

# Panoramic Views: Self and Gambler in Helping Relationships

Cindy Anderson, MSW, LCSW, ICGC-I



# Panorama of Self as Helper

“Knowing your own darkness is the best method for dealing with the darkneses of others.” – Jung



**What are your Challenges?  
Biases? Overuses? Pain points?**



## Key approaches:

“Assume you know nothing about the client.” Dr. George Dee  
First supervisor, Jane Wayland  
Center, Phoenix Arizona

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“You have to open yourself up and let the pain move through you. It’s not yours to hold.” “My attempts at taking away (patient’s) heartache were just a way of trying to protect myself from suffering.” Frank Ostaseski, MD in The Five Invitations





## WHAT ARE YOUR REACTIONS?

Harry is a 58-year-old man who has \$42,000 worth of debt from gambling. He goes to the casino several times a week. His wife has left him, and his adult children have also distanced from him. He manages to continue working, though in a dead-end job. He has considered illegal ways to fund his gambling, such as selling his mother's oxycodone on the streets. (Fictional character)

AQ =  
Attribution  
Questions

AQ-9 Questions modified, Mental Health Toolkit, Rating 1-9 from none to very much.

- I would feel pity for Harry.
- How dangerous would you feel Harry is?
- How scared of Harry would you feel?
- I would think it is Harry's own fault that he is in his present condition.
- I think it would be best for Harry's community if he would be placed in mandatory residential treatment.
- How angry would you feel about Harry?
- How likely is it that you would help Harry?
- I would try to stay away from Harry.
- How much do you agree that Harry should be forced into treatment, even if he doesn't want to be?

# STIGMA ABOUT GAMBLING/Gamblers

## Societal

Gamblers are dangerous

Gamblers are immoral

Responsible for, or able to control the gambling behavior

NM Insurance code – excludes SA & PG treatment. NMSA 59A-23E-18F

More bias against women gamblers

## Gambler Self Stigma

Sense of shame

Problem concealment

Don't seek treatment

Aware of others' stigma toward them and afraid of it

## Helper

Can't address the mental illness until gambling or other addiction under control.

May be unaware of the biopsychosocial factors – brain chemistry changes for eg – which make sobriety difficult.

Adopting societal stigma or not countering it.

\*Sense of hopelessness about helping.\*

# EXPANDING OUR VIEW OF GAMBLING

The betting or staking of something of value, with consciousness of risk and hope of gain, on the outcome of a game, a contest, or an uncertain event whose result may be determined by chance or accident or have an unexpected result by reason of the bettor's miscalculation.

We immediately think of gambling as gambling in casinos, or sports betting but we are placing bets on many of life aspects. Many of these activities may still have some reassurances of payoff, but many remain risky!

Video games  
Coupons/sales  
Bingo  
Raffles

Agriculture  
Stock Market  
Business ventures  
Real estate  
Jewelry, Art

Love relationships  
College  
Children

## RISK FACTORS FOR PROBLEM GAMBLING



**onset**

**Adverse childhood events**

**Losses, Trauma**

**Cultural or familial support for gambling**

**ADHD – impulsivity and need for activity**

**Family history of gambling problems**

**Bipolar disorder or psychotic disorders**

**Personality disordered**

**Use of substances**

**Parkinson's medication**

**Being member of a disenfranchised or low income group**

**Active military or vets**

**College students (6% problem gamblers)**

## A Day in the Life of Gambler



- ▶ Wakes up, **thinks about last night's loss.**
- ▶ **Feels very upset, even angry about the loss**
- ▶ Gets ready for work, is running late.
- ▶ While driving starts to **think about how he can recover the loss (chasing the loss)**
- ▶ Gets to work and starts in on a task. Feels tired.
- ▶ **His thoughts go back to the casino.**
- ▶ **His thoughts go back to chasing the loss.**
- ▶ He realizes he needs to get back to work.
- ▶ **Again, thoughts of the casino**
- ▶ When asked by coworker if he went gambling again, he says no.
- ▶ Gets a call from a bill collector. Ignores the call.
- ▶ **Thoughts again about how we can win back the money.**
- ▶ When he gets home from work he tries to convince himself not to go to the casino.
- ▶ He goes to the bar instead.
- ▶ **He finds himself mindlessly at the casino, after drinking.**
- ▶ Cycle repeats!



# USUALLY SOME FORM OF SHAME IN ADDICTIONS

Toxic shame is feeling flawed and  
defective as a human being.  
(John Bradshaw, Brene Brown)

Healthy shame is experiencing the  
manifestation of our limitations.  
(morally, physically, socially, etc.) Bradshaw

# Guilt as opposed to Shame

- ▶ Guilt involves our perception that we have fallen short of our values, either by doing something wrong or not doing something we should have.
- ▶ We have to have a sense of morality in order to feel guilt.
- ▶ Guilt is an energizing emotion – it leads us to correct our actions.

GUILT IS ABOUT AN ACTION OR LACK OF ACTION;  
SHAME IS ABOUT OURSELVES AS A PERSON

## SOURCES OF SHAME

Trauma  
Excessive criticism  
Loss  
Family system  
Secrets  
Religions  
Abandonment  
Sex Abuse  
Physical Abuse  
Mental Illness  
Society  
Work  
Money

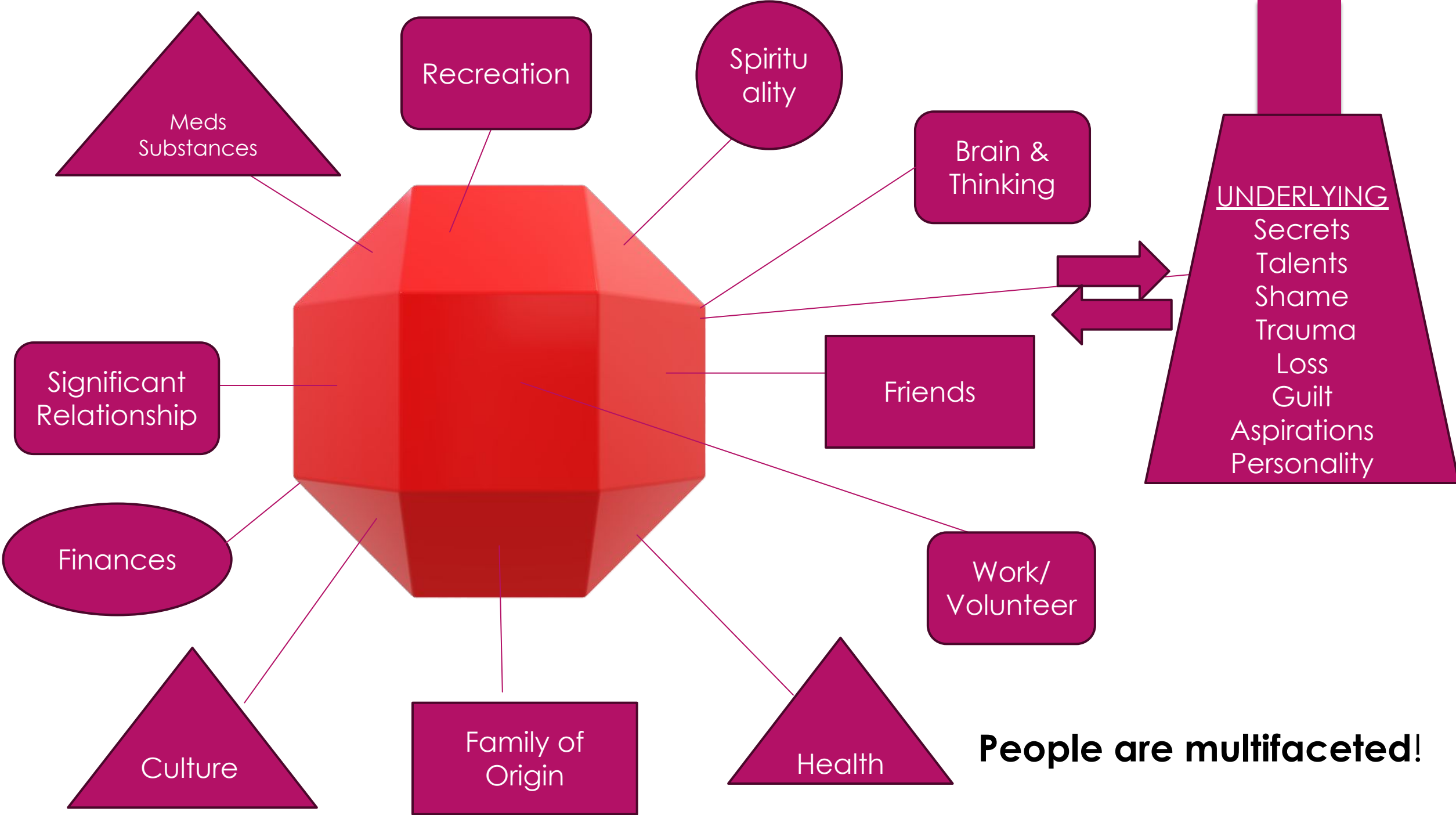
# SHAME CYCLE

**TOXIC  
SHAME**

ADDICTION  
or Misuse

Negative  
Experience







# Comorbidities and Associated Conditions

## Mental Illness

75% of Problem Gamblers  
have primary mental illness  
(Kessler 2008)

Post Traumatic Stress  
Disorder – as high as 34%

Depression/Bipolar (Mood  
disorders)– 50%

Anxiety – 40%

ADHD - ?

Personality Disorders 60%

Obsessive-Compulsive  
Disorder – not well studied

## Substances

Alcohol 73%

Marijuana – assoc w/  
MH issues and PD

Stimulants – higher  
correlation

Parkinson's Drugs

Tobacco

Total illicit drugs – 38%

## Other addictions

Shopping

Porn/Sex addiction

Video gaming

Day trading

Internet

Religious practices

Exercise

Food

# Role of Trauma, Loss and Shame

- ▶ Trauma and PTSD are linked to Gambling Disorder or Problem Gambling. (Moore & Grubbs 2021)
- ▶ Severity of PTSD also linked to severity of gambling.
- ▶ People with trauma may use gambling to cope with the negative symptoms they experience. (escape gambling)
- ▶ People who experienced losses in life may not only try to escape the negative emotions but also metaphorically attempt to recoup what has been lost.

## **UNDERLYING NEED OR MOTIVATION:**

- Desire to feel like a winner
- Desire to feel control over circumstances
- Desire to feel valued, worthwhile
- Desire to avoid pain, physical or emotional

## NAVIGATING THE MAZE for Treatment or Support



## ASSESSMENT PHASE

- ▶ Get to know your gambler & create atmosphere of hope/positive regard. Expect distrust of you as helper
- ▶ At first, and frequently assess for suicidal ideation
- ▶ Assess for severity. Screening tools are helpful:  
Brief Biosocial Screen; Lie-Bet; NODs; Problem Gambling Severity Index, DSM 5, SOGS
- ▶ If severity, may discuss self-ban or immediate harm reduction strategies.
- ▶ Look for comorbidities – substances, trauma, mental health issues, other behavioral addictions. Address/refer.
- ▶ Assess for stages of change (may differ for each problem)

# Domains for Assessment and Intervention

## Financial

KEY domain to address. Wait for some trust to build in the relationship.

Is the gambler still able to work?

What bills are being unpaid?

Has the gambler borrowed money from others? Obtained money illegally?

Get a list of debts. Look for unexpected debts – such as a credit card in their child's name, withdrawing money from someone's savings account, home equity loans.

Look for numerous accounts.

## Relational

Who are the supportive persons to the gambler?

Who has exited their life due to the gambling?

How has gambling impacted the gambler's sexuality?

Does the gambler have friends or a partner who also participate in gambling?

## Spiritual

As in any addiction, or illness, the gambler may have disconnected themselves from meaning in life.

What is the gambler's spiritual history?

How is the shame they feel keeping them from seeking spiritual guidance?



# More domains for assessment & intervention

## Cultural

Some cultures accept or even endorse gambling.

Asian cultures accept/endorse gambling and have beliefs about being lucky.

Native American cultures have had gambling games as a communal activity. Also have mystical beliefs. Native Americans have among the highest rates of problem gambling.

Black cultures have high rates of problem gambling and due to income disparity are more highly affected.

## Health

Problem gambler's health suffers, due to the preoccupation with gambling, long hours of sitting, even being in smoky environments.

Parkinson's Disease is associated with problem gambling. The dopamine drugs given will generate the excitement and high associated with gambling.

Some people with health problems gamble to escape the stress or pain of their condition.

## Suicide

50% of problem gamblers have had suicidal ideation and 17% of attempted it.

Problem gamblers have the highest suicide rate of any of persons with addictive disorders.

## Judicial

Is the gambler in trouble legally? May need legal representation, support.

# More Domains for assessment and intervention

## Recreation

Find or reconnect to enjoyable activities.  
(Form of behavioral economics)

Remember that nothing will compare to the high of the gambling. But ask them to try for activities that come close.

Make sure recreational activities don't involve persons who will encourage the gambler to drink or gamble.

## Society

Advocate for gamblers, educate others about the disease

Advocate for insurance coverage/treatment

Watch your own language about gambling – instead of “addict”, use “person with a gambling problem”.

Look for ways to influence policymakers

# Treatment tasks

- ▶ Look for support person – involve if appropriate. GA or Facebook groups or podcasts too. Can get sponsor at GA.
  - ▶ Encourage positive health behaviors: see MD, take meds, exercise.
  - ▶ Encourage substitute recreation (behavioral economics) Encourage sense of meaning
  - ▶ Educate on gambling effects on the brain
- ▶ Assess level of debt (few sessions later)
  - ▶ Put together debt management plan



???

HELP!!

# More treatment tasks

- ▶ Look at cognitive distortions about gambling
- ▶ Substitute cognitive processes
- ▶ Use imagery to imagine coping or to imagine the negative effects of gambling
- ▶ Teach techniques to manage urges
- ▶ Educate on and help gambler set up barriers to gambling
- ▶ Mindfulness very helpful
- ▶ Do deeper work, after more stability (need to assess readiness) Look at life factors, family of origin which may have led to gambling
- ▶ Couples work or family work is encouraged
- ▶ Expect difficulty in reducing or stopping gambling



# Collaborations

## Medical

Contact with Medical  
Provider – PCP and/or  
Specialist

Pharmacist

## Mental Health/SA Treatment

May have adjunct  
treatment provider

Prescriber

Intensive Outpatient

## Peer Support/Tech

Gambler's Anonymous

RGANM texting available

1-800-Gambler (Text, Talk)

Gam-Anon for families

Gamban

Facebook groups

Podcasts

# Conclusions

- ▶ Be open as a practitioner to understand yourself, and to understand the gambler.
- ▶ Have empathy! (“Empathy is the ladder out of the shame hole” – Brene Brown) Information given to you is in sacred trust.
- ▶ Take the panoramic view of the gambler’s life and look for many domains from which to intervene.
- ▶ Expect a bumpy, uneven ride. Who of us has a straight line to our goal?
- ▶ Enlist help from other professionals or members of the community.
- ▶ Keep hopeful and positive. Don’t buy into the gambler’s desperation.



# Thank you for coming!

ENJOY NM PANORAMAS, THE  
PANORAMAS OF YOUR LIFE AND THE  
PANORAMAS OF THE PEOPLE WHOM  
YOU SERVE.



