
Facilitator's Guide

Problem Gambling Training
for
Social Service Professionals
Modules One through Three

Video Channel: [https://www.gotostage.com/
channel/3c409177b65e4a648975c86d4f98c5ad](https://www.gotostage.com/channel/3c409177b65e4a648975c86d4f98c5ad)



Oregon
Health
Authority

OHA PGS

Problem Gambling Training

for

Social Service Professionals

Oregon Health Authority, Problem Gambling Services has developed this set of trainings for clinical staff working in behavioral health settings in Oregon. The modules can be accessed through web-based video or used by problem gambling staff to provide live training to staff.

MHACBO CEU's are available for completing these trainings. To access CEU's:

- 1) Video/Web Base Training – Participant must complete module quiz (quizzes included in this toolkit) and return to pgs.support@dhsoha.state.or.us.
- 2) Live Training Conducted by PG program staff – Training must utilize slides provided by OHA PGS. Participants must sign in and out of training. Sign in and out sheets should be returned to pgs.support@dhsoha.state.or.us.

Module One

The aim of this module is to expand awareness of problem gambling for MH and SUD clinical staff and program administrators.

Experiential Exercise. There is space in the module for an experiential exercise. This exercise should be one in which the audience can get an idea of what it might feel like to be distracted, and “hooked” on gambling, and to experience the Gambler’s Fallacy. If doing this training as a web-based video training, the video should be paused here. The audience could watch any number of youtube videos – at program staff’s discretion, that illustrate gambler’s fallacy from an experiential perspective. The video or exercise should be ten minutes or less. There are some videos linked below (not all of these have been reviewed by OHA PGS, Please review video for above criteria before showing):

Reviewed Video: <https://www.youtube.com/watch?v=43X2GLM6R2U>

Unreviewed Videos: https://www.youtube.com/results?search_query=gamblers+fallacy

Module Two

The aim of this module is to provide knowledge and skills for screening and referring people dealing with problematic gambling behavior from SUD or MH treatment settings to PG specialist counselors.

Experiential Exercise. There is a spot in the video training where the video should be paused and allow time for role play. Please utilize the Handout Packet for Module Two to role play screening and conducting interventions and referral.

Referral Pathway Process. The Problem Gambling Staff should discuss the actual process of referral to problem gambling specialty services. Decisions should be made on how to screen and refer so that all parties are clear on the process within the agency.

Module Three

The aim of this module is to provide the foundation for Allied Staff providing ancillary services to clients enrolled in Problem Gambling Services. The module consists of 1) structural components of the PGS System (standards, guidelines, processes and benchmarks) and Clinical Essentials needed when working with people dealing with Problem Gambling as well as their concerned others.

Problem Gambling Training
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CEU Quiz
Module One

Agency: _____

Staff Name: _____

Staff Email: _____

PG Program Staff Contact: _____

- 1) In the Kessler study from 2008, what is the percentage of people in SUD or Mental Health Treatment that dealt with gambling disorder?
 - A. 10%
 - B. 25%
 - C. 57%
 - D. 49%

- 2) In the Kessler study cited in question #1, what was the percentage of people in SUD/MH treatment that dealt with gambling disorder that engaged in treatment for gambling disorder?
 - A. 10%
 - B. 0%
 - C. 25%
 - D. 2.6%

- 3) What is the prevalence of Gambling Disorder in the adult population in Oregon?
- A. 5%
 - B. 5.4%
 - C. 2.6%
 - D. 10%
- 4) Is the prevalence of gambling disorder in Veteran populations higher or lower than in the general population?
- A. Higher
 - B. Lower

Problem Gambling Screening, Brief Intervention, and Referral to Treatment

Accompanying Handouts

Problem Gambling Training
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Module Two



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Gatekeeper Question *(Handout #1)*

“Most people gamble. In the last year about how many times did you play slot machines or video poker, or poker for money, or buy a lottery ticket or a scratch-off, or bet on a sports event, play Keno or bingo, or play craps for money or play blackjack for money or go to a casino or play the stock market or do any other sort of betting or gambling?”

BBGS (Brief Biopsychosocial Gambling Screen) *(Handout #2)*

1. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?

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

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

Brief Intervention (aka “responsible” gambling) *(Handout #3)*

- **Set Money limits**
- **Set Time limits**
- **If you can’t lose don’t play**
- **Spend time on other recreation**

Brief Intervention (aka “risk factors” in problematic gambling) *(Handout #4)*

- **Set Money limits.** *If client struggles with this, it could indicate a problem.*
- **Set Time limits.** *If client struggles with this, it could indicate a problem.*
- **If you can't lose don't play.** *If client struggles with this, it could indicate a problem.*
- **Spend time on other recreation.** *If client struggles with this, it could indicate a problem.*

Brief Intervention: Brain, Set, Setting

(Handout #5)

- **BRAIN:** People dealing with SUD and MH Disorders are vulnerable to developing Gambling Disorder
- Mind **SET:** Our mindset, or thought processes, can make us more vulnerable to Problem Gambling: Lori Ruggle's 5 E's:
 - Excitement
 - Entertainment
 - Escape
 - Economics
 - Ego
- **SETTING:** Be aware of going into high risk places and situations.

Examples?

Brief Intervention: Low Risk

(Handout #6)

Answers "yes" to Gatekeeper Question, but "No" to the three screening Questions.

- 1) Discuss the intervention points in the previous slides
- 2) Provide OPGR as resource

Brief Intervention: Moderate Risk

(Handout #7)

Answers “yes” to Gatekeeper Question, but “Yes” to only one of the three screening Questions.

- 1) Discuss the intervention points in the previous slides
- 2) Provide OPR as resource
- 3) Discuss Continuum of Gambling Behaviors (handout #1)
- 4) Discuss Risk Factors involved with Problem Gambling
- 5) Recommended: Provide printed material with brief intervention printed on it (as well as contact information for PG treatment in your community)

Brief Intervention: High Risk *(Handout #8)*

Answers “yes” to Gatekeeper Question, and “Yes” to two or three of the three screening questions.

- 1) Discuss the brief intervention points in the previous slides
- 2) Provide OPGR as resource
- 3) Discuss Continuum of Gambling Behaviors
- 4) Discuss Risk Factors involved with Problem Gambling
- 5) Recommended: Provide printed material with brief intervention and provider contact information printed on it.
- 6) Discuss availability and accessibility of treatment and provide referral, “direct connect” whenever possible.

Problem Gambling Training
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Module Two

Agency: _____

Staff Name: _____

Staff Email: _____

PG Program Staff Contact: _____

- 1) How many DSM5 criteria for Gambling Disorder must a client endorse to qualify for free treatment services in Oregon?
 - A. 4
 - B. 1
 - C. 2
 - D. 3
- 2) An evidence-based paper and pencil screen for problem gambling is just as effective at identifying people dealing with problem gambling as a clinical interview screen is.
 - A. True
 - B. False
- 3) I completed my role play exercise in this module with

(name of person) _____

Problem Gambling Training
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CEU Quiz Module Three

Agency: _____

Staff Name: _____

Staff Email: _____

PG Program Staff Contact: _____

- 1) Which of the following mindsets are not one of Lori Rugle's Five E's (mark more than one):
 - a. Ego
 - b. Excitement
 - c. Escape
 - d. Exploitation
 - e. Economics
 - f. Entertainment
 - g. Engrossed
- 2) Which of the following factors isn't seen as a contributor to challenges with engagement:
 - a. Shame
 - b. Stigma
 - c. Family Mandate
 - d. Lack of awareness of PG
 - e. Desperation

