Problem Gambling
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With the growing plethora of gambling venues throughout the United States, there is an increasing awareness of persons affected, directly and indirectly, by problem gambling. Though it is not easily visible and, thus, not well understood by clinicians and scholars, pathological gambling presents problems that cause tremendous devastation within individual families.

Several years ago, “Mary” and “John” attended their first meeting of Gam-Anon, an auxiliary group of Gamblers Anonymous for the spouses, family members, and close friends of problem gamblers. The couple was filled with pain: their looks were pained, they spoke of pain; simply put, raw pain was all they felt. A very close loved one had turned their world upside down with his life of addiction to gambling. Their lives had been shattered and they were in desperate need of healing and wholeness. For years, they had struggled with ways to deal with the gambling problem in their home. To the many questions about gambling addiction, they had no answers. To their unending struggles, they had no solutions or strategies for coping. In the months following the meeting they began to learn about pathological gambling and healthy ways to respond to their loved one. In turn, the family member would also begin to face and deal with his gambling problem.

Professional counselors have suggested that for each compulsive gambler another five to ten persons are directly affected. John and Mary fall within this range. Their loved one (meeting the criteria for diagnosis as
pathological) stands with one percent of our nation’s total population: the two million people estimated to suffer from pathological gambling. Moreover, another two to three percent (or four to six million Americans) exhibit one or more of the diagnostic criteria for compulsive gambling and are experiencing related gambling problems.†If we total these figures, a national public health issue arises. Or does it? There are several obstacles to recognizing problem gambling as a public health issue.

First, addictions and compulsions of all sorts are difficult to understand. Often the issue of gambling addiction is presented within a moral framework, and those who are not afflicted complain: “Why don’t they just stop?” In this moral perspective the gambler appears to be weak-willed, and the proposed health treatment solutions and serious research can seem distracting and distant from the moral problem.

Furthermore, many states actually encourage gambling because their treasuries benefit from tax windfalls spawned by growing gaming industries. They encourage citizens to support the infrastructure of their state by betting the state-sponsored lottery and gambling responsibly. But who watches for the signs of problem gambling and then does something about it? How many state revenues are devoted specifically to the research and treatment of problem gambling, much less to education and prevention?

The faith-based community may be counted to stand against the expansion of gambling. But where are the churches providing deliberate outreach to those affected by problem gambling? How do they carry out Jesus’ commandment to his disciples—“Just as I have loved you, you also should love one another” (John 13:34b)—in lives broken by gambling addiction? Are pastors given information and rudimentary training in understanding the issues of addiction, particularly gambling addiction? If parishioners seek help for a gambling problem, for themselves or loved ones, what kind of response do they receive?

The books reviewed here can help congregations both to understand and care more effectively for those who struggle with or are deeply affected by compulsive gambling. Together they provide an overview of compulsive gambling, including diagnostic criteria, possible genetic factors, co-morbid connections to other dysfunctional behaviors, at-risk populations, and treatment strategies. All three books summarize substantial research on this problem and its treatment; one offers very practical examples of counseling exercises.

Nancy M. Petry’s Pathological Gambling: Etiology, Comorbidity, and Treatment (American Psychological Association, 2005, 417 pp., $39.95) is an extensive resource for both clinicians and researchers on compulsive gambling. It presents studies of the disorder’s origins, genetic and neurobiological foundations, demographics, susceptibility, co-occurrence with other behavioral
dysfunctions, assessment tools and practices, and a variety of treatment approaches. On each subject Petry reviews numerous studies and prevalence rates, where applicable. This book would serve as a basic practical primer for mental health professionals.

In exploring treatment and non-clinical interventions, Petry describes a variety of pharmacotherapies, family and cognitive therapies, psychoanalytic and psychodynamic treatments, motivational interventions, and Gamblers Anonymous and Gam-Anon. The author presents her own eight-session cognitive-behavioral design, narrated through the characters of client “Mary” and therapist “Sue.” Petry highlights within her style of treatment the role of triggers, functional analyses of individual gambling sessions, free-time checklists, gambling cravings and urges, gratitude awareness, interpersonal conflicts, cognitive illusions, and troubleshooting future problems. Particularly helpful is an included client workbook to accompany each session, complete with graphics, charts, and how-to lists.

Petry’s book, together with the more focused anthology Gambling Problems in Youth (reviewed below), provide much needed data for an academic study on pathological and problem gambling. Yet they whet readers’ appetites for more current statistics concerning the latest impacts of technological advancements in the gaming industry, continued development of Internet gambling sites, and the latest trends in gambling venues.

Robert Ladouceur and Stella Lachance’s Overcoming Pathological Gambling: Workbook in the Oxford Treatments That Work series (Oxford University Press, 2006, 144 pp., $37.95) prepares therapists to meet the challenges of enhancing motivation, intervening with regard to cognition and behavior, and relapse. The authors provide a very practical approach to therapy, complete with techniques for clinicians and homework exercises to be utilized with an accompanying client workbook. Its detailed information on disordered gambling will help fill the gaps of understanding a practicing therapist may have.

Ladouceur and Lachance note that no one sets out to become an addict. Gambling out of control, compulsively, is not their goal. Yet for some gamblers, life becomes unmanageable with devastating effects. Sadly, a mere
three percent of problem gamblers seek treatment (p. vi). The authors present a very readable guide for therapists to use in motivating their clients to abstain or cut back to safe levels of gambling and to work toward change.

Each chapter lists the specific goals, diagnostic screens, and client self-awareness and monitoring instruments for a session ranging from the initial contact with the client to post-treatment follow-up. This handbook includes exact replicas of the client’s homework exercises (in the companion client workbook). What makes these exercises particularly useful for the therapist is that they are filled out as though a client had completed the work. Thus a supply of possible client responses is available to serve as discussion starters, or fillers, for the therapist.

There are lists of practical instructions for the therapist, including suggested discussions with the client about managing finances, gambling illusions related to a wide variety of venues, behavioral strategies, and so on. Case illustrations help therapists prepare for the more difficult discussions with their clients about the role of chance, the need for control, and the persistent hold of erroneous thoughts. In a multi-questioned walkthrough of a gambling session, clients are led to recognize personal reactions in their gambling behavior.

The authors present a chart to help a client carefully dissect the disordered “inner dialogue” that leads to problem gambling: from triggers (high-risk situations), to “automatic thoughts,” to subsequent actions and consequences. Later, an expanded version of this chart includes a column for “new thoughts” that help control gambling and lead to healthy choices and positive outcomes. Finally, the authors tackle a range of sticky issues that may undermine therapeutic sessions: lying, resisting cooperation, tardiness, missing appointments, relapse, suicidal ideation, loan sharks, and obtaining bailouts from loved ones.

Overcoming Pathological Gambling is a hands-on guidebook with a basic description of problem gambling and comprehensive directions for crafting client sessions around discussions, dialogues, and client exercises. Although this book is addressed to clinicians, it is an excellent resource for pastors and laypersons to navigate the pragmatic aspects of dealing with problem gamblers.

Gambling Problems in Youth: Theoretical and Applied Perspectives (Kluwer Academic, 2005, 292 pp., $99.00), edited by Jeffrey L. Derevensky and Rina Gupta, focuses on the multiple aspects of adolescent gambling. The chapters in this book, which are authored by Derevensky, Gupta, and other leaders in problem-gambling research and clinical practice, combine to offer a comprehensive study of teen gamblers. They provide research results on topics such as teen depression and suicidality, neurodevelopment, the Internet and video game playing, prevention strategies, and treatment.
The contributors to this volume are refreshingly unwilling to summarize the outcome of problem gambling in teens with the simple expression, “They’ll grow out of it.” Again and again, they caution readers not to discount teen gambling as just another fad. They beckon researchers to keep looking, with long-range eyes, at trends in adolescent gambling behavior and subsequent outcomes. Is the early onset of gambling similar to the case of substance abuse in youngsters, in that it increases the likelihood for pathological behavior to develop in adulthood, with long-term debilitation?

The discussions of adolescent neurodevelopment include fascinating glimpses into the role that neurotransmitters dopamine and serotonin play in an individual’s motivation toward risk-taking. Pharmacological treatment with mood stabilizers, opioid antagonists, serotonin reuptake inhibitors, and atypical antipsychotics are reviewed.

Current therapy practices for addiction often center on the Five Stages of Change Model. The chapter that applies these stages—precontemplation, contemplation, determination, action, and maintenance—to the treatment of compulsive gambling suggests, interestingly, that a client’s other behavior challenges should be addressed before there is direct therapy for compulsive gambling. Variation of counseling techniques throughout the different stages is discussed with the recommendation not to count on re-using the same strategy throughout the process.

Most fascinating is Lia Nower and Alex Blaszczynski’s description in “A Pathways Approach to Treating Youth Gamblers” of three basic pathways that their young clients travel before they present themselves for counseling. These pathways include the teen’s motivation to gamble, financial resources, and therapeutic objectives. Behaviorally conditioned youth may be drawn to gambling for the excitement it generates along with early big wins. Emotionally vulnerable problem gamblers may see gambling as a way to combat depression, anxiety, or low self-esteem by connecting with other gambling friends or perceiving themselves as unique. Anti-social, impulsive-prone teens may exhibit additional challenging behavior with substance abuse or other dysfunctional responses to their everyday world. All problem gambling teens are impacted by common ecological factors, operant conditionings, and the chasing of losses incurred in gambling. One of the most valuable lessons this book offers is a fully diagramed explanation of the Pathways Model complete with identifying descriptions of teens from each Pathway and respective treatment suggestions. Such clear explanations go a long way to support the serious tone set by Derevensky and Gupta in regard to the topic of adolescent gambling and the mitigating circumstances that encourage and maintain gambling dysfunction in teenagers.
How should Christians respond to an increasing national acceptance of gambling as legitimate entertainment? Do we merely speak in opposition to gambling or, at least, to certain gambling venues such as casinos? Do we justify fundraising raffles and bingo games as harmless ways to make money for the Church?

In his Forward to *Gambling Problems and Youth*, Howard J. Shaffer, the Harvard Medical School psychiatrist who directs the Division on Addictions at The Cambridge Health Alliance, reminds us that “We judge the quality and character of a society by how it cares for its young, old and sick” (p. v). And so, the questions remain: Do we view problem gambling as an illness or simply a moral dilemma? Is outreach to persons affected by gambling addiction the responsibility of the Church?

**NOTE**