks Gambling Screen (SOGS) or the Early Intervention Gambling Health Test (EIGHT). At this time any co-morbid disorders, such as

depression, suicidality, or anxiety, can also be identified. This is also a good opportunity for the counsellor to check out other stressful issues, such as relationship problems, grief issues, lack of social support, financial crises, or legal difficulties.

Other aspects of gambling treatment

From the first assessment onward, motivational interviewing techniques can be used with clients. These methods involve avoiding conflict and assisting people to conduct an internal dialogue in which they can examine their gambling behaviour (Miller & Rollnick, 2002). For example, clients might be encouraged to list both the things they like about gambling and the negative impacts that gambling has on their lives.

Another useful tool is the wheel of change model (DiClemente & Prochaska, 1998). This is particularly helpful when working with clients who have relapsed into gambling, which is often triggered by mood swings, boredom, or stress.

Two other useful strategies for gambling treatment are worthy of mention. First, it can be quite important to encourage clients to work toward goals. This might involve getting them to identify two new goals they can work on – whilst they are stopping gambling or are trying to get their mind off gambling. For example, someone might consider taking up an old hobby or involving themselves in a sport.

Second, group after-care may be very helpful for some clients. If the client is struggling due to a lack of social support, group attendance can help them to see that they are not alone in dealing with a gambling problem. Many people see group attendance as a 'frightening prospect' because of social anxiety. Most adjust quickly and admit the transition between individual follow-up and group attendance is 'not such a big deal.'

When facilitating these groups, it is important to promote a climate of low anxiety, mild confrontation and questioning dialogue. Making groups fun and not concentrating solely on gambling is essential for encouraging attendance. Once the serious issues (i.e. lapses, crises, unemployment, relationship problems, etc.) have been discussed, some time can be allocated to discuss other issues (e.g. sports for men) and to arrange social events (e.g. meals together, indoor or outdoor games).

The advantages of attendance at support groups are numerous. They give gamblers an opportunity to interact with other group members. They

might be encouraged by other group members who may have been bet-free for several months. The group gives participants an opportunity to gauge themselves and their progress against other members. This may also provide insights into what can happen when a gambler does not deal with their disorder and how it can utterly disrupt their life if left unchecked. Discussion in the support groups gives new members ideas about how to deal with the urge to gamble. Group participants have an opportunity to hear what people can accomplish once they stop gambling. They also learn new methods for dealing with stress and boredom. Sometimes they strike up friendships and arrange golf matches and other sporting and social events among themselves. Sadly, many middle-aged gamblers have lost partners and family connections, so the group provides a supportive experience that they wouldn't otherwise have. In some cases the group may become almost a 'surrogate family' for participants.

A case illustration

A case study of a gambler and his struggle over the course of his rehabilitation is provided here. This case is chosen because of the link with other addictions that may need to be dealt with before problem gambling issues can be addressed. The importance of support from other professionals, as well as the significant other in the family, is emphasised.

Graeme (aged 40s)

A full assessment indicated a man who drank heavily from the age of 16 years, growing up in a home where overindulgence in alcohol was the norm. Since this was a potential emergency situation (alcohol withdrawal can be life threatening), gambling became the secondary focus. Graeme was asked to stop his alcohol consumption and to consider total abstinence as a new lifetime strategy. There was concern that the client might go into delirium tremens (alcohol withdrawal) once he stopped his alcohol intake for two to three days. For this reason, Graeme was referred to his local GP with the idea that a Valium withdrawal regime could be used to counteract any potential delirium tremens. He was also provided with support from a social worker with extensive alcohol treatment experience.

This approach was successful, and over a five-day period Graeme had a reasonably stable withdrawal from alcohol and was ready to start to deal with his gambling addiction. He also had multiple issues to address in his relationship with his partner Sue, and her daughter. Their relationship with Graeme had deteriorated over the previous year. Additional assistance

was provided by referral to the local Alcoholics Anonymous (AA) group. This broad strategy was complemented with phone calls to monitor developments. It was gratifying that Graeme continued to progress well; he began to recognise his difficulties, to act appropriately, and to change the habits of a life time.

After 'quitting the booze,' Graeme stated that his gambling hadn't really been a problem. This statement was denied by his partner, although it took about three months for Graeme to realise that his gambling had been uncontrollable. Acceptance of his gambling problem developed only after he read a book called *Losing your Shirt* (Heineman, 1992) that had been given to him by a support group member.

Graeme's partner Sue also required a number of counselling sessions, since she needed to discuss her relationship with a recovering alcoholic and gambler. These meetings helped her to express her feelings of pain for Graeme's addiction, while also coming to the realisation that she didn't have to accept his negative behaviour. Sue had confronted a number of difficult behaviours, including lying, broken promises, and financial crises. She also coped with nights of drinking and gambling binges, followed by depressive episodes when Graeme expressed strong urges to kill himself. After experiencing all of these difficulties, it is not surprising that Sue was at the point of moving out of the house with her daughter, who also had been terribly affected by Graeme's problems.

Graeme managed to change his negative behaviour, and Sue continues to closely support him at fortnightly support groups. When other gamblers' partners and family attend, Sue can identify with their anger, loss of trust and confusion. Her participation assists other family members to develop greater insight into why their loved ones gamble. Graeme has been successful at remaining abstinent from alcohol and gambling now for over a year. Coupled with Graeme's counselling, engagement with Sue became an integral part of his recovery. Currently, they are the cornerstone of a problem gambling support group.

Other work

New gambling counsellors from the A & D sector will appreciate that because gambling treatment is a relatively new practice, a reasonable amount of public education and political lobbying is an integral part of the job. New Zealand counsellors are frequently contacted by media representatives about gambling. For this reason, it is important for

counsellors to be in touch with government gambling legislation and policy. The recent passage of the Gambling Act 2003 sparked a news frenzy and gambling treatment workers were contacted throughout the process by members of the press.

For those counsellors moving from other A & D clinics and counselling agencies, education of local health network members is crucial. Many health professionals do not gamble and are often out of touch with the proliferation of gambling in New Zealand and the Western world. Individuals from all age and ethnic groups are now vulnerable to the mushrooming gambling industry. Problem gamblers need their counsellors to advocate on their behalf and to challenge national government, local councils and the gambling industry in order to reduce the social costs that excessive gambling imposes on the community.

Conclusions

This chapter has concentrated on the journey that alcohol and drug counsellors may take to counselling clients with gambling-related problems. The similarities and differences of working in these areas were discussed. Many clients presenting at gambling treatment agencies have to deal with more than one disorder, including alcoholism, major depression, suicidality, relationship problems and illegal activities. Despite the extensive nature of many clients' problems there are also success stories such as the one presented here.