BENCHMARKS for TREATMENT of PROBLEM GAMBLING

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2006:

"Can NIDA's Substance Abuse Best Practice Guidelines Apply to Gambling Treatment?" (Smith, 2006)

In the intervening fifteen years, **not much** has been done to argue for or against that presentation, although I have used and taught these ten principles as a BACC since 2009. The largest acceptance of these ten guidelines has been in Oklahoma where I consulted with a third to half of all PG counselors in the certification process.

SO…

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No Best Practice for Gambling *Treatment* Exists in the US

GOALS:

Define what benchmarking is all about

Translate NIDA's "Principles of Drug Addiction Treatment, a research based guide" into appropriate form for gambling treatment

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Nigel Turner, et.al., "Developing a Best Practices Guide for the Prevention of Problem Gambling Among Older Adults" Canada 2018

- *Adults over 55, and in Canada*

"Lack of evidence is not limited to older adults, as it turns out. Indeed, this lack of evidence has been acknowledged by other researchers and organizations focusing on problem gambling. The problem of insufficient knowledge..."

"practice guidelines" developed by the Massachusetts Department of Health (Korn & Shaffer, 2004) and the web-based "evidence-based practices" provided by the Problem Gambling Institute of Ontario (PGIO; 2014).

I"n the absence of knowledge to shape *evidence-based practice*, clinicians have had to *develop practice-based evidence*" (PGIO 2014)

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Best Practice in Problem Gambling Services Gambling Research Panel (Australia 2003)

- (excludes Blazynski)

- In more than 71 pages, four are on best practice including different models of treatment (hospital, inpatient, outpatient, community based, etc.)

- *"There are no internationally established models of best practice in problem gambling services. Thus, a range of treatment programs available to problem gamblers, both within Australia and overseas, were reviewed in order to develop an understanding of best practice service models. Programs' organisational structure, theoretical orientation and treatment approach and techniques were examined with an emphasis primarily on describing sites of intervention and, to a lesser extent, forms of intervention. "*

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Not much has changed: No Agreement BP

- Essentially only two sources for ***prevention***
  - NIDA 1999 Guidelines for Substance Abuse
  - Oregon 2003 "Problem Gambling Resource Guide"
- The most quoted as gospel for ***treatment***
  - Korn &Schaeffer – Harvard 2004- Massachusetts Dept of Public Health's "Practice Guidelines for treating Gambling-Related Problems"
- There needs to be a simpler, more gambling specific approach that can be widely applied & tested that might separate but incorporate prevention and treatment.

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Benchmarking has not taken place but theory has baffled us instead…

- So, what is Benchmarking??????????
- The process of identifying and learning from global best practices
  (of which we've already suggested there is none to be found for gambling)
- Allows continuous improvement & innovation within an industry
- Gives everyone involved access to information for mutual improvement & benefit, rather than a disclosure of trade secrets that might yield a competitive advantage
- More info: www.apqc.org

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NOT THIS: Oregon "Problem Gambling Prevention Resource Guide"

- Primarily geared toward prevention and not treatment
- At times reads like a 'prevention wish list' or a poorly annotated bibliography
- *Does* provide excellent recap of literature to date
- However, in its 62 pages really nothing on treating

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But Oregon's Prevention Focus is Worth Considering…

- "The public health model proposes that problems arise through the reciprocal relationship of three critical elements: host, agent, environment."
- Host= individual
- Agent= gambling
- Environment= social & physical context

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Admitting the shortcoming

- "Officially recognized best practice programs do not exist for *problem gambling prevention*." (Oregon,5)
- Sadly, none exist for *problem gambling treatment* either
- Source for the following: Oregon department of Human Services, *Problem Gambling Prevention Resource Guide for Prevention Professionals*, by Jeff Marotta & Julie Hynes, August 2003
- Grateful to Drs. Marotta & Hynes as well as Keith Whyte NCPG for pointing out the need here

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Existing Literature cited by Marotta & Hynes

- General Problems in Youth Behavior
  (risks identified include *substance abuse, violence, delinquency, teen pregnancy, school dropout*) Hawkings & Catalano 1992
- Gambling Problems in Youth
  (Risks identified include many of the above)
  Carlson & Moore 1998; Vitaro, Ferland Jaques, Ladouceur 1998; Volberg 1998; Stinchfield & Fulkerson 1993)
- Gambling Specific reviews
  Dickson, Derevensky & Gupta 2002

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Prevention, not treatment; Youth not adults

- Now this is all well and good, but how does it relate to prevention for adults?
- Assumption (unproven) is that problem gambling in adults must start as problem gambling in youth?
- *Prevention is not treatment* but perhaps we might be better at treating gamblers if we paid attention to preventing problem gambling in the first place?

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A real problem now…

That's like saying

- We would be better at fighting fires if we could learn how to prevent them from occurring in the first place…
- and without funding…too.

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NIDA's Best Sees Only Half

- Disordered gambling includes
  - subacute clinical assessments of problem gambling of individuals not meeting DSMiv criteria, and *therefore usually not reimburseable (italics mine)*
  - acute and subacute clinical assessments of individuals meeting current DSMiv diagnostic criteria for pathological gambling
    - Korn & Schaeffer 2004
- NIDA's 1999 document very precisely states 13 items pivotal to "effective treatment" for substance abuse.
- Wonder how these might apply: from my client case studies, my files on clinicians under my supervision, my own blunders and successes… ***a revision!***

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Nida Principles revised for Gambling Treatment

- 1. No single treatment is appropriate for all individuals.
- ***1.Treatment must be multimodal and flexible***
- No one modality will meet the needs of such a diverse population as gamblers, or is appropriate for all individuals, or for families

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Not just available, but accessible & affordable

- 2. Treatment needs to be readily available

- ***2. Treatment must be readily available, accessible, and affordable.***
- Must be tailored to the individual's level of pathology present, to the currently understood progression of the illness, and to the client's readiness for change and ability to access treatment venues.

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Good Clinical Practice

- 3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
- 4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs

- ***3. Treatment must follow from a thorough and holistic assessment.***
- Any intervention, treatment protocol, or outcome study must attend to the multiple needs of the individual, not just the gambling behaviors
- Assess, treat, revise, adapt, follow-up

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Reading the yellow book will tell us…

- No corresponding NIDA element

- 4. ***Treatment must do more than simply triage a client's social, financial, or emotional network.*** Any ITPOS must address the supportive environment, and support persons, and address the multiple and possibly conflicting needs of family in particular.

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Longer treatment Works --Longer, or does it?

- 5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- 13. Recovery from drug addiction can be a long term process and frequently requires multiple episodes of treatment.

- ***5. Treatment must be long enough to be effective.*** Duration of treatment is highly individualized, though benchmarks common to recovery planning and relapse prevention may be employed as minimum standards.

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Benchmarks for effective / LOS

- What can be done in treatment?
- Outpatient?
- After treatment?
- If treatment is holistic, does it end in the traditional sense with aftercare groups??

- A reflection of current thinking on "effective"
  - biological & neurochemical healing,
  - social reconstruction including trust,
  - financial restitution & stability,
  - legal reparations,
  - other addictions & co-occurring disorders,
  - chronic mental illness

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Recovery's Belief Systems

- No corresponding NIDA guideline

- ***6. Treatment must address the individual's belief systems***. Any ITPOS must address family, societal, cultural norms & expectations. AA & GA belief systems may both

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Meds for Co-occurring: Yes for Gamblers' Detox : No, not yet available…

- 7. Medications are an important elements of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- 8. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long term drug use.

- ***7. Treatment must be accepting of experimentally available pharmacological interventions.*** While individuals with co-occurring disorders may benefit from if not depend upon advances in pharmacology for treatment, no current evidence for pharmacological

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Co-existing, co-occurring

- 8. Addicted or drug abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.

- ***8. Treatment must address any co-occurring disorders.*** Treatment team specialists must explore, problem solve, and plan recovery in light of complicating psychiatric disorders, which optimally can be treated at the

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Slip & relapse in impulse control disorders are not yet understood

- 11. Possible drug use during treatment must be monitored continuously.

- ***9. Treatment must allow for possible gambling while in treatment and not insist on total abstinence for everyone.***
- Whenever possible, provide independent venues for those wishing to set more appropriate limits on their gambling, separate from those wishing to pursue harm reduction strategies, and for those wishing to cease all gambling.
- Treated as an addictive behavior, gambling relapse needs further study.

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Possibly a Big Difference??

- 10. Treatment does not need to be voluntary to be effective.
- ***10. Treatment does need to be voluntary to be effective.***
- Internal motivation may not be required to benefit from treatment, but treatment matching, readiness for change, external sanctions or enticements may maximize a desire to address behavioral & emotional change.
- Changing processes like compulsive gambling often takes a sustained, voluntary effort.
- Gambling is a whole person emotional disorder, not simply a financial setback or

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Principles of Effective Treatment Toward the Elimination of Disordered Gambling

- None of this may be applicable or it all may be.
- Label of "treatment" may be problematic itself, for certain populations of gamblers will not respond to an invitation to ***treatment***, but will to ***counseling***, and others to ***education***

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How Did We Do? Objectives

- 1. Identify 10 best practices for gambling treatment
- 2. adopt these principles and implement within the treatment environment
- 3. better collaborate with clients and families on successful treatment outcomes

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Thanks for taking the time!

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- *If you do not have a gambling specific supervisor, please contact the National Council on Problem Gambling, 202.547.9204, www.ncpgambling.org*

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