Session 1 The 4th Wave: The Rapid Expansion of Worldwide Gambling: New Research Initiatives and Strategies for the Future

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Brief Biographical Sketch (100 words)
Jeff is Professor and Director of Clinical Training in School/Applied Child Psychology and Professor, Department of Psychiatry at McGill University. He is a clinical consultant to numerous hospitals, school boards, government agencies and corporations. Dr. Derevensky has published widely and is on the editorial board of several journals.

Name: Don Feeney M.S., M.P.P.
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Brief biographical sketch (100 words)
Don has been research and planning director at the Minnesota State Lottery since 1991. He has written extensively and made numerous presentations on his principal research interests; gambling and public policy, and public opinion on gambling and problem gambling. Don serves on the boards of the National Council on Problem Gambling, the Northstar Problem Gambling Alliance, and the Minnesota Problem Gambling Advisory Committee.

A number of gambling historians have suggested that there have been three major waves in gambling. With the worldwide economic crisis upon us, state, provincial and federal governments have begun to alter their attitudes toward various forms of regulated gambling. Government officials previously opposed to gambling expansion are now proposing a massive expansion of casinos and video-poker machines, new online gambling initiatives, and some have contemplated lowering the legal age for gambling to attract new players. This new 4th wave of gambling will result in more problems and need for increased research. The research in the past decade has significantly impacted and enhanced our understanding of risk factors associated with pathological gambling. New treatment initiatives have been developed and a greater number of prevention programs have been developed. What problems will result from this new wave of massive expansion? How can we prevent individuals from gambling excessively? What research still needs to be done? What should the social policy research priorities be? Each panel member, from their perspective, will suggest where the research field should be going in the next decade.

Objective 1 identify our current gaps in understanding pathological gambling
Objective 2 predict how the expansion of gambling will impact the general population
Objective 3 identify some of the most critical issues in the field of gambling research
This poster will look at how research can inform approaches to addressing the multifaceted relationship between pathological gamblers and criminal behavior.

Indiana provides funding to the Indiana Department of Correction (IDOC) for the provision of problem gambling education within eight Therapeutic Communities. DMHA collects data using the South Oaks Gambling Screen and pre/post gambling knowledge test. Offenders are provided with education and referral for treatment post incarceration.

Objective 1  Participants will have increased understanding of how Indiana is identifying problem gamblers in the criminal justice system and providing services/resources post incarceration.

Objective 2  Participants will increase their understanding of the importance of holistic care when treating offenders and how to engage the criminal justice community in this effort.

Objective 3  Participants will be able to discuss Indiana’s approach to addressing problem/pathological gambling with in a prison population.
Session 2: Youthful Offenders: The Interaction Between Gambling, Crime, Substance Abuse and Incarceration

Name: Angela Mooss
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Brief Biographical Sketch (100 words): Angela Mooss is currently a doctoral candidate in community psychology at Georgia State University. She received her public health certification in epidemiology and masters degree in psychology also at GSU. Angela has done research on a variety of social issues, including veterans, homelessness, dating violence, and substance abuse, and specializes in consultation and program evaluation using mixed methodology. Angela currently serves as the youth prevention coordinator for the GSU pathological gambling research team.

Name: Jennifer Zorland
Position: Criminal Justice Program Coordinator
Employer: Georgia State University/DHR
Brief Biographical Sketch (100 words): Jennifer is a community psychology doctoral candidate at Georgia State University, where she also received her Graduate Certificate in Public Health and masters of arts in psychology. She is a member of Georgia State University's Pathological Gambling Research Team. Her current research focuses on the assessment and prevention of problem gambling among individuals involved with the Criminal Justice System. She is especially interested in examining gambling behaviors among offenders whose crimes were fueled by underlying addictions. She is skilled at both quantitative and qualitative research methodologies, and has extensive experience in program evaluation.

Previous research has demonstrated that problem gambling is associated with substance and alcohol abuse, participation in criminal activities, and involvement in the Criminal Justice System. This presentation will highlight quantitative and qualitative results from a recently conducted study assessing the prevalence and correlates of problem gambling within populations in which these risk factors are compounded. Specifically, problem gambling and its correlates were assessed among youth involved in juvenile and family courts. The relation between problem gambling, substance abuse, criminal behavior, and incarceration will be discussed. Furthermore, suggestions for the assessment, prevention and treatment of problem gambling based on these findings will be provided. Finally, policy recommendations will be offered regarding how to increase awareness of the extent of gambling problems within this population, which may lead individuals, communities, and treatment providers towards early identification and intervention.

Objective 1: Raise awareness of the prevalence and correlates of problem gambling specific to adult and youthful offenders involved in the criminal justice system by presenting recent research findings from 2 studies.

Objective 2: Increase knowledge of the relation between crime, incarceration, substance abuse and gambling. Specifically, how these behaviors are correlated and may reinforce and/or lead to one another will be discussed.

Objective 3: Based on our research findings specific suggestions for the assessment, prevention, and treatment of problem gambling specific to offending and substance abusing populations will be provided. In addition, policy recommendations will be offered.
Session 2  Framework on Controlling the Socioeconomic Costs of Compulsive Gambling

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Brief Biographical Sketch (100 words)
Quinton Singleton is an attorney at Lewis and Roca LLP working out of the Las Vegas office. His practice primarily focuses on providing legal services to the gaming and business clients and regularly authors various articles on the gaming industry, including problem gambling issues. Previously, Quinton worked with Deloitte & Touche LLP in Nevada providing assurance and advisory services to the gaming industry and also has experience in international business.

The poster is based on the article printed in the February 2008 Gaming Law Review Journal. Essentially the crux of the article is that the current state of problem gambling regulation throughout the U.S. is inconsistent and the state of research into problem gambling is nascent in comparison to other fields like alcohol or drug abuse. Therefore, it becomes highly difficult to address instituting complete and cohesive problem gambling regulations. Nevertheless, the state of research shows that problem gambling is a real issue that must be addressed. Research further shows that problem gambling has similar physiological and psychological effects to other addictions. With this in mind, I looked for a proven framework from another addiction that I could overlay onto problem gambling. I came to use the World Health Organizations framework for controlling tobacco as a basis for outlining regulatory tools for problem gambling. Based on that I drafted guidelines for problem gambling regulation that could be implemented across the U.S. with some flexible portions depending on state policy. Finally, this framework, with some modifications, can also be extended to internet gaming.

Objective 1 Start dialog on creating cohesive problem gambling regulations
Objective 2 Present law review article for consideration
Objective 3 Participate in national discussion of problem gambling regulations
While a number of studies have explored children's perception of their parent's attitudes toward their gambling, few studies have provided any validation. The current study represents a nationally conducted study across Canada seeking to better understand parental perspectives and attitudes toward adolescent gambling. The online survey, included 2710 parents having children between the ages of 13-18, examined four separate domains; attitudes that parents held toward gambling in comparison to other traditional adolescent risky behaviors, parental gambling behavior, parental and adolescent involvement in gambling, and attitudes/awareness concerning youth gambling education, awareness and prevention programs. The data was weighted according to the most recent national census. Gender, geographical differences, and availability of different forms of gambling are explored. The results of this study have significant implications for the development of parental awareness programs and prevention campaign.

Objective 1 provide participants with the results of the study and their implications
Objective 2 provide participants with suggestions as to how to include parents in education, awareness and prevention campaigns
Objective 3 provide industry and gaming representatives with suggestions as to how to partner with prevention specialists
Session 3B: Gambling Court in Action

Judge Farrell will provide an introduction to the session and an overview of treatment courts/therapeutic justice. The case conference will feature composite sketches of 2 clients, one who is doing well in the program and one who is not. The court session will include the defendants, followed by a Q&A with the presenters.
National Outcome Measures (NOMs) are a key component of the federal data strategy in order to achieve successful service results in field of health. Presentation will define and describe how NOMs include evidence-based practices applicable to pathological and problem gambling. The purpose of the presentation is to provide problem gambling professionals, policy makers, and public stakeholders a better understanding of how NOMs impact the problem gambling field. It’s considered that NOMs influence local and regional policy, methodology, as well as funding for delivering services of pathological and problem gambling. Through a national discussion among policy makers, state specific measures have been identified for problem gambling. State specific measures refer to service outcomes that address pathological or problem gambling among priority populations. State specific measures reflecting NOMs such as access to care, outpatient treatment, workforce development and/or education has lead to policy development concerning problem gambling. Presentation will highlight the relationship of NOMs from the individual domain to our national health care initiatives. Highlights will encompass current practice methods in the field to multi-state efforts in addressing NOMs. Audience will receive a description of current data sets in effort to demonstrate the validity and reliability of measures indicated. Environments, systems, and instruments used to determine data sets will be defined giving the audience a sense of how to implement the NOMs process. Overall presenters will furnish the audience with core guidelines to applying a NOMs approach in the pathological and problem gambling field.

Objective 1 Define National Outcome Measures (NOMs) and their significance to the pathological gambling field domains that include the clinical, prevention, and administrative service areas.

Objective 2 Describe the relationship of NOMs to State-Specific Measures (data sets) and its impact on problem gambling.

Objective 3 Identify current processes that incorporate NOMS into the problem gambling field and their effectiveness.
Characteristics of Japanese GA groups and GA members: a preliminary report of the 2008 GA membership survey

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Naoko Takiguchi teaches sociology and anthropology at Otani University, Kyoto, Japan. She provides educational classes concerning problem gambling for family members in Osaka and Kyoto. Since 1994, she attends numerous GA and Gam Anon meetings and regional conferences. She also provides educational classes for those concerned with gambling problems at the mental health center in Kyoto and offers seminars for financial counselors and lawyers.

Characteristics of Japanese GA groups and GA members will be discussed in this presentation. First, history of Japanese GA will be given, followed by descriptions of typical GA meetings, differences between the GA groups in Japan and the US, and factors which distinguish successful GA groups from unsuccessful ones. The discussion is based on the presenter’s observation at numerous GA meetings and regional conferences.

Typical Japanese GA meetings are, like the ones in the US, conducted based on the 12 steps of recovery and unity. A noteworthy difference is seen in the creation of “anonymous names,” aliases used among Japanese GA members. Successful groups have energetic leaders, who instigate active interactions among the members and are strongly supported by non-member experts (e.g., financial counselors).

Based on the 2008 GA membership survey, characteristics of GA members are presented, especially focusing on demographic data, their choice of games, factors which motivate gamblers to attend the first meeting, sponsorship and frequency of GA attendance, and the gender difference.

The first GA meeting was held in Japan in November 1989. For the first decade, GA grew slowly; only 11 groups existed in 1999. Currently GA has been expanding and there are 82 groups (Jan. 2009). In October 2008, more than 320 members (including family members) attended the National Conference and the first GA membership survey was conducted by GA Japan Information Center. 196 GA members returned the survey, and a preliminary report of the result is provided in this presentation.

Objective 1 Characteristics of Japanese GA groups and the differences between the GA groups in Japan and the US.
Objective 2 Characteristics of Japanese GA members based on the 2008 GA membership survey
Objective 3 The Gender difference of GA members based on the 2008 GA survey
Gambling has emerged as a normal social activity for many older adults and as a significant problem for others. While there is a steady increase in the number of legalized gambling venues, few studies have investigated the gambling attitudes, behaviors, and motivations among African American elders. The main purpose of this research was to explore attitudes, risky gambling behavior, frequency of gambling and motivation for casino visits among a population of older African Americans living in the city and to question how frequency of visitation is associated with problem gambling, attitudes, behaviors, and motivations.

A stratified sample of 1126 residents age 60 and older in Detroit, Michigan includes those who self-reported that they never, rarely, or frequently went to a casino to gamble. Through the use of cross-sectional analysis, selected variables tested with frequency of casino visits included demographics, motivations, and opinions about casinos. The findings of this study show that attitudes towards gambling were generally positive, but some disturbing attitudes and behaviors also emerged. Many elders participated in casino gambling to escape feelings due to a death of a loved one or loss of a close relationship, others participated due to boredom, loneliness, to be around other people and many reported going to casinos to win money. This research represents an important step toward understanding the attitudes, behaviors, and motivational factors involved in gambling among African Americans elders.

Objective 1 Of these older African Americans who is most likely to enjoy going to casinos
Objective 2 How frequently do they attend casinos and who is most likely to attend
Objective 3 Who is most likely to be at risk of problem gambling among this group
Content focuses upon the prevalence of problem and pathological gambling and examines the potential for a correlation with bankruptcy. Bankruptcy is viewed as a bailout by gambling addiction treatment professionals as it negates responsibility for debt. As a result, the potential for re-occurrence of compulsive gambling exists unless cognitive and behavioral interventions occur. The presentation also explores potential value for amending the Federal Bankruptcy Law, adding stipulations for completion of problem gambling screening, at a minimum, in addition to meeting with a credit counselor. Both bankruptcy attorneys and credit counseling agencies have the opportunity to intervene.

Objective 1  To identify the correlation between problem gambling and bankruptcy.
Objective 2  To identify warning signs indicative of a gambling problem.
Objective 3  To examine possible implications of changed policy regarding bankruptcy.
Objective 4  To identify resources for help.
The faith community is struggling to understand and accept their role in responding to problem gambling and their congregants, community and churches. What is the role of: faith, the church, Christian counselors and pastoral ministry when gambling touches the community? First reactions include: doesn’t the Bible say that gambling is a sin? Isn’t gambling against Christian stewardship? Why can’t gamblers pray and just stop gambling? The struggle of faith based communities to move from “vocal opposition” to “ministerial opportunity” is causing a “crisis of faith” in the lives of many people of good faith. This presentation will draw on the experience of gambling professionals who are trying to translate the understanding and language of problem/pathological gambling into a faith based understanding and language which includes spiritual values, forgiveness and relationship with “higher power.”

Objective 1  Learn how faith based communities have successfully moved from opposition to opportunity in Indiana and Pennsylvania

Objective 2  How education and training can be presented using faith based principles

Objective 3  Practices and resources that are working in some communities
Session 5A  The Possibility of a Behavioral Intervention for Pathological Gambling

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Brief Biographical Sketch (100 words)
Dr. Mark R. Dixon is a Professor and Coordinator of the Behavior Analysis and Therapy Program at Southern Illinois University. He is also the Director of the Gambling Intervention Program at SIU. Dr. Dixon has published 3 books, over 80 peer reviewed journal articles, and delivered over 200 presentations nationally and internationally. Mark is the Editor of the peer-reviewed journal “Analysis of Gambling Behavior” and the Associate Editor for “Journal of Applied Behavior Analysis” and “Journal of Organizational Behavior Management”. Mark’s research and/or expert opinions about gambling have been featured in Newsweek, The New York Times, Public Radio, and local affiliates of ABC, CBS, PBS, and the Southern Illinoisan.

Over the past 15 years considerable interest and research has explored neurological causes and pharmaceutical treatments for pathological gambling. While albeit useful, these contemporary areas of exploration alone cannot replace a psychological analysis of pathological gambling. This presentation will present data from over a decade of research at Southern Illinois University that has explored basic behavioral phenomena and their demonstration by gamblers. Using a casino-like laboratory, recreational and pathological gamblers have partaken in over 50 experiments that show remarkable predictability of how people will in fact gamble at various casino games. Using laboratory-based data, effective psychological treatment has been developed and tested. Combining neuroscience and behavioral science has been important at strengthening each isolated domain. This presentation will also discuss how researchers need to bridge the gaps between science and practice in understanding how pathological gambling develops, is maintained, and how it can be eliminated.

Objective 1  Become familiar with the psychological framework and theories of pathological gambling and the contribution of behavioral science.
Objective 2  Gain an understanding of how basic laboratory phenomena and experimentation can have a direct impact on eventual treatment techniques for pathological gamblers.
Objective 3  Learn how a collective approach blending neuroscience and behavioral science can enhance each individual domain’s understanding of the field of pathological gambling.
The characteristics of Asian American, African American, and White problem gamblers using a gambling helpline were examined to identify race-related differences. Race-related differences in gambling behaviors, psychiatric problems, and mental health and substance abuse treatment exist in problem gamblers. These differences highlight the importance of considering racial factors in the prevention and treatment of problem gambling.

Objective 1  To learn how gambling helplines function as an outreach strategy.
Objective 2  To identify race-related differences in problem gamblers using a helpline.
Objective 3  To examine the potential importance of considering racial factors in the prevention and treatment of problem gambling.
Session 5C: The Basics of Understanding Non-Chemical Addictions

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Brief Biographical Sketch (100 words) Louis Weigele has over 30 years of social work experience encompassing clinical practice, supervision and program administration. He has specific expertise in care and treatment of severe and persistent mental illness, forensics, dual diagnosis (substance abuse and mental illness), problem gambling, chemical dependency and other addictions. His professional qualifications include substance abuse assessment and treatment, the treatment of severe and persistent mental illness as well as individual, couples and group treatment. He has identified and created services for individuals with mental illness and severe addiction problems. Mr. Weigele is a Licensed Independent Social Worker, a Board Certified Diplomate in Clinical Social Work, and a Nationally Certified Gambling Counselor. He currently serves as the President of the Ohio Council on Problem Gambling, and is a member of the Affiliates Committee of the National Council on Problem Gambling. Mr. Weigele is the Director of Behavioral Health at the Free Clinic of Greater Cleveland and maintains an independent clinical practice in Lakewood, Ohio.

Recently, there has been increased focus on gambling and other psychosocial problems that have come to be viewed as “process addictions”. This presentation will use the term non-chemical addictions and explore how these problems fit into our concepts of addictions and mental illnesses. With problem gambling as the primary example, this presentation will explore how non-chemical addictions may be viewed as the nexus between current conceptualizations of addictions and traditional mental illness. Using a lecture and discussion format, this presentation will highlight the commonalities, similarities and differences between non-chemical and chemical addictions and conditions historically viewed as mental health conditions. Participants will develop a basic understanding of the issues involved in assessment and treatment of problem gambling. This session will also provide a foundation for further exploration and skill development in the treatment of problem gambling and other related disorders.

Objective 1 Identify the basic concepts of non-chemical addictions
Objective 2 Identify similarities and differences between chemical and non-chemical dependencies
Objective 3 Identify treatment considerations in addressing non-chemical addictions
Session 5D  Recent Global Developments In Player Pre-Commitment Policies To Reduce Problem Gambling

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Phillip Ryan is former Executive General Manager of Corporate Affairs for Tattersall's. In this role he and his team were responsible for government relations, media relations, community relations, employee communications, issues management and corporate image. He has spent the last four years working his way through the minefield of problem gambling public policy, with two focussed outcomes - using new smart technologies to empower players to take control of gambling-related harm, and helping governments manage potential gambling revenue reductions as these new technologies are introduced. He brings a unique perspective having been party to both sides of the debate. Phillip has a Science degree in physics and computer studies, an MBA, a Masters in Marketing and a post graduate Diploma of Education.

For many years plastic cards and smart cards have been regarded as the best mechanisms to use in player tracking and new player pre-commitment (monetary loss limit setting) programs. Recent research from Nova Scotia in Canada has demonstrated the key failing of such technologies - card sharing – particularly amongst problem gamblers (i.e. over one third of players shared their ID cards for periods up to one week). Now the next generation of player tracking has arrived. Technologies built around the unique biometric characteristics of players (e.g. fingerprints) and the ubiquitous technology standard of the universal serial bus (USB) interface available on all electronic devices. The utility of these new technologies is significantly enhanced since players are now able to use their ID and loss limit devices across multiple gambling operators using multiple channels of distribution due to the use of the common USB interface.

This paper provides a comparison of current technologies being applied to track players, and the new wave of smart technologies set to accelerate the use of player pre-commitment as the new dynamic public policy initiative to protect players from exploitation across the industry value chain.

In this paper we outline the new creative solutions being adopted by Governments to fund the implementation of new pre-commitment programs whilst simultaneously protecting their own taxation revenues. Finally we extrapolate how all of these recent developments in offline gaming public policy will impact the entire industry spectrum from terrestrial gambling through to Internet and mobile gambling in the coming years.

Objective 1 Exposure to the latest smart technologies in player tracking and monetary loss limit setting regimes for the gambling industry
Objective 2 Explanation of the benefits of these new technologies over current older technologies in order to limit problem gambling
Objective 3 Understanding of the most recent global developments in the introduction of pre-commitment public policies in jurisdictions such as Australia, Singapore, Canada and Norway, as well as providing insight into potential future developments.
Session 5E  Prevention Efforts with Special Populations through Training, Technical Assistance and Capacity Building

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Jim is the Director of Prevention for the Massachusetts Council on Compulsive Gambling where he directs the prevention of problem gambling program statewide. He also owns the New England Center. Jim is a faculty member of the New England School of Alcohol Studies and the New England School of Prevention Studies.

Name Haner Hernández, Ph.D.
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Haner has worked for more than 20 years in the human service field and is an experienced prevention and addiction treatment practitioner. Haner earned his doctoral degree from the University of Massachusetts and a Master of Education from Cambridge College.

Name Katie Warner
Position/Employer Prevention Assistant, Massachusetts Council on Compulsive Gambling

Katie also serves as an administrative assistant at the Massachusetts Institute of Technology.

Name Chien-Chi Huang
Position/Employer Asian Outreach Specialist, Massachusetts Council

In this capacity, she has engaged the Asian communities at all levels. Ms. Huang has a Master degree in Mass Communications from Boston University and is fluent in Chinese.

This session will briefly outline the prevention best practices utilized in all of the Council’s prevention efforts and then focus on the particular examples. Both the Latino and African-American Outreach efforts focused on working with faith communities and developing culturally appropriate materials. The Asian Outreach effort sought out creative partnerships within the Asian community to increase community awareness. The Older Adult Outreach effort built on a peer empowerment model partnering with Councils on Aging. Finally, the College Outreach Effort has worked with 21 colleges and universities to build the capacity of those communities.

Objective 1 Participants will be able to list the five steps in CSAP’s strategic planning framework
Objective 2 Participants will be able to describe training and technical assistance efforts with several special populations.
Objective 3 Participants will be able to describe several capacity building strategies when working with varied special populations.
Indiana has been collecting information on youth gambling behaviors for 4 years on its Annual Survey of Alcohol, Tobacco and Other Drug Use by Youth and Adolescents, this session will review these results. In this session will look at this data and the relationship between youth ATOD use and gambling behaviors.

Indiana has had an afterschool prevention program since 1997 called Afternoon’s R.O.C.K. in Indiana, that serves over 14,000 youth each year. In 2007, problem gambling prevention activities were added to the required program offerings. This session will examine the data collected from these programs. This session will discuss the data findings of how gambling behaviors changed with the addition of the gambling curriculum to the existing ATOD Program.

Results of the three telephone surveys on gambling behaviors among youth, adults and seniors will be reviewed, as well as information on the reaction by state and local organizations to the establishment of a Problem Gambling Prevention Initiative by Indiana.

This session will examine the policy issues that the state considered when making the move to integrate problem gambling prevention activities with substance abuse prevention activities.

Objective 1 Participants will be able to identify the public policy issues that occur when Problem Gambling Prevention strategies are incorporated in to already existing substance abuse prevention programs.

Objective 2 Participants will be able to discuss strategies for identifying funding support for problem gambling prevention programs.

Objective 3 Participants will be able to discuss the Indiana experience for expanding its afterschool substance abuse prevention program (Afternoons R.O.C.K. in Indiana) to include problem gambling prevention.
Impulsivity is often elevated in pathological gamblers (PGs). Few studies, however, have identified underlying neuropsychological factors associated with impulsivity in PGs. Executive function (EF) involves cognitive processes implicated in the formation of successful goal-directed behavior, including planning and initiating behaviors, anticipating consequences, and adapting to environmental feedback. The aim of this study is to assess differences between PGs and non-problem gambling controls on several dimensions of EF. In this preliminary analysis, 26 PGs were compared with 27 controls on the Wisconsin Card Sort Test (WCST), Stroop test, Tower of London (TOL), Controlled Oral Word Association Test (COWAT), Letter-Number Sequencing and Iowa Gambling Task (IGT). These measures are thought to assess specific domains of EF including cognitive flexibility, perseveration, planning, verbal fluency, working memory and decision-making. PGs and controls were well matched on age, education, gender, race, marital-status, and IQ. Compared with controls, PGs demonstrated significantly greater perseveration and completed fewer categories on the WCST. They also demonstrated greater response interference on the Stroop. Groups did not differ on TOL, COWAT or Letter-Number Sequencing scores (all p’s > .05). A significant group x time interaction was found on the IGT, such that control participants’ T-values increased throughout the task, demonstrating improved decision making based on learning, while PGs’ T-scores declined. These data show that PGs may have fairly specific EF deficits that may contribute to gambling problems, and underscore the importance of addressing potential neuropsychological deficits in PG treatments.

Objective 1 Understand the concept of executive function and its importance to understanding gambling problems.

Objective 2 Learn about a research study that is assessing the relationship between neuropsychological dysfunction and pathological gambling.

Objective 3 Understand how findings on impulsivity and executive function in pathological gamblers might be applied in gambling treatment.
I am a professor in Sociology at IUPUI. My research interests center on preventing risky behaviors on the part of adolescents and college students.

I have studied college student gambling for over six years with colleagues from Mississippi State and the University of Arkansas. This workshop will be an overview of our findings from several studies with recommendations for college gambling prevention programs.

College student gambling is a significant but under-studied problem. Several studies have reported that 90% of college students had gambled and 22% do so once a week or more. In one study we reviewed the rates of problem gambling for college students that have been reported in the research. To synthesize the studies, a meta-analysis was applied. The estimated proportion of problem gamblers was 7.37%. The results have practical significance because: a) they are similar to those reported by previous researchers and b) they lend support to the theory that college students have a higher prevalence of gambling disorders than adolescents or adults.

In another study, we administered a survey to a total of 456 students enrolled in psychology classes in a southern state. The results showed that a) students with higher gambling scores and higher sensation seeking scores had more financial problems; b) females who participated in casino gambling had significantly higher sensation-seeking scores, and drank alcohol and binge drank more frequently than their non-gambling female peers; and c) African-American and low income students were less likely to gamble, as well as consume alcohol, binge drink, and smoke cigarettes.

Objective 1 To recognize the extent of problem gambling on college campuses
Objective 2 To understand the unique nature of college student gambling, compared to that of adolescents or adults.
Objective 3 To comprehend how to prevent gambling on college campuses.
Session 6 Keeping Score: An Analysis of Gambling & Other High Risk Behaviors in Missouri College Students.

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Brief Biographical Sketch (100 words):
Kristy Wanner is in her third year as the gambling prevention coordinator for Partners In Prevention, a statewide coalition comprised of thirteen state universities in Missouri. Over the last several years, Kristy has developed the ‘Keeping the Score’ program which has received both state and national recognition. She is responsible for providing support, direction and ideas for gambling prevention on these campuses as well as providing updates on changing policies and laws. She coordinates all prevention efforts at the University of Missouri, chairs a campus task force with ten departmental directors and is a current member of the National Task Force on campus policies for gambling and other addictions. Kristy holds a Master’s degree in Counseling Psychology from the University of Missouri-Columbia and is a doctoral candidate in Health Education and Promotion.

Name: Sara Vassmer M.Ed.
Position/Employer: Statewide Graduate Research Assistant, University of Missouri
Brief biographical sketch (100 words):
Sara Vassmer is completing her third year as graduate research assistant for Partners in Prevention, a thirteen campus prevention coalition made up of the state universities in Missouri. As research assistant, Sara’s day to day responsibilities include the implementation, evaluation, and further development of the Missouri College Health Behavior Survey (MCHBS). Sara holds a Master’s degree and is a doctoral candidate in Health Education and Promotion.

The Missouri College Health Behavior Survey (MCHBS) was developed out of a need for more specific behavioral data necessary for statewide prevention and programming. With the creation of the ‘Keeping the Score’ program along side this effort, the number of questions directly concerning gambling behaviors, frequencies, and perceptions of gambling behavior in students increased to nine on the 2007 & 2008 MCHBS survey. In 2009, these questions were further revised and several questions were added to examine the prevalence of specific problematic gambling behaviors as well as knowledge of warning signs and resources. This poster will share trend data on questions surveyed over the last several years as well as results from new questions on specific problematic gambling behaviors and correlations between high frequency gamblers and other high risk behaviors such as tobacco use, binge drinking and drug use; providing a well rounded view of gambling and college students in Missouri. In addition, how this data has been used to direct and guide prevention efforts will be shared.

Objective 1: Provide readers with results from several years of data collection and analyses on gambling behavior and college students in Missouri.

Objective 2: Raise awareness about the frequency of gambling activities as well as the prevalence and correlates of problem gambling behaviors specific to students in Missouri colleges and universities.

Objective 3: Share suggestions for further assessment and prevention efforts based on the data collected.
Previous research has demonstrated that problem gambling is associated with substance and alcohol abuse, participation in criminal activities, and involvement in the Criminal Justice System. This presentation will highlight quantitative and qualitative results from a recently conducted study assessing the prevalence and correlates of problem gambling within populations in which these risk factors are compounded. Specifically, problem gambling and its correlates were assessed among adult drug and DUI court participants. The relation between problem gambling, substance abuse, criminal behavior, and incarceration will be discussed. Furthermore, suggestions for the assessment, prevention and treatment of problem gambling based on these findings will be provided. Finally, policy recommendations will be offered regarding how to increase awareness of the extent of gambling problems within this population, which may lead individuals, communities, and treatment providers towards early identification and intervention.

Objective 1 Raise awareness of the prevalence and correlates of problem gambling specific to adult and youthful offenders involved in the criminal justice system by presenting recent research findings from 2 studies.

Objective 2 Increase knowledge of the relation between crime, incarceration, substance abuse and gambling. Specifically, how these behaviors are correlated and may reinforce and/or lead to one another will be discussed.

Objective 3 Based on our research findings specific suggestions for the assessment, prevention, and treatment of problem gambling specific to offending and substance abusing populations will be provided. In addition, policy recommendations will be offered.
The roots of relaxation and meditation stem from various spiritual and religious traditions. The goal was to deepen one’s spiritual growth. All of the major religions developed meditative practices which are continued to be used to this day. I will examine the history and origins of relaxation and meditation, as well as the correlations to the 12 Step program. The benefits of incorporating relaxation and meditation into your treatment program for compulsive gambling are numerous. They include a wide range of physical benefits, stress reduction, an increased ability to focus one’s mind, and an improved quality of life. Each benefit will be explored. Vanguard, an inpatient compulsive gambling treatment program, includes many holistic practices, including progressive relaxation and meditation. Our current programming recommends that each patient begin to learn the skills of relaxation and mediation by devoting 10-20 minutes twice daily. They are provided with a tip sheet with suggestions on how to begin, which includes breathing techniques, when and where to practice, and ideas for getting quiet and beginning to experience a deep sense of relaxation. Each patient is required to keep a log of their practice on a daily basis. A survey, given to 400+ Vanguard alumni, regarding transferring these learned skills to their own recovery program will be shared. A demonstration of the guided relaxation and meditation will be provided for the group attending this conference. Each person will be able to experience these techniques for themselves, and hopefully, find the practice both helpful and enjoyable!
Disordered gamblers are conceptualized to be in various stages of readiness to change their problematic gambling behavior. Motivational Interviewing and Motivational Enhancement Therapy approaches are designed to highlight personal motivations for decreasing or abstaining from gambling, in order to reduce ambivalence and increase readiness to change. MI may be a useful strategy for decreasing gambling among problem/pathological gamblers who are reluctant about entering treatment or who do not desire abstinence. The program will provide an overview of a single-session motivational enhancement intervention for disordered gambling; incorporating personalized motivational feedback with MI style emphasizing reflective listening and evocation of change talk. The presentation will focus on the theoretical and practical aspects of this intervention, including demonstration of aspects of the personalized feedback, assessing readiness to change, and practicing skills such as reflective listening. The program will be interactive and involve audience participation.

Objective 1 Describe the Stages of Change model in relationship to disordered gambling, and understand how to assess client readiness to change.

Objective 2 Understand the role of MI and personalized feedback in influencing gambling behavior.

Objective 3 Review a number of clinical strategies to explore and resolve a gambling client’s ambivalence about changing gambling behavior.
Utilizing a non-probability cross-sectional design we examined the prevalence and types of gambling activities in a sample of undocumented Mexican immigrants living in five New York City boroughs. Participants were recruited from venues in NYC communities with large populations of Mexican immigrants. Outreach workers recruited participants using outreach techniques for hard to access populations: distributed flyers at venues and engaged potential participants in conversations (in Spanish) about the objectives, the criteria for inclusion, and the voluntary and anonymous nature of the study. The 431 respondents ranged in age from 18-80 (mean age 32), 69.7% were male. More than half (53.8%) reported gambling and of those most (43.9%) played scratch and win tickets or the lottery. In multivariate analyses men reported gambling more than women [2.13, 95% CI = (1.03, 4.38)]. The odds of gambling were higher among those reporting sending money to family or friends in the home country [2.65, 95% CI = 1.10, 6.38]), and those who reported 1-5 days as compared to no days of poor mental health in the past 30 days [2.44, 95% CI = 1.22, 4.89]). Conversely, those who reported entering the U.S. to live after 1996 were less likely to report gambling [0.44, 95% CI = (0.22, 0.89)] as compared to those who had lived in the U.S. longer. There is a need to utilize innovative and culturally appropriate data collection methods to explore the prevalence and severity of gambling amongst the growing population of undocumented Mexican immigrants in the U.S.

Objective 1
Learn about the conduct of research with undocumented immigrants (sampling and interviewing)

Objective 2
Describe demographic characteristics of undocumented Mexican immigrant gamblers living in New York City

Objective 3
Describe the prevalence and types of gambling behaviors of undocumented Mexican immigrant gamblers living in New York City
Session 7D  Gaming Training – What Skills Do Employees Say They Need?

Name
Mr. Steven Bradie-Miles

Degree(s)
Certificate IV – Workplace Training & Assessment

Position
Manager – Compliance & TAB Wagering

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William Angliss Institute

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Brief Biographical Sketch (100 words)
Steven Bradie-Miles is the Compliance Training Manager at William Angliss Institute – Melbourne, Australia. Prior to taking up this role in 2001, he was the Training Officer at the Australian Hotels Association (Victoria) and has managed a licensed venue.

Steven has a background in hospitality training with a particular focus on the implementation of harm minimization programs in gaming, liquor, food hygiene and wagering.

Forging strong working relationships with government, associations, gaming operators, management and staff, Steven reviews and challenges gaming employee training outcomes. Steven’s role is to ensure courses are relevant, meet legislative requirements and community expectations.

In 2001, William Angliss Institute in partnership with the Australian Hotels Association (Vic), Clubs Victoria, Tabcorp, Tattersalls and Gamblers Help embarked on developing gaming training programs. Consultation and validation had been extensive with stakeholders determining the structure of training, resources and the minimum outcomes required. The gaming programs are now part of the Victorian gaming industry's commitment to responsible gaming practices.

In light of legislative demands and an increasing risk of liability, the employees wanted a more proactive approach to patrons’ needs rather than re-active and negative in situations. All wanted to be known as a “People Person” again.

This presentation includes:

- Dealing with diverse key stakeholders when establishing gaming training
- How an employee is trained to be a ‘people person’ – a practical approach to patron care. What staff want!

Objective 1  Responsible Gaming Training – Dealing with diverse key stakeholders when establishing gaming training.

Objective 2  How an employee or manager is now being trained to be a ‘people person’ – a practical approach to patron care. What staff want!

Objective 3  Training now & beyond. Alternative delivery methods for training employees – refresher courses/ on-line delivery. Should those affected by gaming have a say in what training management and staff undertake?
Session 7E  Keeping Score on Gambling Prevention at the Collegiate Level

Name: Kristy L. Wanner
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Brief Biographical Sketch (100 words):
Kristy Wanner is in her third year as the gambling prevention coordinator for Partners In Prevention, a statewide coalition comprised of thirteen state universities in Missouri. She is responsible for providing support, direction and ideas for gambling prevention on these campuses as well as providing updates on changing policies and laws to representatives in the coalition. She also coordinates all prevention efforts at the University of Missouri, chairs a campus task force with ten departmental directors and is a current member of the National Task Force on campus policies for gambling and other addictions. Kristy holds a Master’s degree in Counseling Psychology from the University of Missouri-Columbia and is a doctoral candidate in Health Education and Promotion.

Name: Mitzi Clayton, M.A.
Position/Employer: Assistant Athletics Director for Compliance/University of Missouri
Brief biographical sketch (100 words):
Mitzi is Assistant Athletics Director for Compliance. She also is a member of the MU Gambling Task Force. Clayton came to Missouri on a track and field scholarship in 1990, where she earned All-Big Eight honors in the javelin. She was a two-time All-Big Eight Academic team member, Phillips 66 Academic first-team selection and co-captain of the team. Clayton received her bachelor of educational studies degree from Missouri in 1994, and completed her master's degree in sports management in 1996.

This presentation will combine information about the usefulness of statewide and campus coalitions in providing a comprehensive gambling prevention program; strategies for partnering with colleges by utilizing the knowledge, structure and efforts within athletic departments as well as several other environmental strategies/prevention efforts to reduce problem gambling on college campuses. Strategies to develop statewide and campus coalitions will be discussed, recognizing the successes, challenges and lessons learned over the years. A case study from the University of Missouri’s campus gambling task force will be shared examining the perplexity of developing a semi-regulatory policy approach for the campus in conjunction with a zero tolerance approach for athletics. This session will also examine important data on the prevalence of gambling among Missouri college student populations, as well as information gathered by the NCAA on sports betting and student athlete gambling behaviors. Useful prevention strategies for awareness, detection and referral from a harm reduction and zero tolerance framework will be shared.

Objective 1: Foster awareness and understanding of the usefulness of statewide and individual campus coalitions in providing comprehensive prevention efforts.

Objective 2: Gain knowledge of the NCAA regulations on gambling; strategies to partner with colleges by reaching out to athletic departments and familiarity with different, yet cooperative efforts between campuses and athletic departments for gambling prevention.

Objective 3: Learn several environmental strategies for campus wide prevention efforts, including unique student groups such as Panhellenic and student-athlete organizations.
Gambling is a widespread form of entertainment that may afford unique insights into the fallibility of human decision-making. It is also a behaviour that can become harmful, and potentially addictive, in a minority of individuals. My presentation will attempt to fuse two dominant approaches to gambling behaviour. The psychobiological approach has examined case-control differences between groups of Pathological Gamblers and healthy controls, and has identified impairments in cognitive functions linked to the ventromedial prefrontal cortex (vmPFC), as well as alterations in dopamine neurotransmission. I will illustrate this approach by describing some of our findings using the Cambridge Gamble Task, a neuropsychological probe of risky decision-making, in problem gamblers and individuals with alcohol dependence. The cognitive approach to gambling has identified a number of erroneous beliefs held by gamblers, which cause them to over-estimate their chances of winning. In integrating the cognitive and psychobiological approaches, I will discuss some recent data showing the anomalous recruitment of brain reward circuitry (insula, vmPFC, and ventral striatum) by gambling near-misses, in a group of non-regular gamblers (Clark L et al 2009 Neuron) and a second study in a group of regular gamblers. The effects of near-misses are seen to vary as a function of personal control, a second cognitive distortion in gambling games. These manipulations may harness a reward system that evolved to learn about skill-oriented behaviours, and by understanding the brain mechanisms that underlie these distortions, we may gain insight into the etiology of problem gambling.

Objective 1 To understand the neuropsychological sequelae of problem gambling
Objective 2 To understand the significance of near-misses in gambling behaviour
Objective 3 To understand how near-misses impact upon brain reward circuitry.
Gambling among college students is a common occurrence. In 2003 a national sample of over 20,000 college athletes in NCAA schools participated in a survey examining their gambling behaviour and other potentially risky behaviors. Since that time the landscape of gambling has dramatically changed in the United States. A second national survey including over 20,000 college athletes was completed in 2007-2008. This presentation will focus upon these findings. Emphasis will be placed on the incidence of gambling, the types of activities engaged in by athletes, changing patterns of gambling and the prevalence of gambling problems among college athletes in the U.S.

Objective 1: identify current gambling behaviors of college student athletes
Objective 2: to better understand gender differences in gambling behavior among college athletes
Objective 3: to determine the prevalence of Internet and sports wagering among college athletes
Public awareness campaigns and problem gambling prevention efforts attempt to change the beliefs and attitudes of the public, yet very little is known about what those beliefs actually are. This presentation will summarize the results of several studies that measured the public’s attitudes towards problem gambling, with an emphasis on data collected in Minnesota over a six year period. These data show that large segments of the public attach misunderstands the nature or problem gambling and stigmatizes those affected by it. The presentation will conclude with the showing of a variety of material prepared for several awareness/prevention campaigns, during which the presenter will lead the audience in a discussion of how the material reinforces or counters public stereotypes and misconceptions and how the message might be presented more effectively.

Objective 1 Understand what misconceptions the public has about problem gambling
Objective 2 Understand the importance of these misconceptions as barriers to seeking or encouraging treatment
Objective 3 Understand how awareness campaigns can be designed to counter these misconceptions
Session 10  Gambling Counselor Competencies: What can we learn from addiction counseling knowledge, skills and attitudes of professional practice

Name Joanna Franklin  
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Brief Biographical Sketch (100 words)

Name Gerry Schmidt MA MAC  

Brief biographical sketch (100 words)

Name Lori Rugle PhD  
Position/Employer State of Conn. GTP  

Brief biographical sketch (100 words)

CSAT has issued a list of Addiction Counseling Competencies that speak to the knowledge, skills and attitudes of professional practice for addiction counselors. This list of over 100 such competencies has been reviewed by a collection of gambling counselors and researchers. Their opinions on the review will be the focus of the presentation. Does gambling counseling require the same skills and attitudes for effective professional practice. The discussion needs to begin with what we know in order to advance the debate to helpful knowledge for administrators, certifying bodies, government agencies etc. in continuing to define competencies for gambling counselors and improved care for those problem gamblers and their families we serve.

Objective 1 Participants will be able to review CSAT Addiction counselor competencies  
Objective 2 Participants will be able to review current requirements for gambling counselor certification from a selection of certifying bodies  
Objective 3 Participants will be able to discuss those areas deemed important for gambling counselors practicing today.
Reliable reports of gambling behavior are essential for detection and treatment of pathological gamblers, but unlike for substance use, there is no biological test for detecting gambling. Collateral informants (CIs) are able to validate reports of substance use, but although the Banff, Alberta Consensus (2006) recommended using CIs to verify gamblers’ self-reports, concordance between gambler and CI reports is unknown. We found 21 publications describing 13 separate studies utilizing CI reports in gambling diagnostic scale development (n=2), gambling treatment (n=9), and research about recovery from pathological gambling (n=4). Results indicate that CIs are moderately accurate when reporting concrete, observable gambling behaviors such as amount of money spent (ICC=.58-.69) and number of gambling days in a specific time period (ICC=.46-.65). There is no clear evidence, however, that concordance is associated with questions about gambling behavior over shorter time periods, that CIs consistently report more or less gambling behavior than do gamblers, or that CIs who are confident of their reports are more accurate than less confident CIs. Future research should document CI concordance for screening/diagnostic questionnaires and for gambling-related illegal behaviors, focus on the impact of the CI-gambler relationship on concordance, and determine the utility of CIs for gamblers with comorbid psychiatric or substance use disorders. This knowledge will further improve the usefulness of CI reports in informing treatment for pathological gambling.

Objective 1  Participants will be able to describe the purposes for which collateral informants have been used in the gambling field

Objective 2  Participants will be able to summarize evidence for the concordance of collateral reports and gambler self-reports

Objective 3  Participants will be able to describe how the use of collateral informants can help inform treatment of pathological gambling
Session 10  Poor Odds; Institutional Denial or Minimization; Gambling & Addictions Training in Social Work Education

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<thead>
<tr>
<th>Name</th>
<th>Gregorio Quinn</th>
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<tbody>
<tr>
<td>Degree(s)</td>
<td>MSW, CASAC-T</td>
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<td>Position</td>
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<td>718 944-3508</td>
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Brief Biographical Sketch (100 words)
Gregorio Quinn after receiving his MSW from Columbia worked in various settings dealing with issues of mental illness & substance abuse. Currently as a licensed NYS social worker & credentialed alcohol substance abuse counselor, he works with young adults & adolescents in a Bronx institution. Specializing in Clinical Addictions, Policy, curriculum integration, he has presented at several national conferences such as the recent American Medical Educators, Researchers in Substance Abuse annual meeting, where he discussed his investigation into MSW programs' curricula & cultural disparities.

According the National Association of Social Workers (NASW), 60% of all mental health services are carried out by social workers. Therefore, social workers are in a critical and unique position to address issues of problem/pathological gambling, & substance abuse. This study examined the education and training new social workers receive at 209 graduate programs accredited or in-candidacy for accreditation by the Council of Social Work Education. An overwhelming number of MSW programs did not have a problem/pathological gambling course or addictive behavior course. A significant number did not have a substance abuse or addictive behaviors course as a requirement for all students, and a substantial number did not have one course dedicated to problem/pathological gambling & substance abuse. These astounding deficiencies can only be described as an institutional denial or minimization.

Objective 1  Presenter will briefly describe to conference participants the need for problem/pathological gambling & substance abuse training for social workers.

Objective 2  Presenter will provide current curriculum status of MSW programs and Council of social Work Education (CSWE) minimum requirements of accreditation to conference participants.

Objective 3  Presenter will discuss recommendations for Problem/Pathological Gambling & Substance Abuse curricula and expound on other previous plans to conference participants.
Session 10 Training Pre-professional Criminal Justice Students in Problem Gambling

Name: Meri L. Shadley
Degree(s): Ph.D.
Position: Associate Professor / Academic Coordinator
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Brief Biographical Sketch (100 words):
Dually licensed as an MFT and LADC, Dr. Shadley teaches and administers the academic programs on addiction studies at the University of Nevada, Reno. She presently manages a Nevada state grant aimed at increasing counselor competency for treating problem gambling via the provision of online courses and curriculum infusion packages. She maintains a clinical practice and has published, consulted, and trained extensively for over thirty years. She serves as Board President for the Safe n’ Sober Foundation.

Name: Denise F. Quirk, MA
Position/Employer: CEO, Reno Problem Gambling Center
Brief biographical sketch (100 words):
This presenter has a sixteen-year history of treating addicts and their families, teaching college students, serving on an examining board and state gambling council, running a non-profit outpatient gambling center, and ultimately collaborating on the academic training project with the Center for the Application of Substance Abuse Technologies. She developed and teaches the two online problem gambling academic courses. She is licensed as an MFT, certified as a national and state gambling counselor, and licensed as an addiction counselor in Nevada.

This poster will highlight the effectiveness of infusing a 90-minute research-based curriculum infusion package (CIP) into a university course for pre-service criminal justice students in an effort to ensure that they receive content that facilitates increased knowledge and skills while decreasing stigmatizing attitudes related to disordered gambling. Findings suggest that a brief curriculum infusion is effective in increasing awareness and changing knowledge and attitudes related to problem gambling behavior.

Objective 1: Detail the concept of Curriculum Infusion Packages (CIPs)
Objective 2: Identify research results from the implementation of a CIP for disordered gambling behavior.
Objective 3: Suggest future direction for CIPs as short-term training tool with pre-professional students and employee assistance personnel.
Session 11A  Pathological Gambling:  A Misdirected Search for Faith

Name: Christopher W. Anderson
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Employer: Gambling Recovery Center
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Brief Biographical Sketch (100 words)
I am in my 30th year as a practicing psychotherapist – Wow! For the past 20 years I have worn many hats in the field of gambling addiction including: Primary treatment of gambling addicts/families; Training/supervision of clinicians seeking gambling treatment certification; Keynote speaker, presenter, and trainer at numerous conferences in North America; Former NCPG board member and E.D. of the ICPCG; Consultant to the Illinois Gaming Board, gambling treatment programs, and financial professionals. I am a recovering pathological gambler. More important than all of the above, in February 2009, I assumed the role of Grandpa for the first time!

Addiction, (in addition to the commonly accepted bio-psycho-social model), has also been described as a ‘spiritual disease.’ Acceptance of that expanded definition then raises the question, ‘What might be the nature of the ‘spiritual disease’ of the various manifestations of addiction?’

The ‘spiritual disease’ aspect of alcoholism has been described by some as a ‘misdirected search for God.’ Consistent with that description, the presenter postulates that gambling addiction might be understood as a ‘misdirected search for faith.’

In this workshop, the presenter seeks to describe characteristics of pathological gambling and the mind of the gambler that seem to very closely parallel (and then deviate from) elements of the spiritual faith journey. Additionally, the presenter will describe the impact of the clinicians’ spirituality on the effectiveness of treatment.

This workshop is designed to provide participants with a way of understanding pathological gambling that is broader in scope than the traditional bio-psycho-social models with the goal of enhancing clinicians’ effectiveness in treating gamblers and those affected by gambling addiction.

Objective 1 To increase clinicians’ awareness and understanding of the spiritual dimension of gambling addiction
Objective 2 To provide clinician’s with tools to increase the effectiveness of the treatment provided to gamblers (and others)
Objective 3 To increase clinicians’ consciousness of the impact of their own spiritual journey on the effectiveness of treatment
Session 11A  Incorporating Spirituality into Successful Treatment of Problem Gamblers: What We Don't Know after Twenty Years

Name Daniel L. Smith
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Country US
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Brief Biographical Sketch (100 words)

Smith is a licensed clinical social worker and a Board Approved Clinical Consultant for the International Gambling Counselor Certification Board. Dan is also Clinical Director BetNoMore Gambling Programs, with Assessment Counseling Solutions, St. Louis Missouri, where he counsels dual diagnosis, gambling, and substance dependent clients.

Having been guided and enriched by over twenty years of twelve step focused spiritual seeking, the presenter shares the prosperous results of his own journey, and the myriad paths of the journeys of his clients. Called "one of the handful of clinicians who is doing evidenced based research on spirituality in recovery from addictions," the workshop facilitator holds and teaches that one has no need of belief or faith if one has the experience of spiritual growth. It is helpful at times to be anchored in a belief system or a faith, but that the experience of spiritual growth is far more overwhelmingly productive than any study or system.

From investigating, using, and benefiting from various alternative and complementary medicinal approaches to addictive disease, to teaching and following programs of static, mechanistic, or even and dynamic and powerfully graceful relapse prevention, the over riding theme of two decades of investigating spiritual growth among recovering addicts is simply that spiritual growth cannot be taught, coerced, directed, or learned in a workshop, course, or even in years of disciplined activity: it simply must be experienced. And, more importantly for counselors and other helping professionals, that our tasks as clinicians assisting in our client's journeys is to companion, listen intently, validate, and encourage the experience, whatever it might be.

Objective 1 Participants in this workshop will learn evidenced-based skills for facilitating one's own and client's spiritual development and incorporating key elements into treatment planning

Objective 2 For evaluating the failure of static and mechanistic systems of "growth" and the success of "dynamic and grace-full" experiences

Objective 3 And for becoming open to their own experience of spiritual enlightenment.
Few studies have examined the efficacy of brief interventions to address problem gambling. This presentation will report on a recently published study that examined the efficacy of brief interventions for problem gambling, relative to an assessment only condition (Petry, Weinstock, Ledgerwood & Morasco, 2008, Journal of Consulting and Clinical Psychology). Problem gamblers (N = 180) were randomly assigned to one of three treatment conditions: assessment only control; ten minutes of brief advice; one session of motivational enhancement therapy (MET); or one session of MET plus three sessions of cognitive–behavioral therapy. Outcome variables included Addiction Severity Index Gambling score and dollars wagered in the past 30 days, and were assessed at baseline, at six-weeks, and at a nine-month follow-up. Brief advice was the only condition that significantly decreased gambling between baseline and week six, compared to assessment only, and it was associated with clinically significant reductions in gambling at the nine-month assessment. MET plus cognitive–behavioral therapy evidenced significantly reduced gambling on 1 index compared with the control condition between the six-week and nine-month assessments. These findings suggest that very brief advice-based interventions may be efficacious in reducing gambling in problem and pathological gamblers who are not actively seeking gambling treatment.

Objective 1 Learn about the theoretical rationale and empirical evidence for brief motivational and cognitive-behavioral interventions for pathological gambling.

Objective 2 Learn about a clinical trial that assessed the efficacy of brief advice, motivational enhancement and cognitive behavioral interventions for problem gamblers recruited from community and treatment settings.

Objective 3 Understand how brief interventions might be applied to engage problem gamblers who are not actively seeking treatment.
Session 11C Together We Make a Difference: Networking to Expand the Continuum of Care for Recovery

Deborah G. Haskins, Ph.D., L.C.P.C., NCGC II
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Deborah is an Affiliate Professor/Administrator in the Psychology Department at Loyola College in Maryland since 1995. She specializes in diversity integration in mental health (including problem gambling) treatment and is a Trainer with Trimeridian, Inc. Deborah has a limited private practice and consulting business called MOSAIC Consulting and Counseling Services, LLC. She assists mental health professionals in understanding problem gambling treatment and provides them consultation to increase their knowledge/skills. Deborah is also Director of a faith-based grief support (from homicide loss in Baltimore City) program.

Larry Erhardt, MSW, LCSW
Licensed Clinical Social Worker/Community Mental Health Center, Inc.
Graduated from the University of Cincinnati, School of Social Work in 1997 with a Master’s in Social Work. Mr. Erhardt accepted a position at the CMHC, Inc. in Southeastern Indiana in March of 2001. Mr. Erhardt has been very active in his agency and community to provide services to the gambling population. He currently has his NCGC-1, and in February applied for his NCGC-2. He has presented a workshop, with Rev. Janet Jacobs at the Indiana Health Association’s Conference, as well to several local groups.

This workshop will specifically look at the continuum of care needed to provide comprehensive care that will most benefit the gambler and family. Deborah Haskins will present an overview of the impact that a supportive continuum of care will have on a gambler in recovery. Because issues such as trust, strained resources, and devastated finances exist, the extended supports that a pathological gambler receives can be instrumental in a gambler’s recovery lifestyle. Larry Erhardt will present resources needed in order to assist the gambler to succeed in his/her recovery. Other professionals/persons with whom counselors can network with and integrate into the gambler’s recovery plan will be reviewed. Some practical networking/marketing tools will also be described.

An invited banker will present information on how a problem gambler is identified, how this professional approaches the identified individuals about obtaining help, and supportive methods used to assist the client in recovery. An invited lawyer will present information on the legal process for the gambler dependent on the crime and relevant history. He will discuss how the use of counseling and Gambler’s Anonymous has been used during counseling to minimize the impact in sentencing.

Objective 1 To understand the components of an effective continuum of care in problem gambling recovery plans.

Objective 2 To identify other key professional networks outside of mental health (e.g., bankers, attorneys) that enhance the problem gambling recovery plans.

Objective 3 To increase counselors’ ability to network with other professionals in their problem gambling treatment and prevention work.
### Session 11D  Michigan Charity Poker Rooms

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<th>Name</th>
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<tr>
<td>Mike Burke</td>
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Michael Burke is a motivational speaker and lecturer in the field of cross-addiction and compulsive gambling. He does a regular lecture series for patients at Brighton Hospital in Brighton, Michigan. He also presents quarterly workshops at the hospital, which are open to therapists and to the general public. Burke's former work experience includes twenty-five years as a practicing attorney specializing in legal problems of individuals suffering from substance abuse, a position on the Brighton Hospital Board of Directors and leadership roles in many community organizations. He has had articles published in the Legal News, and the MBA and ABA journals. He has authored a book entitled *Never Enough* released by the American Bar Association in May 2008.

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<th>Name</th>
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<tr>
<td>Richard S. Kalm</td>
<td>Executive Director, Michigan Gaming Control Board</td>
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</table>

Rick oversees a staff of 114 employees. He most recently served as Chief of Staff for the Macomb County Sheriff’s Office, where he has more than 30 years experience.

Donald S. McGehee  
**Division Chief, Alcohol & Gambling Enforcement Division**  
McGehee serves as the lead general counsel for the Michigan Gaming Control Board, Michigan Lottery Bureau, Charitable Gaming Division, Office of Racing Commissioner, Liquor Control Commission and the Michigan Sheriffs Coordinating and Training Council. He has been practicing law for over 24 years and specializing in the gaming area for over 13 years.

In the last few years there has been an epidemic growth of charity poker rooms in the state of Michigan. These rooms are unregulated and legally open to eighteen-year-olds. In order to operate on a nightly basis, it is necessary that each room be sponsored by at least one non-profit agency. The non-profits see this as a way to earn large sums of money at a time when donations are down and needs are great. The problem that must be confronted by the non-profits is: Where is this money coming from and is the benefit worth the cost?

**Objective 1**  
To present a historical perspective of charity gaming in Michigan.

**Objective 2**  
To discuss the changes in the Michigan charity gaming law that caused an explosion in the number of charity poker rooms across the state.

**Objective 3**  
To offer a comparison of charity poker rooms to casinos.
**Session 11E “Beyond the Game”: Problem gambling awareness and prevention materials making a difference for seniors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Stephanie Asteriadis</th>
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<tbody>
<tr>
<td>Degree(s)</td>
<td>M.A.</td>
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<tr>
<td>Position</td>
<td>Coordinator</td>
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<td>Employer</td>
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<td>City</td>
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<tr>
<td>Brief Biographical Sketch</td>
<td>Ms. Asteriadis, M.A. in Counseling and Educational Psychology, has been Coordinator of the Nevada Prevention Resource Center (NPRC) in the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno (UNR), since 1998. Past grant-funded projects include being Primary Investigator of a 3-year substance abuse prevention program for college students at the University of Nevada, Reno, and the production of a problem gambling awareness and prevention kit for Nevada seniors. A project to disseminate and evaluate the effectiveness of the senior kit is in its second year.</td>
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Problem or disordered gambling is a significant concern for aging populations who may have unique risk factors and whose recovery is impacted by stage of life issues. A review of existing programs in Nevada identified a gap in prevention, education, and awareness materials focused on older adults. To fill in the gap, a kit: “Beyond the Game: Nevada Seniors and Problem Gambling,” was developed. The kit, consisting of a DVD and accompanying booklet, is currently being used as an awareness, education, and outreach tool by problem gambling treatment and other counseling professionals. Senior service providers are being trained to incorporate the kit into the services they provide and to share it with colleagues. Volunteers working with aging populations are being trained to increase their own knowledge and use the kit to educate the seniors they serve. An evaluation is being conducted to measure the effectiveness of the kit in increasing awareness, knowledge and prevention of problem gambling among Nevada’s aging populations.

The presenter will briefly outline the development, implementation plan, and evaluation of the senior kit. The inter-disciplinary collaborations required, challenges encountered, and lessons learned will be shared. Evaluation results to date will be provided for the materials and the implementation plan. A summary will be given of the refinements used to address challenges to training, implementation and effectiveness. This presentation will emphasize the importance of interdisciplinary education and collaboration to address personal, geographic, and environmental barriers and sustainability for problem gambling prevention programs for aging populations.

**Objective 1** Participants will learn how effective materials can be developed to increase awareness, knowledge, and prevention of problem gambling among aging populations.

**Objective 2** Participants will learn how to overcome potential barriers to successful implementation of a “train-the-trainer” model utilizing senior and other volunteers.

**Objective 3** Participants will learn why and how senior service providers from multiple professional orientations can be essential purveyors of awareness, education, and prevention programs for problem gambling.
Session 11E: “Know Your Roll”

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Brief Biographical Sketch (100 words)
I have worked in Gambling Prevention for approximately 1 ½ years now. My primary focus has been working with the communities and promoting awareness through trainings and the media. I have worked with our local newspapers and radio stations, as well as starting a question and answer column in our local pennysaver and gambling prevention newsletter. During community trainings I teach providers and educators about the issues related to underage gambling and the problems that can occur as a result of gambling addiction. My goal is to raise the awareness and decrease the prevalence of underage gambling in Western New York.

The presentation will focus on environmental strategies used to influence and educate the community. We will discuss media campaigning and promoting positive change through advertising. Participants will learn how to utilize the same skills and tools that large media companies use to promote their messages in the community. They will also learn pros and cons to research based methods used to collect data on the Lottery and gambling. We will discuss how working as a collaborative group is sometimes more sufficient with more positive results than working alone. Participants will learn how to get started as working in a collaborative group such as a taskforce or coalition.

Objective 1 How to use the media for positive promotion
Objective 2 Deconstruct media messages
Objective 3 How to start a coalition/taskforce
In a tight economy, can public and not for profit resources improve their reach and effectiveness through collaboration? Yes they can. This panel will discuss a collaborative effort between a state entity (Washington State’s publicly funded problem gambling program), an Educational Service District (ESD 113), and a private, not for profit agency (Evergreen Council on Problem Gambling/ECPG) to increase awareness among youth of the risks associated with gambling. Modeled after Friday Night Live in California, each collaborating partner provided a significant service for the project: The state provided public grants to youth groups to develop an awareness message about the risks of gambling using the Arts (music, drama, fine arts, etc.) ESD 113 provided management for the grant, including dissemination of the grant opportunity. ECPG provided education to the youth groups that proposed projects so that they would have some knowledge about gambling and its possible consequences. All three entities were represented on the project selection committee. To fund all of the viable projects, the not for profit stepped forward during the selection process to fund one additional project. The outcome: Four student-to-student messages were created for eventual circulation to thousands of pre-teens and teens in Washington State. Significantly, the collaboration also helped to forge a new level of public and non-profit partnership.

**Objective 1**
- Learn about forging collaborations between state and not for profit entities, from advantages to pitfalls.

**Objective 2**
- Learn how to leverage resources to gain the most “bang for the buck.”

**Objective 3**
- Learn about the advantages of youth “driven” awareness initiatives.
Name: John WONG  
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Brief Biographical Sketch (100 words): John Wong had a business and management background when he migrated to New Zealand in 1992. He was awarded Bachelor of Commerce and Master of Education in Counseling (Honors) degrees. He has sixteen years of counseling experience and has been elected to Governance Boards of Aotearoa New Zealand Association of Social Workers and the Health Promotion Forum of New Zealand. John is the Asian Services Director at the Problem Gambling Foundation of New Zealand where he has extensive involvement with different community groups. He has a strong interest in problem gambling and is committed to help new migrants in their settlement process.

There has been a rapid increase in Asian immigration to New Zealand, with Asian ethnic groups showing the fastest growth. The Asian population of New Zealand doubled between 1996 and 2006, with 9.2% of the New Zealand population being of Asian descent in 2006 (Statistics New Zealand, 2006).

Most Asian people (70%-80%) are born outside New Zealand. There are indications that this population has complex and multiple needs, including immigration and trauma-related stress, isolation and loneliness, boredom, language barriers, employment, housing and finance. These factors make this group particularly vulnerable to social dislocation and subsequent social problems such as gambling or domestic violence.

Asian problem gambling is seen as being a social rather than individual problem compounded by difficulties with post-migration adjustment, which create mental health issues among Asian communities. Interventions are important, however, contemporary public health perspectives are also very useful and are not limited to the biological and behavioral dimensions, but can also address access to social and healthcare services related to gambling and health.

This workshop demonstrates a public health approach using the logic-model to run the “Gamble-Free-Day Dining Discount Campaign” project that the Asian Problem Gambling Services team delivered for Gamble-Free-Day 2008. It will identify options that were welcomed and willingly participated in by Asian communities while raising the awareness of gambling harms and de-stigmatising the issue. It also addresses the challenges of having limited man-power and resources in raising awareness locally and nationally. This workshop also reports evaluations from different groups of the projects participants, which are very informative.

Objective 1 Engage with the Asian communities to promote healthy entertainment and lifestyle choices

Objective 2 To reduce the stigma associated with problem gambling by promoting open discussion on gambling harms within the communities

Objective 3 Raise the awareness of problem gambling harm within Asian communities, and increase accessibility to Asian problem gambling services i.e. know where to seek help
This study evaluates the reliability, validity, and classification accuracy of a new set of 32 signs and symptoms of Pathological Gambling (PG). This study has a fourfold purpose. First, develop a new PG scale made up of new signs and symptoms that are not currently in the DSM-IV. Second, develop a new brief PG screen using items that maximize classification accuracy. Third, evaluate the reliability, validity, and classification accuracy of the new Windsor PG scale and screen. Fourth, conduct a four-way comparison of the psychometric properties and classification accuracy of the new Windsor PG scale and screen, the existing DSM-IV diagnostic criteria, and the SOGS. The new signs and symptoms were administered to 121 clients at a Ontario gambling treatment facility; and 245 adults from the Ontario general population. These new signs and symptoms of PG are strong discriminators between a gambling treatment sample and a community sample and therefore, should be given consideration in future formulations of diagnostic criteria for PG.

Objective 1 Identify classification accuracy of the current DSM-IV
Objective 2 Identify new signs and symptoms of pathological gambling from focus groups of pathological gamblers and their family members
Objective 3 Identify classification accuracy of new signs and symptoms of pathological gambling
Session 13B: Filling Empty Waiting Rooms: Designing and Conducting Effective Treatment Outreach

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Brief Biographical Sketch (100 words)
Jeffrey Marotta has a doctoral degree from the University of Nevada, Reno in clinical psychology and certifications as a Gambling Addiction Counselor and Board Approved Clinical Consultant. He developed the State of Oregon’s highly acclaimed problem gambling treatment and prevention system and has produced over 100 professional presentations and publications on topics related to problem gambling. Currently he is running a consultation business, Problem Gambling Solutions, serving as Clinical Associate Professor at Oregon Health & Science University, and enjoying life in Portland with his wife, 5-year old son, and 2-year old daughter.

One of the greatest challenges to the gambling treatment field is finding clients to serve. Results from two national surveys found that only about one in every ten pathological gamblers ever seek treatment or attend a Gamblers Anonymous meeting. Even in jurisdictions where gambling treatment is widely available and at no or low cost to clients, treatment utilization remains very low. An important strategy to increase treatment utilization is conducting outreach efforts. Lessons learned from the broader public health field have demonstrated that effective outreach is much more than public service announcements or providing one time presentations to various referral groups. Instead, the most effective outreach programs are those that systematically utilize a set of enabling strategies and evidenced supported principles. This presentation will describe a model with a companion assessment instrument constructed to assist program architects develop and implement programs designed to increase problem gambling treatment enrollment through outreach efforts. An example outreach program will be described that was designed according to the model and data will be presented supporting the efficacy of the program and outreach model.

Objective 1 Educate providers and administrators on the importance of doing outreach
Objective 2 Review enabling strategies for conducting successful outreach
Objective 3 Improve outreach effectiveness through the use of evidence supported models and tools
Session 13C  Schemas and Stinkin’ Thinkin’ and Gambling, The Ultimate Losing Bet

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Brief Biographical Sketch (100 words)
Antonio Fernandez, LCSW is a cognitive behavioral therapist with a specialty in addictions and trauma. He has developed addiction programs for Native American Tribes. He is currently the Clinical Director for ABC-Algamus, a gambling residential program located in Prescott Arizona.

Name  Renee Siegel, MA, LISAC, NCGC-II, BACC
Position/Employer  Executive Director ABC Wellness Centre
Brief biographical sketch (100 words)
Renee Siegel is the Executive Director of ABC Wellness Centre and ABC-Algamus. She is an Arizona licensed mental health provider and a nationally certified gambling counselor and clinical supervisor for those in the field of addictions and compulsive gambling treatment. Renee has taught and trained counselors and those interested in compulsive gambling. Her specialty within the field of compulsive gambling is the legal impact and family concerns. She is the co-founder of ABC-Algamus along with Rick Benson – the first gambling specific residential treatment center in the State of Arizona. She is currently completing the process of becoming a Certified Enneagram Instructor.

This workshop will address schemas and cognitive distortions of the problem and compulsive gambler. Clinicians will receive hands on and practical use of cognitive behavioral therapeutic techniques; particularly that perpetuate gambling behaviors. Use of these behaviors in both group therapy and individual settings will be described.

Objective 1  Participants will be able to define a schema and the influence it has on gambling behaviors.
Objective 2  Participants will understand when a schema is triggered.
Objective 3  Participants will develop clinical skills to improve problem and compulsive gambling treatment outcomes.
Session 13D  Monetization of State Lotteries and Its Potential Implication for Problem Gambling

Name  Nora Ostrovskaya
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Brief Biographical Sketch (100 words)  Upon graduating from the Wharton School of Business in 1999, Nora accepted a position with Salomon Smith Barney Public Finance Department where she specialized in municipal securitizations. During her time with the firm she performed structuring and rating analysis on virtually all municipal securitizations the firm senior-managed. In 2007, Nora joined Bear Stearns where she served as a senior structuring banker on several securitizations, including $5.5 billion transaction for the State of Ohio. In 2008 she accepted the position of the Head of the Tax-Exempt Capital Markets Securitization Group with J.P. Morgan, where she specializes in securitizations and high leverage financings of municipal revenue streams including lottery revenues.

Due to recessionary pressure on states’ budgets many states are exploring the options associated with monetizing their lotteries. Some of these options involve change of ownership and may have a significant impact on how the lottery marketing. The presentation discusses various lottery monetization options and potential management changes associated with each monetization alternative.

Objective 1  Explore the options associated with monetizing state lotteries
Objective 2  Discuss potential impact on lottery marketing
Objective 3  Discuss potential impact on management and consumers
The aim of this poster is to present the findings from a content analysis of qualitative data from an initial study to a project that consist of three quantitative surveys on gambling to be undertaken in a Caribbean Island. This study of gambling in the Caribbean island is the first of its kind to be undertaken and consist of four data collection steps. The first is the qualitative data collection utilizing in-depth interviews and focus groups. The second step collects data from youths attending secondary school via a questionnaire utilizing a sample of 600. The third step collects data from the wider population on perceptions of gambling in the country via a questionnaire utilizing a sample of 1000. And the final step gathers information on persons who actually participate in gambling utilizing a questionnaire and a sample of 500 persons. Details of these steps will be discussed.

Method: Findings in this poster are presented from 7 in-depth interviews and four focus groups conducted during the period March, 2008 to May 2009 in the Caribbean island. The major findings include identification of co-occurrence of gambling with other addictions including sexual risk taking, and use of alcohol, family support and lack of, denial and mistrust. Idiosyncrasies of the Caribbean island are discussed in presentation of the findings including the use of religion, and localized social events as means of denial strategies.
Session 14 Does the URICA Stage of Change Measure Predict Treatment Involvement and Completion? Reliability and Validity of URICA Scale Scores in Gambling Treatment

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Brief Biographical Sketch (100 words)
Dr. Bill Hanson, is a Counseling Psychologist and Assistant Professor in the Department of Educational Studies at Purdue University. He received his Ph.D. from Arizona State University and his masters from the University of Minnesota. Dr. Hanson conducts and publishes research in the areas of psychological assessment and testing, mixed methods research, and treatment process research. He has specialized expertise in psychological testing and measurement and in college student gambling. His research has appeared in Journal of Counseling Psychology (JCP), The Counseling Psychologist (TCP), Journal of Counseling & Development (JCD), Psychotherapy, and Educational and Psychological Measurement (EPM), among other refereed journals. He is currently an ad hoc editorial reviewer for five journals.

Name  Randy Stinchfield, Ph.D.
Position/Employer  Clinical Psychologist, Department of Psychiatry, University of Minnesota Medical School

Brief biographical sketch (100 words)
Dr. Randy Stinchfield is a Licensed Clinical Psychologist and Associate Director, Center for Adolescent Substance Abuse Research in the Department of Psychiatry at the University of Minnesota Medical School. He received his Ph.D. in Clinical Psychology from Brigham Young University in 1988. Starting in 1989, Dr. Stinchfield began a program of research on gambling, including youth gambling, gambling assessment, and the evaluation of gambling treatment. Dr. Stinchfield received the 2002 National Council on Problem Gambling Research Award.

To what extent does the original, hypothesized factor structure of the University of Rhode Island Change Assessment (URICA) hold for adults involved in gambling treatment? And, to what extent do its subscale scores, including the composite “readiness” score, (a) change and fluctuate over time, (b) relate to relevant pre-treatment variables, such as gambling severity, and (c) predict clients’ effort at recovery and overall treatment success? The primary purpose of this study is to answer these questions and, in so doing, replicate and extend the recent findings of the first study of the psychometric properties of the URICA in a sample of treatment-seeking pathological gamblers. Participants completed the URICA as part of a larger test battery, and they completed it at two points in time: admission and discharge. Although the URICA is a popular, widely-used measure, particularly in alcohol research/treatment, its usefulness in gambling treatment is largely unknown. This study attempts to address this issue.

Objective 1  Identify the stages of change as measured by the URICA and the theoretical underpinnings of the stage of change model
Objective 2  Identify the psychometric properties of the URICA in a gambling treatment sample
Objective 3  Identify the extent to which the URICA is able to predict gambling treatment completion and treatment outcome
Session 14  Case Management Needs of Clients Experiencing Pathological Gambling Disorders

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Brief Biographical Sketch (100 words)
Carolyn Hawley is a Teaching Assistant Professor in the Department of Counseling, Rehabilitation Counseling, and Counseling Psychology at West Virginia University. She is also Secretary of the WV Council on Problem Gambling. Dr. Hawley has published in the areas of disability management, and problem gambling.

Name Margaret Glenn, Ed.D
Position/ Employer Chair, Dept of Counseling, Rehab Counseling, Counseling Psychology; WVU

Brief biographical sketch (100 words)
Margaret Glenn is an Associate Professor of Rehabilitation Counseling. She is President of the WV Council on Problem Gambling and former member of the board of the National Council on Problem Gambling. She has presented and published research related to problem gambling (and substance abuse problems) and people with disabilities.

This study is an initial investigation of the issues related to case management and vocational rehabilitation for people seeking treatment for gambling disorders. Specifically, results will be presented from a research study utilizing a Concept Mapping / Pattern Matching (CMPM) design where participants were asked “What are the vocational rehabilitation and case management issues germane to clients who are problem gamblers?” Responses were further sorted and ranked, and cluster analysis was then used to group responses into specific areas of concerns. Findings of the study will be presented as well as recommendations for treatment facilities and professionals.

Objective 1  To discuss the vocational rehabilitation issues germane to problem gamblers.
Objective 2  To discuss the case management issues germane to problem gamblers.
Objective 3  To present implications for treatment professionals.
Session 14 Gambling Patient Placement Criteria (GPPC): The Tool and Initial Findings on Usefulness

Name: Denise F. Quirk
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Brief Biographical Sketch (100 words):
Denise presently serves as CEO and clinical director of the Reno Problem Gambling Center, a non-profit outpatient treatment center for problem gamblers and their families. Denise is an advisory board member of the Nevada Council on Problem Gambling and also a member of the Governor’s Advisory Committee on Problem Gambling.

Name: Colin Hodgen, M.A.
Position/Employer: Senior Counselor, Reno Problem Gambling Center

Brief biographical sketch (100 words):
Colin has a Master’s degree in Counseling and Educational Psychology and is currently a Ph.D. candidate at the University of Nevada, Reno. He is a Nevada Certified Problem Gambling Counselor and Supervisor.

Name: Lynne Daus, M.A.
Position/Employer: Owner/Counselor, Lynne Daus Evaluations

Brief biographical sketch (100 words):
Lynne has been in private practice in Reno as an alcohol and drug counselor for 19 years. She is a certified gambling counselor intern.

Name: George Howell, M.A., CPGC, LADC, LSADC
Position/Employer: Lead Counselor, Reno Problem Gambling Center

Brief biographical sketch (100 words):
George is a Nevada Certified Problem Gambling Counselor. He received his Bachelor and Masters Degrees in Social Psychology from Pepperdine University. He helped establish Diversion Court Programs in Reno and Sparks Municipal Courts and continues to be the Court Counselor for both courts.

Name: Dianne Springborn, M.A., NCGC-II
Position/Employer: Administrator of the Gambling Addiction Treatment Education (GATE) Program, Bristlecone Family Resources, Sparks, Nevada

Brief biographical sketch (100 words):
Dianne received her Masters Degree in Counseling from the University of San Francisco in 1981. She received a Bachelors Degree in Sociology and Psychology from California State University, Sonoma in 1980.

Name: Paula Chung, A.A.
Position/Employer: Counselor, GATE Program, Bristlecone Family Resources

Brief Biographical Sketch (100 words):
Paula is an Intern in the Certified Alcohol and Drug Counselor and Problem Gambling Counselor programs.

This poster will illustrate and detail the effectiveness of the Gambling Patient Placement Criteria (GPPC) forms, methods, research and results developed and tested in Nevada. The poster will represent the results found in using the GPPC as a screening and placement tool for problem gamblers throughout Nevada. Our data support our original intention to be a therapeutic help for any healthcare professionals wishing to have gambling-specific methods for screening and assigning potential problem gambling clients into proper levels of care.

Objective 1 Identify the GPPC as a new tool for placement of potential problem gamblers into treatment
Objective 2 Review research results from the use of the GPPC by counselors
Objective 3 Observe the outline of the GPPC user’s manual soon to be published and consider multiple uses for GPPC in various agencies
Session 15A: Motivational Interviewing and Imaginal Desensitization for Pathological Gambling: Results from a Recent Controlled Trial

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Brief Biographical Sketch (100 words)
Dr. Grant is an Associate Professor of Psychiatry at the University of Minnesota and co-directs a clinic for Impulse Control Disorders at the University of Minnesota Medical Center in Minneapolis, MN. He is the author of several books on behavioral addictions including Stop Me Because I Can’t Stop Myself (a book for patients and their families), Impulse Control Disorders: A Clinician’s Guide to Understanding Behavioral Addictions, and editor, with Marc Potenza, of Pathological Gambling: A Clinical Guide to Treatment. Dr. Grant is the Editor-in-Chief of the Journal of Gambling Studies.

This presentation reviews the current knowledge regarding psychosocial treatments for pathological gambling. The article summarizes the phenomenology and associated psychopathology of this public health problem and presents results of a recently completed NIMH-sponsored study examining motivational interviewing plus imaginal desensitization compared to Gamblers Anonymous referral.

Objective 1: Understand the evidence regarding psychosocial treatments for pathological gambling;
Objective 2: Be aware of differences in psychosocial approaches to treating pathological gambling; and
Objective 3: Understand how combined approaches (e.g., motivational interviewing plus imaginal desensitization) may prove effective in treating pathological gambling.
Gambling has become one of the most popular recreational activities in the country, and most people gamble recreationally with no ill effects on health or functioning. However, for about 5% of gamblers, problem and pathological gambling (PPG) can be a debilitating. Research on the epidemiology of PPG has identified groups of individuals at high risk; one group at high risk are those with other psychiatric disorders. In fact, among individuals with PPG, comorbidity with other psychiatric, impulse control disorders, schizophrenia, substance abuse/dependence, suicide, trauma, criminal justice, and homelessness. At the national level, Dr. Desai serves as the program evaluator for PTSD programs and programs serving returning veterans from Iraq and Afghanistan within the VA.

**Objective 1**
To understand the definition of psychiatric comorbidity

**Objective 2**
To learn the rates of comorbidity between PPG and affective, anxiety, impulse control, and personality disorders.

**Objective 3**
To learn the effects and implications of comorbidity on prevention, assessment, identification, and treatment of PPG.