Telecounseling, the provision of psychological services provided via phone or video conference, may be an ideal solution for veterans in greater Minnesota who are problem gamblers and don’t have convenient access to help for their disorders. The idea for this approach was the brainchild of Roger Anton, MA, LSW, consulting therapist at the Minneapolis VA Medical Center. His proposal to make this form of counseling available to veterans is now being considered by the Minnesota Department of Health and Human Services.

A 2013 study in the *American Journal on Addictions* showed that veterans had a 2% lifetime prevalence rate of pathological gambling, double the 1% rate in the nation’s general population. The study also found the lifetime prevalence rate for problem gambling among veterans to be 8.8%. The concern is that many of the problem gamblers could become pathological gamblers.

Veterans with a gambling problem are identified through a screening that takes place during their course of treatment at the hospital. “I’ll see patients at an appointment or two, but once they finish their treatment at the hospital it becomes a hardship to stay in touch because many come from greater Minnesota,” says Roger.

The opportunity to have several conversations with a counselor can provide clarity about what’s going on with a problem gambler. “People with gambling concerns need to have access to someone in a therapeutic environment where they feel comfortable telling their story, expressing concerns and getting professional feedback so they can determine what their next step might be,” says Roger. “Telecounseling would be a perfect way to provide that service.”

The Veterans Health Administration (VHA) serves as a model for best practices in the field of telecounseling for mental health. The VA’s Midwest Health Care Network is part of one of the largest telecounseling networks in the world. The VHA has demonstrated successful delivery of numerous treatment modalities, including medication management, individual psychotherapy, group therapies, substance abuse treatment and post-traumatic stress disorder programs.

There are 14 VA community-based outpatient clinics (CBOC) in Minnesota that can be used to connect problem gamblers with telecounseling.
FROM THE EXECUTIVE DIRECTOR

Solving Gambling Addiction — It Falls to All of Us

Minnesota has a reputation for being a caring state, with high levels of philanthropy and volunteering, and active community and social groups that focus on helping others. The impact of our community’s desire to help is virtually unlimited, particularly when there’s a good understanding about conditions that can cause harm.

As a community, many of us can make an impact on others just by bringing up an issue and offering help. When it comes to gambling addiction, we don’t all have to be professional gambling counselors. In fact, the responsibility for helping people with gambling issues can be shared across the community.

The theme of the 2016 Minnesota Conference on Problem Gambling, Addressing Problem Gambling through Community Connections, reflects the thinking that problem gambling issues are not just the purview of trained gambling counselors. All of us can have some impact if we understand the issue and know what’s available to help people.

For example, if a social worker helping a family through financial issues pauses to consider whether gambling may have played a role in the issues, they can refer them to resources to help address the gambling problems, either for the gambler or the family members negatively impacted. Likewise, if a financial planner is assisting a client with their investments and discovers that their client has lost a significant amount of their life savings due to gambling, they can choose to offer support if they know how to help them. Various other professionals and members of the community can provide guidance if they suspect that the underlying problems resulted from excessive gambling.

The 2016 Minnesota Conference on Problem Gambling takes place Nov. 3-4. It offers something for all members of the community. It’s a chance to not only learn more about gambling addiction but to be inspired by those who have overcome it. I look forward to seeing you there.

Cathie Perrault
Executive Director
NPGA

WE NEED YOUR SUPPORT!
We thank all our members, donors, volunteers and affiliates who have contributed to our mission.
Become a member today. Visit www.NorthstarProblemGambling.org to join us.

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.

Northern Light is funded by a grant from the state of Minnesota. Designer: ESD Graphics. Writer: Bill Stein
For Lyndsie Murphy, MA, LPCC, MNCGC, working with compulsive gamblers and their families is most rewarding. “It’s very satisfying to hear family members say, ‘What have you done to my loved one?’ after they see the person apart from their addiction,” says Lyndsie.

Lyndsie worked on the compulsive gambling unit for two years at Project Turnabout before moving over to the mental health/family program last year. However, she continues to be involved with recovering gamblers by leading their family days and providing mental health services for them.

“My background in gambling helps me in my current position,” says Lyndsie. “For example, I know what questions to ask, what cross addictions to look for on the chemical dependency side, and whether gambling may be contributing to increased mental health symptoms.”

Lyndsie’s preferred therapeutic approach for problem gamblers is cognitive behavioral therapy (CBT). She also feels there’s significant value in mindfulness and meditation in helping to calm the chaos and ensure that clients are open to new ways of thinking. Depending on the needs of each client, Lyndsie provides the treatment that seems most appropriate for the individual.

In comparison to other addictions, Lyndsie sees similarities and differences with gambling. “I educate families that one addiction is no better than any other addiction,” says Lyndsie, but there’s more of a lack of education about gambling. “It’s not easy for families to understand that while a gambler is not putting anything into their body to alter their mind, the impact on the brain is the same as with other addictions.”

In addition to the need for additional education about problem gambling, Lyndsie sees a need for halfway houses for recovering gamblers, something that’s generally not covered by most insurances. “There’s not enough resources for after care for people recovering from gambling addiction.”

When first introduced to the field of compulsive gambling, several aspects struck Lyndsie. “I never realized the suicide rate was so high for compulsive gamblers or that it could destroy their lives the way it does,” says Lyndsie. “I also wasn’t aware of all the non-traditional forms of gambling that exist, such as auctioning, sports betting and the stock market.”

Given the scope of her work and experience, Lyndsie is particularly sympathetic to families and the “significant others” of problem gamblers. “Families can often sense that there’s something wrong, but they don’t always trust their instincts about what they’re seeing. And, unlike patients, families don’t get 30 days in treatment to heal. They are left to pick up the pieces.”

Lyndsie thinks the state of treatment for gambling addiction is similar to where drug and alcohol treatment was 20 years ago. “We’re privileged in Minnesota to have grants pay for treatment, but there is still a ways to go.”
I couldn’t wait to turn 18 and get my chance to gamble. It was a rite of passage with my family.

Gambling has always been a part of my life. My dad was a compulsive gambler. I remember my Mom saying things like, “He spent all the money again,” “How am I going to pay this bill?,” or “What are we going to do?” I didn’t think twice about this and thought this was a normal household where gambling was accepted in society. As I got older, about age 13 to 17, my Mom and Dad would do casino nights at the casino and I would stay in the hotel. I got to see the casino as we walked by and I was so excited—all the lights, sounds and people looking like they were having a good time. I couldn’t wait to turn 18 and get my chance to gamble.

It was a rite of passage with my family. We would go every few months and do an overnight. Just before I turned 20, I joined the military.

Over the next two years, my gambling trips were few and far between. I had to be 21 to gamble in Kansas so the only time that I went to the casino was when we got leave and we were back home. I made it a priority to go to the casino each time I would visit home for the weekend. I justified my reasoning: I’m stressed, being in the military and the life of soldier was hard, and I was newly married and having some problems. I wanted to go to the one place that made me feel safe and I didn’t
I would go about every three months; however, I binged. It was my time away from the kids and I was able to escape into a different world.

My gambling days were somewhat “in control” from 2006-2011. I would go about every three months; however, I binged. It was my time away from the kids and I was able to escape into a different world.

My gambling got worse after 2011, when my dad died. I would use the excuse that this was the only time I could feel connected to him. By 2014, I was at the casino at least twice a week. I sold many things, I stole money, stole time from loved ones, overdrew my checking account numerous times, stopped paying bills, received collection notices and judgements, and, most of all, my relationships with my husband and kids were strained. I was there physically but not emotionally.

In May 2015, I decide to check myself into the Project Turnabout gambling program. I spent the next 30 days understanding my addiction and finally realizing the hurt and pain that I put my family through. I started to work the steps to get control of this disease. I learned how to deal with life as it comes and, most importantly, learned to cope without gambling.

I left Turnabout on cloud nine and really believed that I had this under control.

Within a few months, however, I relapsed and the disease took control quicker and faster than ever before. I went back to Turnabout in October of 2015 for another 30 days. This time I worked on myself, how I deal with life, and self-care along with mental health. I did address my other addiction afterward and did another 60 days in CD/mental health inpatient at the St. Cloud VA. Once I completed the program I slipped. I got back up and kept working toward my sobriety. From February of this year until now I have slipped a handful of times. I’m learning that this addiction is hard to beat.

Currently, I’m in an outpatient program at Fairview for my gambling. I see my addiction counselor each week and address my mental health issues.

I know I have a long way to go. However, the last year I have had more clean days then addiction days. I know that this will be a struggle for the rest of my life. I’m grateful that my husband has been behind me 100 percent throughout this whole process and that my kids love me. My goal is to make a better future for myself, so that I’m able to enjoy the life that God has given me. I attend recovery church in Crystal, Growth Group at Project Turnabout and participate in Smart Recovery online. I’m grateful for all the people who have worked with me and gotten me where I am today.

170,000,000
Number of social casino gamblers, well over triple the number of online gamblers

66
Percentage of adolescents who suggested that social casino game operations encouraged them to gamble

8.4
Percentage of adolescent social gamers who reported having gambled more because of having played social casino games

13.1, 4.6
The percentages of males and females, respectively, who reported gambling online over a 12-month period

800-333-HOPE
The phone number for the Minnesota Problem Gambling Helpline, available 24 hours a day, seven days a week.

1 Morgan Stanley, 2012
2 Gainsbury et. al, 2015
3 McBride & Derevensky, 2014
Northstar’s “Northern Exposure” campaign, an effort to focus more attention on problem gambling in Northern Minnesota, is continuing to move forward. The latest phase is to generate public awareness about problem gambling through a media and advertising campaign in that part of the state.

The first phase of the effort involved determining the need for additional gambling counselors in Northern Minnesota. Once the need was confirmed, the goal of the second phase was to incent more counselors to specialize in treating clients with gambling addiction by offering scholarships.

Since the beginning of the year, problem gambling messages have been communicated in various ways and in various venues, including posters in rest rooms, mobile phone ads and ads in print and online newspapers. “We know that the northern part of Minnesota has a significant need for services and we wanted to create a plan that would bring more attention to the problem – and ultimately allow more people to get the help they need,” says Cathie Perrault, Northstar executive director.

Cheryl Minks, BS, LADC, treatment director at Freedom Center in Princeton, Minnesota, feels the need for gambling counselors is considerable. “In rural areas, there are fewer providers for people to see and I think the need is great,” says Cheryl.

“As a clinical supervisor, my sense is that gambling problems may not be diagnosed as effectively as they could be because of a lack of training. People should be trained to provide the proper therapy when these people are in front of them.”

Cheryl also thinks there’s a need for more alcohol and drug counselors to be trained in problem gambling because of the potential for cross addiction into gambling. Three staff at Freedom have taken advantage of the Northstar scholarship opportunity to get trained as certified gambling counselors.

The “Northern Exposure” campaign winds down in August.

The state of Minnesota continues to have a need for gambling counselors. In fact, there are fewer state-certified gambling counselors now than there were five years ago.

To become a gambling counselor in Minnesota, one must be a licensed alcohol and drug counselor, mental health professional/practitioner (licensed clinical social worker, psychologist, marriage and family therapist) or a psychiatric registered nurse. One must also complete gambling counselor training approved by the Minnesota Department of Human Services (DHS).

Training can be completed in several ways. One way is to earn a National Certified Gambling Counselor (NCGC) credential offered through the International Gambling Counselor Certification Board. More information can be found here: http://www.ncpgambling.org/training-certification/ncgc-certification/.

A second way to take the training is online through the University of Minnesota Duluth/North American Training Institute: www.d.umn.edu/external-affairs/homepage/12/gambling.html. If counselors have previously received training through another state’s program and are certified, reciprocity may be available.

Prospective gambling counselors must also agree to terms of an application and handbook provided by the state. The application and handbook can be requested from the DHS Problem Gambling Program office.

The Minnesota Department of Human Services currently offers a scholarship for 70 percent off the cost of online training. Those interested should apply for the scholarship prior to enrolling and will be reimbursed once the course is successfully completed. A limited number of full scholarships are available to service providers working with an identified underserved population.

If you’re interested in learning more about becoming a certified gambling counselor in Minnesota or have questions, please call DHS Problem Gambling Program staff: Helen Ghebre, (651) 431-2245, or Trevor Urman, (651) 431-2231.
Jack Rivall, who is earning his license as a drug and alcohol counselor, received a scholarship from Northstar to attend the annual conference of the National Council on Problem Gambling in Tarrytown, NY on July 14-15. Jack shared his thoughts about the experience.

I am a young professional in the addictions field earning my license as a drug and alcohol counselor. Interestingly, this is the credential required to provide services to problem gamblers. This is because problem gambling and the development of gambling disorder have been shown to have many common elements with the development of substance use disorders (chemical addictions).

The 30th National Conference on Problem Gambling included people from many industries that came together to discuss what they have learned through research and experience. While there were many sessions across many topics to attend, my selections of workshops and lectures were geared toward the treatment and recovery aspects from problem gambling. A sampling of the highlights of the conference for me included:

- Learning from Jon Kelly, Ph.D., CEO of the Responsible Gaming Council, that focus groups show that more positive and effective prevention was achieved when messages were perceived as not anti-gambling. This is interesting to me when I think about the messaging often proliferated for prevention of drug use. Perhaps effective prevention for chemical use could adapt the findings of messaging from prevention of problem gambling.

- Attending a Gamblers Anonymous meeting and hearing from members that were in recovery from gambling (and substances as well, sometimes) for more than 20 years. They were inspirational, caring, intelligent and incredibly insightful souls that supported me through the conference.

- Learning about fantasy sports from Julie Hynes. The findings about the rapidly growing eSports industry, and gambling within online gaming, will likely be the topic of these conferences for years to come as technology and internet addiction find themselves among these so-called “process addictions.”

- Hearing how perspectives on gambling have changed over the century and how our influences will necessarily be different. The presentation Generations and Gambling was given by Minnesota’s own Don Feeney, research and planning director at the Minnesota Lottery.

The NCPG conference was unlike my previous experiences in conferences that were centered on themes of substance use disorders. Some attendees were representatives of casinos and resorts alongside those in prevention, treatment, clinicians, psychiatrists and social scientists. Their input and revelations from the industry, with their own knowledge and wisdom, gave the conference a special flavor.

I learned so much and made many meaningful connections from my attendance at the conference. I learned that greater efforts to educate the public about the realities of gambling disorders are badly needed since there are many misconceptions and myths that persist in public opinion. I learned that, similar to drug addiction, the public is likely to believe that the addiction is caused by personal or moral weakness rather than believing or accepting a medical explanation.

I am grateful to the Northstar Problem Gambling Alliance for the opportunity to attend the conference and grow in my career.

State Considers Offering Problem Gambling Telecounseling to Veterans in Rural Minnesota

Gamblers with counselors through phone or video conference. CBOCs have provided telecounseling services in Minnesota since 2001. The network is expanding in the northwest metro area and will eventually include 45-50 clinical sites. A state plan to expand telecounseling will address a large service gap in northern Minnesota from Hibbing to International Falls.

“I’ve worked with a number of video systems and am very impressed with how it can bring the experience right into your space,” says Roger. “It’s a wonderful medium and I know that other therapists who use online counseling have also had very good experiences.”

Telecounseling can make services available to those who otherwise wouldn’t have access. In addition to challenges posed by geographic distance and the cost of gas for long trips, patients often need someone to watch their children. “This would cut through so many obstacles to access,” says Roger.

The effort to provide problem gambling telecounseling to veterans would begin as a pilot project. “My hope is that this would be quite successful and ultimately allow other providers to offer these services. It makes a lot of sense and has the potential to reach so many more people who need help.”
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Changing Problem Gambling Behavior through:

AWARENESS • EDUCATION • RESEARCH • ADVOCACY