An Analysis and “How-To Basics” of Integrating Gambling & Gaming Recovery Skills into your Practice

2023 Annual Conference

Meet your presenters

**Tana Russell, SUDP, NCTTP, WSCGC-II, CGT**
Assistant Director
Evergreen Council on Problem Gambling
Olympia, WA
trussell@evergreencpg.org

**Kitty Martz, CGRM, CGAC-II, MBA**
Executive Director
Voices of Problem Gambling Recovery
Portland, OR
Email: kittymartz@vpgr.net

Presented by: Kitty Martz, CGRM, CGAC-II, MBA and Tana Russell, SUDP, NCTTP, WSCGC-II, CGT
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Agenda

1. Why this is important (to us)
2. Expectations and beliefs about gambling and gaming
3. Comparisons of MH/SUD/GD/IGD
4. SWOT analysis of PG/G integration

1. Why this work is important
Why we got into this work, and why we are STILL doing it
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They say a person needs just three things to be truly happy in this world: someone to love, something to do, and something to hope for.”

— Tom Bodett

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“Out of Luck” film

Bridgeway Recovery Services – 60 Day Inpatient Salem, Oregon

What do I do to stay well?

What helped in most?

Why did addiction happen?
2. Expectations and beliefs about gambling and gaming
How has your experience affected you?
ACTIVITY
Take a few minutes to complete the handout on your own

Reflections about Money, Gambling, and Gaming Exercise

Please complete the following sentences. Pro tip: the first thing that comes to mind, is probably the most honest.

1. People with money are ________________________________
2. In my family, money always ________________________________
3. My parents taught me that money ________________________________
4. Money makes people ________________________________
5. People who gamble are ________________________________
6. Gambling operators are ________________________________
7. What I learned about gambling from my upbringing was ________________________________
8. People who have a gambling problem are ________________________________
9. I wish gambling was ________________________________
10. You should know you have a video game addiction if ________________________________
11. Video games are ________________________________
12. Game developers should ________________________________
13. People can prevent gambling or gaming problems by ________________________________
14. To recover from a gaming or gambling addiction, one should ________________________________

Let’s discuss!
Yes, please!

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### When is a game a gamble?

#### Just a game
- No bets or wagers are made
- Ex: board games, card games, most video games

#### Gambling
- **Prize**: Anything of value the sponsor awards in a promotion.
- **Chance**: Outcome is beyond the participant’s direct control.
- **Consideration**: Something of value or serious effort is invested.

### What’s the difference between a purchase and a gamble?

#### Purchase
- Paying a set price, for a known product, service, or good.
- Example:

![Fortnite](https://via.placeholder.com/150)

#### Gambling
- The product to be received is unknown.
- Example:

![Fortnite](https://via.placeholder.com/150)
**Illusions**

- Gambling can solve problems
- The opportunity won’t come again (FOMO)
- Everybody does it
- I just need to keep playing
- I’m am (or will be) a professional

**Definitions**

What does all this even mean??

- Gaming vs. gambling
- Problem Gambling/Gaming, disorder, harms, at-risk
- Recreational, compulsive, pathological, professional, excessive
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Gaming vs. Gambling

- For gambling, **money and financial concerns** are a central issue.
- Impact of **amount of time spent** gambling vs. gaming can vary greatly (compare to reasonable amount of time watching TV, and depends on age, role obligations, and stages of life).
- Types of **magical thinking** vary between gambling and gaming.
- **Personality differences**
- **Family therapy and adolescent counseling**
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VR experience

BONUS!

- Professional gambling
- Gambling-related harms
- Social gambling
- At-Risk
- Excessive play

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Careful with terminology

Try this:
- Person dealing with PG
- Affected by gambling-related harms
- Abstinent
- Data point
- Recurrence of symptoms
- Time working on recovery
- Ambivalence
- Relationship patterns

Not This:
- Problem Gambler
- Has a gambling problem
- Clean/Dirty
- “Goofed up”
- Relapse
- Clean date / date last gambled
- Denial
- Codependent

If you say your org is working to reduce stigma, but you're still using the word "addict," you're failing.
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Projected 2023 revenue from global games market
(Newzoo, May 2021)

204,600,000,000$

Estimated players worldwide
(Newzoo, May 2021)

2.9 billion

Of U.S. populations plays video games 1 hr/wk
(ESA, 2023)

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(Entertainment Software Association, 2023)
An Analysis and “How-To Basics” of Integrating Gambling & Gaming Recovery Skills Into Your Practice

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80% of players play with others.  
88% say games expand their social circles  
82% say games introduce them to new friends and relationships  
76% of parents play video games with their children  
60% say games help them stay connected to friends/family  
50% have met a good friend, spouse or significant other through video games  
47% of parents say games are a great way for families to spend time together

(Entertainment Software Association, 2023)

20.3 billion
Estimated 2025 global loot box spend (Statista, 2023)

71%
Of video games have loot boxes in 2019, compared to 4.2% in 2010 (Zendal et al., 2019)

5%
Of loot box purchasers make up ½ of loot box spend. Of those, ⅓ are likely dealing with PG/PVG (Close & Lloyd, 2021)
### Comparisons of MH/SUD/GD/IGD
Adding to what you already know

<table>
<thead>
<tr>
<th>Speed of play</th>
<th>Age of onset</th>
<th>Availability</th>
<th>COD</th>
</tr>
</thead>
<tbody>
<tr>
<td>A more rapid speed of play is a risk-factor</td>
<td>Early exposure to (gambling/gaming) is a risk-factor</td>
<td>Easy access to gambling/gaming (i.e. mobile devices) is a risk-factor</td>
<td>Co-occurring MH/SUD are risk-factors</td>
</tr>
</tbody>
</table>

Special considerations

- **Speed of play**: A more rapid speed of play is a risk-factor. (Harris & Griffiths, 2018)
- **Age of onset**: Early exposure to (gambling/gaming) is a risk-factor. (Zhai et al, 2017; Moreira et al, 2023; Jeong et al 2021)
- **Availability**: Easy access to gambling/gaming (i.e. mobile devices) is a risk-factor. (Wardle, 2019; Dowing et al, 2017)
- **COD (Co-occurring Disorders)**: Co-occurring MH/SUD are risk-factors. (Wang, 2019; CAMH, 2019)
Other special considerations

- Mobile
- Dosing
- Tolerance
- Sine Wave
- Gambling face/fugue state

Comparisons

- Few trained specialists in Gambling, even fewer for gaming
- Lack of awareness in general public, behavioral health, healthcare, judicial, schools, etc.
- “No one mentions it” = “it’s not a big problem” = little to no funding allocated to it

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### Diagnostic Criteria Compared (DSM-5)

<table>
<thead>
<tr>
<th>Internet Gaming Disorder (proposed)</th>
<th>Gambling Disorder</th>
<th>Substance Use Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tolerance</td>
<td>Tolerance</td>
<td>Tolerance</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Withdrawal</td>
<td>Withdrawal</td>
</tr>
<tr>
<td>Unable to quit/cut back</td>
<td>Impaired Control</td>
<td>Use of more than intended</td>
</tr>
<tr>
<td>Preoccupation</td>
<td></td>
<td>Unable to stop/time spent</td>
</tr>
<tr>
<td>Use to relieve negative moods</td>
<td></td>
<td>Cravings</td>
</tr>
<tr>
<td>Continuing despite problems</td>
<td></td>
<td>Hazardous situations</td>
</tr>
<tr>
<td>Deceiving others</td>
<td></td>
<td>Role Obligations</td>
</tr>
<tr>
<td>Jeopardizing relationships/work</td>
<td></td>
<td>Relationship problems</td>
</tr>
<tr>
<td>Giving up other activities</td>
<td>Social Impairment</td>
<td>Interferes with other activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pharmacological Indicators**

**Risky Use/Risky Behaviors**

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### Is GD a MH condition or an addiction condition? YES

**Adopting a new paradigm**

**How the DSM-5 classifies Gambling Disorder**

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Service Comparisons - WA state example

**Mental Health**
- LOTS of treatment options
- Approx. 30,000+ Licensed clinicians (LMHC, LCSW, MFT, Certified Counselor, Psychologist, Psychiatrist)
- LOTS of support groups and services, and advocacy groups, MH awareness month (May)

**Substance Use Disorder**
- LOTS of treatment options
- Approx. 4,500 SUDPs in WA State
- LOTS of support groups and services, advocacy groups, Recovery Awareness Month (Sept)

**Gambling Disorder**
- NO residential option, few outpatient options
- Approx. 35-40 Certified Gambling Counselors
- FEW support groups and only 2 major advocacy groups PG Awareness Month (March)

Comparing SUD to Gambling

**Similarities of Gambling and SUD**
- Loss of control
- Ambivalence
- Depression
- Progressive/Tolerance
- Craving, preoccupation/fixation
- Blackouts
- Escape
- Similar Highs/Rush
- Brain effects and neurotransmitter changes
- Withdrawal
- Continuing despite negative consequences
- Genetic Vulnerabilities

**Differences of Gambling Disorder**
- Hidden addiction
- No "overdose"
- Huge financial problems, hit quickly
- No "UA" test
- Does not require ingestion
- Fewer resources available
- Public perception
- Higher rates of suicide
- Less funding

(American Society of Addiction Medicine, Inc., 2013) (Grant, Brewer, & Potenza, 2006) (Rash, Weinstock, & Van Patten, 2016)
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Neurobiology

Check out this resource! : https://brainconnections.ca/

https://brainconnections.ca/
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[Image of a diagram showing cognitive-behavioral principles related to addiction recovery]

https://brainconnections.ca/

[Image of another diagram illustrating mood changes associated with gambling]

https://brainconnections.ca/
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About Slot Machines (Random Number Generators)

The BIG Five

Credit: Lewis & Clark Problem Gambling Services, Oregon
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Prepaid Credit Card – Financial Barrier

<table>
<thead>
<tr>
<th>Access to cash</th>
<th>Spending categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLOW: Cash withdrawals at ATMs</td>
<td>ALLOW: Auto Repair &amp; Dealers</td>
</tr>
<tr>
<td>ALLOW: Cash withdrawals inside a bank</td>
<td>ALLOW: Beauty</td>
</tr>
<tr>
<td>BLOCK: Cash-back at time of purchase</td>
<td>BLOCK: Dating &amp; Escort</td>
</tr>
<tr>
<td>□ Block cash withdrawals over $0</td>
<td>ALLOW: Discount &amp; Variety Stores</td>
</tr>
<tr>
<td></td>
<td>ALLOW: Financial Transactions</td>
</tr>
<tr>
<td></td>
<td>BLOCK: Gambling &amp; Casinos</td>
</tr>
</tbody>
</table>

Credit: www.truelinkfinancial.com

Community Support groups

<table>
<thead>
<tr>
<th>Program</th>
<th>Spirituality</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>GA (Gamblers Anonymous)</td>
<td>Higher Power</td>
<td>Readings, share, no cross-talk</td>
</tr>
<tr>
<td>Secular Sobriety</td>
<td>No</td>
<td>Readings, share, no cross-talk</td>
</tr>
<tr>
<td>Refuge/Recovery Dharma</td>
<td>Buddha</td>
<td>Readings, meditation, share</td>
</tr>
<tr>
<td>SMART Recovery</td>
<td>No</td>
<td>Skills, share, cross talk</td>
</tr>
<tr>
<td>Wellbriety (White Bison)</td>
<td>Native American</td>
<td>Curriculum, sharing, drumming</td>
</tr>
<tr>
<td>Celebrate Recovery</td>
<td>Jesus</td>
<td>Dinner, divide by type of addiction, share</td>
</tr>
</tbody>
</table>

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Useful Resources

- **Recovery Road Online** [www.recoveryroadonline.com](http://www.recoveryroadonline.com)
  - 24-hour/day virtual gambling meetings, mostly GA

- **SMART Recovery** [www.smartrecovery.org](http://www.smartrecovery.org)
  - Many virtual meetings per day

- **Gamban – App**
  - Firewalls all gambling sites

- **True Link** [www.truelinkfinancial.com](http://www.truelinkfinancial.com)
  - Prepaid credit card with dashboard person

Defining Peer Work

- **How to measure efficacy**
  - Abstinence
  - Quality of Life
  - Therapeutic alliance
    - Trust
    - “Being there”
## Indicators: Peer Work

### Working Alliance Inventory

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My therapist and I understand each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. We have established a good understanding of the kind of changes that would be good for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I feel that my therapist appreciates me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I believe the time my therapist and I are spending together is not spent efficiently.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I believe my therapist likes me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. What I’m doing in therapy gives me new ways of looking at my problem.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I feel my therapist cares about me even when I do things that he/she does not approve of.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. My therapist does not understand what I am trying to accomplish in therapy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. I am confident in my therapist’s ability to help me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I feel that the things I do in therapy will help me to accomplish the changes that I want.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. My therapist and I trust one another.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I disagree with my therapist about what I ought to get out of therapy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. I believe my therapist is genuinely concerned for my welfare.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. We agree on what is important for me to work on.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. My therapist and I respect each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. The things that my therapist is asking me to do don’t make sense.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### WHOQOL

**World Health Organization Quality of Life**

- Physical
- Psychological
- Levels of Independence
- Social Relations
- Environment

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Life Balance Tool – Smart recovery

Examples:

- Recovery
- Pets
- Family
- Friends
- Work
- Finances
- Health

- Education
- Community
- Volunteering
- Sports
- Hobbies
- Recreation
- Spirituality

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Gambling Disorder: Chronic cycling

4. SWOT Analysis of PG/G Integration
   Strengths, Weaknesses, Opportunities, and Threats
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SWOT Analysis of integrating PG/G

**STRENGTHS**
- Benefits to individuals, families, providers, recovery services, treatment agencies, community at large
- Developing field, overlap with adjacent fields, specialty care, holistic recovery and wellness

**WEAKNESSES**
- Limitations in awareness, funding, priorities, historical data, public opinion
- Funding impacts and limitations and restrictions, political agendas, new forms of gambling available

**OPPORTUNITIES**

**THREATS**

---

**SWOT Analysis - STRENGTHS**

**Treatment Work**

- High COD with SUD/MH
- Holistic care
- Little cost to integration
- Marketability
- Improves outcomes for other disorders
- Camaraderie between clients
- Community Awareness/Outreach
- Evidenced-based practices

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**SWOT Analysis - STRENGTHS**

**Peer Work**

- Real time / extended hours when life happens
- Supports treatment plan / practice using CBT tools
- Cost effective
- Increases motivation/longevity and engagement with services
- Social support = well-being = quality of life

---

**Activity**

**A Big Wind Blows** – Get ready to stand up!
A Big Wind Blows

- Find commonality in our work, particularly about gambling
- Less about personal disclosure
- Feel free to use prompts
- Safety first

A Big Wind Blows – Prompts if you need them

**A big wind blows on anyone who...**

- Sometimes freezes under pressure
- Has a client with challenges with gambling
- Has a client experiencing harms from gaming or day trading
- Talks with clients regularly about money
- Notices an uptick in online sports gambling advertising
- Notices cross-addiction in their practice
- Intends to get a specialty certification for Gaming or Gambling

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SWOT Analysis - WEAKNESSES

**Peer Work**

- In the position to do the greatest harm with the least amount of training
- Early days for establishing efficacy
- Lack of standardized competencies
- Little fiscal support for peer services
- Dual-roles and boundary issues

SWOT Analysis - WEAKNESSES

**Treatment Work**

- Ditto on #1
- Rapidly changing environment
- Related addictions to social media, influencers, screen time, etc.
- Few specialty providers or supervisors
- Gaps in medicaid insurance
- Toxic corporate culture about gambling/gaming
- Lack of cultural attunement, biases and barriers
- Staff shortages, lack of mgmt support
- Certification maintenance
- Advocates + case managers + trainers + community outreach
Activity

Attitudes and Beliefs – about your presenters!
An experiential exploration of unconscious bias related to PG/G recovery

Attitudes and Beliefs survey

- Take a few minutes to answer the handout questions....about Kitty and Tana
- Circle: What do you think IS true?
- Underline: What do you WANT to be true?
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As a peer, would you…

**Go with a client to pay a debt?**

- Safety – physical and emotional
- Ethics & boundaries
- Scope of practice
- Agency policy
- Client-driven
- Self-efficacy
- Harm reduction

---

As a peer, would you…

**Go with a client to pick up winnings?**

- Safety – physical and emotional
- Ethics & boundaries
- Scope of practice
- Agency policy
- Client-driven
- Self-efficacy
- Harm reduction
Peer ethics scenarios:

As a peer, would you...

Briefly hold on to cash for a client?

Keep in mind:
1. Safety – physical and emotional
2. Ethics & boundaries
3. Scope of practice
4. Agency policy
5. Client - driven
6. Self - efficacy
7. Harm reduction

Peer ethics scenarios:

As a peer, would you...

Briefly hold on to a client’s credit or debit card?

Keep in mind:
1. Safety – physical and emotional
2. Ethics & boundaries
3. Scope of practice
4. Agency policy
5. Client - driven
6. Self - efficacy
7. Harm reduction
As a peer, would you...

**Serve as the administrator on a prepaid credit card?**

Keep in mind:
1. Safety – physical and emotional
2. Ethics & boundaries
3. Scope of practice
4. Agency policy
5. Client - driven
6. Self - efficacy
7. Harm reduction

---

As a peer, would you...

**Go with someone to pick up winnings?**

Keep in mind:
1. Safety – physical and emotional
2. Ethics & boundaries
3. Scope of practice
4. Agency policy
5. Client - driven
6. Self - efficacy
7. Harm reduction
As a peer, would you…

**Wait outside for a client while they gambled?**

Keep in mind:
1. Safety – physical and emotional
2. Ethics & boundaries
3. Scope of practice
4. Agency policy
5. Client-driven
6. Self-efficacy
7. Harm reduction

As a peer, would you…

**Ask how much a client’s sunglasses or shoes cost?**

Keep in mind:
1. Safety – physical and emotional
2. Ethics & boundaries
3. Scope of practice
4. Agency policy
5. Client-driven
6. Self-efficacy
7. Harm reduction
**SWOT Analysis - OPPORTUNITIES**

**Peer Work**

- Outreach / engagement, particularly underserved communities
- Less administrative load
- Medicaid billing
- Support for co-occurring challenges
- Para-professional workforce options
- Specialize into directive/non-directive (e.g. financial) *

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**Who does what?**

Which one are you?

Who else do you have on your team?

Opportunities for growth?
SWOT Analysis - OPPORTUNITIES
Treatment Work

- Billing medicaid
- Telehealth
- Cycle of increasing awareness, to increasing access to services, to increasing service options, to increasing funding, to increasing awareness...
- Several low-hanging fruits for PG integration in SUD/MH
- Opportunities to collaborate and share (resources, community events, speakers, etc.)

How NOT to talk to someone about gambling
Activity

SBIRT Sandwich – Screening, Brief Intervention, and Referral SKILLS PRACTICE!

1) Define & Clarify = what gambling, normalization
2) Gambling Screening Q’s = Ask the Q’s as they are written
3) Feedback/Brief Intervention = Report outcome of screening and recommendation
4) Referral list = For everyone. “Just in case you or someone you know might need it one day.”

Presented by: Kitty Martz, CGRM, CGAC-II, MBA and Tana Russell, SUDP, NCTTP, WSCGC-II, CGT
What was it like to be asked those questions?

What did you learn?

How to break the cycle of unawareness?

Opportunities to collaborate?
SWOT Analysis - THREATS

Peer Work

- Non efficacious activities
- Substitute intervention vs adjunctive to counseling
- Working counter to treatment plan without adequate collaboration
- Requires front loading of policies, procedures and supervision
- Creating reliance on peer
- Position to do the most harm with the least training

SWOT Analysis - THREATS

Treatment Work

- Ditto to last one
- Recurrences (multiple Dx)
- New forms of gambling/gaming with limited data. Even less data on specific populations and minority groups.
- Rapid industry and legislative changes
- Funding and regulation vary by state and are subject to bias of the leadership and regulators
The Big Fish Social Casino Example

Big Fish recently lost a lawsuit for operating “unlawful gambling devices”. They had to pay back players over $155 million and agreed to implement “addiction-related resources” and a “self-exclusion policy”. They still operate based in Seattle, WA.

“How social casinos leverage Facebook user data to target vulnerable gamblers” (8/13/2019)

“Judge approves $155M class action settlement related to Big Fish Games and online gambling lawsuit” (8/31/2020)
Facebook’s Policy on users posting about gambling on vendor pages

9 Gambling
Listings may not promote the buying, selling or facilitation of online gambling for money or money's worth, including digital currencies. Online gambling includes gaming, betting, lotteries, raffles, casinos, fantasy sports, bingo, poker and sweepstakes in an online environment.

11 Human Exploitation and Sexual Services
Listings may not promote any form of human trafficking, prostitution, escort, or sexual services.

12 Ingestible Supplements
Listings may not promote the buying or selling of ingestible supplements.

Also Facebook...
Self-Exclusion Policy

Playing video games can be a fun part of a balanced life, but Big Fish Games recognizes that there can be too much of a good thing. We want to ensure we’re providing you with a safe, enjoyable experience; that includes empowering you with the ability to permanently exclude yourself from our games. This Self-Exclusion Policy explains how you can implement this type of change, and how this change will impact your ability to access Big Fish Games games in the future.

Regardless of your reason -- for example, you may be struggling to exercise control over your gameplay, your gameplay may be having a negative effect on your life, or you simply no longer wish to have a Big Fish Games account -- you can contact our Customer Service team at any time to request that your account be banned. The Customer Service team will promptly action your request, no questions asked. Once implemented, your access to the app will be blocked.

Please note that all account bans are permanent, regardless of whether you proactively requested that your account be banned, or a ban was imposed on your account at the discretion of Big Fish Games. There are no exceptions to this permanent ban status.
Social Casino accessibility

- 97% of social casino games are accessible to under 12

Source: Zendle & Scholten (2020)
Trends: Gambling Harm

1. Gamification of gambling

2. Risk free / bonus etc. bet marketing
3. Online / streaming gambling
4. E-Instant scratch - lotteries
5. Historic Horse Racing / Pari Mutuel / Bingo / Keno - totalizer data bases
6. Smart watches
7. Sports – micro betting / in game bets

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Trends: Gambling Harm

8. Esports
9. Virtual reality / augmented reality / metaverse

Virtual Reality – Table Games

Trends: Gambling Harm

10. Virtual sports

Virtual Sports - Horseracing
An Analysis and “How-To Basics” of Integrating Gambling & Gaming Recovery Skills Into Your Practice

**Trends: Gambling Harm**

11. NFTs
12. Day trading – Crypto – Node/Ponzi schemes
13. Monetizing and targeting on social media
14. Social casino betting

**Money**
Extra money or too little, dreams of winning

**Time**
Free time or boredom

**Accessibility**
Local in-person access, online, mobile, advertising

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SWOT Analysis of integrating PG/G

**STRENGTHS**
What strengths can you bring to this work?

**WEAKNESSES**
What weaknesses can your team overcome or change?

**OPPORTUNITIES**
What opportunities can you take advantage of for the benefit of those you serve?

What about where YOU work?

**THREATS**
What threats can you help combat now, for a long-term benefit?

What are your next steps?

**Key takeaways?**
Any questions?

You can find us at:

- Tana: Trussell@evergreencpg.org
- Kitty: kittymartz@vpgr.net

Resources

Where to learn more and find tools
An Analysis and “How-To Basics” of Integrating Gambling & Gaming Recovery Skills Into Your Practice

Presented by: Kitty Martz, CGRM, CGAC-II, MBA and Tana Russell, SUDP, NCTTP, WSCGC-II, CGT

Evergreen Council on Problem Gambling www.evergreençpg.org

Treatment and Support services for Gaming Disorder and Internet Addiction

ECPG has compiled a host of websites, research studies, downloads, and other helpful information about gambling addiction.

Websites for more information on problem gambling:
- The National Council on Problem Gambling
- **Other Awareness Resources**

SAVE-THE-DATE!
Evergreen Council on Problem Gambling
Winter Quarterly Training
Virtual Live Webinar
January 28 – February 1, 2024
Two training options available:
- Gambling Counselor Core Training
- Advanced Behavioral Health Training

FOCUS ON THE FUTURE
WESTERN REGIONAL CONFERENCE ON PROBLEM GAMBLING AWARENESS
SAVE-THE-DATE!
April 29 - May 2, 2024
Holiday Inn Portland - Columbia Riverfront
Who should attend:
- Addictions Professionals
- Mental Health Counselors
- Prevention Specialists
- Peer and Recovery Coaches
- Responsible Gaming Representatives
- Policy Makers

PORTLAND, OR

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Recovery Support
(12-step and community support)

Gambling
- Gamblers Anonymous (GA)
- Gam-Anon
- Gamblersinrecovery.com
- GamTalk.com

Gaming
- Gamequitters
- Online Gamers Anonymous (OLGA / OLG-Anon)
- Computer Gaming Addicts Anonymous (CGAA)
- Internet and Technology Addicts Anonymous (ITAA)

Fact Sheets

Problem Gambling and MH
Problem Gambling and SUD
PG and Public Health
Health Impacts of PG

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Resources for Monitoring

- **YouTube**
  - Turn off autoplay: [https://www.businessinsider.com/how-to-turn-off-autoplay-on-youtube](https://www.businessinsider.com/how-to-turn-off-autoplay-on-youtube)

- **Steam**
  - [https://support.steampowered.com/kb_article.php?ref=5149-eopc-9918](https://support.steampowered.com/kb_article.php?ref=5149-eopc-9918)

- **PlayStation**

- **Apple**

- **Bark & other apps**

- **Qustodio**
  - [https://www.qustodio.com/](https://www.qustodio.com/)

- **R Quarto & other apps**

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- Close & Lloyd, Lifting the Lid on Loot-Boxes: Chance-Based Purchases in Video Games and the Convergence of Gaming and Gambling (2021)
An Analysis and “How-To Basics” of Integrating Gambling & Gaming Recovery Skills Into Your Practice

Presented by: Kitty Martz, CGRM, CGAC-II, MBA and Tana Russell, SUDP, NCTTP, WSCGC-II, CGT

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Lewis & Clark Problem Gambling Services (n.d.)


Additional references and details can be found in the full document.
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Voices of Problem Gambling Recovery, HOPE Peer Program (2019)


