

HOW WELL DO MINNESOTANS UNDERSTAND PROBLEM GAMBLING?



In the fall of 2011, the Northstar Problem Gambling Alliance commissioned a research study into the attitudes, awareness and understanding of the issue of problem gambling by adults in Minnesota. The study showed that 86 percent of those surveyed felt that problem gambling was indeed a problem in the state. However, at the same time, respondents had very little knowledge about where to find help. (Complete results of the survey were published in the Winter 2012 Issue of *Northern Light*.)

Over the past three years, Northstar has worked with the Minnesota Department of Human Services, the Minnesota Lottery, and various treatment organizations to increase awareness and understanding of the addictive nature of gambling, and to spread word about where to find help, including the state's problem gambling helpline and various treatment providers. A follow-up survey will be conducted this summer to determine if these efforts have been effective.

We look forward to sharing the results of the new survey in a future issue of *Northern Light* and on the Northstar website:
www.NorthstarProblemGambling.org.

PEER SUPPORT SPECIALISTS PROVIDE EXAMPLE OF *Recovery to Compulsive Gamblers*

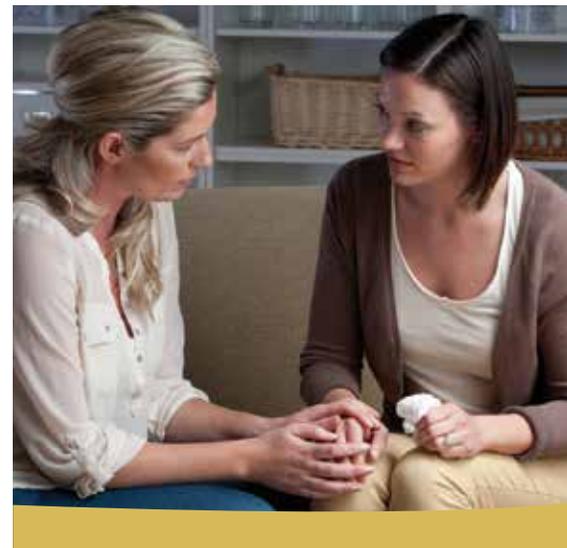
There is great power in learning from someone who has “been there before.” People with similar experiences may be able to listen and provide hope and guidance in a way that is uniquely received.

So-called “mental health peer support” has existed for decades. Since the 1990s, the concept of “consumers as providers” has become a larger component in mental health service settings.

Perhaps there is no more powerful example of the power of peer support than when a recovering compulsive gambler shares their story with someone still in the throes of addiction. Indeed, programs such as Gamblers Anonymous are built largely on the concept that others with similar challenges can lead the way to recovery.

A peer support specialist is someone who has progressed in their own recovery from alcohol or other drug abuse or mental disorder and is willing to identify themselves as a peer who can assist other individuals with chemical dependency or mental disorders. In Minnesota, peer support specialists must complete 80 hours of intensive training that emphasizes translating concepts and skills into practice. A peer support specialist provides assistance in an in-person, one-to-one setting.

“The idea is that I’m the evidence of recovery,” says one peer support specialist who is in recovery from gambling addiction. “Someone can look up to me or admire me and think, ‘Oh, that person did it, so can I.’ We show others that recovery is real.”



Perhaps there is no more powerful example of the power of peer support than when a recovering compulsive gambler shares their story with someone still in the throes of addiction.

Peer support specialists employ empowering language to help communicate to others that they are in charge of their own lives and their own recovery. “Our job is not to fix them,” says a woman who recently completed peer support specialist training. “The person in recovery still has to do the work.”

The Center for Medicare and Medicaid Services (CMS) now recognizes peer support providers as a distinct provider

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Cathie Perrault
Executive Director
NPGA

FROM THE EXECUTIVE DIRECTOR

The Power of Affiliation

In my travels across Minnesota, I'm often asked how the state's efforts to raise problem gambling awareness work in conjunction with what's being done at the national level. The key to ensuring cohesive efforts between St. Paul and Washington is our status as a state affiliate to the National Council on Problem Gambling (NCPG).

The NCPG, established in 1972, is the overall national voice for problem gamblers and those who counsel them. One of its most important functions is to lobby for federal funding for research, education and treatment of gambling addiction.

Each year, the NCPG hosts a national conference that brings together the nation's problem gambling treatment experts. It also promotes annual problem gambling awareness campaigns (such as National Problem Gambling Awareness Month) and has established the Journal of Gambling Studies, the first scholarly journal to specialize in gambling research.

Northstar's affiliation with the NCPG allows us to learn more about what's worked well in other states and to adopt those practices for ourselves when appropriate. For example, a sub committee comprised of other state affiliates recently developed a "Best Practices" guide for responsible gaming programs based on information gathered from around the country. Northstar will bring this information back to Minnesota and share the findings with leaders at racetracks, casinos and charitable gambling venues.

Both the NCPG and Northstar offer memberships for people who want to learn more about problem gambling and who would like to support education and awareness efforts nationally and in Minnesota. Members receive reduced rates on educational offerings, informative publications and the knowledge that they are supporting this important work.

I urge you to join both the Northstar Alliance and the NCPG to support their efforts. Membership information can be found online at <http://www.NorthstarProblemGambling.org/get-involved/become-a-member/> and at www.ncpgambling.org.

In the meantime, I hope you enjoy the long-awaited gift of a summer in Minnesota.

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

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COUNSELOR'S *Corner*

JOHN RUNDQUIST

Senior Addictions Counselor
Crossroads Aftercare Program



With this issue of Northern Light, Northstar is debuting "Counselor's Corner." This recurring column will feature common questions raised by counselors seeking to learn more about problem gambling and how they can identify a possible gambling addiction in their clients. John Rundquist, gambling counselor for Crossroads Aftercare, answers this issue's question.

The suicide rate for gamblers is very high, so your courage in asking about their gambling may be the thing that saves their life.

Q. What is a simple screening tool I can use with a client who I suspect has a problem with gambling?

A. Fortunately, there are a number of well-researched screening tools that can be used to start the conversation about problem gambling with a client. Prior to describing these in detail, it is important for you to understand that you may be the first person who has asked your client directly about this issue. For some problem gamblers this could be very threatening, and you may run into a lot of resistance. However, if your client does have a gambling problem and

is in a painful place due to their gambling, they may be relieved that someone will finally learn about their secret. The suicide rate for gamblers is very high, so your courage in asking about their gambling may be the thing that saves their life.

Below are two basic screening tools you can use to learn about a client's gambling. Neither requires any special training on your part and they are simple to score.

1. Lie-Bet Screening Instrument

(Johnson et al., 1988)

1. Have you ever felt the need to bet more and more money?
2. Have you ever had to lie to people important to you about how much you gambled?

Answering "Yes" to one or both questions strongly indicates that a professional addiction assessment is necessary.

Responding "No" to both questions indicates no referral or follow-up.

2. Brief Bio-social Gambling Screen

(BBGS) (Gebauer, L., LaBrie, R. A., & Shaffer, H. J., 2010)

1. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?
Yes No

2. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?

Yes No

3. During the past 12 months, did you have such financial trouble that you had to get help from family or friends?

Yes No

Answering "Yes" to one or more questions indicates likely pathological gambling. A professional gambling addiction assessment is necessary.

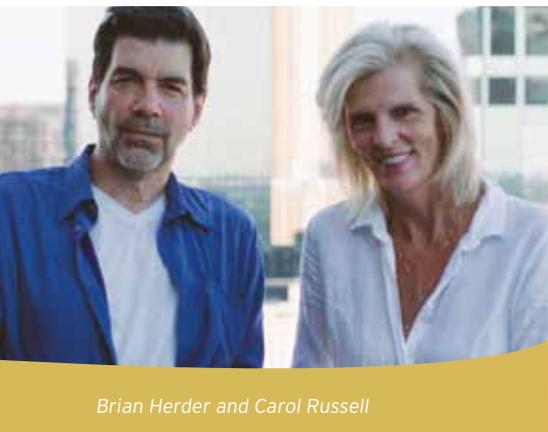
Source: Gebauer, L., LaBrie, R. A., & Shaffer, H. J. (2010). *Optimizing DSM-IV classification accuracy: A brief bio-social screen for gambling disorders among the general household population. Canadian Journal of Psychiatry, 55(2), 82-90.*

If your client answered "Yes" to any of the above questions, you or your client can call 1-800-333-HOPE to find a professional gambling counselor to discuss the next steps for assessment and treatment. If your client answered "No" to all of the screening questions, know that compulsive gamblers who are active in their addiction are talented manipulators and struggle to tell the truth. Corroborating information from a significant person in your client's life can be very beneficial.



CREATING AWARENESS:

Russell Herder Brings Problem Gambling Messaging to the Masses



Brian Herder and Carol Russell

One of the biggest challenges in addressing problem gambling in Minnesota is creating awareness about the issue. There are still many people who do not know that problem gambling exists, that it can be prevented and that it can be treated. While the responsibility for educating the public about “the hidden addiction” falls on many shoulders, one of the more significant partners is Russell Herder, a marketing agency and longtime partner in Minnesota’s efforts to highlight gambling addiction. Northern Light sat down with Carol Russell, partner at Russell Herder, to discuss the challenges of communicating messages about problem gambling.

Has educating consumers about disorders such as gambling addiction changed over the years?

In some ways yes, in some ways no. The key messages for educating the public – things like prevention, treatment and recovery – are substantially the same. What’s changed, however, is the way people consume information. It’s important to communicate with people in the way they prefer, meaning using an assortment of online strategies in addition to traditional mass media advertising. It’s also important to target communications to make it relevant to someone’s personal experience and their level of awareness.

We also need to focus on building a community of awareness, so we’re not just

talking to people who may have a problem with gambling but also to significant others, employers, physicians, friends and everyone else who needs to be aware.

What are some of the vehicles and strategies Russell Herder has employed to increase awareness?

In the advertising realm, we’ve produced ads for online, billboards, movie theatres, pump toppers and radio. From an educational perspective, we’ve created a lot of collateral, such as brochures, flyers and informational displays. We’ve also helped treatment providers directly, both with newspaper ads and presentations for civic organizations.

Video is an also important tactic we’ve used, both for intervention, such as teaching people how to have a conversation about the topic, as well as for sharing the personal stories of problem gamblers now in recovery.

We use social media extensively as well, especially Facebook. We’ve done a lot of research in this area and understand the market well, both for college students and the general public.

Are there any tactics that stand out?

One of the more unique things we’ve done is street marketing in the college community. We once used a magician to appear in popular college hangouts. He did tricks and eventually wove in the concept that “things aren’t always what they seem,” which then evolved into a discussion about odds. This was a very effective tactic but it’s limited as to the number of people it can impact.

What are some of the greatest opportunities you see in creating awareness about problem gambling in Minnesota?

As the population of Minnesota continues to become more diverse, it’s important

that we communicate to communities in ways that are culture-specific. It’s not just a matter of translating a brochure but looking at it with a fresh perspective. This is an area we’ve researched for other entities and we look forward to bringing this knowledge to bear.

What are some of the bigger challenges you face?

The biggest challenge in communicating the issue of gambling addiction is simply the vastness of how many people you need to reach with a limited budget.

You’ve worked with the state of Minnesota on this issue for nearly a dozen years. What can you say about the state’s approach to problem gambling?

We have talked to other states to learn about their approach. Minnesota is very progressive in many areas with its initiatives and the things it’s undertaken. One of the strengths of the program is that it’s truly a collaborative effort between the state, Northstar, the advisory committee, providers and recovering gamblers. It’s a positive environment that helps leverage everyone’s best efforts. The state is open to new ideas and ways of doing things, and is supportive of our trying different initiatives and to refine them.

Is there anything else you’d like to add?

We truly find this work extremely fulfilling, both personally and professionally. It allows us to use our skill set on every level – from strategic to creative. We feel very connected to this issue and want to do everything we can. It’s a chance for us to really make a difference.



RANDY STINCHFIELD

Brings Gambling Research Knowledge to Northstar

After Minnesota legalized a state lottery in 1989, many questions were raised about gambling: How many Minnesotans gambled? How many Minnesotans had a gambling disorder? And how would these numbers be affected by the introduction of the state lottery? To get those answers, Minnesota's Department of Human Services contracted with Randy Stinchfield, Ph.D., L.P., a clinical psychologist and leading gambling researcher at the University of Minnesota — and a founding board member with Northstar.

"I've been involved with Northstar since the beginning," says Randy. "Lance Holthusen [Northstar's first executive director] told me about his plan to start a new organization to address problem gambling and he invited me to be on board. I wanted to be part of an organization that represented the interests of people suffering from gambling addiction."

"I've been involved with Northstar since the beginning. . . I wanted to be part of an organization that represented the interests of people suffering from gambling addiction."

Initially, Randy's focus was on alcohol and drug addiction but he was attracted to gambling research because it was a new field. "It was exciting to do some of the early studies as this kind of research had never been done before," says Randy.

Randy is a world-class gambling researcher and has had studies published in a variety of journals, including the *American Journal of Psychiatry*, *Psychology of Addictive Behaviors* and *Journal of Gambling Studies*.

Along with colleague Ken Winters, Ph.D., he conducted the first Minnesota youth gambling survey in 1990. They also collaborated with J. Clark Laudergeran, Ph.D., from the University of Minnesota Duluth to do the first survey of gambling behavior in Minnesota adults. Subsequent studies were aimed at evaluating the effectiveness of gambling treatment.

Randy also started a program of research into the measurement and diagnosis of gambling disorders. His research has been cited as the rationale for lowering the diagnostic threshold from five diagnostic criteria in DSM-IV to four diagnostic criteria in DSM-5, which was shown to be more accurate. [The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, is the standard classification of mental disorders.]

Randy's insights into problem gambling stem from a general perspective he takes on gambling. "People tend to want to dichotomize gambling, saying it's either good or bad or suggesting that people should be for or against it," says Randy. "I don't view it as either good or bad, but rather as something that has both costs and benefits to society. Gambling is a form of entertainment that has the potential for addiction in a small percentage of the population and these are the folks we need to help right away.

In addition to his knowledge about problem gambling behavior, Randy has ideas on how information about compulsive gambling can be used to help others. In particular, he hopes that information can be provided to allow individuals to compare their gambling behavior with others. "I envision something that allows people to compare the extent of their gambling compared to their peers, which would give them a sense of whether their gambling is excessive or within the normal range," says Randy.



Randy Stinchfield, Ph.D., L.P.

Randy serves as the associate director for the Center for Adolescent Substance Abuse Research in the Department of Psychiatry at the University of Minnesota Medical School. He was the recipient of the 2012 National Center for Responsible Gaming Scientific Achievement Award and the 2002 Research Award from the National Council on Problem Gambling.



REAL *Voices*



I've learned a few other things. One is that you can't beat yourself over the head to convince others as to why you're addicted.

Ann's Story



Before I knew it, I was going out to gamble every night. Then I started to have financial problems. And then I realized I couldn't stop... nor did I want to stop.

The first time I gambled was at Mystic Lake with friends. It was simply a "let's go out and do something fun" kind of thing. In fact, for many years I was a mere social gambler and assumed it would be like that for my entire life. I could go to Las Vegas to meet relatives and not even care if I gambled or not.

But then I had a personal life crisis and gambling became a way to forget everything that was going on. I realized that when I gambled, I didn't have to be responsible to anyone. It became a way to escape my life's problems and the rest of the world.

Before I knew it, I was going out to gamble every night. Then I started to have financial problems. And then I realized I couldn't stop... nor did I want to stop. Every time I left the casino, I'd tell myself I was going to quit. Then when I got home I'd find more money to go back with.

Once I became hooked, it became my

life. Gambling became my main source of entertainment. It was the only thing that I cared about. I'd cheat, steal and otherwise do whatever it took to get money.

But it was never about the money. I didn't want to win money... it was just a means to an end. Money allowed me to hit more buttons so that I didn't have to think about how screwed up my life was.

I engaged in unhealthy gambling for about three years. I spiraled downhill quickly. I lost my home, my cars, everything. I embezzled from my employer and was caught. That should have been the end of my gambling.

However, I continued to gamble from money I earned with a part-time job. I even remember gambling the night before I went to jail. That was when I finally stopped.

Part of my sentence required that I seek help, such as with a group like GA. I went to my very first gambling meeting at Club

PEER SUPPORT SPECIALISTS PROVIDE EXAMPLE OF

Recovery to Compulsive Gamblers

continued from page 1

type for the delivery of support services and considers it an evidence-based mental health model of care. A certified peer specialist does not replace other mental health professionals, but rather complements an array of mental health support services.

Currently, peers are not employed in gambling treatment programs. The service is reimbursable only in ACT (assertive community treatment), IRTS (intensive residential treatment services), ARMHS (adult rehabilitative mental health services) and crisis stabilization.

Qualifications to become a certified peer specialist are detailed on the Minnesota Department of Human Services website. Among the criteria, an individual must have or have had a primary diagnosis of mental illness. Qualified individuals may be hired at an entry level as a Certified Peer Specialist Level I or at an advanced level as a Certified Peer Specialist Level II.

For more information about the certified peer support program, contact Shelley White at the Minnesota Department of Human Services at shelley.white@state.mn.us or (651) 431-2518.

Getting through the first meeting was the hardest.

Recovery. I remember being so embarrassed to be there. But I got through it.

Getting through the first meeting was the hardest. Even though it's a meeting for those with gambling problems, nobody thinks that anyone has done anything worse than they have. You think you're the absolute worst person.

When I think back on my recovery and my experience, I have learned a lot. For one, I realized that *recovery is a choice*. For the longest time, I didn't think it was. I thought it was a matter of willpower.

Most people don't understand the insatiable urge you have when you have an addiction. It almost feels like it's an instinct to keep at an addiction.

I've learned that you can get over the shame and guilt. Guilt is feeling bad about what you've done while shame is feeling bad about who you are.

I've learned a few other things. One is that you can't beat yourself over the head to convince others as to why you're addicted. People in my family have been so supportive of me but they still don't understand how this can become an addiction. There comes a point when you just accept yourself and others.

You also realize that to conquer addiction you really need to put yourself first. That can be hard to do, particularly when you feel like you need to make amends to others, but you have to make peace with yourself before thinking about being in a full relationship with friends, families and an employer.

There is nothing more encouraging than listening to other peoples' stories and their recoveries. As you hear them share their story, you learn that you're not really a horrible person with no hope of recovery. You learn that you can fix yourself and become a whole person again.... that this addiction doesn't have to define you.



\$0.01-\$1.42

The range in per capita allocation for problem gambling services in the U.S. Allocations range from \$.01 in Colorado to \$1.42 in Delaware. ¹

\$0.37

The per capita allocation for problem gambling services in Minnesota ¹

11

Number of states that did not have publicly funded problem gambling services in 2013 ¹

5.77 Million

The estimated number of gamblers in the U.S. in need of treatment in 2012 ¹

800-333-HOPE

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

¹2013 National Survey of Problem Gambling Services





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Subscribe to Our E-newsletter For More News

In addition to *Northern Light*, we produce a monthly electronic newsletter that includes additional information about problem gambling and related developments in Minnesota. To receive our electronic newsletter, please email Linda Bisdorf at linda@northstarproblemgambling.org or call (612) 424-8595.



scan to visit
www.NorthstarProblemGambling.org

Northern Light

NORTHSTAR PROBLEM GAMBLING ALLIANCE

Summer 2014 • Volume Thirteen

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Changing Problem Gambling Behavior through:
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