**Cultural Competency: From Theory to Practice**
Victor Ortiz, Wiley Harwell, NCGCII, Carlos Reinoso

This workshop is aimed at identifying effective strategies and lessons learned from the field in the implementation of cultural competency within prevention, intervention, treatment, and recovery of problem gambling. The workshop will highlight African-Americans, Latinos, and Native Americans as a framework and focus of cultural competency practice. This workshop will also discuss cultural issues and its relationship to problem gambling, barriers to service, and an introduction to strategies and techniques that promote wellness.

**What Every Addiction Counselor Should Know about Gamblers**
Mitchell Wallick, PhD, CGGC, Richard Di Gregorio

This is an interactive program in which beginning therapists and counselors will learn to recognize the compulsive gambler. It will also present specific treatment techniques, skills, and provide practical suggestions as well as role play practice sessions so that participants may practice their skills.

**Using Mindfulness-Based Training with Problem Gamblers**
Rory Reid, PhD

Mindfulness-based training has been shown in pilot studies to attenuate the gambling severity, and other features common among problem gamblers such as shame, emotional dysregulation, stress proneness, and impulsivity. Moreover, neuroscience models of attention suggest that mindfulness may also help enhance attentional networks that subsequently enable problem gamblers to pay greater attention to internalized emotional states and gambling cravings. This session will offer participants some pragmatic solutions using mindfulness scripts and audio files with used to reduce shame, increase affect regulation, and enhance attention in helping problem gamblers. This session will walk participants through mindfulness exercises used in our outcome research at UCLA and those in attendance will be given an outline of the protocol used in research with problem gamblers.

**Responsible Gaming Association of New Mexico: Casinos In Action**
Rebecca Beardsley, Shannon Dictson, Robert Grey, Lonna Valdez, Michael DeVillez, Jennifer Welty, Daniel Blackwood, NCGCII

Native American Tribes and the State of New Mexico have always had an inherent understanding that it is crucial to conduct business in a manner which sustains and enriches our communities. Since many casinos are in close proximity, Tribes recognized that addressing problem gambling would only be successful through collaboration and formed the Responsible Gaming Association of New Mexico. The member Casinos fund local projects and pay Association dues. The Association funds state-wide projects which allow the Casinos to benefit from larger scale efforts that can’t be leveraged on their own. Some of the Casino/Association activities include: training staff to recognize problem gambling; developing training materials, research and documentaries; annual conference where providers can earn continuing education credits and gain knowledge and insight from local and internationally-respected professionals; membership in national organizations which fosters networking and insight which can be shared and incorporated. The number of participating casinos has fluctuated over the years, yet the Association has remained strong and kept its commitment to promoting responsible gaming behavior at Native American Casinos throughout New Mexico.

**Surviving Your First Year as a Gambling Counselor**
Jessica Auslander

It is often said that treating gambling disorder is 80% similar to treating chemical dependency and 20% unique. In this session, we will discuss the aspects of counseling persons with a gambling disorder that are different than counseling those with chemical dependency. From the perspective of a counselor new to the field, this session will discuss the personal and professional beliefs that need to be challenged, the extra training needed, and the journey of transitioning from traditional chemical dependency treatment to gambling treatment. Those new to the field are encouraged to attend and participate in what should be a lively discussion.

**Counseling Couples in Problem Gambling**
Bonnie Lee, PhD

The role of the gambler’s ‘significant other’ is often overlooked in problem gambling and addiction treatment. Yet personal supportive relationships have been found to be crucial to sustained recovery. Approximately 50% of referrals for treatment originate with a concerned significant other. This interactive workshop imparts techniques to recruit and engage the problem gambler and partner/family member in conjoint treatment, take steps to structure a balanced therapeutic alliance, identify problematic communication patterns, and re-configure dysfunctional intergenerational patterns to lead towards transformed couple and family relationships and clinical outcomes. Principles of Congruence Couple Therapy will guide the practice.
THURSDAY, JULY 10, 2014 PRE CONFERENCE WORKSHOPS

Thursday, July 10, 8:00am - 12:00pm
Working with People Presenting Gambling Problems and Financial Issues in Behavioral Health Settings
Shirley Hoak, JD, Katie Marshall, NCGCI

Rates of problem and disordered gambling in persons recovering from substance abuse can be as much as 10x higher than rates for the rest of the population. Mental health issues and problem gambling go hand in hand as persons who are marginalized on many levels seek ways to be 'normal', have money, and feel good about themselves. Research has shown that people seeking help for their substance disorder and/or their mental health issues rarely, if ever, seek help for any gambling issues they may be experiencing. Counselors in behavioral health settings may be a gateway for services for those individuals who are experiencing gambling and financial issues. Discussing money and gambling are often difficult topics for counselors who may feel they lack the knowledge and specific skills to adequately address either of these topics. Gambling and money can often play a pivotal role in a person's recovery process. Persons in recovery may not realize 'addictions' can happen without actual substances. Being able to openly discuss these issues and be a resource for persons who may be struggling with a gambling or financial problem can be a way to enhance recovery beyond the initial presenting problem of substance disorder and/or mental health issues.

Medication Assisted Treatment (MAT) for Process Addictions
Kirk Moberg, PhD, MD

Dole and Nyswander in the 1960s introduced the notion of methadone maintenance. What may be overlooked in their follow-up paper was the insight they gained from their methadone practice, specifically: heroin addiction was a metabolic disease, i.e., a brain disease. Since that time, scientific research has confirmed the speculations of decades ago. In addition, new medications have been developed and continue to be developed to be used to provide improved outcomes. The process, or behavioral, addictions have long been understood to carry certain similarities with chemical addictions. This realization is obvious with the recent publication of DSM-5 which places gambling disorder in the same section as the chemical use disorders. In addition, a growing literature base investigates the value of MAT in several of these types of addictions. This workshop will briefly summarize the philosophy of MAT and survey the literature with respect to its efficacy in process addictions with an emphasis on gambling disorder.

Twenty-Five Years of Youth Gambling Research: Implications for Prevention and Treatment
Jeffrey Derevensky, PhD

Dr. Derevensky will provide a comprehensive overview of our understanding of young people’s gambling behaviors. Through an examination of the biological, sociological, psychological, and environmental factors impacting problematic gambling behaviors, he will examine their implications for both treatment and prevention. Special attention will be paid to the changing landscape of gambling internationally. Dr. Derevensky will present the most recent research on Internet wagering and play-for-fun social gaming.

Thursday, July 10, 1:00pm - 5:00pm
Problem Gambling Integrated Recovery Oriented System of Care
Jim Wuelfing, Loreen Rugle, PhD, NCGCII, Shirley Hoak, JD, Glenn Osowski, NCGCII

Just as the journey of recovery is one of transformation, building a Recovery Oriented System of Care (ROSC) also requires a commitment to personal, professional and institutional transformation. A Problem Gambling Integrated ROSC is one that supports person-centered, self-directed approaches to recovery that build on the strengths and resilience of individuals, families and communities. Creating such a system involves willingness from policy makers, service providers and individuals in recovery to collaborate as equal partners in the development of a comprehensive network of supports and services that include the impact of gambling on recovery in order to meeting each individual’s needs and chosen path to recovery. In this workshop, we will discuss this transformation as well as describe various recovery community organization models and several specific recovery support services including telephone recovery support, recovery coaching, all recovery meetings, recovery education, recovery housing and recovery works. The possibility of developing new support services and/or integrating into existing support services will be examined.

Identifying and Treating Subtypes of Disordered Gamblers: A Pathways Approach to Recovery
Lia Nower, PhD, JD

An increasing number of studies are identifying distinctive subtypes of disordered gamblers. Those subtypes are characterized by the presence or absence of specific etiological factors as well as comorbid disorders. The Pathways Model (Blaszczynski & Nower, 2002) was the first etiological model to suggest that there are three distinct pathways to problem gambling. Pathway 1 gamblers exhibit no significant pathology prior to the onset of problem gambling and develop gambling problems in response to behavioral conditioning patterns and erroneous cognitions acquired during play. Pathway 2 gamblers typically have preexisting mood or substance use disorders and, often, a history of family instability. Finally, Pathway 3 gamblers share etiological factors with Pathway 2 but also exhibit high levels of impulsivity, anti-social traits and comorbid psychopathology. The Pathways Model has been tested in various studies, most recently by Nower, Martins, Lin & Blanco (2013) in a representative sample of U.S. adults. This workshop will introduce beginning and experienced practitioners to subtypes of disordered gamblers and their screening and treatment.

An Introduction to Problem Gambling for the Gambling Industry, Regulators, and Policy Makers
Don Feeney, Sheryl Anderson, Ty Lostutter, PhD, Don Weinbaum, Julie Hynes, Keith Whyte

This workshop meets a need expressed by previous attendees from the gambling industry to provide a basic level of understanding of the fundamentals of problem gambling and better enable them to benefit from the conference. Presentations will focus on the basics of treatment and prevention, the state of the science of PG, prevalence, and fundamental concepts such as the DSM.

Case Review with Henry Lesieur, PhD, PsyD, NCGCI

KEYNOTE
Friday, July 11, 9:30am - 10:30am
ACA, DSM-5 and Gambling Addiction
Westley Clark, MD, JD, MPH, CAS, FASAM

The Affordable Care Act and the new categorization of gambling disorder as a behavioral addiction in the DSM-5 are expected to have an impact on gambling addiction treatment and services. This session will provide participants with an understanding of the current state of gambling addiction in the Federal health system. Implications of ACA & DSM-5 for access to care, workforce development and recovery oriented systems of care will be discussed.

POSTER SESSION
Friday, July 11, 10:30am - 11:00am
A Conceptual Framework of Problem Gambling: A Common Language to Build Upon
Anna Dawczyk, Fyona Park

While seen by many as a form of leisure and recreation, gambling can have serious repercussions for individuals, families, and society as a whole. The harmful effects of gambling have been studied for decades to attempt to understand individual differences in gambling engagement and the life-course of gambling related problems. This poster summarizes the Conceptual Framework of Harmful Gambling which moves beyond a symptoms-based view of harm and addresses a broad set of factors related to population risk, community and societal effects. Interactive factors in the framework represent major themes in gambling that range from specific (gambling environment, exposure, types, and resources) to general (cultural, social, psychological, and biological). This framework has been created by international and interdisciplinary experts from a variety of stakeholder perspectives - including researchers, treatment providers, operators, policy makers, and individuals and their families – to facilitate an understanding of harmful gambling. It not only reflects the state of knowledge as it relates to factors influencing harmful gambling, but also acts to guide the development of future research programs and educate policy makers on issues related to harmful gambling.

Evaluating the Changes to the Gambling Diagnosis in the DSM-V Using Rasch Modeling of the Lifetime NODS
Adam Soberay, J. Michael Faragher, NCGCI

The National Opinion Research Center Diagnostic Screen for Gambling Problems (NODS) is an instrument designed to measure gambling-related problems through directly assessing the ten diagnostic criteria for Pathological Gambling found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). In the newest edition of the DSM (DSM-V), one of the ten criteria (illegal acts) has been removed, and the threshold for diagnosis has been reduced from five to four criteria. Utilizing a clinical sample, this study applied the Rasch model of instrument analysis to the lifetime version of the NODS both with and without the diagnostic changes. The results indicate that the changing of the criteria will result in a slight increase in the number of individuals meeting the diagnostic criteria. The results also suggest that the removal of the illegal acts criterion did not impact the psychometric properties of the NODS. The findings also indicate that the instrument had difficulty separating the clinical sample into various levels of disordered gambling, which suggests that the NODS may be more appropriate as a screening instrument with non-clinical samples. Further, the analysis did not find support previous findings of differential item functioning.

BREAKOUT SESSION 1
Friday, July 11, 11:00am – 12:00pm
Responsible Gaming Technology: Challenges and Considerations for Gaming Markets
Connie Jones

Machine modifications to address problem gambling have been implemented on a limited basis for the past dozen years. Responsible gaming technology has changed dramatically and operators are turning to these tools a RG strategy. This is particularly true in online gaming jurisdictions. There are still many questions surrounding this approach. Are these tools effective in reducing problem gambling? How do they impact player enjoyment? Should they be mandatory or elective? Can technology accurately predict a gambling problem? What are the technology challenges to implement RG tools in old and new markets? What are the costs of this technology? What are the negative aspects? These questions and many more will be addressed in this presentation.

Who Wants To Be A Gambling Expert? Game Show
Marc Lefkowitz, NCGCI

This presentation will offer an entertaining way to meet your colleagues and test your knowledge of terms, statistics, and people related to problem gambling. The format will be similar to “Who Wants to Be a Millionaire?” Applicants for the game show will be given a survey prior to the show and picked randomly. The surveys will be used for the interviews.
In Recovery: Where Are We Now and Where Do We Go From Here?
Donna Zaharevitz, Karen Sicher
Do we really know the challenges faced by problem gamblers and their families once the treatment process has been completed? The break out session will utilize video testimony from individuals actively in recovery for a period of five years or longer. The challenges that these individuals face on a daily basis and how they continue to cope in this process will be shared. Participants in the workshop will then share their views on the stories presented in the video through facilitated discussion.

What about Level of Care? How Do We Decide Where to Send Problem Gamblers for Treatment
David Ledgerwood, PhD
Outpatient gambling treatment is available throughout the United States; the same cannot be said for higher levels of care (e.g., residential, intensive outpatient (IOP)). American Society for Addiction Medicine (ASAM) guidelines for treatment placement are relevant for placing gamblers at appropriate levels of care, but are rarely used. The aims of this presentation are: discuss factors that could inform decisions about levels of care for GD; and discuss research in which ASAM placement criteria are adapted to gamblers receiving outpatient treatment. Therapists in this study assess ASAM criteria for each of their clients and ask their clients to complete a similar ASAM-based questionnaire. Thus far, therapists (N=26) have completed and returned checklists on 125 clients, and 76 clients have returned questionnaires. Therapists have recommended residential treatment for 15% of cases, and IOP for 20%. Over 43% of clients indicate high willingness to attend residential and half indicate willingness to attend IOP. There is agreement between therapist and client ratings on level of care as well as correspondence between client willingness and therapist ratings of ASAM-based level of pathology. Clinical and policy implications of these findings will be discussed.

PREVENTION SHOWCASE
Friday, July 11, 11:00am – 12:00pm
Wisdom Exchange: Make a Difference by Sharing Your Story
Margot Cahoon, Sasha Russell
The Massachusetts Council on Compulsive Gambling would appreciate the opportunity to share its innovative Wisdom Exchange Program. Based upon National Public Radio’s Story Corps Program, the Mass. Council’s Wisdom Exchange Program is a collection of audio-recorded stories about problem gambling—stories of strength and triumph, stories that share experience, stories that remind us of what’s important and encourage us to persevere. The program was created as a means to help raise awareness about gambling disorder—and to let people experiencing problems know they are not alone. The Mass. Council wants to share its “wisdom” about the value of sharing these stories and incorporating them into mission promotion, programs, services and trainings. We will discuss how attendees can easily duplicate the program in their own states.

Music Makes the Difference: Engaging Tribal Youth and Communities as Responsible Gaming Partners
Todd Denny, Shannon Dictson
There is often an uneasy and polarized relationship between tribes, state government and non-tribal organizations that includes mis-perceptions and stereotypes of native communities. Additionally there is a lack of innovation in addressing this problem. In New Mexico a unique partnership to strengthen tribal relations and enhance addiction prevention efforts is currently being implemented between the Mescalero Responsible Gaming Program (MRGP) and Music Mentor Academies (MMA). Music Mentor Academies (MMA) are innovative week-long music residency programs that promote health and help prevent addiction among youth. Students learn how to write, record and perform their original musical messages with a year-long commitment as peer educators within their schools and communities. Participants create a compelling peer-to-peer social media campaign to increase awareness of problem gambling. Incorporating youth popular culture attracts at-risk youth to prevention work and involves parents as allies in sustainable treatment, recovery support and prevention education. This workshop will provide participants an overview of our Mescalero Music Mentors process of youth creating and performing original music to their peers.

Square One Program - Breaking the Barriers, Problem Gambling and the Correctional System
Scott Melissa, Karen Sicher
The Square One Program / Reemployment-Reentry. We’re getting people back to work. The mission is to place individuals who have become involved in the criminal justice system as a result of their gambling disorder back into the workforce. This program is a workforce development model for problem gamblers engaged in the correctional system. The goal of the initiative is to help participants find fulfilling new careers that use their skills. The Council will act as the link between people who are re-entering the workforce after being involved in the criminal justice system, and potential employers. Participants in the program will be able to start new careers, while at the same time being supported by professionals who understand disordered gambling. These long needed services, specific to offenders being released who are struggling with gambling addiction, will be a great addition to our judicial partners’ arsenal and to the goal of successful re-entry and ongoing rehabilitation. These tools allow our judicial partners to recognize and understand problem gambling and maintain a complete system of ongoing offender risk screening/triage and needs assessments. Assessing offenders in a reliable and valid manner is a prerequisite for the effective management.
### Upending Media Intervention: An Effective Intergenerational Prevention Strategy for API Populations  
**Jorge Wong, PhD, Kelly Chau**

Gambling is culturally accepted in Asian populations. Fortune is always accompanied with happiness and longevity. In Asian traditions, education, advice and help follow top down hierarchical social rules. The transgenerational transmission of gambling practices is culturally accepted. Seeking treatment for PG is stigmatized. Stigma reduction strategies are most effective via in-person contact with afflicted individuals. Stigma reduction strategies via indirect contact (e.g., visual media) are also successful. As 1st generation Asian immigrants and refugee populations retain their traditional cultural values, their 2nd generation children growing up in the U.S. are more acculturated to Western values and often are digital natives. Utilizing ethnic media strategies to reach 1st generation problem gamblers can be both challenging and rewarding. Incorporating an upend strategy intergenerationally where cultural values and expectations can be maintained, stigma reduction toward seeking treatment for PG can be increased effectively.

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### Using Logic Models to Create Problem Gambling Prevention Programs  
**Amanda Burke**

A logic model is a valuable tool to assist organizations with program planning and evaluation by linking outcomes with program activities. Many grants available today require the construction of a logic model to provide a visual roadmap of what is expected to take place. Understanding how to use a logic model can enhance planning, communication about the program to stakeholders, and improve overall program efficiency. In this session you will learn the components of a logic model, see real-life examples, and begin building your own logic model.

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### PLENARY AWARDS LUNCH  
Friday, July 11 12:00pm – 1:30pm

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### BREAKOUT SESSION 2  
Friday, July 11, 1:30pm - 2:30pm

### Understanding and Treatment for Disordered Gambling in Military and Veteran Populations  
**Glenn Osowski, NCGCII**

The frequency of problem gambling is growing, and research points toward the rate of problem gambling are higher among military personnel than that of the overall population. In addition, problem gambling tends to co-occur with other disorders such as substance abuse, post-traumatic stress disorder, depression and suicide. The frequencies of these disorders are also found to be high among those who have served in the Armed Forces. While there are plentiful opportunities for veterans and military personnel to gamble in the United States and overseas, many members of the military do not have access to treatment for gambling problems and may face disciplinary action after seeking help. The increase and enhancement of existing treatment programs may help reduce the prevalence of problem gambling among active duty members and more notably those returning home and being discharged from the military. American military have been on the frontline of the action since the country decided to fight for independence. Gambling has played an integral part of military culture and likely will continue. We will continue to see more military members and their families’ lives impacted negatively by gambling.

### Helping African American Problem Gamblers and their Health Professionals Understand Race and Culture and Intersections with Problem Gambling Treatment  
**Deborah Haskins, PhD, NCGCII, Debra Neal, NCGCII, CGGC**

Do African-descent individuals, families, and communities view gambling as a problem? Does the term 'problem gambling' pose challenges when providing awareness, prevention, and treatment to a cultural community that typically does not respond always to traditionally European-American (or White) gambling counseling or interventions? What are the 'problems' these persons/communities really experience (along with gambling)? How can health professionals consider changing existing paradigms to better address the social, economic, cultural, and often harsh realities of African-descent communities? Using a case conceptualization format, participants will increase their cultural awareness and intentionality about how to listen to listen to and respond to racial (and cultural) microaggressions that demand sensitivity and social justice advocacy when providing services to these members and communities. Participants will consider developing new problem gambling pathways to new possibilities for supporting African-descent communities.

### Underage Gambling Penalties In The United States  
**Christopher Welsh, MD, Carl Robertson, Loreen Rugle, PhD, NCGCII, Athena Cymrot**
Gambling in the U.S. is primarily restricted and regulated by the individual states. With regards to underage gambling, states vary considerably as to whether they penalize the underage gambler or the gambling facility/licensee. Currently, 35 states have penalties on minors for underage gambling. Penalties imposed on minors vary between casino gambling, racetrack gambling, lottery/Keno and bingo. Twenty-eight states provide penalties for allowing minors to partake in casino gambling or for partaking in casino gambling as a minor, 38 states provide penalties for allowing minors to partake in racetrack gambling or for participating in racetrack gambling as a minor, 45 provide penalties for selling lottery tickets to a minor or for purchasing lottery tickets as a minor, and 31 states provide penalties for allowing minors to play bingo or for playing bingo as a minor. This session will present specific details about the various types of penalties used in the various states. Evidence for the actual enforcement and effectiveness of these methods will be discussed as well as a comparison with laws used for underage alcohol and tobacco possession/sales.

Gamblers in Recovery Survey Project
Jim Wuelfing, Marlene Warner, Jeff Beck, CCGC, JD
Recovery from gambling problems is a human experience that is most likely as old as gambling itself. And while we would all hope for more research and data on disordered gambling and gamblers, we know significantly more about that experience than we do the experience of recovery. Concurrently, there has been a major shift among federal agencies, policy makers, service providers and many others from a pathology paradigm to a recovery paradigm, seeing recovery as the focus and the support of early recovery to be a paramount need. The Gamblers in Recovery Survey project has as its purpose to find out information, opinions and practices of people in recovery from disordered gambling in order to provide more appropriate services to them, their families and loved ones. A few of the aspects we would like to learn from respondents are: how they define recovery; what initiated their journey of recovery; what supports have they utilized in their recovery journey and the effectiveness of those supports, and information about relapse and the return to recovery. The survey will be in circulation at the time of the conference. This session will discuss the preliminary goals of the survey, the process of creating and distributing it and potential uses of the data as it is received and analyzed.
Participants will have the opportunity to either take the survey during the conference or become part of the distribution process.

Lessons from Pennsylvania: The Development of an Integrated Approach To Gambling Disorders
Ken Martz, PhD, NCGCII, CCGC
Following the recent legalization of casinos in Pennsylvania, the gaming industry has grown to the number two producer of revenues in the the county (second only to Nevada). This presentation will examine the development of an integrated approach to developing a statewide workforce and network to manage problem gambling. Session will review strategies of implementation and ways to address workforce development.

PLENARY PED TALK
Friday, July 11, 2:30pm - 3:00pm
Problem Gambling and Public Policy: The Next 10 Years
Don Feeney
This PED Talk will outline major new external challenges facing the field of problem gambling over the next ten years. The talk will focus on new types of gambling, the effect of new technologies, the implications of demographic change, and changing means of communication. A focus on the need to alter methods designed for baby boomers to meet the needs of new generations.

POSTER SESSION
Friday, July 11, 3:00pm - 3:30pm
Overestimated Stigma: Treatment Seeking Implications and Social Costs
Claire Baxter, Ian Newby-Clark, PhD
Our research focuses on the perceived and actual stigmatization of problem gamblers. In two studies, we assessed the impact that stigma has on problem gamblers in terms of treatment seeking and social costs. In study one, non-problem gamblers, low risk, moderate risk and problem gamblers (as assessed by the PGSI) completed an online survey (N = 1759). Results demonstrated that low, moderate and problem gamblers perceived more stigma and discrimination toward seeking treatment than was indicated by non-problem gamblers. They also underestimated how much non-problem gamblers thought they should seek treatment. In study two, participants came to the lab and were assigned a partner with which they would have a 15-minute conversation. Participants were randomly assigned to receive their PGSI score at the beginning or end of the session. Participants then completed a survey about their expectations of the upcoming conversation with their partner. We hypothesized that low risk, moderate risk and problem gamblers would anticipate overall a more negative conversation than non-problem gamblers when they received their score before the conversation. The negative social costs and treatment seeking implications will be discussed.

Resident Physicians’ Prior Training in Problematic Gambling
Christopher Welsh, MD
Problematic and pathological gambling effects about 4-6% of the U.S. population. Physicians can help identify individuals with problematic gambling. Method: An anonymous paper questionnaire was administered to the incoming residents (n=248) at the University of Maryland Medical Center during their orientation in July, 2013. The questionnaire included basic demographic questions as well as questions about prior training in pathological gambling, attitudes toward pathological gambling, and several
knowledge questions related to gambling. Results will be discussed.

BREAKOUT SESSION 3
Friday, July 11, 3:30pm - 4:30pm
An International Framework for Responsible Gambling
Judith Glynn, Alex Blaszczynski, PhD
Drawing on a 2013 comprehensive review of initiatives (e.g., self-exclusion, staff training, player support) implemented in Canada and Australia to reduce gambling-related harm and a review other work, the authors developed an optimal framework for Responsible Gambling (RG) programs that allows for sufficient sensitivity to the socio-cultural context of a jurisdiction. Initiatives were categorized and the specific characteristics or enhancements for each initiative were identified as implemented in each jurisdiction. The authors examined any scientific evidence to support introduction of the initiative as well as any evaluation of its efficacy after implementation. RG measures were often implemented without specific measurable objectives, and when evaluated, focused on two levels of outcome variables: Individual-level changes in cognition (understanding statistical probability, how games work, risks of gambling), behavior (e.g., exceeding limits), or problem gambling status; or population-level changes in the incidence and prevalence of problem gambling. Minimal research considered harm across the full spectrum, including third party harm. The resulting framework emphasizes three essential elements of a successful RG program: leadership; specific and measurable objectives against which potential initiatives can be considered and existing initiatives evaluated; and role clarity for government policy makers, operators, regulators, law enforcement, treatment and prevention specialists and gamblers themselves. It recommends re-conceptualizing the scope of the harm that is targeted and the associated outcome variables that should be measured in order to determine the effectiveness of individual measures and coordinated RG programs.

Spirituality Versus Religion: Where to Draw Boundaries?
Roger Olsen
The subject of spirituality and religion is one that can become challenging for helping professionals. This session will focus on the differences between the two and the challenges of separating them for the sake of the client’s recovery.

App’rehensive: How Lines Have Blurred Between Games & Gaming, and How to Protect Our Most Vulnerable
Julie Hynes
This breakout will examine the rapidly-shifting world of technology that has outpaced even many experts’ abilities to keep up. From video games to social network gaming, we will look into recent trends with regard to online and mobile technology and play, and how the lines have become blurred between traditional “games” and gambling including the examination of various parallels with gambling and gambling disorders. We will look into specifics such as development of games that are more attractive to younger populations laws (and how kids work around them), similarities and differences between various platforms and game play, different methods of incentives and forms of payment (including bitcoins). We will examine the research on Internet disorders and gambling disorders—including similarities, differences and common risk factors and vulnerable populations (and discuss the DSM-5). And we won’t just stay stuck in the problem: you will be equipped with practical and evidence-based tips and tools that aim at protecting, and advocating for, vulnerable populations – with a special focus on youth and those in addictions recovery.

DSM-5 and ASAM Patient Placement Criteria, both becoming effective in 2013. It will review the movement of gambling into the addiction category. It will review the terminology and criteria changes and will discuss the intended and unintended consequences. We will look at the patient placement criteria, indicating why this is a welcome advance for the field, explore the 6 dimensions and assess whether this will improve the treatment of gambling disorders. We will look at effects on specialization of counselors, funding opportunities, and insurance coverage.

Think and Grow Rich, or Wager and Grow Rich
Christopher Anderson, NCGCI
In 1937, Napoleon Hill wrote a book Think and Grow Rich, which has sold over 70 million copies worldwide as of 2011. The book has been referred to as a motivational/personal development/self-help book. It is based on Hill’s studies of how very successful people achieved their success. Upon reading the book, it becomes readily apparent that Hill’s principles can provide the clinician within valuable tools with which to treat gamblers. There are significant parallels in the principles that Hill writes about and the thought process of gamblers. The paradox is that they are also, however, a world apart. In this workshop the presenter will describe some of the key principles in Hill’s writing, describe the parallel thought process of gamblers, and clarify the significant distinctions between the two. An understanding of those distinctions will assist gambling treatment providers in clarifying their own vision about what treatment and recovery looks like - as well as provide a framework for teaching gamblers a new way of thinking - a necessary step in treatment and for recovery.

BREAKOUT SESSION 4
Friday, July 11, 4:30pm - 5:30pm
Advocacy 101  
**Keith Whyte, Dolores Chiechi, Carlos Reinoso**

Concerns about gambling addiction are often left out of gambling legislation and regulation. NCPG has a unique role as the national advocate. Keith will discuss the need for advocacy, a national action plan to guide all stakeholders, building partnerships and how to use these resources and networks to be the change you want to see.

**Responsible Gambling Best Practices: The Influence of Accreditation**  
**Sue Birge**

Established by the Responsible Gambling Council (RGC) in Toronto, Canada, RG Check is an accreditation program based on a set of eight comprehensive standards. RG Check offers gaming companies an independent assessment of the quality of their responsible gambling safety net. To date, 57 venues, located in provinces with very different regulatory structures, have undergone accreditation. Extensive data have been gathered, which provide a comprehensive snapshot of the various RG programs offered by gaming companies, as well as a clear picture of existing strengths and gaps in the delivery of such programs. Standards include corporate policies, training, assisting patrons, informed decision making, advertising, and game features, among others. They were developed through an extensive review of international best practices and problem gambling literature, in consultation with a broad set of stakeholders and experts in the field of responsible gambling. These standards provide objective and independent benchmarks to evaluate the quality and breadth of RG programs aimed at reducing the risk of problem gambling. This presentation will provide an overview of what success looks like and lessons learned in the delivery of RG programs across Canada.

**A Comprehensive Approach to Gambling Prevention on College Campuses**  
**Elizabeth McCall, Rebecca Ireland, Jonathan Pohl, PhD**

The results of a 2005 study conducted by the CT Council on Problem Gambling indicated that 11.4% of the college population has a gambling problem and even more concerning, 14.4% of high school students have gambled problematically. Based on this study, CCPG reached out to higher education settings. Our mini-grant program allows for prevention of PG at a time in student’s lives when risk factors such as boredom, peer pressure, and a strong desire to win money can overcome protective factors, and result in poor or even destructive decision making. By infusing problem gambling education and awareness into capacity building efforts already in place on campus, we have been able to achieve administrative buy-in, one of the most challenging barriers. Building partnerships for positive change is a key component for this program. Our memberships on campus and state-wide committees allow us to participate in conversations on how to address risky behaviors and decision making.

**SBIRT for Disordered Gambling**  
**Loreen Ruggle, PhD, NCGCII, Christopher Welsh, MD**

SBIRT for Disordered Gambling: Screening, Brief Intervention and Referral to Treatment (SBIRT) is a recent public health strategy designed to broadly screen targeted populations for alcohol and drug problems, and provide a continuum of service ranging from brief advice to facilitated access for addiction treatment. This approach seems adaptable for gambling problems especially in the opportunistic settings where higher rates of disordered gambling may be expected, such as health care settings, mental health and addiction treatment centers, or with criminal justice populations. Intervening early in the development of an individual’s problem gambling behaviors may reduce their health risks and psychosocial morbidity associated with disordered gambling. The Center for Substance Abuse Treatment (CSAT), primary funders of SBIRT programs, has encouraged the States to develop capacity for a gambling SBIRT. This session will present the implementation and operations issues for “universal” screening and of engaging unsuspecting individuals in conversations about unhealthy gambling behaviors.

**Assessing Suicide Risk and Treating Depression for Compulsive Gamblers**  
**Michael Goldman, CCGC**

This presentation looks at the prevalence of suicide among compulsive gamblers, assessing risk and protective factors, and treating gamblers with depression.

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**SATURDAY, JULY 12, 2014 MAIN CONFERENCE**

**PLENARY**

Saturday, July 12, 9:30am - 10:30am

**Twenty Five Years of Youth Gambling Research: What Do We Know and Should We Care?**  
**Jeffrey Derevensky, PhD**

Dr. Derevensky will identify the current gambling behaviors among youth and young adults. He will highlight our current research concerning the risk and protective factors associated with youth problem gambling. Particular attention will be made to the changing landscape of gambling including online gambling and social casino gambling played for virtual currency. The implications for prevention and treatment will be discussed.

**POSTER SESSION**

Saturday, July 12, 10:30am - 11:00am

**Community Awareness Pilot Initiative - An Example of Knowledge Translation for Problem Video Gaming among Youth**
The Community Awareness Pilot Initiative (CAPI) was implemented to ascertain the resource needs among problem gambling clinicians across Ontario and then collaborate to develop a resource to meet these needs. Results from over 40 qualitative needs assessments identified a gap in resources aimed at youth/young adults around problem video gaming and internet gambling. A new interactive online tool is being developed to reduce the harms associated with these two mediums. Video gaming clients were interviewed to inform the content and key messages of this new tool as were youth/young adult gamers. This poster will walk participants through the process of this knowledge translation initiative where researchers, clients, gamers, and clinicians across Ontario worked in collaboration to put research into practice to reduce the harms associated with video gaming and internet gambling among a special population, youth/young adults.

A Longitudinal Empirical Investigation of the Multiple Pathways Model among Adolescents
Youssef Allami
Nower & Blaszczynski’s (2005) etiological model of gambling describes three pathways toward pathological gambling. This model describes a set of predisposing personality and environmental factors fit into one of three pathways toward pathological gambling. The consequences that follow also vary across pathways; hence the need for longitudinal data. This is the first study to attempt validating the model using longitudinal data. Our study recruited 1037 young men from low-income neighborhoods in 1984, when they were 6 years old. Data collection was done every year until the participants were 30 years old. A variety of questionnaires were administered to parents, teachers, and the participants themselves. The data collected consisted of affective, behavioral and social measures. Latent class analyses will be conducted using the participants’ gambling behavior at 17 years old in order to explore the existence of the three underlying pathways. Developmental trajectories will be drawn using data collected at 13, 17 and 23 years old. Latent transition analyses will also be used to investigate group stability over time, from 17 to 23 years old.

BREAKOUT SESSION 5
Saturday, July 12, 11:00am - 12:00pm
Therapeutic 'Specialty' Courts - Where does Problem Gambling Fit In?
Mark Farrell, JD, Cheryl Moss, JD, Maureen Greeley
Drug Court, Family Court, Mental Health Court, Veterans’ Court -- Where does Problem Gambling fit into the quickly expanding world of Therapeutic 'Specialty' Courts? Through a series of 'Mock Court' scenarios, Judge Mark Farrell, Judge Cheryl Moss, and other key judicial/legal/treatment administrators (playing the roles in the Mock Trial) will share several scenarios that offer a place for problem gambling in all of these court systems. Video created by Judge Cheryl Moss in her courtroom will be included. Samples, such as, Court Referral Orders for Problem Gambling Assessment and a Gambling Assessment Report will be discussed and provided to attendees. A panel with experts from states where problem gambling is currently a part of the Therapeutic Justice Specialty Court system will discuss the different ways in which problem gambling has been incorporated into these systems; the pros and cons of adding problem gambling to an existing court versus offering a stand-alone problem gambling court; and tips and tools for developing the right partnerships to launch a problem gambling program in states where none exists.

Gambling Disorders and Crime: Proven Methods for Documenting
Laura M. Letson, MPA, Henry Lesieur, PhD, PsyD, NCGCII, Jeffrey Marotta, PhD, NCGCII
The rapid expansion of gambling within Florida and elsewhere, coupled with the range of gambling related difficulties experienced, alongside criminal, legal, and treatment issues that arise when problematic gamblers commit illegal acts, prompts an urgent need to more comprehensively address the link between gambling addiction and crime. Presently, gambling addiction is costing Florida and other governments and taxpayers’ money in a variety of forms. In an effort to determine the relationship between gambling addiction and crime, the Florida Council on Compulsive Gambling and other organizations have devised innovative research approaches among adolescent and adult populations. This presentation will feature the strategies behind the research designs, approaches used, outcomes, and methods for replication elsewhere.

Successful Implementation of An Evidence-Based Problem Gambling Curriculum
Smith Worth, Matt McCreary, Marie Apke Ashley Trantham, Maria Ging Fernandez
Despite being the only Problem Gambling Prevention Program currently on SAMHSA’s National Registry of Evidence-Based Programs & Practices, Hazelden’s Stacked Deck curriculum exists in relative obscurity. The North Carolina Problem Gambling Program started implementing Stacked Deck in 2011 shortly after learning about the program while attending the 2010 NCPG Annual Conference in Portland, OR. In it’s third year of operation, Stacked Deck is currently running in more than 30 high schools and middle schools statewide with over 3,000 students participating in the program. This workshop is designed to share best practices and lessons learned from 3 years of evidence-based prevention programming.

Pathway To Best Practices in Responsible Gaming for Lotteries
Stephen Martino, Marlene Warner, Chelsea Turner
Discussion will include national initiatives such as NCPG’s holiday lottery campaign as well as examples of specific partnerships at the state level.
**E-therapy: Bridging the Gap for Rural Problem Gamblers**
Bob Kerksieck, Jerry Bauerkemper, CCGC

Using e-therapy to address problem gambling is a relatively new area of exploration and study. The presenters will give an overview of how Iowa and Nebraska have used research by Dr. David Hodgins and Technical Assistance from the SAMHSA Center for Substance Abuse Treatment (CSAT) to establish and fund e-therapy. E-therapy is being used as an effective evidence-based practice that can bridge the gaps (distance, lack of transport, etc.) that often make it difficult for problem gamblers to access treatment.

**LUNCH PLENARY**
Saturday, July 12, 12:00pm - 1:30pm
**Fighting for My Life**
Betty White
Betty had a picturesque life in Southern Florida with her husband and children. Learn her incredible story of how it all came crashing down and how she survived a loved one's gambling addiction. Betty will share her path toward recovery so that others may learn and be able to avoid such tragedy in their own life.

**BREAKOUT SESSION 6**
Saturday, July 12, 1:30pm - 2:30pm
**State of the State: Problem Gambling & Gambling Expansion in Florida**
Pat Fowler, Senator Maria Lorts Sachs, David Roberts
An expert panel will present findings from a study on the status of gambling in Florida and impacts of expansion. Commissioned by the Florida Senate Gaming Committee and conducted by Spectrum Gaming Group, the study was the basis of Senate and House bills offered in the 2014 legislative session. Attendees will discuss current and future gaming, regulation, expansion, and social impacts.

**Getting Their Attention: Older Adults & Gambling**
Jody Bechtold, NCGCI, Elizabeth Mulvaney
This workshop will present 6 years of outreach efforts, workshops, and treatment interventions of reaching and working with older adults. Focus on responsible gaming, secondary prevention and outreach, and harm reduction strategies will be discussed. Learn best practices in working with older adults as well as lessons learned.

**The Model for Kansas Community Partnerships**
Stephanie Roberts, Amanda Root, Andrica Wilcoxon, Shannon Dick
The newly developed problem gambling prevention system in Kansas includes three Task Forces made up of community volunteers from state agencies, Kansas Certified Gambling Counselors, the industry, the recovery community, and other community leaders. This prevention system was designed utilizing the evidenced-based Strategic Prevention Framework (SPF) model to collaborate with stakeholders within three gaming zones to form the South Central Kansas Problem Gambling Task Force, The Southwest Problem Gambling Task Force, and the North-East Problem Gambling Task Force. The learning goals will be achieved through a short skit with members from each task force. Then a panel discussion will give a firsthand description of their prevention work, and some of the accomplishments and future goals they have for their community.

**Internet & Social Gaming: Risk & Responsibility**
Keith Whyte
With the legalization of internet gambling in several states, and social casino gaming as the fastest growing form of gambling around the world, it is important to consider the threats and opportunities presented by these new and rapidly changing forms of gambling. Definitions, legality, participation, and the IRG standards and Social Gaming Consumer Protection Guidelines will be discussed.

**Text for Success: Using Technology to Support Recovery**
Matt McCreary, CCGC, Marie Apke, CCGC
Advances in technology have not only changed the ways people communicate & consumer information, but technology has also changed the ways people solve problems. BDA's Recovery Subscription Texting program was created to help problem gamblers maintain motivation when trying to change, reduce or stop their gambling. This workshop was designed to help participants think creatively about using technological advancements when working with Problem Gamblers.

**PLENARY PED TALK**
Saturday, July 12, 2:30pm - 3:00pm
**One Simple Idea: Problem Gambling Awareness Month**
Tim Christensen
“The Best Way to Predict the Future is to Create it” is a quote from Peter Drucker, who stressed the importance of non-profit, cause-driven organizations to focus on their primary purpose. The ‘talk’ will provide an analysis of the factors that lead to the creation of networks which accomplished numerous objectives over the past 10 years: National Problem Gambling Awareness Week, the Association of Problem Gambling Service Administrators, State level funding of problem gambling services, problem gambling
Robert Hunter, PhD, Kristine Odegaard, NCGCII

This breakout focuses on the importance of including family members in the clinical treatment of pathological gamblers. We are certified gambling counselors with active clinical practices and have increased our efforts in the past year to involve more family members in the treatment of their loved ones. It is our belief that 'best practice model' treatment should include a family component. Our preliminary findings suggest that family involvement is an important variable in the treatment process, and that this involvement can range from simple educational sessions all the way to regular ongoing group therapy for family only, separate from the treatment of their loved ones. At the Las Vegas clinic individual sessions are also made available to family members and the request for this service is steadily increasing. While formal data is scarce on differences in gambling treatment success when family is included, our experience suggests that there is a measurable increase in clients compliance, meeting attendance, and after care follow up when family involvement is part of the treatment process.

Gambling & Work? You Bet!
Patricia Vanderpool

This breakout will provide models for identification of problem gambling and related costs to workplaces, communities and families.
Suggestions will be offered to increase awareness of problem gambling, and how to apply preventative measures in the workplace and in the community. Intervention models for the workplace and for home will be presented, including how to communicate with the problem gambler and how (and where) to obtain assistance, as well as how to effectively support recovery efforts as a workplace leader, coworker, family member or clinician. Attendees will leave with adaptable resources to implement a problem gambling prevention, intervention and response program. For corporate and community leaders, attending this presentation will help decrease organizational liability.

New Developments in Treatments for People with Gambling Problems
Marc Potenza, PhD, MD
Although there are no medications with indications for pathological gambling or gambling disorder, multiple pharmacotherapies and behavioral therapies have received empirical support in the treatment of pathological gambling or gambling disorder. Data on empirically validated treatments will be reviewed and promising emerging areas of treatment development will be discussed. A recently proposed pharmacotherapy treatment algorithm based on categorization of individuals on clinical measures will be discussed, as will current data-supported behavioral therapies. The utility of specific health supplements in the treatment of pathological gambling and co-occurring disorders (e.g., nicotine dependence) will be discussed. Finally, the promise of novel approaches (e.g., employing smart-phone technologies) will be described.

Yoga & Gambling Disorder: Treating the Mind, Body and Spirit
Pete Pennington, NCGCI
Recent studies on yoga as conjunct therapy have shown efficacy in treating schizophrenia, depressive and dysthymic disorders, insomnia, somatization of stress, and stress anxiety. Yoga has been shown to increase functional capacity, well-being, and quality of life. Preventative benefit in addiction treatment and cross cultural efficacy in Iran, America, Canada, India, and China have been shown. The current study describes the experience of individuals participating in a voluntary yoga group conjunct with individual therapy, psychotherapeutic group therapy, and process group therapy in the treatment of Gambling Disorder. Research themes include: how participation in yoga influences perception of group cohesion, vulnerability in group therapy, abstinence from betting, stress management, emotional regulation, well-being and relationships with group leaders. Results and implications are discussed. The presentation also covers creating the collaborative relationships with certified yoga alliance instructors through local yoga studios and Yoga Across America. The design and implementation of a simple program as conjunct therapy to existing treatment programs will be described.

BREAKOUT SESSION 8
Saturday, July 12, 4:30pm - 5:30pm
Feedback Informed Treatment: Reducing Dropouts, Improving Outcomes
Rick Berman, CGGC
Evidence shows that most individuals who participate fully in problem gambling (PG) psychosocial treatment benefit from it. But a key challenge is engaging and retaining them in services long enough to have a positive impact. The factors that lead to good outcomes in behavioral health care are increasingly better understood. The therapist’s contribution to the therapeutic alliance appears to be the single biggest factor that can be modified to reduce dropout rates and improve outcomes. And research strongly suggests that the client’s perception of the therapist’s contribution to the therapeutic alliance is a critical factor. This improved understanding led to the development of Feedback Informed Treatment (FIT). In FIT, the client provides very brief written feedback to the therapist each week on the therapist’s performance and any changes in her/his symptoms. The client and therapist review this feedback together and use it in treatment planning. Thirteen randomized, controlled trials of FIT suggest that it reduces dropout rates and improves outcomes. This workshop will explain the principles and practice of FIT, demonstrate outcomes with PG, and share the experience of using a web-based program to implement FIT in two Oregon PG clinics.

The Worst Moment of My Life: Stories of Trauma, Gambling, and Suicide
Heather Chapman, PhD, NCGCI, Troy Robison, PhD
This presentation will give participants the opportunity to reflect on important cognitive and emotional concerns gathered from the recorded experiences of individuals in treatment for gambling disorder. This will allow for exploration of various factors uniquely impacting this population. Implications on assessment and treatment will be discussed.

Treatment Outcomes for a Residential Gambling Treatment Program
Jacqueline Moghaddam, PhD, Michael Campos, PhD
Interventions for problem and pathological gambling are most commonly delivered in individual or group outpatient therapy. Residential treatment for gambling problems is relatively less common and has been understudied. In order to address this gap in the literature, we conducted a study of individuals receiving services in a state-funded, residential gambling treatment program. Data include measures of depression, stress proneness, sleep patterns, and gambling-related cognitions/cravings and were collected over the course of 8 months while participants were in treatment. These data allow for an examination of client change over time. Specifically, the measures collected provide an index of stabilization and functioning over the course of treatment. Identifying
changes in stabilization and functioning are important because many individuals entering residential treatment for gambling problems do so at a point of behavioral dysregulation and crisis. The data from this study are some of the first on client change during residential treatment for gambling problems.

Gamblers Anonymous: Not the Enemy
Marc Lefkowitz, NCGCI
12-Step programs are not compatible with all clients. However, for those willing, incorporating Gamblers Anonymous with clinical treatment with can lead to greater recovery outcomes. This workshop will focus on basic understanding of GA procedures; client obstacles, testimonials of member’s experiences with therapists; sponsorship; women and GA; working the Steps; how to attend a meeting; and aftercare.