

SPRING 2016

# the Lucky Clover

Newsletter of the Michigan Association on Problem Gambling



## What is the Michigan Association on Problem Gambling?

MAPG is a 501(c)(3) non-profit corporation organized in 2003 for the purpose to helping individuals who develop problems related to their gambling. MAPG is the Michigan Affiliate of the National Council on Problem Gambling. We take a neutral stance on gambling/gaming in Michigan. MAPG is committed to providing education on how to keep gambling a recreation, providing resources for those who gamble more than they can afford, and advocating for services for those who develop a gambling disorder.

### Save the Date!

#### HMSA Workshop

**April 29**

Role of the Michigan Gaming Control Board – Sandra Johnson presenting

#### Midwest Conference

**June 22 - 24**

Midwest Council conference will be held in Kansas City, MO

#### NCPG Conference

**July 15 - 16**

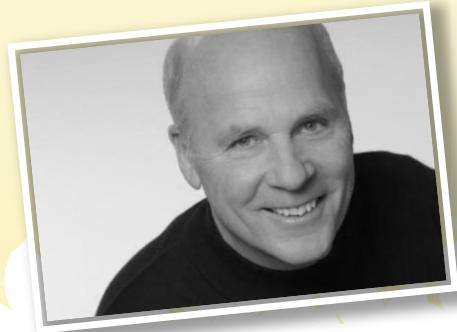
The National Council yearly conference will be held in Tarrytown, NY.

## From the Director's Desk

2016 has started out as a very exciting year for MAPG. The Board has decided to take a proactive role in bringing together all the stakeholders who offer programs to assist problem gamblers. It is obvious to the Board that all of the stakeholders have a strong desire to offer appropriate programs for this affected population. No one benefits when an individual develops a gambling problem that affects the gambler and the gambler's family.

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*Michael Burke, MAPG Executive Director*



## Get Involved!

MAPG is made up of all stakeholders in the area of problem gambling. This includes clinicians, people in recovery, family members, policy makers, researchers, educators and members of the gaming industry. Whatever your role, we welcome you to join us to help make sure that all people affected by gambling disorder receive the best help possible.

### Come on out to a MAPG meeting

We encourage all MAPG members to come out to our monthly meetings. We meet on the fourth Saturday of the month. Feel free to contact us ahead of time. Half of our meetings are in person meetings, held at the Maple Grove Center at Henry Ford. The other half of meetings are held as a conference call. This is a great way to keep abreast of current events in the world of problem gambling!

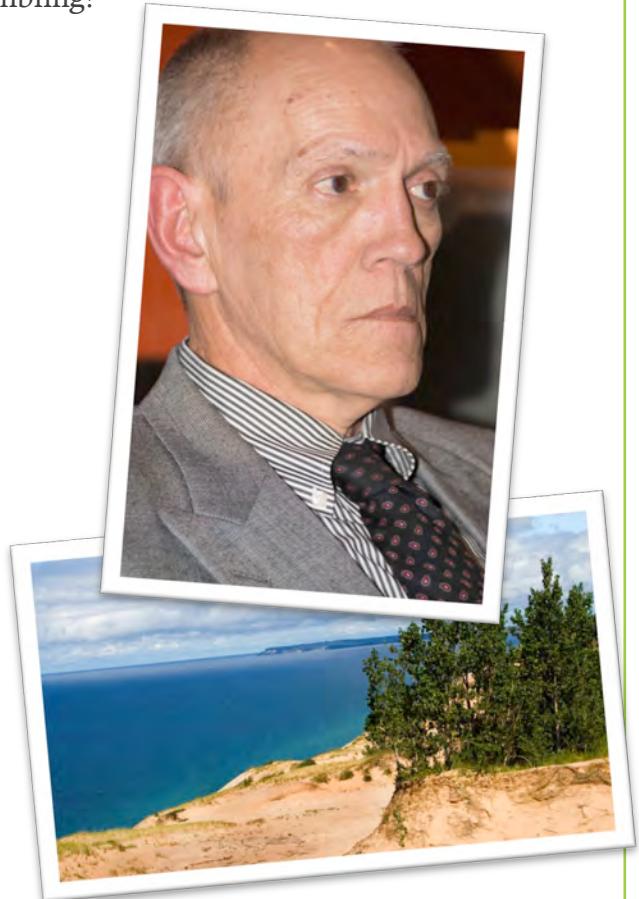
### Become a member of MAPG

Becoming a MAPG member is a great way to keep up to date on current events in Michigan gambling.

Becoming a member is easy and inexpensive. Plus, you can get a combined membership to MAPG and the National Council on Problem Gambling for a reduced cost! Go to [www.michapg.org/membership](http://www.michapg.org/membership) for details.

### Attend the National Conference in July

World-class researchers and clinicians from across the United States and the world come together each year to advance our knowledge on problem gambling. This year, the NCPG conference will return to its roots for the 30<sup>th</sup> annual conference, to be held in Tarrytown, NY, just outside of New York City. With up to 30 CE hours for the preconference (July 13-14) and main conference (July 15-16), this is an excellent learning experience. [www.ncpgambling.org](http://www.ncpgambling.org) for details



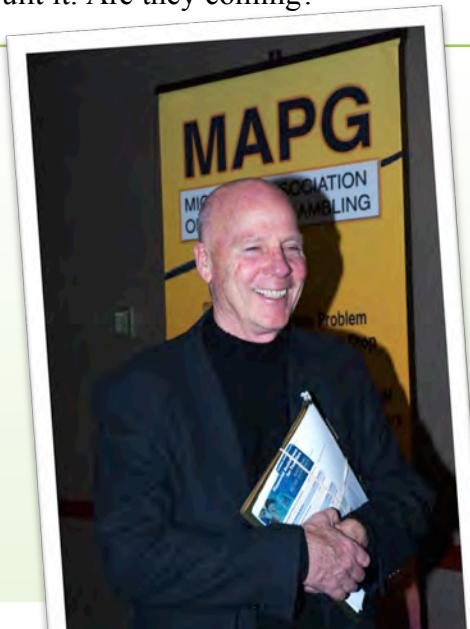


## Why Don't Problem Gamblers Seek Treatment? A few possible reasons.

By David M. Ledgerwood, PhD & Jamey J. Lister, PhD, Wayne State University

"If you build it, they will come..." were the prophetic words whispered on the wind to Ray Kinsella (Kevin Costner) in the movie Field of Dreams, encouraging Ray to build a baseball diamond in his corn field. He built it, and they came. The past several decades have seen a similar state of affairs in the world of problem gambling with the meteoric rise in the number of gambling venues and corresponding increase in the rates of gambling disorder. Many states and provinces have answered by establishing publicly funded outpatient treatment programs, and jurisdictions have started or greatly developed their own responsible/problem gambling councils. So, we built it. Are they coming?

Clearly, the consequences of problem gambling are abundant. Gambling disorder is associated with multiple harms including financial losses, debt, bankruptcy, criminal behavior, family conflict, domestic violence, family neglect, occupational impairment, co-occurring mental health and addiction issues, and elevated gambling-related suicide risk. Nevertheless, numerous studies have consistently demonstrated that a very small proportion of problem gamblers ever seek treatment for that disorder, with rates ranging from about 1 to 3 of every 10 gamblers (Slutske, 2006; Suurvali et al., 2009). In a sample of problem gamblers recruited from the community, for example, we found that only 16%



## Our Board

MAPG has a volunteer board of directors.

Michael Burke	Executive Director
David Ledgerwood, PhD	President
Michael Mooney	Vice President
Richard Riggs	Secretary
James Loree	Treasurer
Denise Phillips	Affiliate to NCPG

### Editorial Staff

David Ledgerwood, PhD
Denise Phillips

Editor
Photography

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had ever sought problem gambling treatment (Lister, Milosevic, & Ledgerwood, 2015a). By contrast, 59% had sought treatment for co-occurring mental health problems.

The question remains, why do so few problem gamblers seek treatment? Few studies have attempted to grapple with this issue. Below we discuss some of the possible reasons why few problem gamblers seek help from gambling-specific programs. We explore the possibility of an interaction between three interconnected reasons for avoiding treatment: treatment barriers, the use of gambling as “self-medication” for coping with other mental health problems, and lack of motivation to change.

***Reason 1. Treatment barriers.***

An easy answer is that there are things that get in the way of problem gamblers seeking treatment. There are many environmental, social and attitudinal factors that can make it difficult to attend. In a recently published article, we found that several treatment barriers distinguished between problem gambling helpline callers who eventually went on to start treatment and those who did not (Khayyat-Abuaita, et al., 2015). These included lack of treatment availability, stigma around gambling, and uncertainty about what happens in treatment. Others have found that individual-focused barriers such as shame and embarrassment, privacy concerns and denial (Hodgins & El-Guebaly, 2000; Pulford et al., 2009), and environmental factors such as knowledge about and accessibility to treatment, past satisfaction with treatment services, anticipated cost of treatment, and family factors (Pulford et al., 2009; Suurvali et al, 2009; Evans & Delfabbro, 2005) make it much less likely that problem gamblers will seek out help.

***Reason 2. Coping with co-occurring psychiatric disorders.***

Another potential reason why problem gamblers are unlikely to seek treatment is that they don't see their gambling as their main problem.

Many people with gambling disorder may (knowingly or unknowingly) use gambling as a strategy to help deal with co-occurring psychiatric symptoms. In our studies, we found that 87% of problem/pathological gamblers reported at least one other lifetime co-occurring psychiatric disorder (e.g., major depression, alcohol use disorder). These co-occurring disorders typically cause distress, which may make gambling a particularly appealing strategy to offset or distract from painful emotions. We have found that problem gamblers with co-occurring depressive disorders (major depression, dysthymia) are more likely to have personality styles that make interpersonal relationships challenging via social isolation and alienation. Those problem gamblers with co-occurring depression also reported being more motivated to gamble as a means of coping with these painful emotions (Lister et al., 2015a). In a related study, we found that 1 in 5 problem gamblers were afflicted with post-traumatic stress disorder (PTSD), and were also more likely to report higher motivations to use gambling to cope with negative emotions (Ledgerwood & Milosevic, 2015). Indeed, there is evidence that a majority of problem gamblers in treatment have experienced a major trauma at some time (Ledgerwood & Petry, 2006). Further, problem gamblers with co-occurring alcohol use disorders (approximately 60% of problem gamblers) may be especially unlikely to view treatment for their gambling as beneficial. We found that problem gamblers with co-occurring alcohol dependence were likely to have another substance/drug dependence disorder, and their personality styles were characterized by impaired control (making responsible gambling unlikely), resistance to authority (limiting their interest in directed or abstinence-based approaches), and low levels of positive emotion (hopeless about their futures) (Lister, Milosevic, & Ledgerwood, 2015b). These findings show that problem gamblers with co-occurring alcohol problems are especially challenged when trying to break free from the rewarding processes of gambling (e.g., gamblers are typically motivated by the excitement, escape and social connections that gambling can bring). Finding motivation to start problem gambling

treatment likely represents a last-ditch option only undertaken when the consequences of gambling and addictive behavior outweigh the benefits.

### ***Reason 3: Challenges to Identity and Resistance to Change***

A third reason that problem gamblers may resist (or lack motivation to initiate) treatment may be the overwhelming changes required to their views of themselves and their identity. Typically, treatments address changes to the problem gambler's thoughts and behaviors related to gambling. However, many problem gamblers build their lives around going to the casino and making bets as the gambling environment can be fun, exciting, and offers the potential to win money (Lee, Chae, Lee, & Kim, 2007).

Problem gamblers also report that gambling is one of the activities where they feel the most comfortable and alive (Lister, Wohl, & Davis, 2015; Sanger, 2003). These type of rewarding outcomes and feelings may be especially challenging for the problem gambler to give up or change, and many may remain in denial even as consequences (e.g., financial, occupational, interpersonal) and distress (e.g., anxiety, irritability, hopelessness) associated with their gambling continue to worsen (Custer, 1984). The problem gambler who seeks treatment in some respects has to acknowledge that he or she has a gambling problem, which will likely be very hard to admit, and may make the gambler feel regret about all the wasted time, money, and personal losses (e.g., job loss, divorce) he/she has suffered as a result (Kim et al., 2014). In sum, gambling represents a multi-faceted form of identity to many problem gamblers, and seeking treatment will ultimately require (in addition to changing gambling thoughts and behaviors) problem gamblers to change how they define themselves (i.e., create a new identity), and to find new behaviors and activities that they enjoy and feel are in harmony with the new self they are creating in their recovery process.

### ***Conclusion***

We have an infrastructure to treat problem gamblers, and in many cases treatment is free to

clients. However, as of yet, relatively few of potential clientele have been drawn to these resources. That is to say, we have built it, but they have not come (at least most of them haven't). To improve the appeal of problem gambling treatment, it is essential that all stakeholders (clinicians, programs, funders, people in recovery, etc.) act as agents for reaching out to problem gamblers to provide education about the benefits of treatment. Furthermore, the field would benefit from: improved screening and referral efforts (at substance abuse/mental health clinics) for gambling; increased public education regarding gambling as an addiction/mental health problem; treatment that integrates focus on co-occurring disorders and gambling disorder; and treatment that cultivates change motivation by addressing the important role that gambling often represents for people with gambling disorder.

Decades of community care and clinical trial research show that treatments for problem gambling are effective. It is important that we understand that reluctance to seek treatment for a gambling disorder is likely due to a complex constellation of factors that include the interrelation between external barriers, difficulty coping with co-occurring symptoms and the deeper inter- and intra-personal roles that gambling plays in the problem gambler's life. We have built it, but our structure can surely be improved by paying attention to the reasons problem gamblers resist joining us out on the playing field.

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We, as a Board, are well aware that the funds for prevention and treatment of compulsive gambling are provided by the industry. We want to collaborate with the industry to make sure that the "best practices" are being followed in the offering of prevention and treatment services. We know that all involved in these efforts want to make sure that a full range of services are made available to fill every individual's needs.

As a Board, we are also aware that the lottery and the casinos in our state have their own responsible gaming programs in place to assist gamblers and their families. We strongly believe that it makes perfect sense to bring the lottery, Native American casinos, corporate casinos, the Michigan Gaming Control Board, and the Michigan Association On Problem Gambling all under the same umbrella to share our "best practices" and our individual ideas on treatment and prevention with one another. This will allow us to offer the best services available to gamblers and their families.

We hope to have a member from each of the stakeholders join our organization, sit on our Board, and share their ideas and programs. We believe that by working with the stakeholders who care so deeply for our population that we can best serve the compulsive gamblers in our state.



## Becoming a MAPG Member

Becoming a member of the Michigan Association on Problem Gambling is easy. Just go to our website to sign up:

[www.michapg.org](http://www.michapg.org)



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