
Facilitator's Guide

Problem Gambling Training
for

Social Service Professionals

Modules One through Three

On Demand Video Training:

<https://attendeegototraining.com/41jc6/catalog/3759431878408449536>



Oregon
Health
Authority

OHA PGS

Problem Gambling Training

for

Social Service Professionals

The Oregon Health Authority Problem Gambling Training for Social Service Professionals has been developed to assist agencies contracted to provide problem gambling treatment services in Oregon. The training is intended to provide Behavioral Health workers with knowledge and skills to;

- 1) Raise awareness about Problem Gambling for individuals served by the agency.
- 2) Identify Problem Gambling challenges and risks for individuals served by the agency.
- 3) Screen for Gambling Disorder
- 4) Conduct brief interventions with individuals at risk of Problem Gambling.
- 5) Refer individuals to problem gambling specialty treatment services.

It is well known that there is a large disparity between the number of Oregonians that will deal with gambling disorder during their lifetime, and the number of Oregonians dealing with gambling disorder that engage in Problem Gambling specialty treatment services.

Due to the nature of Gambling Disorder – the inclination to minimize problems with gambling, keeping gambling behavior secret -- shame people experience when dealing with Gambling Disorder, stigma about Problem Gambling behavior, and lack of awareness in communities many people dealing with Gambling Disorder do not self-refer to Problem Gambling specialty treatment services. For this reason, it is essential that organizations that provide Problem Gambling specialty treatment services develop methods and practices to actively engage their communities, clients and stakeholders and develop referral pathways to specialty treatment.

The OHA PGS Problem Gambling Training for Social Service Professionals -- when coupled with the OHA PGS GBIRT and Referral Pathways Program – has had demonstrated success in raising client census and engagement in Problem Gambling specialty treatment programs.

Providing these trainings to SUD and MH treatment providers working in the Problem Gambling contracted program is required under Service Element 81- Outpatient Problem Gambling Treatment.

This Facilitator's Guide provides assistance on delivering the trainings. OHA PGS has also developed a video based, on demand Facilitator's Training. This training can be accessed through the OHA PGS website: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/index.aspx>

Module One

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

Discussion Facilitation Exercise (Approx 15 minutes). Problem Gambling Treatment Program Staff are expected to provide follow up discussion with participants. The follow up discussion should address:

- 1) Illustrations of the addictive processes of problem gambling as your clients have experienced them.
- 2) Descriptions of “Gambler’s Fallacy” that your clients have experienced.
- 3) Descriptions of severity of impact of problem gambling on the lives of your clients.

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.

Discussion/Role Play Facilitation Exercise (Approx 15 minutes). There is a spot in the video training where the video should be paused and allow time for role play and/or case study discussion. Please utilize the Handout Packet for Module Two (included in this guide) to review how to use the brief intervention.

Referral Pathway Process Discussion (Approx 15 minutes). 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.

Discussion Facilitation Exercise (approx. 15 minutes): Problem Gambling Treatment Staff should discuss challenges with engagement and tips for working in the OHA PGS system. Processes for coordinating care and case consultation within the agency should also be discussed.

Problem Gambling Screening, Brief Intervention, and Referral to Treatment

Accompanying Handouts

**Problem Gambling Training
for
Social Service Professionals
Module Two**



Oregon
Health
Authority

The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. The entire logo is set against a light blue, curved background element.

Gatekeeper Question

“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)

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)

- 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)

- **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

- **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 Rugle'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

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

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

Brief Intervention: Moderate Risk

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 OPGR 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

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.**

