

NORTHSTAR ON TWITTER



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Eddie never thought of his gambling as an illness. northstarproblemgambling.org/resources-for-...
- Northstar Gambling** @MNProbGambling · May 4
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- Northstar Gambling** @MNProbGambling · May 13
Are sports fantasy games gambling? They're certainly addictive. thinkprogress.org/sports/2015/05...
- Northstar Gambling** @MNProbGambling · May 27
Film on national guard members struggling with PTSD and gambling addiction. Part 1: vimeo.com/122570486. Part 2: vimeo.com/124925426
- Northstar Gambling** @MNProbGambling · May 28
New studies of brain activity show the overlap between pathological gambling and drug addiction. sciencedaily.com/releases/2013/...
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- Northstar Gambling** retweeted **NCPG** @NCPGambling · Jun 18
Gambling addiction mural debuts in South Philly fb.me/2erqH5424

FOCUS GROUPS BRING INSIGHTS INTO *Gambling in Laotian Culture*



Gambling is known to play a significant role in the Southeast Asian communities of Minnesota, yet little is understood about the best ways to provide culturally appropriate prevention and treatment services. Research shows that culturally informed approaches that are meaningful and relevant to diverse race and ethnic groups are much more effective than non-culturally specific services. To learn more about cultural beliefs about gambling as well as risk factors for problem gambling in the Southeast Asian communities, the Minnesota Department of Human Services and the Lao Assistance Center of Minnesota collaborated to learn more about the needs

Programs for reaching the Lao community about problem gambling need to focus more on the overall needs of the family.

and strengths of the community.

Focus group sessions were conducted with various members of the Lao community by Russell Herder, DHS's partner for problem gambling communications. The Lao Assistance Center provided input into discussion questions designed to gain insight into four key areas: gambling

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Cathie Perrault
Executive Director
NPGA

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FROM THE EXECUTIVE DIRECTOR

Plugging in to Passion and Knowledge

I recently returned from the National Council on Problem Gambling's (NCPG) annual conference in Baltimore. The conference provides an opportunity to meet with others from around the country who care deeply about problem gambling. It's also a chance to learn more about the latest developments in the field and to feed off the collective energy of 600 people who have great passion about the issue of gambling addiction.

I'm proud to say that Minnesota was well represented at this year's conference. There were a dozen attendees from the state along with two representatives on the NCPG board.

One of the sessions, Gambling and Seniors – The Minnesota Experience, featured a look at the gambling rates of older Minnesotans and was presented by Don Feeney and Todd Maki from the Minnesota Lottery. Most importantly, Minnesota's participation at the conference means that the depth and breadth of problem gambling knowledge is brought home in the form of innovative approaches to problems.

The conference provides educational sessions on a vast number of topics of interest to clinicians, researchers, public policy professionals and those recovering from gambling addiction. It also includes perspectives on new trends in the field, including those that impact the assessment, treatment and payment options for problem gamblers and their families.

One such trend is the integration of problem gambling into existing alcohol and drug treatment processes and co-existing mental health disorder services. Increasingly, gambling disorder is diagnosed when people seek care for mental health issues, such as depression and anxiety.

I encourage Minnesotans with an interest in the issue of problem gambling to attend the annual conference, which will be in New York next year. It's a chance to step outside the daily routine, interact with national and international experts, grow personally and professionally, and positively impact the work we do here in Minnesota in many different ways.

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

FOCUS GROUPS BRING INSIGHTS INTO *Gambling in Laotian Culture*

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prevalence, perceptions of gambling and compulsive behavior, means of seeking help, and communication strategies.

Findings from the focus groups included the following:

Gambling Prevalence

Overall, gambling was said to be prevalent in the Lao community. Betting is a widespread activity and is held at nearly all major community functions, such as weddings, birthday parties, dinners and funerals. Common forms of gambling include card games such as Tham Dang, casino gambling and sports betting.

Perceptions of Gambling and Compulsive Behavior

Gambling in the Lao community was considered a common form of social interaction. Gambling was not perceived by many as a habit that could become an addiction, and was often described in terms of friendly competition.

Seeking Help

Many participants believed a problem gambling habit could go unnoticed until it reached a crisis. All believed that seeking treatment for gambling problems and other behavioral health issues is not common. Adult participants also believed that involving the entire family unit, or at least the husband and wife, is of utmost importance in addressing the issue of problem gambling. More men than women were skeptical of the efficacy of treatment programs.

Communication and Intervention Methods

Many adult and youth participants believed that services for gambling addiction should be described in informal terms, such as “discussion” or “educational services” as opposed to “treatment.” Many felt that spreading awareness through family discussions would be effective given that one person’s gambling habits may affect the entire

family unit. Youth participants believed that communications should not be prescriptive, as this might be offensive to some.

Recommendations

In light of the findings from the focus group sessions, the following recommendations were developed:

Programs for reaching the Lao community about problem gambling need to focus more on the overall needs of the family. For example, communications pertaining to financial planning or budget management can be a useful vehicle for integrating related ideas such as the warning signs of problem gambling.

Billboards, helplines and current treatment options were not considered viable options for the Lao community because they represent one-to-one communication. Smaller group education opportunities would likely be more effective than broader awareness initiatives, as they emphasize a family approach. Another recommendation was to conduct further research to determine if a similar concept exists within other Southeast Asian communities. If so, programs and resources should be culturally informed and provide information for the family unit, such as educational workshops or alternatives that incorporate healthy recreational activities. Communications materials will need to lean more toward culturally specific prevention and education, and less toward intervention.

Given that many respondents reported that there is peer pressure to gamble, and because stories of “big winners” are widely circulated, creative materials should address the underlying cultural norms and not include messaging that simply urges individuals to not gamble. The call-to-action should also be revisited to better understand what programs or resources exist within the Lao community that can help those with gambling problems.



PARTICIPANT COMMENTS

“Our culture created that (gambling), and now it is expected no matter what party you go to.” (youth)

“If you tried to leave a friend group because of gambling, you wouldn’t be able to find another group of friends that didn’t gamble.” (youth)

“We have to play. You’re not social if you don’t play.” (adult male)

“It’s not like drugs where it’s life threatening. I wouldn’t sit down to talk with my child about gambling.” (adult female)

“Our community likes to keep things to ourselves. If we have problems, we don’t really tell anybody. We try to fix it ourselves.” (youth)

“Seeking treatment is disgraceful to the family.” (adult male)

“It is not like one of us would go to one of our friends and say, ‘I need help. I have a gambling problem.’ They will just look at me and laugh. They wouldn’t take me that serious.” (youth)

“It wouldn’t make a difference if ‘no gambling’ was preached.” (adult female)

“Focus on communication between husband and wife. We can then set an example for others.” (adult female)

“I would encourage those who have lost it all to share their story.” (adult female)

“Alternate between education and fun activity, such as dancing.” (adult female)



THE STAGES OF *Change Model*



The Stages of Change Model (SCM) dates back to the late 1970s and early 1980s. It was initially developed by University of Rhode Island professors James Prochaska and Carlo DiClemente during a study of smoker's habits.¹ The model has been applied to various behaviors, including weight loss, injury prevention, alcohol and drug problems, and gambling.

The SCM is based on the theory that behavior change happens in a series of steps rather than just one, and that progression through various stages is necessary for successful change. Moreover, the rate at which people progress through the stages varies by individual. The stages include precontemplation, contemplation, preparation, action and maintenance.

The model has significant implications for counselors treating clients with gambling addiction. For example, it means you can't simply prescribe that someone in

the "pre-contemplation" stage attend a specific number of GA meetings and expect them to advance to the next stage. Each individual must determine for themselves when they are ready to move to the next stage.

There are different issues and tasks that a person faces as they work through the primary stages of change:

Stage One: Precontemplation

In the precontemplation stage, people are not interested in changing their behavior, nor are they interested in seeking help. Behavior in this stage may be characterized by defense of bad habits and not thinking it's a problem.

To help a client who is in the precontemplative stage, promote supportive interventions by building a rapport with your client. Ask about presenting issues without labeling them "a gambling problem." Emphasize that

The SCM is based on the theory that behavior change happens in a series of steps rather than just one, and that progression through various stages is necessary for successful change.

they have the ability to make their own decisions and to take responsibility for their consequences.

Stage Two: Contemplation

The contemplation stage is characterized by increased awareness about the personal consequences of a habit and more time spent thinking about the problem. The possibility of change is something that's considered. During this stage, people are generally more open to new information about their bad habit and more likely to use educational interventions. The amount of time that people spend in the contemplation stage may vary from weeks to a lifetime.

As a counselor, you should attempt to guide them toward desiring to change their behaviors. You can do that by encouraging self reflection, being a sounding board, and using strategies that encourage rational thinking, including motivational interviewing.

Stage Three: Preparation/ Determination

People in the preparation/determination stage are committed to change and seek to gather information about what it will take to change their behavior. They may call

clinics in an effort to learn about helpful strategies and resources. This is a critical stage that people sometimes skip. If they move directly from contemplation to action, they may be unsuccessful because they don't fully understand or accept what it will take to make a major change in their lifestyle.

If your client is in the determination stage, you have an excellent opportunity to move your client into action. You can develop an appropriate and effective change strategy, plan activities for change to reinforce and support their decision, and refer them to a local GA meeting.

Stage Four: Action/Willpower

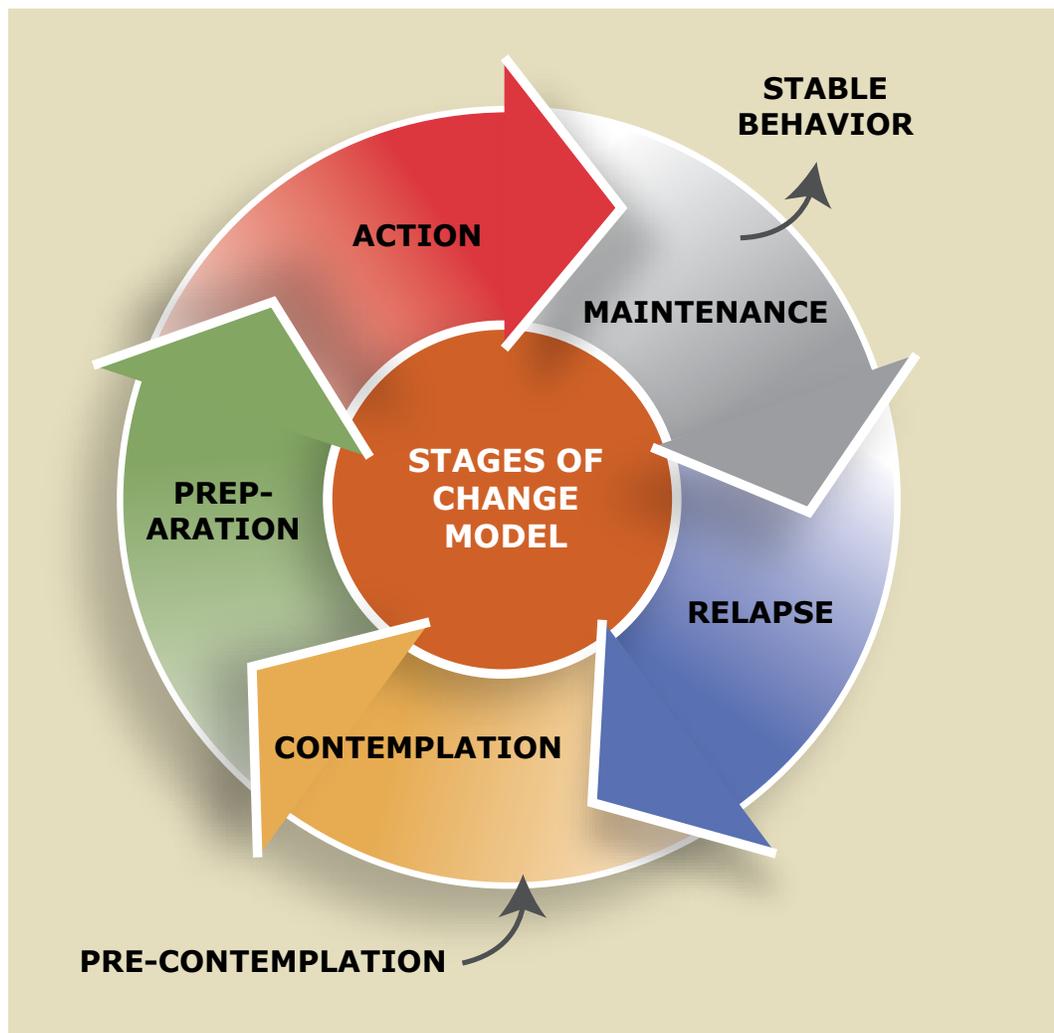
The action/willpower stage is when people believe they have the ability to change their behavior and are actually using a variety of techniques to change their undesirable behavior. Most people depend on their own willpower at this stage and are at the greatest risk for relapse. People in this stage are generally open to seeking and accepting help from others, a critical element in sustaining change.

Given that a client in the action stage is actually doing something to change their behavior, it's important that you support them by providing strategies to help them change their behaviors, such as setting achievable goals, working on other related and underlying issues, preparing for possible relapses and encouraging them to participate in alternative activities.

Stage Five: Maintenance

Maintenance is the final stage of change. The goal of this stage is to maintain the new status quo and to avoid temptations to return to the previous behavior. People in the maintenance stage frequently remind themselves of the new rules they must follow to deal with life and avoid relapse.

As a counselor, you can help people in this stage by encouraging and fostering personal development, working to keep them from



feeling discouraged, and keeping your client focused on contemplating change so they maintain their determination and continue the actions that have created change.

Progression through the stages of change is not always a smooth, one-way linear process. Remind your client that it's normal and natural to regress — and that one stage can be attained, only to fall back to the previous stage. Movement between stages of changes is a normal part of changing behavior.

Relapse

Most people experience relapse as they work to permanently change a bad habit. It's actually more common to have at least one relapse than to not have one.

Many people cycle through the five stages of change before achieving a stable life change.

When relapse occurs, feelings of discouragement and failure may result, which can seriously undermine self-confidence. Work with your clients to help them understand why relapse occurred and use it as an opportunity to change the way they cope. In this way, relapses can provide opportunities for learning and strengthening new patterns of behavior.

¹ Prochaska, J. and DiClemente, C. (1983) Stages and processes of self-change in smoking: toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 5, 390-395.



50.7

Percent of male college student athletes participating in free fantasy sports leagues in 2012¹

18.7

Percent of male college student athletes participating in fantasy sports leagues with an entry fee and prize money in 2012¹

8.4

Percent of female college student athletes participating in free fantasy sports leagues in 2012¹

1.8

Percent of female college student athletes participating in fantasy sports leagues with an entry fee and prize money in 2012¹

800-333-HOPE

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

¹ Source: Marchica & Derevensky (2015)

WEBCAST ON SBIRT AVAILABLE FOR VIEWING



If you missed the webcast on SBIRT (Screening, Brief Intervention and Referral to Treatment), hosted by Ken Winters, Ph.D., University of Minnesota Department of Psychiatry, you may view it online at NorthstarProblemGambling.org and clicking on Resources for Professionals under the “For Professionals” tab at the top. The training covered screening for gambling problems, motivational prelude to engagement, participation in behavior change process and referral to treatment.

STATE RELEASES

Problem Gambling Summit Report



In December, 2013, the Minnesota Department of Human Services, in partnership with the Northstar Problem Gambling Alliance, co-sponsored a shared vision summit on compulsive gambling. Attendees were selected based on their knowledge, potential interest and/or position within the greater community. Several follow-up sessions took place during 2014.

Fifty people participated including: individuals in recovery from gambling addiction; treatment providers; Northstar Problem Gambling Alliance staff and board members; Department of Human Services Advisory Committee representatives; representatives from Chicano Latino and Southeast Asian communities; Chemical and Mental Health Services Administration staff from the American Indian section of DHS’s Alcohol and Drug Abuse Division; helpline staff; representatives from the marketing vendor that develops public awareness initiatives for the Department of Human Services; and Minnesota Department of Health, Gambling Control Board, Higher Education, Corrections Enforcement and State Lottery staff.

Eleven critical issues were identified for inclusion in a statewide problem gambling strategic plan (for 2015-2018) and discussed

in detail in the report:

- Expand and improve public awareness and access
- Identify barriers to accessing the continuum of care
- Develop and implement a collaborative effort with stakeholders
- Increase breadth and depth of research to improve treatment/awareness
- Foster improved education and outreach to relevant professionals and service providers
- Utilize state-of-the-art technology in the delivery of care
- Engage, inform and influence public policy makers
- Ensure that delivery of care is culturally competent
- Ensure adequate and sustainable funding
- Standardize the use of screening tools
- Broaden the understanding of the impact of risky behaviors on problem gambling

The summit represented a significant step forward in fostering collaboration and awareness about problem gambling. In addition to identification of key focus areas, teams were established to continue discussion and carry forward initiatives in what will be an ongoing, iterative process.

The full summit report can be found on Northstar’s website. Visit NorthstarProblemGambling.org, click on the News and Publications tab at the top, and scroll down to the Minnesota Perspectives section. If you have questions about the summit, please contact the Minnesota Problem Gambling Program at dhs.problemgamblingprogram@state.mn.us or Northstar Executive Director Cathie Perrault at cp@northstarproblemgambling.org.



NEW REPORT LOOKS AT GAMBLING AND PROBLEM GAMBLING AMONG *Older Minnesota Adults*



most without experiencing any adverse consequences from their gambling. Nevertheless, several findings raise concerns.

First, there is a small segment of the older Minnesota adult population that gambles more frequently on certain forms of gambling than younger adults. Frequent gambling is associated with more gambling problems.

Second, given that most older adults live on fixed incomes, there is a concern that some older adults may lose more money gambling than they can afford to lose. It may be helpful for these individuals to consider safeguards and policies to protect against potential financial risks of gambling, particularly those who may be experiencing cognitive decline and poor decision making. Most older adults gamble and would likely benefit from education on how much time and money to spend gambling and on the warning signs of problem gambling. These types of public awareness and prevention programs could be provided at gambling venues, brochures and online.

You may download a full copy of the report by visiting NorthstarProblemGambling.org and clicking on the News and Publications tab at the top. Then scroll down to the Minnesota Perspectives section.



A new report prepared by Randy Stinchfield, Ph.D., L.P., clinical psychologist and leading gambling researcher at the University of Minnesota Department of Psychiatry, examined the gambling habits of older adults in Minnesota. The report addressed the following questions:

1. How many older Minnesota adults gamble and how many gamble frequently (i.e., once a week or more)?
2. How many and what forms of gambling do older Minnesota adults play, and which do they play frequently?

3. Is gambling among older Minnesota adults on the rise?
4. How does gambling compare across older generations and compare to younger Minnesota adults gambling?
5. Why do older Minnesotans gamble?
6. What are the risks/costs and benefits of gambling for older Minnesota adults?
7. How many older Minnesota adults are considered problem gamblers?

Among the findings, Dr. Stinchfield determined that the majority of older Minnesota adults participate in gambling,

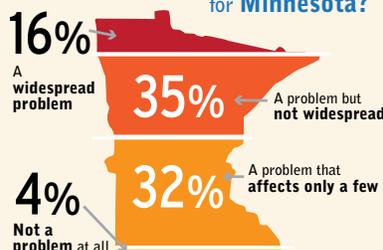
Most Minnesotans are unaware of the
MN Problem Gambling Helpline.

1-800-333-HOPE

24%
Are aware

76%
Are not aware

Is **Problem Gambling** a problem
for **Minnesota**?



Does **Minnesota Provide Treatment**
for individuals with a gambling problem?



The answer is **YES**



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In addition to *Northern Light*, we also produce a monthly electronic newsletter. This 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.



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www.NorthstarProblemGambling.org

Northern Light

NORTHSTAR PROBLEM GAMBLING ALLIANCE
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Changing Problem Gambling Behavior through:
AWARENESS • EDUCATION • RESEARCH • ADVOCACY