

Stages of Change and Problem Gambling

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Sarah Waldman is an Education Specialist/Therapist with Gambling, Gaming and Technology Use at the Centre for Addiction and Mental Health (CAMH). Sarah has over 15 years of combined experience working in the mental health and addiction field in a variety of roles including: counsellor, program developer, project coordinator and educator. Sarah is a Registered Psychotherapist and holds a Masters of Creative Arts Therapies from Concordia University. Sarah is skillful in supporting community capacity-building and fostering collaborative partnerships among diverse stakeholders. Passionate about diversity, equity and inclusion; she brings these values to all of her work.

Disclosures

Potential sources of bias outlined on the following slide have been mitigated by making this information accessible and available to all participants at the time of registration and the presentation date.

Presenter Disclosures

No disclosures to report

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Webinar Learning Objectives

1

Describe the
Stages of
Change model

2

Identify
problem
gambling
examples of
behaviours for
each stage in
the model

3

Identify at least
one clinical
objective and
intervention for
each stage of
change

Think about a time you tried to make a change....



The Stages of Change Model

- Transtheoretical Model (Stages of Change)
- Put forward by James Prochaska and Carlo DiClemente in the 1970s
- Client-centred model
- Recognizes that clients come to see clinicians at different stages in their behaviour-change process
- Understanding the client's stage of change may lead to more informed clinical interventions and less dropout
- Change is rarely linear and relapse occurs



The Stages of Change Model



Exit and re-enter at any stage

(Prochaska & DiClemente, 1982)

1.

NO, NOT ME

Pre-contemplation

Michael



- 32-year old male
- Works as an insurance broker
- Plays poker online (including during work hours) and regularly places sports bets with a bookie for both himself and his group of friends
- Spends between \$400 - \$800 a month on his gambling
- His girlfriend is pressuring him to stop gambling and go see a counselor
- Agrees to go to counselling (to appease his girlfriend) but doesn't see his gambling as problematic and thinks he is very close to "the big win"

1.

NO, NOT ME
Pre-contemplation

Poll: Multiple choice

Which of the strategies below would you **not** use for Michael?

- A) Establish rapport and trust
- B) Suggest abstinence from his sport betting
- C) Commend client for coming to treatment
- D) Provide information about the risks related to gambling





Precontemplation: Clinical strategies

- Avoid assumptions about the type of treatment needed
- Establish rapport and trust
- Commend client for coming to treatment
- Agree on a direction for therapy
- Provide information about the risks
- Ask about how behaviour is impacting their lives
- Ask about past attempts to change

(Center for Substance Abuse Treatment.,1999)

1.

NO, NOT ME
Pre-contemplation

Handouts for clients in precontemplation

WHAT FACTORS PUT YOU AT RISK FOR GAMBLING PROBLEMS



Many known risk factors can lead to gambling problems or make it harder for you to stop or reduce your gambling. The more risk factors apply to your situation, the more caution you may need to take in your gambling. Risk factors for problem gambling include:

- a big win early in your gambling history
- money problems
- a recent loss, such as divorce, death, job loss or retirement
- loneliness/lack of support and chronic boredom
- lack of direction in life or limited hobbies
- a pattern of risk taking or impulsive behaviour
- a pattern of using gambling or drugs to avoid or cope with negative feelings or events
- mental health problems, such as depression and anxiety
- experience of abuse or trauma
- a personal history of or current problems with alcohol, other drugs, gambling and/or overspending
- a family history of problems with alcohol or other drugs and/or gambling
- mistaken beliefs about the odds of winning at gambling
- a preferred form of gambling that is easy to find and access
- not tracking wins and losses.

Counselling can help you resolve problems caused by gambling and consider ways to lower your risk by stopping, reducing or changing your gambling.

Contact **ConnexOntario** at 1 866 531-2600 for information on problem gambling counselling and related resources in your community. Services are free, confidential and offered in many languages.

References:

- Broughton, R. & Brewster, J. (2002). Voices of women who gamble in Ontario: A survey of women's gambling barriers to treatment and treatment service needs. Retrieved from <http://www.grioc.ca/Modules/EvidenceCentre/Details/voices-women-who-gamble-ontario-survey-women-gambling-barriers-treatment-and-treatment>.
- Gambling, Gaming and Technology Unit (formerly the Problem Gambling Institute of Ontario). (2006). *Problem Gambling: A Guide for Helping Professionals*. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from <https://learn.problemgambling.ca/PDF%20Library/handbook-guide-for-helping-professionals-accessible-2017.pdf>.
- Hodgins, D.C., Sheu, J.H. & Grant, J.E. (2011). Gambling disorders. *The Lancet*, 378 (9806), 1874-1884. DOI: 10.1016/S0140-6736(10)62185-X
- Uttman-Sharp, N., Weber, K., Port, L., Wolfe, J. & Ballon, B. (2014). What if it's not about a drug? Addiction as problematic behaviour. In M. Hien & W.J.W. Skinner (Eds.), *Fundamentals of Addiction: A Practical Guide for Counselors* (3rd ed., pp. 481-520). Toronto, ON: Centre for Addiction and Mental Health.
- Nowell, L. & Blaszczynski, A. (2010). Gambling motivations, money-lending strategies, and precommitment preferences of problem versus non-problem gamblers. *Journal of Gambling Studies*, 26, 361-372. DOI: 10.1007/s10899-009-9170-8
- Turner, N.E., Zingales, M. & Uttman-Sharp, N. (2006). The experience of gambling and its role in problem gambling. *International Gambling Studies*, 6 (2), 237-266. DOI: 10.1080/14459790600928793

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1.

NO, NOT ME
Pre-contemplation

Handouts for clients in precontemplation

HOW DO I HELP SOMEONE CHANGE THEIR GAMBLING?



Making meaningful and lasting changes to behaviour can be challenging. Changing gambling behaviour is no exception. It can be helpful to understand the process of behaviour change (known as the Stages of Change) when trying to offer support to someone close to you with problem gambling.

The Stages of Change is a theory that states there are distinct stages or steps involved in the process of changing behaviours.

There are 5 stages in this model:

- 1. Precontemplation:** Your loved one is not yet interested in changing.
- 2. Contemplation:** Your loved one is unsure about changing.
- 3. Preparation:** Your loved one is getting ready to change.
- 4. Action:** Your loved one is taking steps toward change.
- 5. Maintenance:** Your loved one is keeping up with the changes they have made.

A person who has gambling problems may move back and forth between these stages before committing to making changes in their behaviour. You can have an influence on your loved one's decision if you match your support to the stage of change they are in.

Keep in mind that it can be very challenging to support your loved one in making changes to their gambling, especially if you are very close to the person and have been impacted by their gambling. It is important to take care of your own needs, including reaching out for support (for example, accessing counselling for yourself) and protecting your finances, if necessary.

Review the chart on the next page to get a better sense of what your loved one might say at each stage of change and what actions you can take to support them in changing behaviour.

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2. Lisa



- 68 year old divorced woman
- Has an adult son with a serious brain injury that she takes care of
- Experiencing a lot of financial stress since retiring last year
- Plays the slot machines at the casino a few times a week
- Recently has become concerned about how much time she has been spending at the casino however sees it as her one way to relieve the stress she has from caring for her son

(Center for Substance Abuse Treatment.,1999)

Well,
MAYBE
Contemplation

2.

Poll: Multiple choice



Which of 2 strategies below would likely be most helpful to Lisa?

- A. Normalize ambivalence
- B. Recommend she self-excludes from the casino
- C. Ask Lisa to begin to monitor her gambling
- D. Develop action oriented and realistic goals

2. Contemplation: Clinical strategies

- Emphasize client control
- Support self-reflection on the impact gambling has on their lives
- Roll with resistance, and avoid encouraging tasks that are appropriate for clients in the action stage
- Describe what other clients have found helpful
- Present information in a neutral manner

(Center for Substance Abuse Treatment.,1999)

Well,
MAYBE
Contemplation

2.

Handouts for clients in contemplation



	WHAT ARE THE BENEFITS IF I STOP OR REDUCE MY GAMBLING?	WHAT ARE THE COSTS IF I CONTINUE TO GAMBLE PROBLEMATICALLY?
IN THE SHORT TERM		
IN THE LONG TERM		

Adapted from:
Herle, M.A. & Watkin-Merek, L. (2006). *Structured Relapse Prevention. An Outpatient Counselling Approach* (2nd ed.). Toronto, ON: Centre for Addiction and Mental Health.

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(Miller & Rose, 2013)

SO, OK
WHAT DO I
DO NOW?

Preparation

3. John



- 25 years old
- Started playing table games at the local casino when he moved away from home for university 3 years ago
- Started treatment for problem gambling 2 months ago after spending all of his OSAP money in a few weeks at the casino
- Has been tracking his gambling on an app and has established a harm reduction goal related to how much time and money he invests into his gambling
- Recognizes the gambling is causing significant problems in his life including impacting his mood and ability to be successful at school

(Center for Substance Abuse Treatment., 1999)

SO, OK
WHAT DO I
DO NOW?

Preparation

3. Preparation: Clinical strategies

- Explore treatment options available
- Develop action-oriented and realistic goals
- Support clients as they continue to increase connections with friends and family and/or attend self-help groups
- Help clients prioritize change opportunities, and encourage small, initial steps
- Explain the cyclical nature of the change process
- Reduce barriers to action

(Center for Substance Abuse Treatment.,1999)

SO, OK
WHAT DO I
DO NOW?

Preparation

3.

Handouts for clients in preparation

I

QUITTING OR CUTTING BACK



Once you decide to make changes to your gambling, there are 3 options you can explore. Your options are described below.

1. QUITTING FOR GOOD

Many people find avoiding all forms of gambling to be the safest option for them.

2. QUITTING SPECIFIC GAMBLING ACTIVITIES

Some people quit the gambling activities that have caused them difficulty but continue to engage in other gambling activities (e.g., they quit playing slots and bingo but continue to buy raffle tickets).

This choice can be harder than quitting all gambling activities because you may find yourself starting to have difficulty with another type of gambling. For example, if you decide to cut out slot machines, an activity that has caused you the greatest difficulty, but start to increase your lottery wagering to try to win back some money, this would suggest it would be best to stop playing the lottery as well.

If this option is the one you choose, you need to decide what gambling activities you are cutting out and what activities you will continue to play.

3. CUTTING BACK

Some people plan to continue the gambling activities that cause problems for them but limit their play to non-problem levels.

This choice is usually the toughest. Many people attempt to do this but find that constantly struggling within their limits is too difficult. If you are thinking about cutting back on your gambling, it is helpful to quit all gambling for 2 to 3 weeks before making this decision. During this period, noticing how you cope with urges or temptations to gamble can help you decide if this is the right option for you.

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SO, OK
WHAT DO I
DO NOW?

Preparation

3.

Handouts for clients in preparation

SMARTER GOALS WORKSHEET



A key part of cutting back or quitting gambling is setting goals. This worksheet walks you through the steps of making Specific, Measurable, Achievable, Relevant, Timing, Evaluate and Reward (SMARTER) goals. This can help you set healthy and realistic goals for changing your gambling behaviour.

Specific: What do you actually want to achieve? Reducing or stopping gambling activities is a great goal; however, it is vague. Will you set a specific limit on the amount of money or time spent gambling? Or will you stop gambling for a specific period of time?

My goal is (write one sentence that clearly describes your goal):

Measurable: How will you know when you've reached your goal? What will be different?

Write a sentence that describes how you will know your goal has been reached. Be as concrete as possible (e.g., I will have gone a week without buying a scratch ticket):

Achievable: Is your goal something you can reach given your current situation/resources?

It can be helpful to stick to a larger goal that you can achieve in the next 8 weeks and break that goal down into smaller steps. You can always create a new goal after 8 weeks.

SMARTER GOALS WORKSHEET



Break your goal down into smaller, achievable steps:

1. _____ Date: ____ / ____ / ____
2. _____ Date: ____ / ____ / ____
3. _____ Date: ____ / ____ / ____
4. _____ Date: ____ / ____ / ____
5. _____ Date: ____ / ____ / ____
6. _____ Date: ____ / ____ / ____

Relevant: Ask yourself, "Is my goal important to me?"

The more aware you are of your reasons for change, the more likely you will stay motivated when things get tough. Write down one (or more) reasons why this goal is so important to you:

1. _____
2. _____
3. _____

Timing: What is the start date and end date for reaching your goal?

Start date: ____ / ____ / ____ End date: ____ / ____ / ____

Evaluate: At the halfway mark, ask yourself, "How am I doing with my goal?"

Goal evaluation date: ____ / ____ / ____

Reward: Reward yourself with a realistic, healthy reward. (Acknowledging your efforts and successes is important and motivating!)

My reward for reaching my goal will be:

References:

Miller, R.N. & Rollnick, S. (2013). *Motivational Interviewing* (3rd ed.). New York: The Guilford Press.

Wade, D.T. (2009). Goal setting in rehabilitation: An overview of what, why and how. *Clinical Rehabilitation*, 23, 291-296. DOI: 10.1177/0269215509103551

OK,
LET'S DO THIS

Action

4.

Sandra



- In her late 50s
- Over the past year Sandra had experienced financial difficulties in relation to her increasing lottery play
- Has been attending problem gambling groups for the past two months
- Has chosen an abstinence goal
- Has not purchased lottery tickets for the past 2 weeks
- Has signed up for an art class at her community centre as this was an activity she used to enjoy in the past

(Center for Substance Abuse Treatment.,1999)

OK,
LET'S DO THIS
Action

4.

Poll: Short answer

What are some clinical interventions that might be helpful for a client in the action stage of change like Sandra?



OK,
LET'S DO THIS

Action

4.

Action: Clinical strategies

- Support the client's sense of control and agency
- Help client discover meaningful activities to substitute for their gambling behaviour
- Support the development of coping strategies to deal with any anticipated high-risk situations
- Encourage clients to find healthy rewards for themselves for any progress they make, big or small
- Support clients who may want to apply for voluntary self-exclusion (which is a program offered in some jurisdictions—Ontario, for example), or install GamBlock on their computer/phone

(Center for Substance Abuse Treatment.,1999)

OK,
LET'S DO THIS
Action
4.

Handouts for clients in action

WAYS TO BOOST YOUR MOTIVATION



As you make changes to your gambling, it is important to find ways to keep yourself motivated. Use this worksheet to jot down some ideas for how to boost your motivation.

1. Look at the positive outcomes of changing your gambling behaviour.

2. Look at the negative outcomes of continuing to engage in problem gambling.

3. Think about your values (i.e., what really matters to you, what sort of person you want to be, what you really want to do with your time).

5 IT IS, POSSIBLE

• Maintenance

Mary



- Mary has completed several problem gambling groups and is maintaining her money and time limits when she does gamble
- She continues to see her individual therapist on a bi-weekly basis
- She has joined a weekly mindfulness group and has reconnected with some friends that she had lost touch with when her gambling was problematic
- Mary is looking for volunteer work in her community

(Center for Substance Abuse Treatment.,1999)

5 **IT IS,**
POSSIBLE
• *Maintenance*

Poll: True or False

It is important to develop a comprehensive relapse prevention plan with the client in the maintenance stage of change?



(Center for Substance Abuse Treatment.,1999)



Maintenance: Clinical strategies

- Help the client identify healthy reinforcers
- Help the client identify early signs of relapse through development of a relapse plan
- Encourage clients to maintain their support networks
- Support clients in thinking about longer-term goals and identify skills need to obtain them

(Center for Substance Abuse Treatment.,1999)

5

**IT IS,
POSSIBLE**
• *Maintenance*

Handouts for clients in maintenance

REPAIRING RELATIONSHIPS



Your gambling has likely had negative effects on people around you and on your relationships with them. If you have hurt, neglected or misled your loved ones, it is important to work toward healing these relationships. This will help you repair the damage from your past activities and move forward to a more positive future.

Here are some steps you can take to repair relationships that have been hurt by your gambling:

1. If you have stopped your problematic gambling, find ways to show this to your loved ones so they can feel safer. Be patient with their need for proof and reassurance. Re-establishing trust will take time.
2. Offer a genuine and direct apology to people you have hurt. Help them understand that you take responsibility for the harm you have done and that you will do your best to repair what you can.
3. Do not expect instant forgiveness. Some people will feel wounded, and pushing for acceptance of your apology may leave them feeling resentful.
4. Be reliable. Follow through on promises and commitments. Be where you say you are going to be, and call if you have to be late.
5. Take action to make up for past wrongs. Listen carefully to what your loved ones tell you they need from you. Then, through your actions, show that you care and are making changes.

References

Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64967/>

Miller, W. & Rose, G. (2013). Motivational interviewing and decisional balance: Contrasting responses to client ambivalence. *Behavioural and Cognitive Psychotherapy*, p. 1 – 13. DOI: 10.1017/S1352465813000878

Prochaska, J. (1979). *Systems of Psychotherapy: A Transtheoretical Analysis*. Homewood, IL: Dorsey Press.

Prochaska, J.O. & DiClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice*, 19(3), 276–288. DOI: [10.1037/h0088437](https://doi.org/10.1037/h0088437)

Questions?



Remember...

A link to the **Evaluation** will be e-mailed to you today, and will remain open for one week.

If you participated as a **group**, make sure to email us with a complete list of participants by the end of today.

Remember...

Gambling, Gaming & Technology Use Upcoming Webinars:

Coping Strategies Used by Partners of Individuals with Problem Gambling

Mélissa Côté, *PhD* and Joël Tremblay, *PhD*

Friday, October 19, 2018 | 12 – 1 pm EST

Registration open

<https://learn.problemgambling.ca/trainings-webinars>

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