Co-occurring Disorder Treatment for Substance Abuse and Compulsive Gambling

Midwest Conference on Problem Gambling and Substance Abuse 2006

Problem Gambling and Co-occurrence: Improving Practice and Managing Consequences
Keith Spare

- Master of Science in Counseling
- Master of Divinity
- Licensed Professional Counselor
- Certified Advanced Substance Abuse Counselor
- National Certified Compulsive Gambling Counselor / Counselor Supervisor
- Missouri Certified Compulsive Gambling Counselor
Keith Spare

- Chair of Missouri Council on Problem Gambling Concerns
- President of Missouri Association for the Treatment of Opioid Dependence
- Member of the State Advisory Council on Alcohol and Drug Abuse
- Affiliate Representative and Board Member of National Council on Problem Gambling
Keith Spare

- Counselor in Private Practice since 1975
- Program Director
  Samuel U. Rodgers Health Center
  Therapeutic Intervention Center / Rodgers South (Opioid Treatment Program—Compulsive Gambling Treatment—Co-occurring Treatment Program)
Compulsive Gambling 312.31

- Preoccupation
- Increasing amounts of money
- Unsuccessful attempts to cut down or stop
- Restless or Irritability
- Escape
- Chasing
- Lies
Compulsive Gambling 312.31

- Illegal Acts
- Jeopardized or lost a significant relationship, job, or educational career opportunity
- Relies on others (Bail Outs)
- NOT BETTER ACCOUNTED FOR BY A MANIC EPISODE:
“When it causes a problem.... it is a problem.”

Father Joseph Martin
How are we addressing the problem in Missouri?

- Gamblers Anonymous
- Missouri Gamblers Treatment Fund—Individual—Couple—Family Counseling
- 888 Bets OFF
- Third party and private pay
- Missouri Council on Problem Gambling Concerns
- Missouri Alliance to Curb Problem Gambling
Missouri Safety Net Gaps

- Public Prevention and Intervention
  Ongoing Awareness Campaign
- Regionally Available Intensive
  Outpatient
- Regionally Available Residential / Inpatient Care
- Targeted Risk Group Prevention / Education / Awareness Campaigns
A Public Health Perspective on Gambling

Howard Shaffer, PhD, CAS, Harvard University

David Korn, MD, CAS, University of Toronto
Public Health Perspective

- Dramatic expansion
- Increased problem awareness
- Economic perspective dominant in current political environment
Public Health Perspective

U.S. Trends in Gambling Participation
1975-1999

- Adults gambling increased from 68% to 86%
- Spending increased from .3% to .74% of personal income
- Women’s patterns grown to resemble those of men

U.S. Impact Gambling Study Commission, National Opinion Research Centre
A Comparison: Gambling and Alcohol and Drinking

- Strong industry parallels: heavily marketed, highly regulated, “responsible use” programs
- Positioned as an entertainment or recreational pursuit
- Both prohibited in the 20th century
- Limitations on availability
- Source of tax revenue sanctioned by government
Problem gambling trends in adult population
Youth gambling
Impact on vulnerable and special needs groups
Effect on family
Impact on quality of community life
Balancing costs & benefits
Public Health Perspective

Vulnerable Populations

- Women
- Older adults
- Lower socio-economic groups
- Aboriginal people
- Ethno-cultural groups
- Co morbid conditions
- Homeless
Public Health Perspective

Co morbidity & Gambling

Coexistence with other mental disorders:
- Alcohol & other drug problems
- Depression & other moods disorders
- Anxiety & stress disorders
- Personality disorders
- Impulse disorders
- Suicide risk
Co morbidity:
Other Mental Disorders

- Prevalence of dysthymia, depression, suicidal ideation, and suicide attempts is inflated among disorder gamblers.
- Anxiety symptoms evident in gamblers who seek treatment
- Little support for comorbidity and obsessive-compulsive disorder
- High level of narcissistic personality disorder among pathological gamblers
- Little information on comorbidity of pathological gambling and other impulse disorders (ie. Attention deficit disorder)
Public Health Perspective

Range of Problems
None | Mild | Moderate | Sever

Range of Behaviors
NON-GAMBLING | HEALTHY GAMBLING | Low /Medium / High GAMBLING PROBLEMS

Range of Interventions
Primary prevention | Secondary prevention | Tertiary prevention
Health promotion | Harm reduction | Treatment
Brief | Intensive
Public Health Perspective

Range of Problems

Gambling Problems
- Low
- Medium
- High

Range of Interventions

Primary prevention
Secondary prevention
Tertiary prevention

Health promotion

Harm reduction

Treatment
- Brief
- Outpatient
- Intensive Outpatient
- Residential

Gamblers Anonymous / Gamanon
Co-occurring Disorder/Conditions

- Compulsive Gambling
- Mental Health
- Health Issues
- Readiness to change
- Economic Circumstances
- Trauma / violence
- Education
- Substance Abuse

The patient
Co-occurring Condition Program

Integrated Substance Abuse and Mental Health Treatment

- Evaluation
- Medication / Medication Management
- Individual
- Intensive Outpatient Group Treatment
- Case Management
- Staff Training and Development
- Program / Outcomes Evaluation
Co-occurring Condition Program

Funded by:

Health Care Foundation of Greater Kansas City

In Partnership with:

- Mid-America Addiction Technology Transfer Center
- Resource Development Institute
Co-occurring Condition Program

Samuel U. Rodgers / Health Care Foundation Project
Schedule for Pilot Training on TIP 42
And Motivational Interviewing

July 26  TIP 42 Module 1 & 2
August 9  TIP 42 Module 3a & 3b
August 23 TIP 42 Module 4a, 4b & 4c
September 6 TIP 42 Module 5a & 5b
September 13 Motivational Interviewing
September 27 Motivational Interviewing
October 11 TIP 42 Module 6a & 6b
October 25 TIP 42 Module 7a & 7b
November 8  TIP 42 Module 8a, 8b & 8c
December 6  TIP 42 Module 9

45 contact hours of training over 6 months.
Co-occurring Condition Program

Enhanced Staffing Pattern

- Existing substance abuse staff training
- Two additional Co-occurring trained Licensed Clinical Social Workers
- Case manager
- Psychiatric staff time
Dual diagnosis is an expectation, not an exception.

Treatment success involves formation of empathic, hopeful, integrated treatment relationships.

Treatment success is enhanced by maintaining integrated treatment relationships providing disease management interventions for both disorders continuously across multiple treatment episodes, balancing case management support with detachment and expectation at each point in time.
Interventions need to be matched not only to diagnosis, but also to phase of recovery, stage of treatment, and stage of change.

Interventions need to be matched according to level of care and/or service intensity requirements, utilizing well-established level of care assessment methodologies.
The correct intervention must be individualized, according to subgroup, diagnosis, stage of treatment or stage of change, phase of recovery, need for continuity, extent of disability, availability of external contingencies (e.g., legal), and level of care assessment.
Outcomes of treatment interventions are similarly individualized, based upon the above variables and the nature and purpose of the intervention.

Outcome variables include not only abstinence, but also amount and frequency of use, reduction in psychiatric symptoms, stage of change, level of functioning, utilization of acute care services, and reduction of harm.
Co-occurring Condition Outcome Goals

- Hospitalization and incarceration will decrease by 30%.
- Emotional pain will decrease or stay the same from time of intake to treatment plan in 70% of the clients served.
- Overall functioning will improve in 70% of clients served.
- Illicit drug use will be reduced during the treatment episode.
- Patient satisfaction will increase.
Case Presentation Discussion

- Betty Boop
- Peter Pan