

APTPG

ASSOCIATION OF PROFESSIONALS TREATING PROBLEM GAMBLING

THE LEARNING CENTER

Issue 2—March 2017

GAMBLING DISORDERS:

A gambling disorder refers to a pattern of gambling leading to negative consequences (e.g., financial, relationships, legal) that is difficult for a person to control. Gambling disorder is currently classified as a behavioral addiction under the “Substance-Related and Addictive Disorders” of the DSM-5. However, in the DSM-III and DSM-IV, it was classified as an impulsive-control disorder and had the label “pathological gambling disorder”. This move to the “Substance-Related and Addictive Disorders”, acknowledges the many similarities between a gambling disorder and substance use disorders, although the criteria for gambling disorder have largely remained the same.

In the following clinical case, we describe the case of Stanley, who exhibits some of the common features we encounter in treatment-seeking individuals with a gambling disorder. He is a high-functioning professional whose gambling escalated beyond his control and led to some very serious negative consequences in this life.

CLINICAL CASE:

Stanley first sought individual counseling for problems related to anxiety. The 48-year-old, white, unmarried professional attributes the onset of his first symptoms to financial stressors, including threat of bankruptcy and home foreclosure. He describes himself as “a worrier” for most of his adolescent and adult life, but he says that this trait had no significant negative impact on his life

until the past 3 years. When the clinical history was taken by the initial therapist, it became evident that disordered gambling was a major contributor to the patient's current financial situation and related anxiety. Because the gambling was ongoing, the therapist referred Stanley for treatment specific to gambling.

At his initial visit for gambling treatment, Stanley reports frequent casino gambling (4-8 times per month). Despite a \$150,000.00 annual salary, Stanley reports living paycheck to paycheck, often prioritizing gambling expenditures over living expenses. He hides the extent of his gambling from family and his significant other, lying about the reasons for his current financial status. He borrowed money from family several times to avoid foreclosure on his home.

Stanley first gambled in his early 20s via casino trips with friends. He maintained a nonproblematic pattern of moderate-frequency casino gambling within budgeted amounts for the next 10 years. In his early 30s, he experienced a substantial win (\$100,000). Following this win, Stanley gambled in binges (i.e. 24-48 hours) with little to no sleep. These prolonged gambling episodes would impact his work, and he experienced significant stress during these periods. He gambled occasionally during work week, usually after a major loss and in response to a desire to recoup losses.

Stanley gambled away his prior winnings. He began using his regular income and eventually accessed saving and retirement accounts to fund his gambling. Although aware that his gambling was excessive, he was convinced that another win was due to him and that such win would rectify his problems. He periodically tried to limit gambling time and expenditures but repeatedly failed to adhere to his goals. As his financial situation deteriorated, he began to experience symptoms of anxiety, including excessive worry, difficulty concentrating, irritability, fatigue, and sleep disturbance. Gambling temporarily relieved these symptoms, providing hope that he might repair his finances quickly. Gambling losses worsened his symptoms, and these losses often triggered additional gambling episodes in an attempt to recoup money.

DISCUSSION:

Stanley experienced a major win that precipitated the development of his gambling disorder. Prior to this win, he gambled regularly but was consistently able to stay within his planned expenditure goal and did not exhibit other problematic behaviors related to gambling, (e.g., chasing losses, gambling in response to emotions). The availability of winnings permitted Stanley to use larger sums of money during gambling episodes, which escalated the excitement he experienced. As his winnings disappeared, smaller gambling expenditures were not sufficient to achieve these levels of excitement, and he continued to gamble with larger amounts than his finances could support. In our clinical experience many disordered gamblers describe an early win (albeit most often not as large as Stanley's win) that leads to increased gambling frequency and expenditure. These wins, even if they are only \$100.00-\$500.00 in magnitude, can increase the excitement about gambling (akin to the high of addiction) and may also distort perceptions of gambling skill and/or expected returns from gambling, as well as strengthen irrational beliefs about gambling (i.e., illusion of control). However, we note that although early or major wins are common among problem gamblers and may be a risk factor for the development of problem in some gamblers (Turner et al. 2006), these wins are not necessary for the development or diagnosis of gambling disorder.

Stanley is also rather typical in regard to his poor insight into his gambling problem. His initial choice to seek treatment for anxiety rather than gambling may be an example of this poor insight, but it could also be related to the stigma of seeking treatment for addictions, including behavioral addictions such as gambling. In addition, many gamblers perceive disordered gambling to be a problem of limited finances. That is, if they only had more money, they would not have a gambling problem, and this belief may also impeded seeking treatment. Disordered gamblers often fail to recognize the pattern of behavior resulted in their current situation and believe that more of the same behavior will produce different results. They often believe they are in control or can easily regain control of their gambling. In many cases, it is only with repeated failures to stop or cut down their gambling that patients begin to perceive their behavior as problematic or uncontrollable and consider the possibility of seeking treatment.

QUESTIONS:

1. Gambling disorder is classified under which category in the DSM 5?
 - A. Disruptive, impulse control, and conduct disorders.
 - B. Adjustment disorders.
 - C. Substance-related and addictive disorders.
 - D. Neurocognitive disorders.

2. The behavior of those diagnosed with gambling disorder was given the label _____ in the DSM-III and DSM-IV systems.
 - A. Pathological gambling
 - B. Problem gambling
 - C. Addicted gambling
 - D. Recreational gambling

3. Which of the following disorders is commonly comorbid with gambling disorder?
 - A. Mood disorders
 - B. Anxiety disorders
 - C. Substance use disorders
 - D. All of the above

REFERENCES:

Carla J. Rash, Ph.D. & Nancy M. Petry, Ph. D. Behavioral Addictions, Gambling Disorder, pages 53-65, 2015

If you would like the answers to the above questions, email me at:

algesregan@gmail.com.

The next issue of The Learning Center will be available in May 2017. The topic will be Tanning Addiction.