



## GAMBLING ADDICTION AND THE MILITARY ▼

**Problem gambling and gambling addiction is an equal opportunity employer, affecting all segments of the population, regardless of age, sex, religion or socio-economic status.**

However, there are certain groups that appear to be more at risk for developing gambling problems than the general population. One such group is those who have served in the military.

Various statistics support the notion that vets experience a greater incidence of gambling problems. A study in the *American Journal on Addictions* noted that the prevalence rates of gambling problems and pathological gambling among vets receiving VA care exceeded rates reported

in the general population by two to four times, with female and younger veterans at particularly high risk. And a large-scale epidemiologic study (Worldwide Survey of Health Risk Behaviors Among Military Personnel) that screened military personnel for gambling-related problems in 1992, 1998 and 2002, found problem gambling rates of approximately 10%.

“Gambling addiction is a serious health problem that affects veterans and active-duty service members,” says Keith Whyte, executive director of the National Council on Problem Gambling (NCPG). “It is highly co-occurring with other serious conditions and complicates the treatment of these disorders. In addition, gambling

addiction has disastrous consequences for the veteran and his or her family.” The NCPG estimates that 56,000 active duty service members have serious or moderate gambling disorders.

### Why Are Military Personnel Vulnerable to Gambling?

There are a number of reasons why those in the military are vulnerable to developing gambling problems—both during their service and upon returning home. First, there are many opportunities to gamble. According to the Government Accounting Office (GAO), there are approximately 3,100 slot machines at military bases in the U.S. with high payout ratios. There are also casinos in close proximity to some bases.

*Continued on page 5*



**The twelfth annual Minnesota Conference on Problem Gambling takes place March 8-9 at the Earle Brown Heritage Center in Brooklyn Center, Minnesota.** The theme for this year's conference is Problem Gambling: *Many Faces, Many Solutions*.

The conference will offer presentations and panel discussions to expand the awareness and understanding of problem gambling in Minnesota. Sessions will be structured for counseling professionals, educators and prevention specialists, gaming venue operators, public policy makers, legal and corrections professionals, and individuals

and family members in the recovery community.

For more information and to register for the conference, please visit [NorthstarProblemGambling.org/conference2018](http://NorthstarProblemGambling.org/conference2018). Registration discounts are available for members of the Northstar Problem Gambling Alliance and students. Members of the general public who wish to attend without receiving CEU credit may also register. Reduced rates on hotel rooms are available at the Embassy Suites by Hilton Minneapolis North

*The full program and online registration is available at [NorthstarProblemGambling.org/conference-2018](http://NorthstarProblemGambling.org/conference-2018)*



Cathie Perrault  
Executive Director  
NPGA

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## FROM THE EXECUTIVE DIRECTOR

### *An Exciting Start to the Year*

Historically, January through April is one of the busiest times of year for Northstar. We're in the midst of completing year-end reporting and determining appropriate programming for the year ahead.

This year, however, it's busier than usual—and for good reason. As I write this, we're putting the finishing touches on planning for the Minnesota Conference on Problem Gambling, the state's premier conference on problem gambling that takes place March 8-9 at the Earle Brown Heritage Center in Brooklyn Center. The conference theme is Many Faces, Many Solutions, and will focus on how gambling problems can present challenges for multiple communities in our state.

This is the first time we've held our conference in March. We moved it to March to coincide with Problem Gambling Awareness Month (PGAM) and to complement our outreach and education efforts. By tying the conference to traditional activities of PGAM, we hope to draw additional attention to the work that our community does, and to raise awareness about the issue of problem gambling throughout Minnesota.

Many of the activities of PGAM are aimed at the general public, and in that spirit we're including an open house free to the general public at the conference on March 8 from 4 to 6 p.m. The open house will be an informal gathering where several people will talk about their experiences with gambling addiction and recovery. Informational materials will be available and refreshments will be provided. No registration is required. I hope you will encourage those in your professional and personal circles to attend.

The conference and the open house will be among numerous activities planned for PGAM. Other efforts include television interviews, advertising, and various online and social media outreach efforts.

If you'd like to learn more about this year's conference, please visit [NorthstarProblemGambling.org/conference-2018](http://NorthstarProblemGambling.org/conference-2018).

See you in March!

Northstar Problem Gambling Alliance is a nonprofit agency whose mission is to help those affected by problem gambling in Minnesota. We do this by promoting awareness and understanding of the issue via our website, newsletter, community education programs, sponsorship of the Minnesota State Conference on Problem Gambling, and training of professionals in preventing and treating problem gambling.

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# IT'S TIME TO TALK AGAIN: A WAY TO APPROACH SENIORS ABOUT GAMBLING

*Kevin Spading, LICSW, LADC, CPP*



**Talking to someone about a problem behavior is never easy.** This is especially true when bringing up the topic of problem gambling to older adults.

Often, the responsibility of monitoring a senior's gambling behavior falls to older children and health care professionals in a position to spot a possible problem. But they may not always know that much about problem gambling or know the best way to discuss the issue.

The apprehension in talking to someone about a problem behavior is not surprising. A Gallup survey found that 94 percent of Americans feel it is their responsibility to speak to a family or friend who has problems with alcohol or drugs. Yet only 38 percent felt very confident and comfortable in speaking up to the person about it.

"There are many messages in society that tell us to keep quiet when we see behaviors that concern us," says Kevin Spading, LICSW, LADC, CPP. "Our challenge is to help people feel comfortable raising the issue of problem gambling."

"We need to empower and educate family members and others to have these important conversations with their clients and loved ones," says Kevin. "They often don't recognize the symptoms of problem gambling nor know how to start the conversation." To address this need, a training called *It's Time to Talk Again* (ITTA) was created to empower attendees to increase their courage to have difficult conversations.

According to Kevin, who has developed

training to help people discuss problem behaviors with older adults, one of the best approaches is to take a big-picture perspective of a senior's health and to use that as a basis for constructive dialog. The goal of such a conversation is not to talk exclusively about gambling and the signs and symptoms of problem gambling, but rather to discuss general health concerns of seniors. "There are a number of health concerns that should be discussed for this age group that go beyond gambling behavior."

The ITTA presentations are designed to train professionals on how to help their clients and patients intervene and start a conversation that ultimately helps loved ones get access to the resources they need. "The goal is to invite those working in healthcare capacities, such as nurses, homecare specialists, case managers and social service managers, to consider how they might bring up difficult topics with an older adult."

The presentations educate participants about the magnitude and severity of gambling problems in older adults and help them understand the unique roles that family members, friends, caregivers and service providers can play in preventing gambling problems. There's also a focus on protective factors and how to minimize risk factors for gambling problems.

The ITTA training draws upon principles espoused by various resources. One such resource is *Mom, Dad ... Can We Talk?*, a book by Dick Edwards, a retired Mayo Clinic eldercare specialist, that details

the importance of discussing the Big Ds—dementia, drinking, depression and driving—with aging parents.

The ITTA training also incorporates the work of Roger Svendsen, Northstar co-founder, whose See It Say It Six-Step Program provides a process to help people talk effectively with a friend or loved one about dangerous or unhealthful behavior. The process takes people through a series of steps including: 1) I care, 2) I see, 3) I feel, 4) I'm listening, 5) I want, and 6) I will. The program emphasizes concern for the relationship and helps people know what to say and how to say it.

People may get emotionally stuck wondering what to say to their parent. "People will say, 'This is my mother. She used to have these conversations with me! What do I say?'" says Kevin. "It takes emotional courage to have these conversations, but the confidence that comes with familiarity with this tool can help a lot and ultimately get older adults with gambling and other problems the help they need."

*If you'd like more information on how to start a conversation with an older adult or arrange a training presentation, you may contact Kevin Spading at (651) 402-8515 or [ks76calif@gmail.com](mailto:ks76calif@gmail.com). Kevin teaches in the undergraduate and graduate programs for the alcohol and drug counseling program in the College of Community Studies and Public Affairs at Metropolitan State University.*



# ACCELERATED RESOLUTION THERAPY "GIVES LIFE BACK" TO RECOVERING GAMBLER



**"Kathy" had been doing well in her recovery from gambling addiction**, having abstained for a dozen years with only occasional fleeting thoughts about gambling. But when a workplace assault created new trauma and awakened old feelings from previous traumatic experiences, she suddenly had unprecedented cravings to gamble, even devising a plan to travel far away to engage in a gambling spree.

For nearly a year after the workplace incident, which left her with both physical (torn ligaments and broken bones in both wrists) and psychological damage, Kathy was unable to find relief. "I went through a lot of talk therapy to work through things, but it just wasn't helping," says Kathy. "I didn't feel better and was in a constant state of fear.

There were times when I was afraid to leave my apartment, stayed in bed all the time, felt suicidal and was just not living a life."

As Kathy's addiction symptoms worsened and her physical pain persisted, she sought out options that would be more effective

than traditional talk therapy and medication. A friend mentioned a therapeutic approach called accelerated resolution therapy (ART) that could potentially provide help for both the psychological anguish and the physical pain.

"I was feeling so bad physically and emotionally that I was ready to try anything," says Kathy. "I went into accelerated resolution therapy with an open mind." Kathy had her first ART session in November, ten months after the workplace incident.

To her surprise, Kathy experienced immediate improvement—both for her mental anguish and physical pain. "My psychological pain, as measured by feelings of anger, hurt, depression, anxiety, etc., went from a 9 or 10 at the beginning of the session to zero or 1 at the end of the session. And I was able to decrease the amount of pain medication I needed by approximately 60 percent."

"It may be hard to believe, but it's common for one session of ART to have these kinds of results," says Wade Lang, LPCC, LADC, NCGC-II, who led Kathy through

accelerated resolution therapy. "Kathy's anxiety and depression were eliminated, the craving went away and even the pain at the original trauma sites was drastically reduced." Kathy's PCL-5 score (the PCL-5 is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD) dropped from the 60s to a 6.

Kathy had two additional ART sessions to solidify the gains she made, but does not anticipate the need for extended therapy lasting for months or years. "For the first time in my life, I'm feeling content," says Kathy. "I'm experiencing an awareness I haven't felt for a long time and even found myself asking, 'When did all the leaves on the trees fall off the trees?' There's light in my life."

*"Kathy" and Wade are planning to discuss accelerated resolution therapy at the upcoming Minnesota Conference on Problem Gambling on March 8-9 (details at [NorthstarProblemGambling.org/conference-2018/](http://NorthstarProblemGambling.org/conference-2018/)). For additional information about ART, visit [AcceleratedResolutionTherapy.com](http://AcceleratedResolutionTherapy.com) or contact Wade Lang at [wade@wadelang.com](mailto:wade@wadelang.com).*

## KATHY'S FIRST ACCELERATED RESOLUTION THERAPY SESSION

**Accelerated resolution therapy (ART) is an evidence-based eye-movement therapy** that has historically been studied and used as an alternative to traditional PTSD treatments that use drugs or lengthy psychotherapy sessions. It is also showing promise in the treatment of people with gambling addiction. Here's a glimpse into Kathy's first ART session that brought her significant improvement.

*I sat directly across from Wade as he explained how the process would work. He asked me to follow his hand back and forth with*

*my eyes as he gave each set of specific directions. I would estimate that each set of directions lasted perhaps 30 to 60 seconds.*

*First, Wade asked me to think about the traumatic event that came to mind, and to feel and relive the feelings associated with it. I was told to keep these feelings to myself and thus did not share them aloud. He then told me to take a deep breath and to let the feelings out.*

*Next, Wade asked me to envision a more positive situation. I pictured myself going back to my place of employment, greeted by a line of welcoming staff that allowed me to say anything I wanted. And I pictured the person who assaulted me apologizing.*



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Continued from page 1

With limited choices for entertainment, members of the military may choose to gamble to pass time and enjoy the thrill. Gambling can help them reduce stress, relieve boredom and social isolation, and provide a substitute for action. While gambling may seem to be an innocent source of recreation—and is for most—it can hardly seem like gambling compared to risking lives in combat.

“Young people away from home in military service are more vulnerable to a number of risk-taking behaviors, and gambling certainly can be a risk-taking behavior,” says Roger Anton, MA, LSW, consulting therapist at the Minneapolis VA Medical Center.

“The average person going into the military is 18 to 24 years old, which is a developmental period,” says Roger. “For many, it might be the first time they are away from a familiar environment. If a base has a number of people gambling, they’ll likely want to join in, just like any other peer group.”

For many, gambling and other mental health problems develop when veterans are challenged in their return to civilian life. This adjustment to a different life, along with post-traumatic stress disorder that many suffer from, can result in gambling becoming a favored escape to deal with boredom, loneliness, anger, stress and depression.

“PTSD makes vets more susceptible to this addiction because when PTSD is active, an individual wants distraction and relief from their recurring memories,” says Roger. “A veteran with PTSD may gravitate toward

anything that will give him some kind of distraction. If a veteran’s distraction of choice is gambling, and there’s a casino down the street, it may feel like a good fit for a while, because when they are at the casino they are not thinking about what’s actually going on in their life.”

There are a number of other risk factors associated with members of the military that may make them more vulnerable to develop gambling disorder. Some of these include a predisposition to take risk and act impulsively, involvement in extremely stressful situations that create anxiety, experiencing grief and loss, and substance use and abuse. Military members are also more likely to be young, male and from a lower socioeconomic status, all additional risk factors for problem gambling.

## Treatment Challenges for Vets

Unfortunately, there are barriers to problem gamblers in the military getting the help they need. One major obstacle is that the problem does not fit comfortably within the existing structure. A compulsive gambling problem can be seen alternatively as a problem relating to addiction, mental health, financial, discipline or even a moral issue requiring the assistance of a chaplain.

Those who need help are also not likely to seek it because of concerns about confidentiality. There is also apprehension because of the stigma, shame and misunderstanding associated with a gambling disorder diagnosis.

## Looking Ahead

To date, the military has not done a great job at working to identify those with gambling disorder nor attempted to determine the magnitude of the problem. In recent years, the NCPG has recommended a two-part study of Veterans Health Administration (VHA) patients to determine the severity of gambling problems and to assess the VHA’s readiness to address problem gambling issues among vets.

In June, U.S. Sen. Elizabeth Warren (D-Massachusetts) introduced legislation that would require the military to include problem gambling screens in annual health and behavioral surveys. The bill would require the Department of Defense to screen service members for gambling disorders in the Annual Periodic Health Assessment and the Health Related Behavior Surveys, a recommendation included in the GAO report in January.

Problem gambling programs also have the potential to provide cost savings for VHA through improved recovery rates, decreased demand in current substance abuse and mental health care programs, and a reduction in the social costs generated by untreated problem and pathological gamblers. Most importantly, it will ensure that veterans and their families receive the best possible services and enjoy the highest quality of life possible.

Wade introduced another scenario. This time, I’m sitting by a campfire. I’m asked to visualize tossing all my feelings and other negative scenes into the fire, things like betrayal, trust, anxiety, fear and anger.

A final scenario involved my walking across a bridge. There’s a pillar standing in the way that prevents me from crossing the bridge. The pillar represents a collection of all the bad feelings I’ve experienced. I’m asked to do whatever it takes to get the pillar out of the way, whether pushing it down, throwing it out of the way, etc. Once I do that, there is nothing to stop me from walking across the bridge—my anxiety and mistrust and other feelings are gone.

[Note: this part of the process is called Voluntary Image Replacement (VIR) and is a hallmark of ART Therapy. The science behind VIR is attributed to Dr. Karim Nader, who discovered through his research that there is a “reconsolidation window” where one can change the images of past traumatic issues and essentially install an overlay of new images that are positive and do not have negative sensations and emotions attached to them.]

By the end of the first session, I experienced great improvement in my symptoms. If someone told me this would help this much this quickly, I probably wouldn’t have believed them.



# CHARLIE & KATHY's *Story*



The lessons we learned in treatment have helped us both in our recovery and in our marriage. One thing about our being in GA, something we continue to be active in, is that our communication is more open because we work the steps.

**Gambling addiction is something that's hard for a lot of people to understand.**

Once you've sought help and learned more about it, you realize how much it helps to be around others who know what you're going through. That's why programs like Gambler's Anonymous have a lot of success.

Our situation is rather unique. We're around another recovering gambler 24 hours a day. Charlie and I are both recovering gamblers— and we're married to each other.

We met in treatment at the Vanguard Center for Gambling Recovery in 2004. And, as with everyone, we had our own paths to gambling addiction.

I came to Vanguard after developing a rather sudden and unexpected gambling habit that stemmed from the loss of my oldest daughter in a car accident. Prior to that I was a very casual and occasional gambler who might have gambled once or twice a year with \$50 and let it go at that. Nobody in my family had addiction problems of any kind. However, after my daughter died, I needed an escape where I didn't have to feel anything. And that's what gambling did for me. I became obsessed with gambling and

kept it a secret to everyone, including my husband at the time. It was as if I was having an affair with a machine.

Charlie got hooked on gambling after winning a good deal of money one of the first times he gambled. When things began to go bad with his business and he felt lonely and had low self-esteem, he started to go to casinos to chase the feeling of the big win. His job as a satellite installer required that he travel to five states, and he could never pass a casino on the way without stopping. As a result, there were times when he never made it to a job. Charlie, who gave up years of drinking and smoking, will tell you that quitting gambling was the hardest thing to do, even though he was not actually putting anything into his body.

When we met at Vanguard for treatment, we saw each other for who we really were. I saw the raw Charlie, someone who had hit bottom and was devastated. And he saw me in much the same way. We had nothing to hide. The one thing we agreed on as we embarked on our new life as a couple was that we would never gamble together. We knew that that would be the beginning of the end.

There are benefits to going through our recovery together. With our common history, we know where each other is coming from. When Charlie relapsed with his gambling a few times in the first several years after treatment, I knew that he was struggling, and I understood. But I also told him that he needed to figure out what he wanted, because I did not want to go down that road again.

As partners in this journey, we are fortunate to have each other and to support each other, yet we also give each other space. We're not in the same therapy group, we have different sponsors and we work our own programs. We do go to a lot of the same GA functions.

The lessons we learned in treatment have helped us both in our recovery and in our marriage. One thing about our being in GA, something we continue to be active in, is that our communication is more open because we work the steps. Part of that is about being honest, open-minded and willing to acknowledge a mistake. We've learned that it's more helpful when we do that than to try to hide something or pretend that something is not the way it's supposed to be.

Charlie and I are lucky. We have each other — both in marriage and in our efforts to never again gamble. But we know that others are not as fortunate. That's why we are always trying to get the message out that those who are struggling with gambling need to know that help is out there and, most importantly, that they don't have to be alone.

### Inspiring Stories of Recovery from Gambling Addiction

The message that people can recovery from gambling addiction and live productive lives—i.e., that treatment works—is an essential one to communicate. Northstar has built a collection of success stories that provide inspiration for those trying to see the light at the end of their gambling addiction. You can view these stories on [NorthstarProblemGambling.org/success-stories](http://NorthstarProblemGambling.org/success-stories).

## BEHIND THE NUMBERS

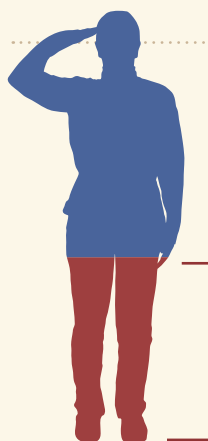


# 1930s

Decade in which **slot machines date back** on some military bases  
(National Council on Problem Gambling)

The percent of military veterans entering treatment for **posttraumatic stress disorder** who met DSM-IV PG criteria  
(Biddle et al., 2005)

# 17



The percent of those in **treatment for problem gambling** who **reported attempted suicide**.

(Suicide Attempts Among Veterans Seeking Treatment. Kausch, O. J. Journal of Clinical Psychiatry, 2003)

# 40

Estimated number of **active duty U.S. service members** who may have a **gambling problem—2% serious, 2% at-risk/moderate**  
(National Council on Problem Gambling)



# 56,000

# 800-333-HOPE

The phone number for the Minnesota Problem Gambling Helpline, available 24 hours a day, seven days a week



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Suite 420  
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## Northstar on Instagram



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## IN THIS ISSUE

- > Gambling Addiction and the Military, pp. 1, 5
- > It's Time to Talk Again: A Way to Approach Seniors About Gambling, p. 3
- > Accelerated Resolution Therapy "Gives Life Back" to Recovering Gambler, p. 4
- > Kathy's First Accelerated Resolution Therapy Session, pp. 4-5
- > Charlie and Kathy (In Their Own Words), pp. 6-7

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