

The Impact of Pathological Gambling

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Abstract

Pathological gambling is characterized as a persistent and recurrent maladaptive gambling behavior that is not contributed to a manic episode (American Psychological Association, 2000). Individuals with gambling disorders have difficulty controlling impulses and tend to be involved in “excessive risking of money and other valuables on games of chance” (Champine & Petry, 2010, p. 550). Individuals with gambling disorders experience positive consequences that reinforce gambling involvement during the winning phase (Korn & Shaffer, 2004). This phase is typically followed by a statistically inevitable losing phase which leads to a desperation phase and hopelessness phase. Consequently, maladaptive gambling behavior “leads to loss of significant relationships, jobs, education or career opportunities and even commission of illegal acts (Okuda, Balan, Petry, Oquendo, & Blanco, 2009, p. 1325). This article provides an overview of symptoms, effects, and risk factors associated with pathological gambling. Furthermore, this article describes how cognitive behavior therapy (CBT) is used to treat the disorder.

Overview

During the 2010 fiscal year the gambling industry in the United States collected approximately \$24 billion in revenue. Currently various forms of legalized gambling are permitted in 48 of the 50 states in America, Utah and Hawaii excluded (United States General Accounting Office, 2002). Historically gambling consisted of visiting various vacation areas best known for casino play. In today’s society gambling has many different venues that of which include lottery drawings, card rooms, sports betting, and the internet. According to Wolf and Owens (2009), state lotteries accounted for over \$50 billion dollars, and internet gambling rendered revenues of approximately \$6 billion in 2005. James (2006) noted that online gambling in the global market has yielded revenue of \$16.6 billion per year. The rise in availability of

gambling venues has contributed to an increase in gambling behavior. Advocates have promoted the need for gambling on the premise that it is a viable source of revenue for state and local governments, and have touted that this type of revenue can be the driving force for ongoing economic growth and the development of prosperity.

Gambling

Researchers have classified gambling behavior to have impacted an individual's personal well-being, marital and family relationships, social acceptability, and financial hardship. Pathological Gambling, according to the DSM IV TR, is classified as an impulse control disorder which is either persistent and recurrent or unaccounted for by a different manic disorder (APA, 2000). Criterion for an individual with persistent or recurrent gambling behavior consists of:

- Being preoccupied with the behavior such that it adversely impacts overall day to day functioning,
- Spending more money to achieve heightened excitement,
- Resistance to control and reduce gambling behavior,
- demonstrates irritability when attempting to reduce behavior,
- Gambling as a means to escape problems or repress mood, anxiety, and depression,
- Revisiting the behavior the following day to vanquish the losses
- Lying to conceal the magnitude of the behavior from relatives,
- Engaging in criminal acts to finance the behavior,
- Jeopardizing personal and professional relationships and career involvement to continue the behavior,
- Utilizing others to support financial strain due to gambling behavior. (APA, 2000, p. 674)

Individuals exhibiting five or more of the criteria are considered to have maladaptive gambling behavior. Slutske, Jackson, and Sher (2003) believed that the potential for the escalation of gambling behavior occurs between adolescence and young adulthood.

Risk factors for pathological gambling behavior have been attributed to a history of family engagement in gambling (Oei & Raylu 2004). Generational history within the family regarding addictive behaviors may also contribute to the potential for gambling problems in latter generations (Slutske et al., 2000). An examination of impulsivity and lack of behavioral control also serve as predictors for gambling behavior during the transition from adolescence to young adults. Bagby et al. (2007) looked at the correlation of negative emotionality and pathological gambling, and discovered that higher neuroticism scores were linked with pathological gambling behavior. Researchers have also been able to correlate personality factors as significant predictors of pathological gambling behavior (Slutske, Caspi, Moffitt, & Poulton, 2005; Steel & Blaszczynski, 1998).

Gambling and College Students

Several studies have linked pathological gambling with college students (Thrasher, Andrew, & Mahoney, 2011; King, Abrams, & Wilkinson, 2010; Blinn-Pike, Worthy, & Johnson, 2007; Shafer & Hall, 1996). The transition from high school to college can bring about financial strain, and social hardship, as some students may be limited in the amount of financial and social resources, and in turn engage in gambling behavior (Arnett, 2000). Labrie, Shaffer, LaPlante, and Wechsler (2003), stated that on average 42% of college students participate in gambling behaviors, and 2% exhibit persistent gambling behaviors. Regulations and rules regarding gambling on college campuses is limited and in some cases non-existent outside of the scope of athletes who must ascribe to the rules set in place by the NCAA. The legality associated with engaging in gambling behavior is masked by the readily accessible resources available to college students who want participate in gambling either on campus, on the internet, or in a surrounding area ("Internet Gambling," 1999).

Thrasher et al., (2011) conducted a study to evaluate the impact of the Theory of Reasoned Action (TRA) on gambling behavior in college students. Participant pool consisted of 345 college students at a metropolitan university in the Midwest. Hierarchical linear regressions suggested that intrinsic motivation had a significant impact on the relationship between gambling attitudes and intentions. Additionally, internal locus of control ($p < .001$), chance locus of control ($p < .001$), and powerful others locus of control ($p < .001$) also exhibited a positive effect on gambling attitudes and intentions. Further examination of moderating variables associated with gambling intentions and attitudes purports locus of control and intrinsic motivation as key factors necessary for impacting the relationship between gambling attitudes and intentions.

In a study conducted by King et al. (2010) an evaluation of gambling behaviors and gambling related cognitive distortions amongst college students ($N = 581$) was examined by predictive indicators such as personality factors, family history related substance use, and gender. Findings from the study indicated that college gambling for males is attributed to parental gambling problems and experience with negative emotions. Further, cognitive distortions in relation to gambling behavior for males are attributed to negative emotionality, current or previous parental substance use, and impulsivity.

Pre-Treatment Assessment

Gambling disorders are usually comorbid with other disorders such as anxiety, substance abuse, avoidant personality disorder, panic disorder or depression (Champine & Petry, 2010). Multidimensional treatment combinations of psychotherapy, psychopharmacology, financial, educational and self-help interventions are most effective when treating gambling disorders. However, before deciding on a treatment plan, the therapist would benefit from assessing motivation and readiness for change and the severity of disordered gambling which will provide the necessary information for the formulation of a treatment plan. The therapist will be given a better understanding of their client's willingness to change. For instance, is the client ready for change, not ready or unsure? The therapist will be provided a better understanding of the client's perception as to the importance of changing their behaviors and their confidence in their ability to change those behaviors (Korn & Shaffer, 2004).

Awareness of the severity of the gambling addiction is also highly beneficial for therapists when determining a treatment plan. Also, becoming aware of the severity of the disorder also directs the assessor to an appropriate treatment setting for the client. Settings for treatment include primary care, residential, day programs and outpatient treatment and community counseling clinics. Individuals with severe gambling disorders may initially involve in-patient care for stabilization and safety (Korn & Shaffer, 2004). Shaffer and Hall (1996) suggest the following assessment system to assess the severity of the addiction which consists of levels zero to four:

- Level 0: Non Gambling – has never gambled
- Level 1: Non-Problem Gambling – gambles recreationally and does not experience symptoms of a disorder
- Level 2: In-Transition Gambling – individual is experiencing sub-clinical levels of gambling problems
- Level 3: Gambling-Related Disorder with Impairment – individuals meet diagnostic criteria
- Level 4: Impaired Gambler who Displays Willingness to Enter Treatment – individuals meet diagnostic criteria for a gambling disorder, but display interest in treatment. (p. 208)

After the assessment of the severity of the problem, a treatment plan should be developed by the client and clinician. Treatment plans usually consists of a shared understanding of the problem, desired outcomes and preferred interventions. Clients' beliefs about the success of treatment also predict whether or not treatment will be effective (Korn & Shaffer, 2004). According to Korn and Shaffer (2004), objectives for individuals with gambling addictions to stop or reduce gambling behaviors should include the following:

- Minimize harmful consequences of gambling to the gambler and others (e.g., family, friends, colleagues)
- Avoid or reduce the risks associated with gambling environments (e.g., opportunities, associates and venues)
- Cope effectively with negative mental states (e.g., anxiety depression, loneliness) through new strategies and life skills
- Satisfy needs for entertainment, social connectedness and excitement through less destructive and more balanced leisure activities. (p. 11)

Cognitive Behavior Therapy (CBT)

Counseling is the most common intervention in addictions and has been found to be an essential feature in achieving recovery (Korn & Schaffer, 2004). Furthermore, research suggests that cognitive behavior therapy (CBT) is most effective for individuals with gambling disorders regardless of psychiatric problems or previous treatment plans (Champine & Petry, 2010). Individuals with gambling disorders possess cognitive distortion and errors such as: beliefs in an eventual big win, being unrealistically lucky, power of money to self-esteem and status, and unrealistic skills to beat the odds. CBT is the most used form of psychotherapy and aims at

changing thoughts and behaviors that maintain a gambling disorder (Korn & Shaffer, 2004). Clients acquire specific skills using exercises introduced in each therapy session which are intended to help stop unhealthy gambling behavior (Okuda et al., 2009). CBT is based on the following four components:

- Correcting cognitive distortions about gambling
- Developing problem solving skills
- Teaching social skills
- Teaching relapse prevention. (Korn & Shaffer, 2004, p. 19)

Correction of cognitive distortions is based on cognitive restructuring that aims at correcting distorted thoughts, beliefs and attitudes pertaining to unhealthy gambling behavior (Korn & Shaffer, 2004). Cognitive restructuring begins with making the client aware of their thought distortions. Reviewing the client's gambling experiences and monitoring their current gambling behavior will assist the client and therapist during the therapeutic process. Clients are taught to break down their gambling episodes in order to identify their triggers and are encouraged to reward themselves for non-gambling days (Okuda et al., 2009). The overall goal is to help the client make better decisions by correcting distortion in thinking in regards to numeracy, games played, betting systems, superstition, selective memory, and attribution and causality. Helping the client learn through evaluating outcome predictions of coin tosses or picking out lottery numbers helps the client gain understanding about the applications of concepts of randomness, probability, luck and skill to gambling (Korn & Shaffer, 2004).

CBT also involves problem-solving training which assists individuals with gambling disorders to gain control over gambling risks and consequences. Acquiring problem-solving skills help individuals to control gambling urges, time and money limits, family difficulties, and debt resolution (Korn & Shaffer, 2004). Problem-solving training assists the client in identifying techniques that can be exercised to stop the gambling process at different points, consequently, reducing the probability of unhealthy behaviors in similar situations (Okuda et al., 2009). Problem-solving training consists of the following steps:

- Identifying the problem
- Collecting information about the problem
- Generating different options
- Exploring consequences by list advantages and disadvantages
- Implementing and evaluating the preferred solution. (Korn & Shaffer, 2004, p. 20)

Social and coping skills training are also components of CBT and are beneficial to individuals with gambling disorders. Relaxation, physical activity and meditation serve as preventative measures for relapse. Also, skills such as communication, assertiveness, numeracy skills, refusal skills, as well as self-management of stress, anger, and anxiety are essential for recovery (Korn & Schaffer, 2004). Skills training may incorporate

Role play (e.g., practicing refusal skills), imaging (e.g., anticipating an effective coping sequence, re-experiencing a disastrous gambling event and creating a more acceptable outcome), goal setting (e.g., deciding limits on gambling occasions, time, and amount of money spent), psycho-education (e.g., learning the signs and symptoms of problem and pathological gambling), impulse management (e.g., controlling urges to gamble), and self-monitoring (e.g., money and time spent gambling). (Korn & Shaffer, 2004, p. 20)

Summary

Maladaptive gambling behaviors will highly interfere with an individual's daily life by preventing him or her from maintaining significant relationships and financial stability. Given the existence of more private and contemporary venues such as lottery drawings and online gambling, casinos are no longer exclusive venues for individuals with gambling disorders. A variety of gambling venues allows access to a variety of populations such as the college population. College students are more likely to engage in gambling behavior if they are experiencing limitations in financial and social resources. Risk factors include history of family engagement in gambling, high impulsivity and lack of behavioral control, and personality factors such as high elevations in neuroticism. Making matters more complicated, pathological gambling is usually linked to other disorders such as depression and substance abuse. Fortunately, research indicates that CBT is effective with a combination of disorders and prior treatment histories (Champine & Petry, 2010). High levels of motivation and readiness to change combined with CBT lead to effective treatment for gambling disorders (Korn & Shaffer, 2004). CBT aims at changing thoughts, beliefs, and attitudes that maintain maladaptive gambling behavior. The overall goal of CBT is to help individuals learn to take control of their lives, as well as to overcome the disorder.

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