

ADAPTING RESOURCES FOR GAMBLING TREATMENT

A Flexible Workbook + Companion Library

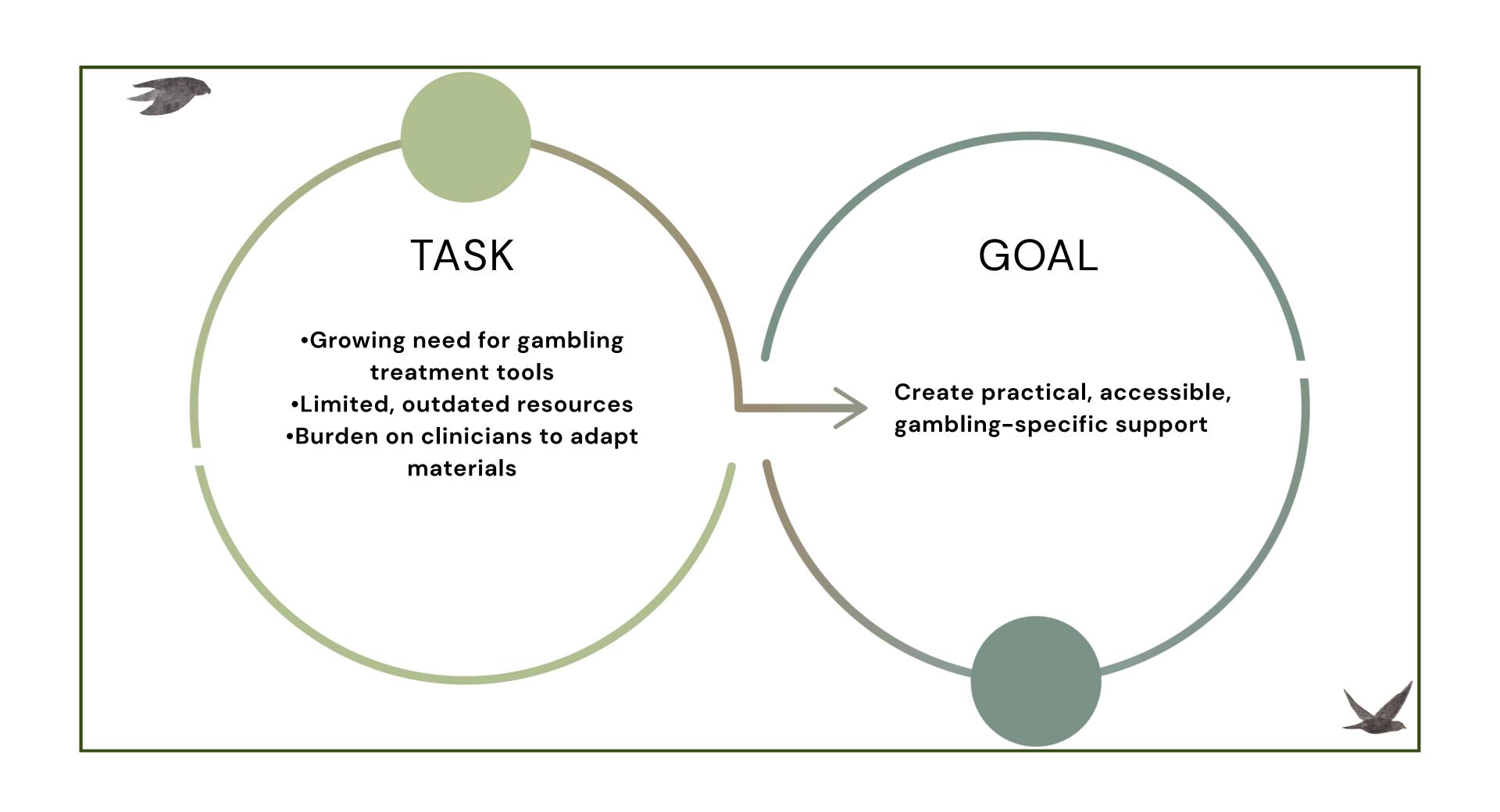


Reflect on the last time you worked with a client around gambling.



What resources did you have ready to use in session?







AGENDA

- 1 Project Goal & Rationale
- 2 Focus Group Process
- 3 Key Findings
- 4 Workbook Overview
- Online Resource Library



CONTEXT & PURPOSE



Limited gambling-specific resources

 Clinicians often report adapting substance use materials because structured gambling-specific tools are scarce.^{1,2}



Benefits of early and effective intervention

 Timely, evidence-based interventions improve gambling outcomes and reduce related harms, with spillover benefits for mental health.^{5,6}



Structured resources promote engagement & retention

 Organized, flexible treatment materials help clients stay engaged in care and support sustained progress.^{3,4}



Clinician support improves care

 Structured, accessible resources reduce provider burden, support fidelity to best practices, and buffer against burnout — ultimately improving client outcomes.^{7,8}



FOCUS GROUP DEVELOPMENT



STEP 02

Selection

- 11 applied, 9 finalized
- Based on criteria + availability

Recruitment

- Outreach through OHA
- Criteria: ≥2 yrs clinical experience, time commitment, teamwork
- Compensated for time

STEP 01



Orientation & Scheduling

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- Set focus group meeting times
- Defined expectations for individual tasks

STEP 03



Focus Group Sessions

- Defined project goals
- Identified gaps in resources
- Discussed what effective treatment
 should look like



Consolidation & Drafting

- Analyzed input from sessions
- Compiled into a draft workbook framework

STEP 05

STEP 06

Review & Feedback

- Sent draft to members
- Gathered comments and revisions
- Additional review by OHA and gambling research experts

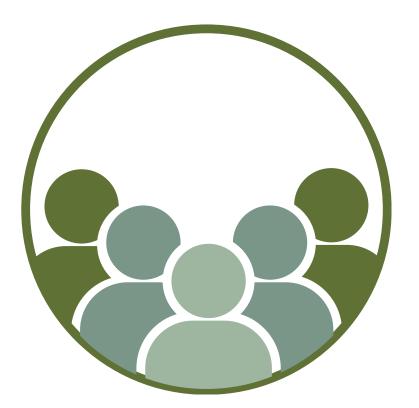




FOCUS GROUP SNAPSHOT

Average years of experience

• Mean 8.22 years (SD = 5.24, range = 2 - 15)



Education

Graduate Degrees:

- MA in Counseling Psychology
- MSW (Master of Social Work)

Undergraduate Degrees:

- BA in Philosophy
- BA in Psychology
- AA (Associate's degree)

Other:

• High School Diploma (with additional certifications)

Populations They Serve

- General population
- Dual-diagnosis
- Older adults

- BIPOC
- LGBTQIA+
- Latinx
- Couples

Licenses & Clinical Certifications

Mental Health Licenses

- Licensed Professional Counselor (LPC)
- Licensed Marriage & Family Therapist (LMFT)
- Clinical Social Work Associate (CSWA)
- Qualified Mental Health Professional (QMHP/QMHA1/QMHA2)

Addiction & Gambling Certifications

- Certified Alcohol & Drug Counselor I, II, III (CADC I, CADC II, CADC III)
- Certified Gambling Addiction Counselor (CGAC I, II, R)
- Problem Gambling Approved Clinical Consultant
- Other Specialties & Trainings
- Certified Trauma Professional
- Certified Recovery Mentor (CRM)
- THE (Trainer/Health Educator)
- Master Trainer



FOCUS GROUP TASKS





Identified **Resource Needs**

- Defined gaps between existing materials and what clinicians still need
- Clarified how a new resource could complement, not replace, current tools



Shaped Recommended Treatment Approach

- Discussed what effective gambling treatment should look like
- Suggested key topics and skills to include



Evaluated Handouts & Tools

- Shared favorite worksheets and clinical tools already in use
- Recommended formats/styles that work best for providers and clients

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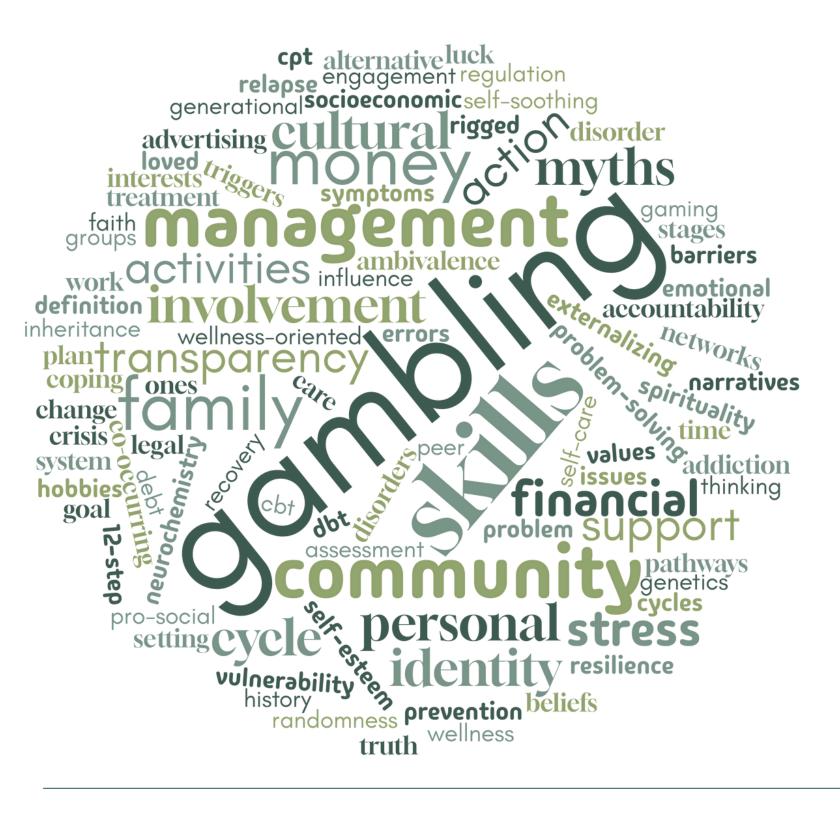
Collaborated on Structure & Use

- Helped design how the workbook and online library would be organized
- Explored practical ways clinicians might use resources in session, group, or homework

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SKILLS & TOPICS



- •Processes and stages of recovery
- Available resources
- Treatment options
- •Physical and Emotional Impact of Gambling,
- Developing Consequence Awareness,
 Recognizing and Managing the Stages of Change
- •Building Support Networks
- Setting Realistic Goals
- Planning Alternative Activities
- •Recognizing Signs of Relapse
- •Assertive Communication Techniques
- •Restructuring Daily Routines
- •Time Management and Personal Organization
- •Psychoeducation on Problem-Solving Strategie
- Developing Self-Esteem and Personal Identity
 Education on the Effect of Gambling on the
- •Identifying Personal Values
- •Disengaging from Risky Environments
- •Establishing strategies to avoid or confront places or situations that encourage
- Cultural Myths about Gambling
- Stigma and Segregation,
- •Impact of Generational Cycles
- •Influence of Cultural Identity
- •Role of Inheritance and Genetics
- Defining what problem gambling is •Identifying and correcting unhealthy thought patterns and beliefs related to gambling,
- patterns and beliefs related to gambling, including the misconception of having control over luck or skill.
- •Strategies for managing urges, cravings, and triggers
- Providing guidance on budgeting, managing debt, and developing a healthy financial plan
 How gambling has impacted the family
- •Recognizing and addressing other mental health conditions
- Support
- •Why do you want to stop gambling
- What is your form of gambling
- •To establish a solid approach before moving on to the flexible modules in psychoeducation, I believe that CT needs to have a couple of priority sessions to establish a CT-Professional connection.
- •The gambling cycle
- •Myths and realities, stigma
- •Impacts of life
- •Culture shocks
- •Gambling in family and personal relationships

- I ninking errors around money, luck,
- randomness, criminal thinking
- •Relapse prevention plan / Wellness plan / Safety from Gambling plan with relational supports:
- Defining what problem gambling
- •Identifying your values vs gambling's values
- Money barriers
- •Asking for help from friends, family Building community of recovery
- support/peers
- •Truth, transparency, accountability May include disclosing gambling debts to loved ones
- Pro-social activities for soothing and selfcompassionEmotions regulation
- Some type of homework
- Something to hold on to an object like coin or key chain.
- Defining what problem gambling is
- Symptoms of disordered gambling
- •Thinking errors that contribute to disordered gambling
- •Gambling as a rigged system where the house always wins
- Crisis management / assessing for severity of debt problems (not to go deep into the money of it all, but to get an idea of where the client is at in terms of financial stress and losing access to basic needs such as housing, cell phone, electricity, food, and other time-sensitive issues like a looming divorce, legal problems, etc.)
- •Inviting family members into services as both a support to the client's
- wellbeing/recovery and for the family members own individual support as a loved
- •*Stage of change assessment or Pathways assessment More for the therapist's own conceptualization.
- •Gambling Action Cycle and Family Action Cycle
- Money Barriers
- Assessment for co-occurring disorders (as disordered gambling gets better, MH/SUD could get worse)
- •Exploring self-soothing / self-care techniques / emotional regulation
- •Normalizing lying/secrets in addiction and truth/transparency in recovery
- •Community involvement in 12-step or NAMI or church or other groups/meeting

- •Family Relationships and Community
- •Beliefs about Money and Success
- •Socioeconomic Segregation and Vulnerability
- •Community Narratives
- •Strategies to Address Isolation
- •Media and Advertising Influence
- •Community Resilience
- •Intergenerationality in Recovery
- •Defining what problem gambling is
- CPT skills
- •DBT skills
- •What are their goals and identifying barriers to these goals?
- •Identifying triggers both internal and external?
- •Identifying clients current healthy coping skills and reinforcing those skills
- •Identifying clients positive hobby's or interests and identifying barriers to engaging in these activates
- •Exploring with the client other activates
- •Exploring clients thinking errors and using CBT skills •Self-Care
- •Defining what problem gambling is
- · How to get the most out of treatment
- Time management
- Family work
- Money management
- Myths on gambling
- Gaming
- Cooccurring disorders
- •Neurochemistry of gambling disorder
- •Framing/defining gambling disorder as an addiction defining addiction
- •Identifying addiction as attempts to address and/or soothe functional/emotional challenges
- •Financial dimension including relationship with money and history of relationship with money
- Money barriers, managing access to money to gamble
 Understanding change process and stages of change
- Wellness oriented care (using the eight dimensions of wellness, SAMHSA)
- •Amplifying ambivalence (part wants to keep gambling, part wants to stop)
- •Externalizing gambling You are not the problem, the problem is gambling
- •Identifying your values vs gambling's values

THEMES FOR FOUNDATIONAL SKILLS



Intake & Assessment

Understanding Gambling Addiction (Internal) & Learning Coping Tools for Success

Understanding Avoidance-based coping and how gambling soothes'

Gambling & the Brain (emphasizing the role of rewiring neural networks)

Mindfulness & Increased Awareness

Emotion Regulation Distress Tolerance (DBT)

Psychoeducation & understanding gambling and addiction

CBT - recognizing own triggers, (thoughts/behaviors/feelings)

Values-identification & building self-soothe/alternative action plan

CBT - recognizing own triggers, (thoughts/behaviors/feelings)

Understanding Gambling Addiction (External) and Learning Coping Tools for Success

Relapse prevention plan, safety from Gambling plan with relational supports

Problem Gambling and Family, Friends, and Beyond

Wellness Planning

Flexible Wrap up

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DESIGN PRINCIPLES TO MAXIMIZE REACH AND IMPACT

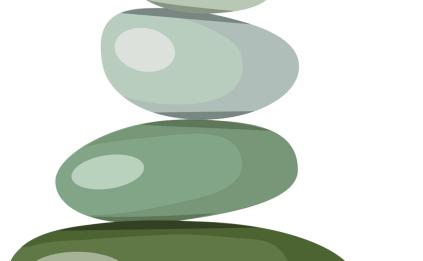
how we approached building resources that adapt across clients and contexts

Retention:

How can resources support clients who only attend a few sessions, while still growing with those engaged for a year or more?

Format Preference:

How can materials work for both discussion-based and worksheet-based approaches — for provider and client preferences?



Across the Spectrum:

How do we design resources that benefit clients across the continuum, from early intervention to DSM-5 gambling disorder?

Provider Experience:

How do we ensure resources are useful for providers with varying backgrounds, education levels, and years of experience?



IDENTIFYING OBJECTIVE & GOALS



The objective of this workbook is to guide individuals through the process of building foundational skills and psychoeducation essential to recovering from problem gambling. Following the foundational phase, the workbook will transition to a flexible, client-centered approach, allowing the provider and individual to select modules on relevant topics tailored to their specific needs.





For Providers

- Ease of use in session
- Adaptable to clinician style
- Buildable and modular (chapters/handouts can stand alone or integrate)
- Clear information on available resources/referrals
- Practical insights and considerations for treatment planning



For Clients

- Clear expectations set early in treatment
- Adaptable pacing to meet individual needs and comprehension levels
- Customizable order of topics (not forced to be linear)
- Flexible home practice options
- Emphasis on client strengths and resilience
- Trauma-informed throughout
- Socioculturally attuned and inclusive



WHY STRUCTURED RESOURCES HELP PROVIDERS











WHY STRUCTURED RESOURCES IMPROVE CLIENT OUTCOMES





Better Outcomes:

Deliver Reliably

Reliable delivery with less provider strain leads to greater client benefit.⁷

Stay Consistent

Structured protocols improve treatment fidelity and consistency, which strengthens outcomes. 4

Be Responsive

Therapists who adapt their methods responsively achieve stronger client engagement and results. 9,11





Early Intervention Works:

Catch It Early

Early detection tools (e.g., monitoring, limit setting, self-exclusion) reduce harm and support recovery.⁵

Support Across the Spectrum

Resources should support clients across the spectrum – from early risk to severe gambling disorder – to maximize reach.¹²

Prevent Long-Term Harm

Timely intervention lowers risks of financial, relational, and health consequences, easing long-term public health burden.¹³





WHY FLEXIBILITY MATTERS

Therapist Responsiveness

Adapting techniques session-tosession leads to stronger outcomes than rigid adherence.¹¹

Multi-Modal Options Work Best

Offering diverse tools (audio, visual, handouts, diagrams) ensures accessibility across clients.¹⁴



"Matching or accommodating client preferences in relational style or therapeutic activities is associated with higher satisfaction and lower dropout." 15

Client Preferences Count

Letting clients choose formats (discussion, worksheets, visual aids) increases engagement and reduces dropout.¹⁵

Beyond "Learning Styles"

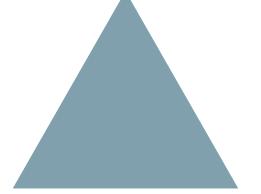
Flexibility matters more than strict style-matching, which lacks strong evidence.¹⁴



FINDING BALANCE

STRUCTURE

FLEXIBLITY



FROM COLLABORATION TO CREATION

How Focus Group Insights Became a Workbook









OHA RESOURCES FOR GAMBLING TREATMENT





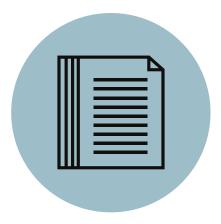
Online Resource Library

practical tools, handouts, and educational materials available anytime



Workbook of Core Lesson Guides

structured lessons that address foundational skills for change.



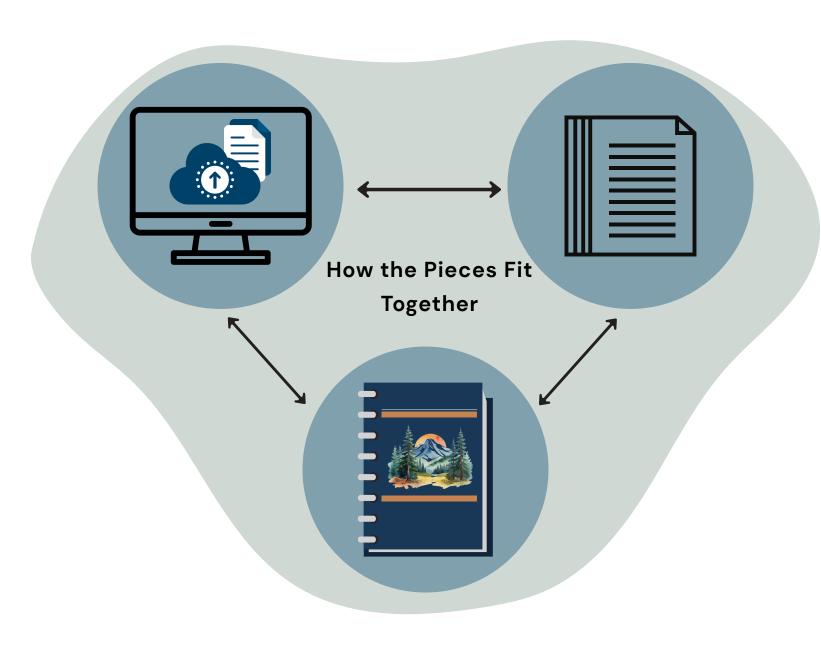
Extended Modules

deeper dives into additional and ongoing topics tailored to client needs.



FLEXIBLE ON THEIR OWN, STRONGER TOGETHER

These resources complement each other to enhance learning and promote long-term change.



Providers can choose to:

- Use *individual handouts* from the online library
- Select **specific modules** that fit client needs
- Work with the **stand-alone workbook**
- Combine *all resources* for a fully integrated approach





CONTEXT & PURPOSE



PHASE 1

Workbook

PHASE 2

Online Library

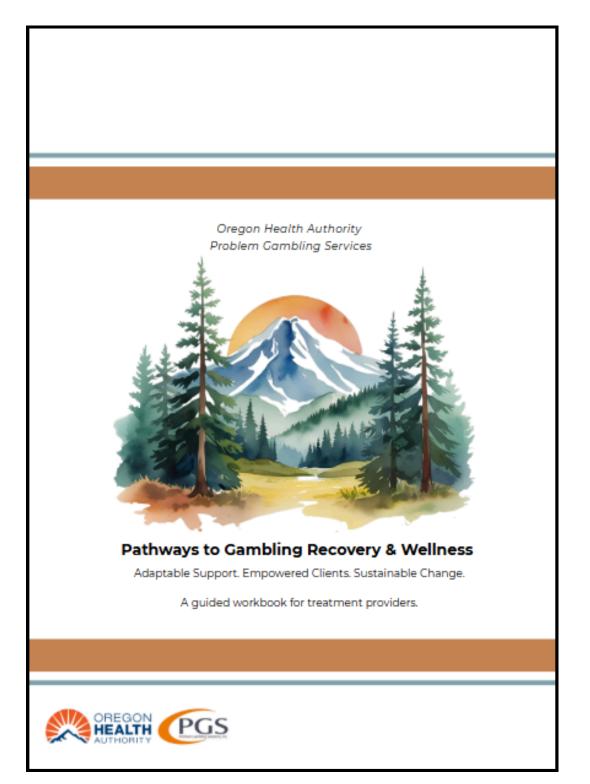
PHASE 3

Modules

PHSAE 4

Monitoring & Updates





INSIDE THE WORKBOOK



Provider Information

Background on the project, treatment considerations, community and peer support resources, and understanding gambling on a spectrum



Survival Guide

Gentle reminders on self-care, managing burnout, seeking consultation, and navigating countertransference



Intake & Assessment

structured tools to guide early sessions and treatment planning



Core Lessons

Step-by-step modules covering key topics in gambling treatment, which includes *provider instructions* and *client handouts*



PROVIDER RESOURCES AT A GLANCE

Community Support Groups

Community groups offer a unique kind of understanding and connection that comes from shared lived experience. Hearing from others who have faced similar challenges can reduce shame, normalize struggles, and provide hope through real-life examples of recovery. Community groups can also offer practical strategies, encouragement, and accountability in ways that complement individual counseling, creating a stronger overall support network.

Tips for Encouraging Clients to Engage in Community Support Groups

- Frame community support as an opportunity, not a requirement, for added connection and understanding.
- . Emphasize that it's a space where people "get it" without judgment.
- · Highlight the chance to both receive and offer support.
- · Acknowledge possible hesitations (e.g., discomfort speaking in groups).
- · Suggest starting by simply listening until they feel ready to participate.
- Remind them that trying one meeting doesn't commit them for life, they can
 explore and see if it's a good fit.

Community Support Group Options



SMART Recovery https://smartrecovery.org/

Celebrate Recovery

https://celebraterecovery.com/

Co-Dependents Anonymous

https://coda.org/

Provider Tip

In addition to the national or wellknown options listed here, be sure to ask about **local opportunities**.

Many areas have in-person
Gamblers Anonymous chapters, as
well as clinic-based education or
support groups that can be
valuable for clients. Offering
nearby, accessible options can
increase the likelihood of
engagement.

Not everyone who gambles meets criteria for gambling disorder. Gambling exists on a spectrum, ranging from casual, non-problematic play to severe gambling disorder. Recognizing this continuum is important because treatment can be beneficial at any stage, and early intervention can prevent progression to more severe problems.

Recreational use	At-risk use	Harmful use
	(Problem Gambling)	(Gambling Disorder

Recreational Gambling & How It Differs from Problem Gambling

Some people engage in gambling purely as a form of entertainment, and it does not create significant harm. The line between recreational and problematic gambling is crossed when the behavior begins to cause harm, either to the person or to those around them. This harm may appear in financial strain, relationship conflict, emotional distress, or declining performance at work or school.

A healthy relationship with gambling is **balanced, transparent**, and **bounded** by time and money limits. Problem gambling erodes those boundaries, while gambling disorder represents the point at which the pattern meets DSM-5 diagnostic criteria and typically requires structured intervention. Problem gambling and gambling disorder are distinct terms but are often used interchangeably, as both indicate harmful gambling behaviors where intervention and support are recommended.

Why Intervention Matters at All Levels

6ambling on a Spectrum

Treatment and intervention matter at every point on the gambling spectrum. Each step plays a vital role in reducing harm and preventing escalation.

Recreational Gambling

Focus on education and awareness
Maintain healthy habits and prevent escalation

Problem Gambling

Endorses one or more DSM-5 criteria Prevention and early intervention Reduce risks and stop escalation

Gambling Disorder

Clinically significant impairment or distress involving four or more DSM-5 criteria
Structured treatment

Tools and support needed for recovery



Treatment Considerations

guidance on clinical approaches and best practices



Spectrum of Gambling

understanding gambling from at-risk to disorder



Additional Resources

community groups, peer support, and referral options



Survival Guide

reminders on burnout, consultation, and countertransference



Practical Tools

assessment guidance, and structured supports

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SUPPORTING INTAKE & ASSESSMENT

Intake & Assessment

BIOPSYCHOSOCIAL OUTLINE

The following outline provides a general framework for conducting a comprehensive biopsychosocial assessment with clients experiencing gambling-related concerns.

Identifying Information & Presenting Concerns

- Demographics (age, gender, relationship status, education, employment)
- · Referral source (self, family, court, provider, etc.)
- . Presenting concern in client's own words ("What brings you in today?")
- · Client's goals/expectations for services

History of Gambling Behavior

- Age of onset and progression of gambling
- Types of gambling engaged in (e.g., casinos, online betting, lottery, sports, stock trading)
- Frequency, duration, and typical financial amounts wagered
- Loss of control episodes and patterns (chasing losses, lying, "binge" gambling)
- Past attempts to cut back or stop (strategies used, what helped/didn't help)
- · Awareness of consequences (financial, relational, legal, occupational, emotional)

Provider Note:

During the History of Gambling Behavior portion of the assessment, it may be helpful to begin introducing material from the "Understanding Gambling" core lesson. This can provide clients with education on what activities are considered gambling, which often helps them better recognize and describe their own behaviors.

Provider Note:

It is essential to directly ask about safety. including risk of selfharm, suicidal thoughts, as these concerns may not be disclosed unless specifically addressed.

Psychiatric & Psychological History

- Current/past mental health diagnoses
- · Trauma history (including financial exploitation/abuse Current symptoms: mood, anxiety, irritability, impulsivity, suicidality/self-harm
- Coping strategies (healthy and unhealthy)
- · History of treatment (counseling, psychiatry, hospitalizations)

Substance Use & Other Addictive Behaviors

- Alcohol, drug, nicotine, caffeine use (frequency, quantity, consequences)
- History of other behavioral addictions (shopping, gaming, internet, sex)
- Interactions between gambling and substance use (e.g., gambling only while

Intake & Assessment

RECOMMENDED SCREENERS

Screening tools can help providers quickly identify gambling severity, co-occurring mental health concerns, and related risks. The following screeners are commonly recommended for use during intake and ongoing assessment:

Screener	Purpose	Approx. Time
Problem Gambling Severity Index (PGSI)	Assesses frequency and severity of gambling behaviors and harms	5-10 min
DSM-5 Gambling Disorder Criteria Checklist	Screens for diagnostic criteria of Gambling Disorder	5-7 min
Generalized Anxiety Disorder- 7 (GAD-7)	Measures severity of anxiety symptoms	3-5 min
Patient Health Questionnaire- 9 (PHQ-9)	Screens for depression and suicide risk	5 min
Alcohol Use Disorders Identification Test (AUDIT)	Evaluates alcohol use and related risks	5–10 min
Drug Abuse Screening Test (DAST-10)	Screens for problematic drug use	5 min
Brief Trauma Questionnaire (BTQ) / ACEs	Identifies trauma history that may impact coping and gambling	5-10 min
Columbia-Suicide Severity Rating Scale (C-SSRS)	Screens for suicidal ideation, severity, and behaviors	5-10 min

Provider Note: Screeners should be used as supplemental tools, not replacements for clinical judgment. Results can guide conversations, inform diagnostic impressions, and highlight when additional supports or referrals may be needed.



Guide for Intake Topics

structured prompts to ensure key areas are covered



Motivational Interviewing Tips

strategies to enhance engagement from the start

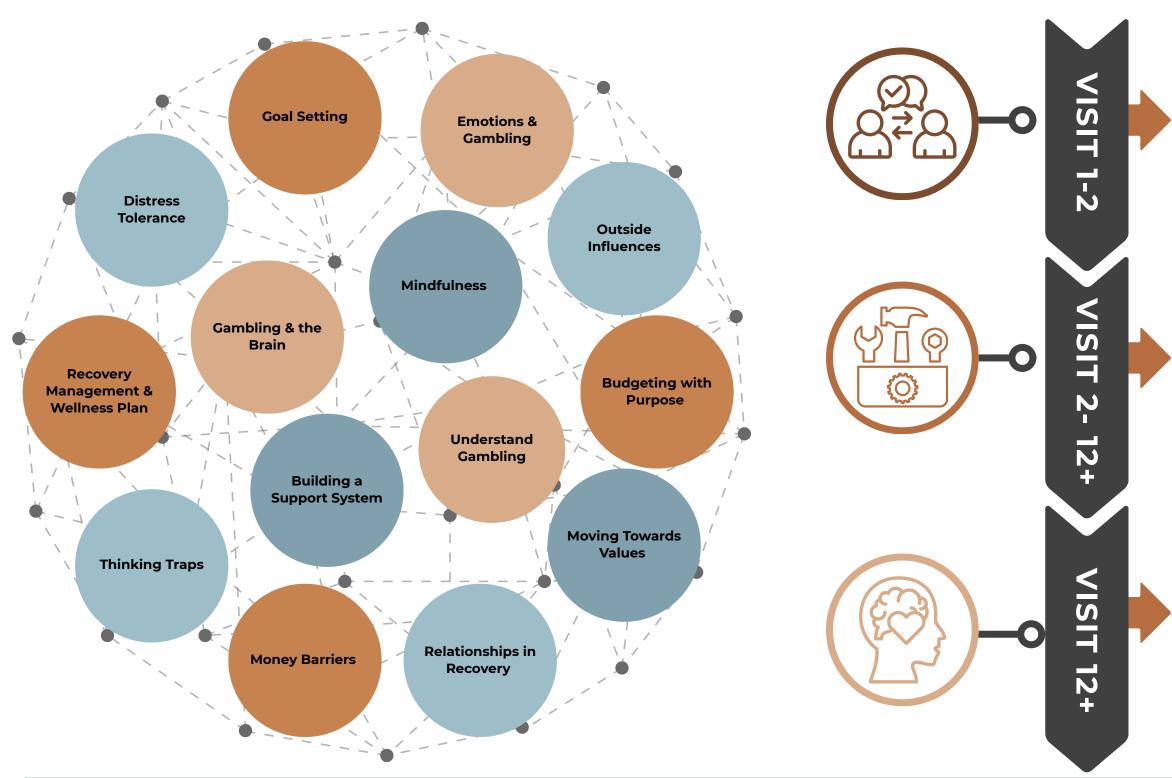


Workflow-Friendly

designed to complement, not replace, existing clinic processes

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A BUILDABLE APPROACH TO TREATMENT



INTAKE & ASSESSMENT

The first sessions focus on building rapport, gathering background information, and completing a comprehensive assessment to understand the client's needs and goals.

CORE LESSONS

Clients begin with core lessons designed to build foundational skills, reduce gambling behavior, and support early stabilization. The core lessons are provided as individual PDFs for the client for flexibility in the order they are covered and to avoid overwhelming the client with information.

MODULES

Once stabilized, clients transition to targeted modules that address broader and more complex areas of recovery, tailored to their individual experiences and challenges.



ANATOMY OF A CORE LESSON

Brief summary of the lesson goal

Why this is considered a core lesson

Traumainformed considerations

GAMBLING & THE BRAIN

GOAL OF LESSON

The goal of this chapter is to provide a simple, accessible understanding of how gambling impacts the brain's reward system and stress response. By learning how conditioning and habit loops reinforce gambling behavior, clients can increase awareness and begin practicing new responses that support recovery and help "rewire" the brain over time.

WHY WE COVER

Importance of Talking about the Brain in Gambling Recovery

Covering the brain's role in gambling is essential for both client understanding and treatment engagement. Many individuals find relief in learning that their struggles are not due to a lack of willpower or moral failure, but are deeply connected to how the brain responds to reward, stress, and reinforcement. When clients understand that gambling can hijack the brain's reward system, similar to other addictive behaviors, it can reduce shame, increase self-compassion, and validate their lived experience. It also helps introduce the idea that change is possible by creating new patterns and responses. targeted support.

Impact of Trauma and Stigma on Willingness to Explore Mental Health

Be mindful that not all clients will be ready to dive into the science, especially those impacted by trauma, chronic stress, or cultural stigma around mental health. Take time to validate individual experiences and tailor the approach accordingly. Some clients may carry mistrust in clinical systems or educational materials that feel disconnected from their reality. A trauma- and culturally informed lens requires that we honor each person's pace, avoid pathologizing language, and recognize how systemic and cultural messages may have shaped their understanding of addiction and recovery. Always make room for clients to share their perspectives, and emphasize that this information is not meant to label them, but to empower them with understanding and choice.

From a trauma and cultural humility lens, it's essential to understand that clients may turn to problematic behaviors as survival strategies, especially if they've lacked access to safe, consistent forms of comfort or regulation. What may look like "replacement addiction" could be a response to unmet emotional or physical needs. Clinicians must approach this with compassion and curiosity rather than pathologizing. Exploring how societal norms, generational beliefs, or systemic stressors influence these behaviors is key to helping clients feel seen and respected.

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CLINICAL CONSIDERATIONS & RECOMMENDATIONS

Tips and Common Barriers

New clinicians should aim to strike a balance between offering enough neuroscience to be helpful without overwhelming or confusing the client. For some, understanding the biological process behind gambling urges or problematic behaviors provides a concrete foundation that enhances motivation and reduces self-blame.

Use simple language, visual aids, and metaphors when possible (e.g., comparing dopamine spikes to chasing fireworks or slot machine "hits" to a rigged reward system). It's okay to pause and check in frequently to make sure the client feels supported and not talked down to.

Understanding Replacement Addiction

Gambling significantly activates the brain's reward system, particularly the dopamine pathways, and when that stimulation is suddenly removed, the brain may unconsciously seek out other sources of quick reward or relief. This can lead to the emergence of new problematic behaviors such as overeating, substance use, excessive shopping, problematic screen time, over-exercising, or even overworking. While these may not carry the same stigma or immediate consequences as gambling, they can still interfere with recovery and overall well-being.

Many clients may not initially understand how deeply connected these behaviors are to the brain's neurobiology. A key barrier in treatment can be a lack of insight into how the brain's reward system has been conditioned to crave immediate gratification and escape. New clinicians should offer psychoeducation that is simple, clear, and nonjudgmental, explaining that when gambling stops, the brain may not yet know how to seek rewards in a balanced or sustainable way. Using metaphors like "your brain is still looking for the next dopamine hit" can make this concept more relatable. It's also helpful to shift the conversation from "what are you doing?" to "what is this doing for you?" - focusing on the emotional or psychological function of the new behavior rather than the form it takes.

Additionally, shame and confusion often arise when clients recognize they've simply swapped one compulsion for another. Clinicians should normalize this experience and highlight it as a sign of progress, clients are beginning to notice patterns and triggers earlier.

KEY CONCEPTS TO COVER

- ☐ The reward system in the brain ☐ Classical and operant conditioning
- Recognizing triggers
- Creating an alternative response to cravings/urges
- Education on replacement habits

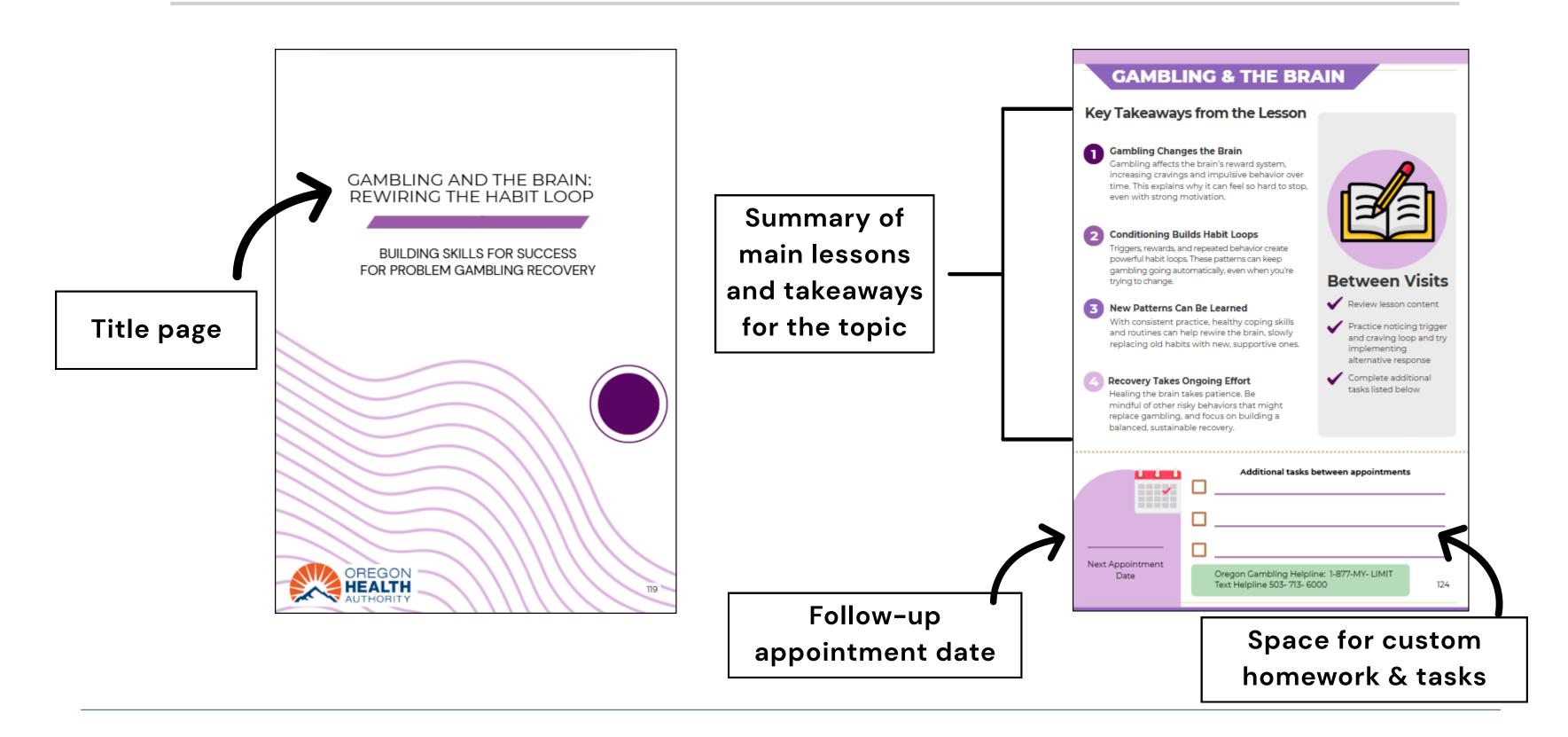
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Tips & Tricks

Topics to cover during core lesson

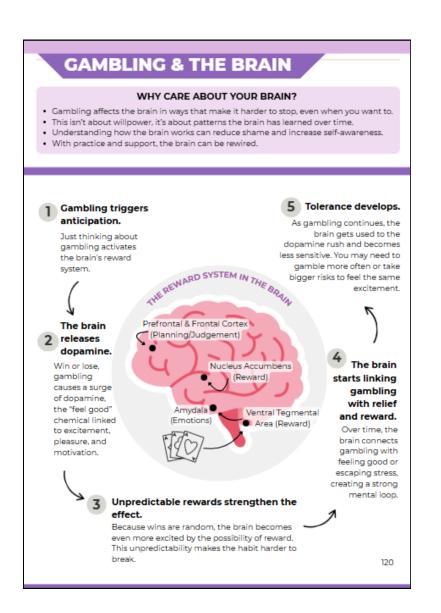


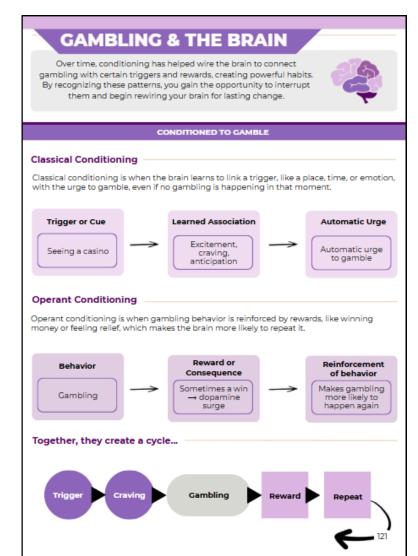
ANATOMY OF A CORE LESSON

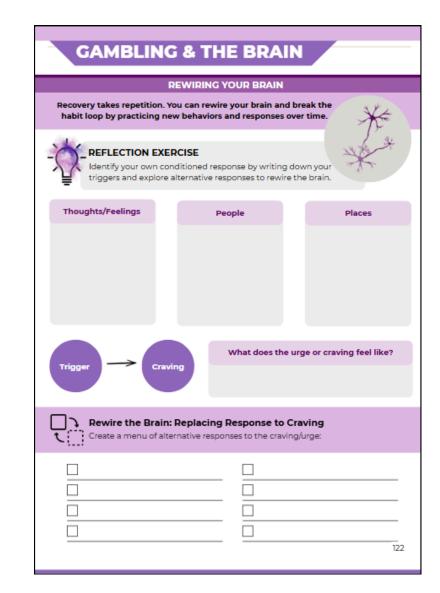


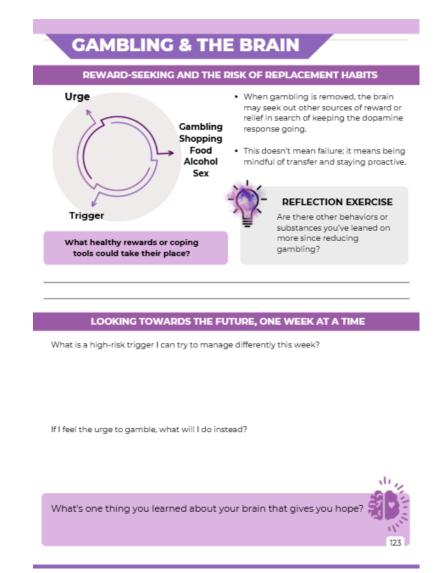


ANATOMY OF A CORE LESSON











DELIVERING CORE LESSONS EFFECTIVELY



Introductory Guides

Each lesson teaches a foundational skill for changing gambling behavior



Lesson Structure

Includes
psychoeducation,
reflection questions, and
experiential exercises



Client Packets

provide one lesson at a time so clients can focus on each skill



Flexible Pacing

lessons can be completed in one session or across multiple visits, depending on client needs



Multiple Formats

lessons can guide conversation or be used as a workbook with written practice



Linked to Online Library

additional handouts and exercises available to expand each topic

MODULES: BUILDING ON THE CORE



Recommended Outline to Module

Introduce & Normalize Anger

"Anger is a normal human emotion, just like happiness, sadness, or fear. It is the body's signal that something feels unfair, threatening, or out of our control. Anger itself isn't "bad"; it's how we respond to it that matters. For people in recovery from gambling, anger can sometimes become a trigger, either fueling urges to gamble as an escape or intensifying conflicts that make recovery harder."

Client Reflection Questions

- How do you usually notice anger in your body (tight muscles, fast heartbeat, clenched jaw)?
- · What kinds of situations most often bring up anger for you?
- When you get angry, do you tend to lash out at others, hold it inside, or a mix of both?
- How has anger ever influenced your gambling? (e.g., gambling to cool off, gambling after a fight, gambling when feeling frustrated with yourself).

Discussion Questions

- What warning signs tell you anger is building?
- . How could you respond differently the next time you feel frustration rising?
- · What would healthy communication look like for you?

Teachable Skills for Anger Management

- Teach pause & breathe, encourage client to step away for a few minutes, slow their breathing, and let their body settle.
- Review cognitive reframing skills to challenge "all-or-nothing" thoughts and connect how this thinking style contributes to anger
- Introduce **body scan** to practice noticing early warning signs (clenched fists, tight chest, fast heartbeat).
- Practice increased awareness through **keeping an anger journal** to note triggers, first response, and alternative responses.
- Role play assertive communication to difficult situations and triggering scenarios during the visit.
- Track anger with an anger thermometer asking the client to rate their anger from 1 (calm) to 10 (boiling) throughout the week.
- Review skills learned throughout core lessons and identify which can help manage anger & reactivity (self-soothing, grounding, ect.)



Housed in the Online Library easily accessible to providers when needed



In-Depth Guides
cover additional topics beyond
the core lessons



Used After Core Lessons designed to build on foundational skills clients already practiced



Continuously Growing
new modules will be added over
time based on need and feedback

Topics Being Drafted

- Tolerating Impulsivity & Managing Anger
- Healing Connections: Gambling & the People you Love
- Financial Resilience, Recovery, & Restitution
- The Role of Trauma in Gambling Use Disorder
- Breaking the Cycle: Shame, Guilt, & Gambling Behavior
- Maintaining Recovery through Wellness & Self-worth

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Client handouts available in

online resource

NEXT STEPS & TIMELINE



Where We Are Now

Drafting & editing in progress

Preparing for pilot testing

What's Next?

Pilot implementation with providers Collecting feedback to refine workbook and online library Planning dissemination and training opportunities

Email: PG_Tx_Evaluation@problemgamblingsolutions.com Subject line: "Workbook Pilot Interest" Interested in piloting the workbook?



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