



NOT A ONE AND DONE!

Developing a Competent Workforce for the
Treatment of Disordered Gambling

Deborah G. Haskins, LCPC, ICGC-II, CCGSO, BACC, CGT

Rochelle Head-Dunham, MD, DFAPA, FASAM


Karen C. Peterson, Recovering Compulsive Gambler/Peer Recovery Specialist

Pre-Conference Workshop

NCPG 2024 Annual Conference

San Diego, CA

July 17, 2024



DISCLOSURE STATEMENT

Dr. Deborah G. Haskins serves as Chair of the Scientific Advisory Committee for the EVIVE app, a new app designed for persons engaged in risky gambling behaviors.



OBJECTIVES

1. Review barriers to effective disordered gambling infrastructures for successful prevention and treatment.
2. Discuss components of a planned strategy for developing a competent workforce to treat disordered gambling.



OBJECTIVES

3. Highlight the importance of developing a peer workforce in treatment and prevention, using personal reflections from a recovering compulsive gambling and gambling counselor.
4. Highlight important considerations for treatment and community wellness with communities experiencing greater Social Determinants of Health, marginalization and oppression and cultural and equity considerations.





POLL

How many of us have participated in “one and done” organizational disordered gambling trainings or planned trainings?


Can you identify components of effective and sustainable workforce development for effective disordered gambling treatment and prevention initiatives?





QUESTIONS

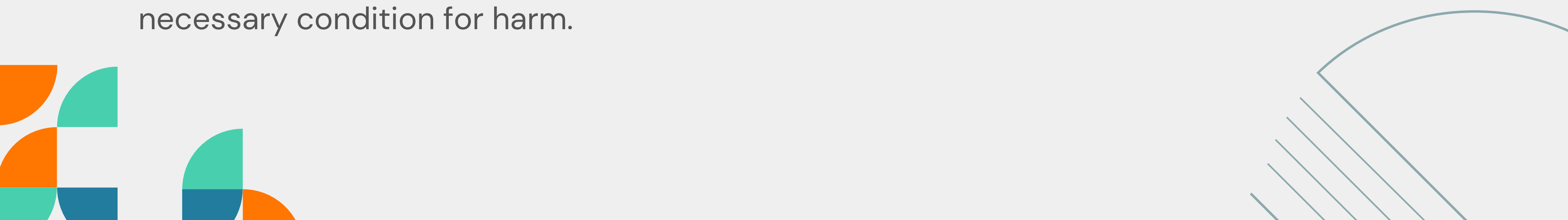
What are 1–2 questions or concerns you have about workforce development to support problem and disordered gambling treatment, prevention, and community wellness?





THE CHANGING EPIDEMIOLOGY OF GAMBLING AND GAMBLING-RELATED HARM

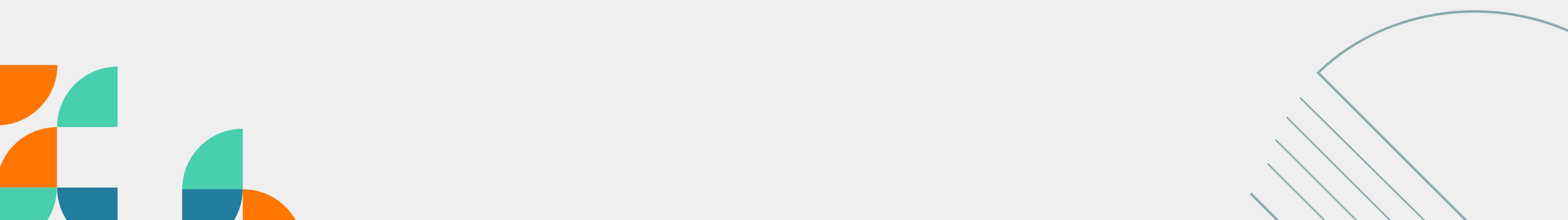
(ABOTT, 2020)

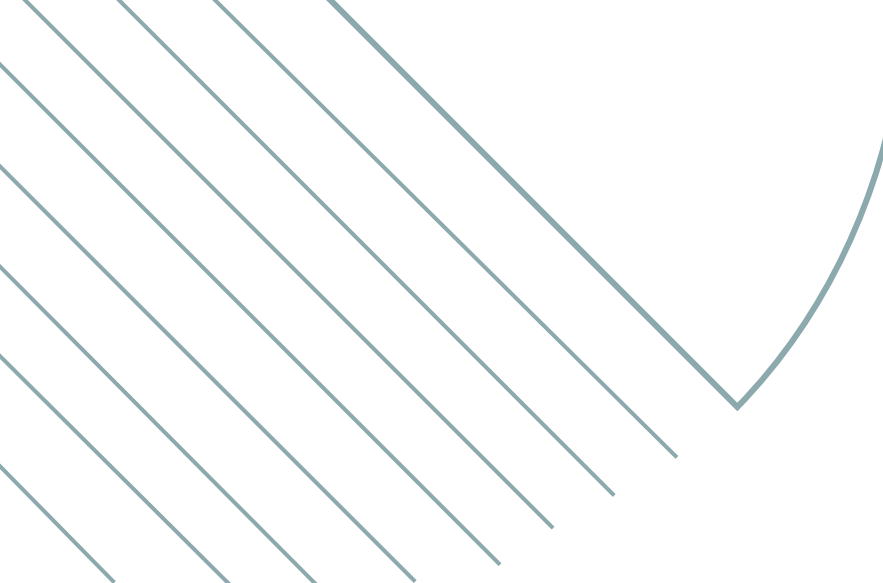
- Gambling availability, participation, and expenditure have markedly increased.
 - Internet gambling and sports betting has expanded significantly.
 - Gambling-related harm studied: much greater when effects on family members, local communities, wider society accounted; generational harm also.
 - At-risk/persons with lower problem gambling account for the most in population.
 - Gambling accessibility is a necessary condition for participation; participation is a necessary condition for harm.
- 



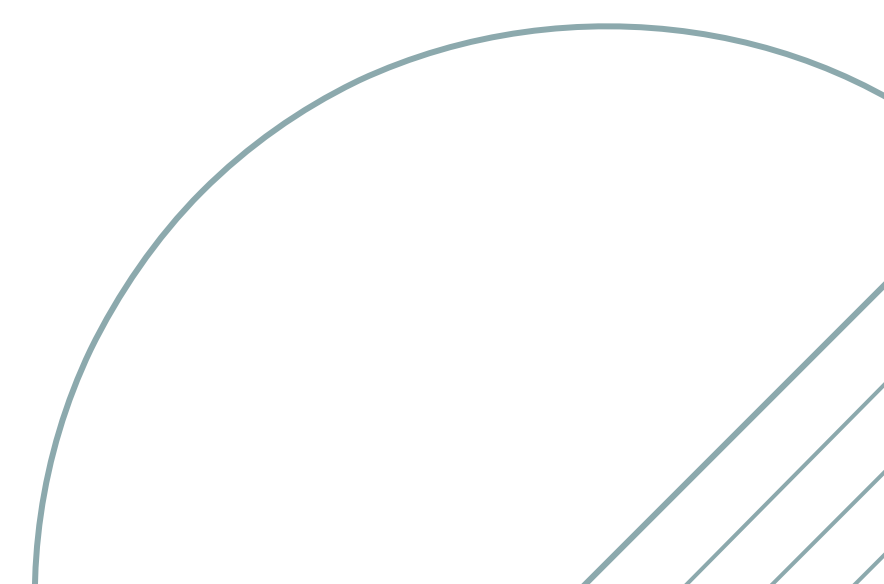
WHY IS THIS EPIDEMIOLOGICAL DATA IMPORTANT?

(Abott, 2020)

- Universal & targeted policies and programs that address major modifiable protective and at-risk factors (e.g., social, educational and economic disparities, unemployment, ethnic discrimination) could significantly augment gambling-focused interventions.
 - A number of the non-gambling risk & protective factors also underlie other mental health disorders, morbidities and harms.
- 



BOTTOM LINE:
**WE HAVE TO CREATE STRATEGIC, SYSTEMATIC,
HEALTH-EQUITY, CULTURALLY-RELEVANT, AND
SOCIAL JUSTICE EQUIPPED WORKFORCES TO
PROVIDE GAMBLING DISORDER TREATMENT
SERVICES & COMMUNITY WELLNESS TO LOWER
GAMBLING-RELATED HARM.**



WHAT DOES THE RESEARCH SAY?

Extending the Reno Model
(Ladouceur, et al., 2016)



The RENO Model advances a science-based framework for Responsible Gambling (RG; Blaszczynski et al., 2004).



Authors focused on the architectural building blocks of RG programs and paid limited attention to the clinical & ethical applications of the foundational elements..

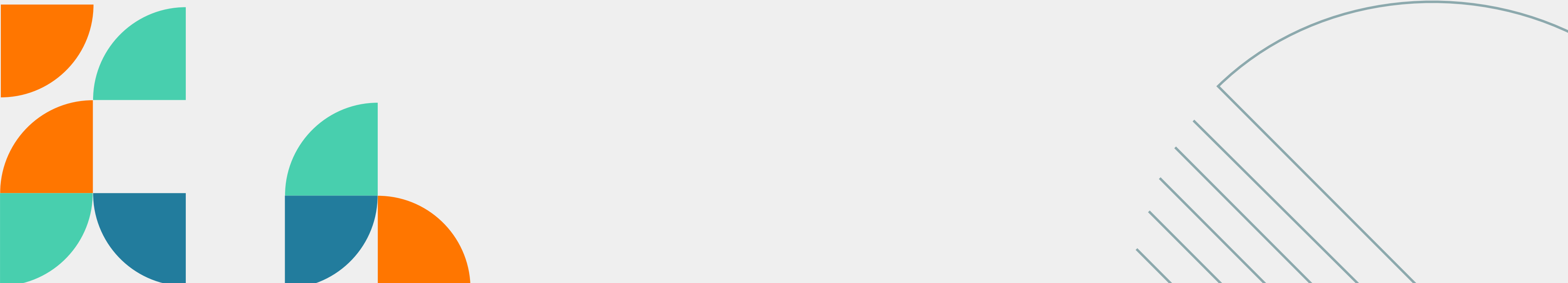


This new scholarship provides clinical examples to illustrate how clinicians can use the RENO Model and ethically translate it to applied activities.



5 PRINCIPLES OF RENO MODEL

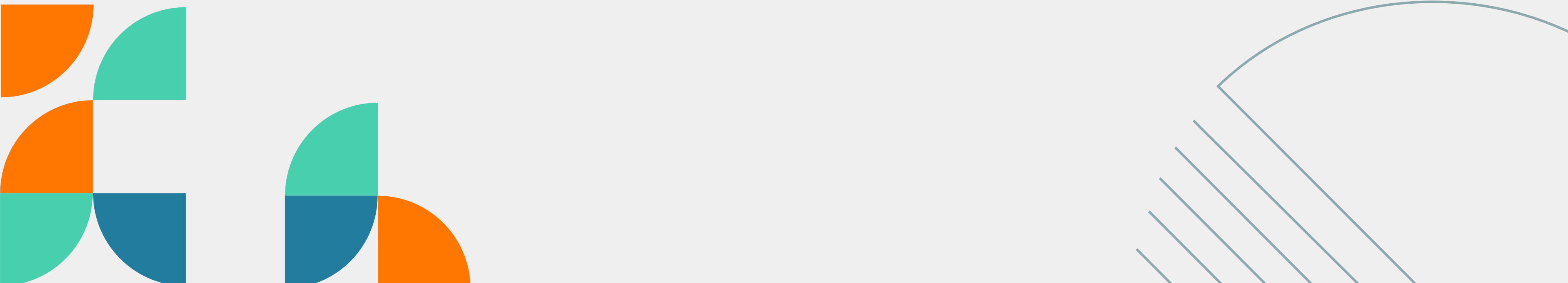
(BLASZCZYNSKI, LADOUCEUR & SHAFFER, 2004)

1. Key stakeholders will commit to reducing the incidence & ultimately the prevalence of gambling-related harms.
 2. Working collaboratively, the key stakeholders will inform & evaluate public policy aimed at reducing the incidence of gambling-related harm.
 3. Key stakeholders will collaboratively identify short and long-term priorities thereby establishing an action plan to address these priorities within a recognized time frame.
- 



5 PRINCIPLES OF RENO MODEL

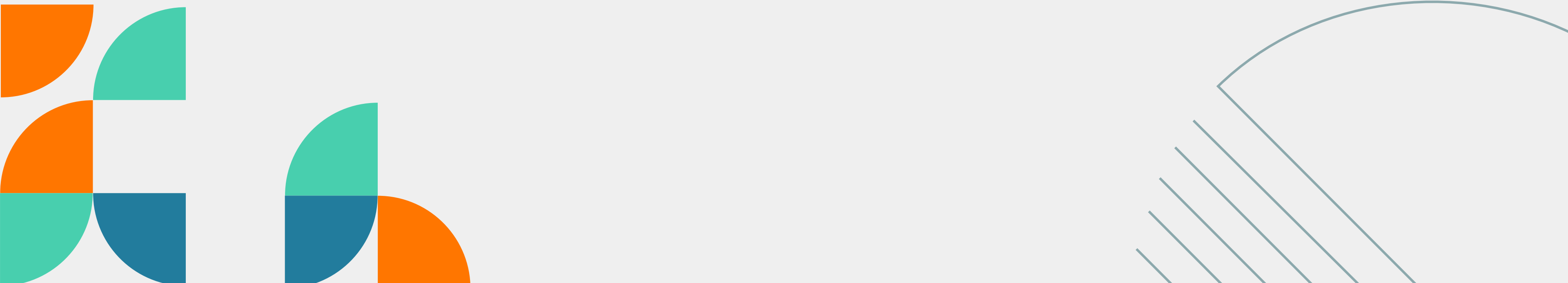
(BLASZCZYNSKI, LADOUCEUR & SHAFFER, 2004)

4. Key stakeholders will use scientific research to guide the development of public policies. In addition, the gambling industry will use this scientific research as a guide to the development of industry-based strategic policies that will reduce the incidence & prevalence of gambling-related harm.
 5. Once established, the action plan to reduce the incidence & prevalence of gambling-related harm will be monitored & evaluated using scientific methods.
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THEREIN LIES THE PROBLEM...


Few don't know the RENO Model or health equity models...use an
"on the fly" approach to creating a workplace strategic
approach.





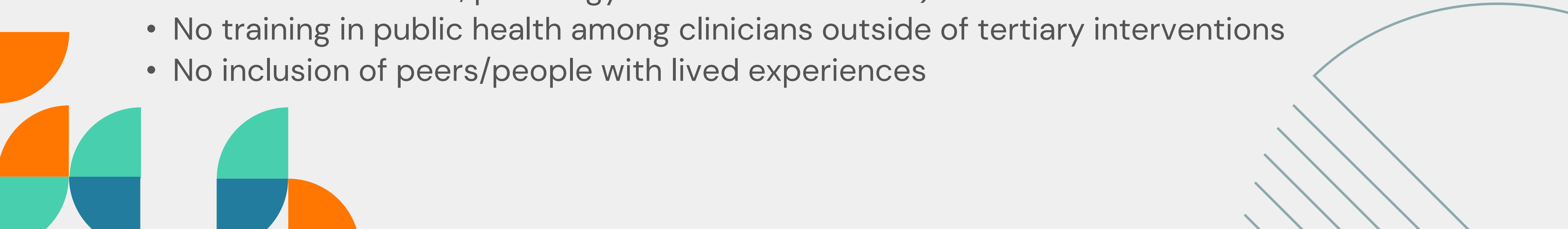
REFLECTION POLL/ ASSESSMENT

Which of the 5 principles?

- ✓ Are you engaged in as part of a systematic, strategic plan?
 - ✓ Do you need to incorporate as part of a systematic, strategic plan?
- 



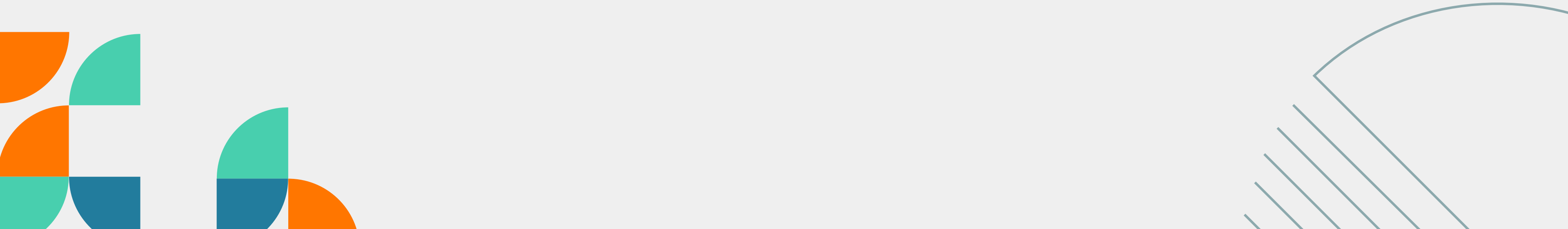
BUT FIRST, LET'S IDENTIFY BARRIERS...

- Lack of leadership understanding GD public health needs
 - Lack of training during professional training programs on disordered gambling (note, many graduate programs including doctoral do not include a substance use disorders course; those that do may not integrate disordered gambling)
 - Uninformed about the RENO Model, Health Equity
 - Lack of commitment to cultural humility beyond simplistic understanding and effective treatment services
 - Limited clinical/workforce development on community wellness services (i.e., adopt a Western healthcare, pathology-focused framework)
 - No training in public health among clinicians outside of tertiary interventions
 - No inclusion of peers/people with lived experiences
- 



COMPONENTS OF A PLANNED STRATEGY FOR DEVELOPING A COMPETENT WORKFORCE TO TREAT DISORDERED GAMBLING

Next, a review by Dr. Rochelle Dunham using Metropolitan Human Services District as case study for an effective infrastructure and model.





MHSD'S GAMBLING TREATMENT PROGRAM

Rochelle Head-Dunham, MD, DFAPA, FASAM
Executive and Medical Director
Metropolitan Human Services District

MHSD'S GAMBLING TREATMENT PRIORITIES



Outpatient services at MHSD clinics
(In-person and Virtual)



Behavioral Health and compulsive gambling
licensed and certified professionals



Staff and community awareness and
education



Data and quality Management to inform
high quality standards of care



Community Workforce Development

PROGRAM REQUIREMENTS



Performance and Accountability Standards

Numerous checks and balances and accountability measures in place for the funds managed in relation to these services.



Credentialing Requirements

Behavioral Health expertise in Addiction and Mental Illness allows for integrated, co-occurring disorders care.



The comprehensive treatment of individuals is vital to the success for this program.

PROGRAM REQUIREMENTS: SERVICES



- Clinic Services
 - Outpatient Services at 4 clinics (in-person and virtual)
- Required Staff
 - Licensed certified compulsive gambling providers
 - Civil Servants and contractors

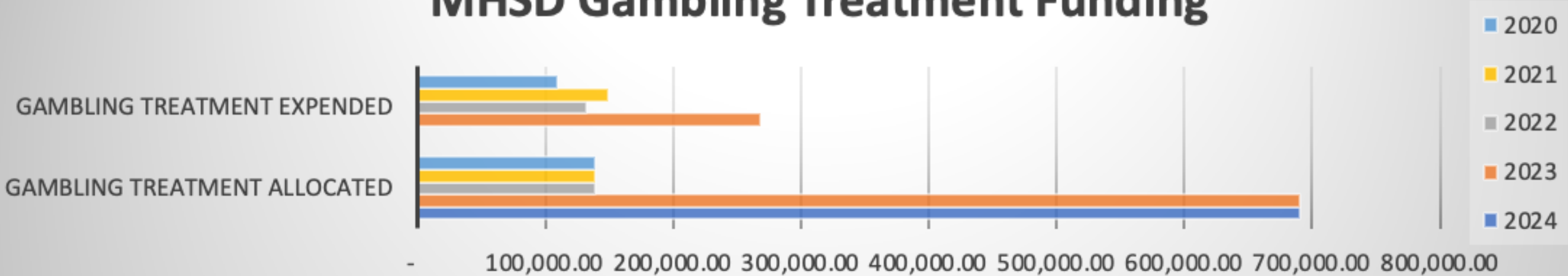
PROGRAM REQUIREMENTS: FUNDING



- Financial Support:
 - Compulsive and Problem Gaming Fund - Interagency Transfer from OBH to MHSD
 - Treatment \$689,943
 - Prevention \$22,000

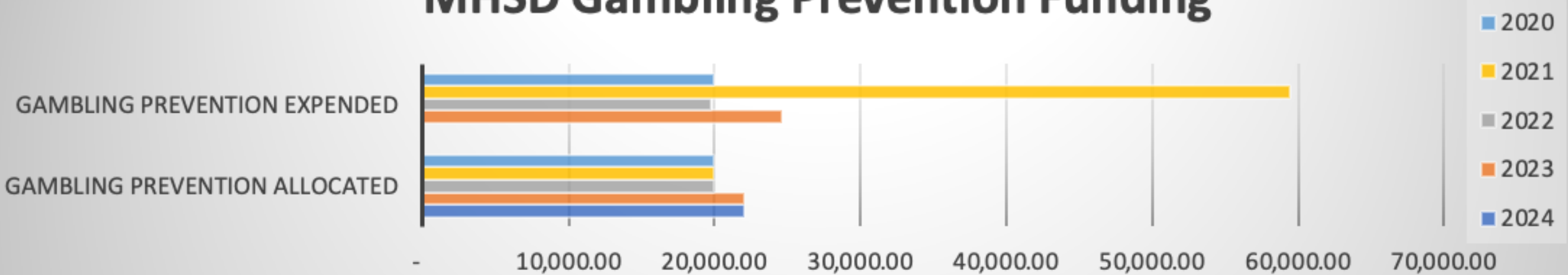
MHSD'S GAMBLING FUNDING

MHSD Gambling Treatment Funding



	Gambling Treatment Allocated	Gambling Treatment Expended
2020	138,615.00	109,252.90
2021	138,615.00	149,023.20
2022	138,615.00	132,148.31
2023	689,943.00	268,175.22
2024	689,943.00	-

MHSD Gambling Prevention Funding



	Gambling Prevention Allocated	Gambling Prevention Expended
2020	20,000.00	20,000.00
2021	20,000.00	59,431.42
2022	20,000.00	19,767.06
2023	22,000.00	24,596.36
2024	22,000.00	0

PROGRAM REQUIREMENTS: MARKETING



- Communications Division
 - Dedicated Staff of three
 - Aggressive Marketing Campaign
 - Diversified media buys

GAMBLING AWARENESS MARKETING CAMPAIGNS

CABLE TELEVISION COMMERCIALS

2017-2024

Placed a :15 commercial centered around online gambling that ran on Cox Media's television assets, digital streaming platforms and social media outlets.

OUTDOOR & INDOOR ADS

2017-2024

BILLBOARDS: A billboard was strategically placed in New Orleans that promoted MHSD's gambling counseling services.

BUS & BUS SHELTERS: Place ads on bus backs and bus stop shelters in high-traffic areas in Orleans.

2017-2018

MOVING BILLBOARD: Places ads on lighted moving billboard that traveled around New Orleans

DIGITAL PROMOTIONS

2017-2024

Promoted gambling awareness and MHSD's gambling counseling resources via Facebook, Instagram and Twitter.

CLICK-N-SHARE CAMPAIGN: Participates in a Statewide campaign sharing posts related to compulsive gambling.

RADIO COMMERCIALS

2017-2024

Placed a :30 commercial centered around online gambling and promoted MHSD's gambling counseling services.

COMMUNITY ENGAGEMENT

2017-2024

Partnered with the LMHA to co-host an event To enhance awareness on gambling addiction.

2017-2019

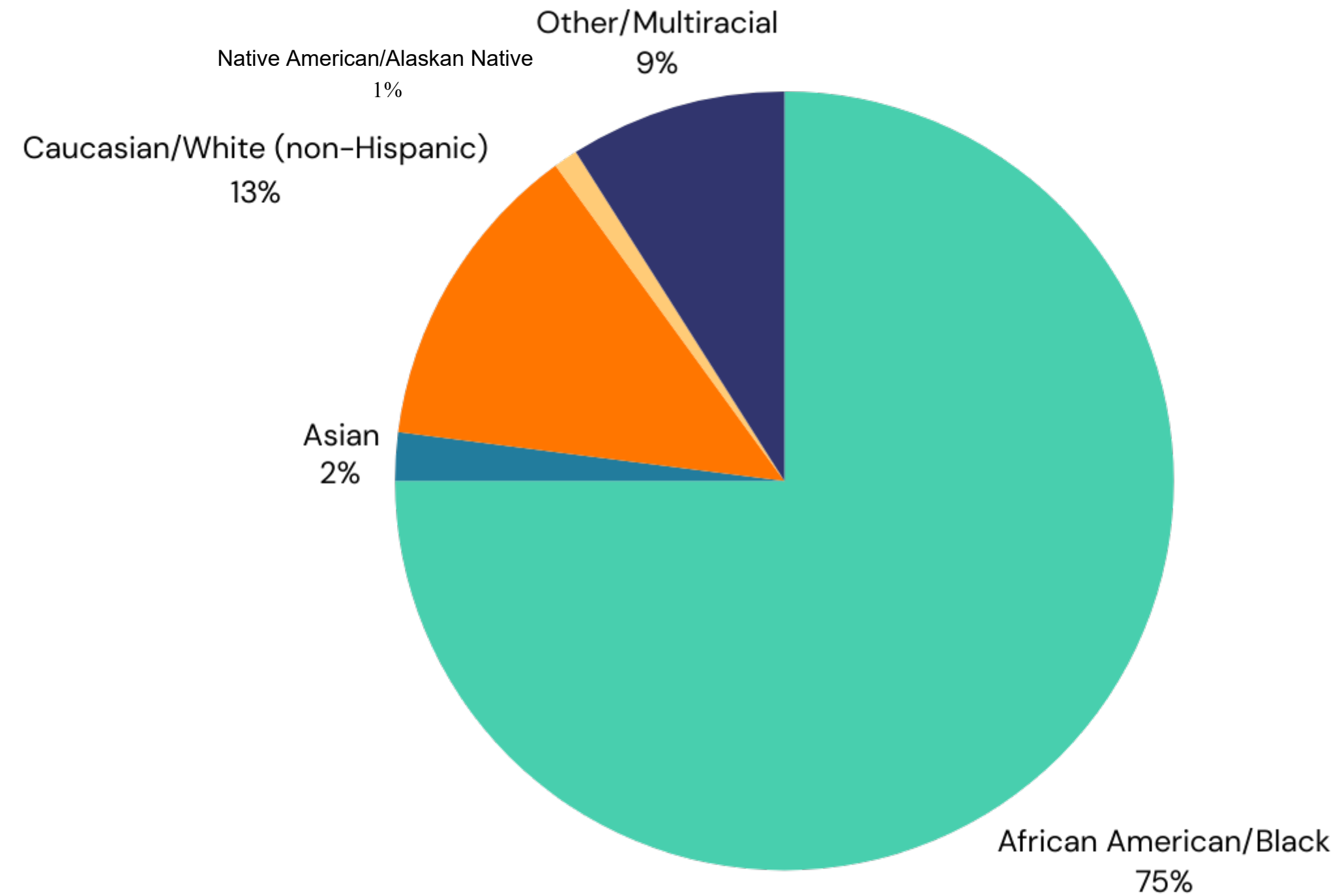
LOCAL BUSINESS: Placed ads in wall displays in Riverwalk Mall and in the Fairgrounds Casinos in New Orleans & Chalmette to increase awareness & promote counseling services.

The image features a light gray background with decorative geometric patterns in the corners. The top-left corner has a series of parallel diagonal lines. The top-right corner features a cluster of overlapping semi-circles in orange, teal, and dark blue. The bottom-left corner has a similar cluster of overlapping semi-circles in orange, teal, and dark blue. The bottom-right corner features a series of parallel diagonal lines, mirroring the top-left pattern.

WHAT DOES THE DATA SHOW?

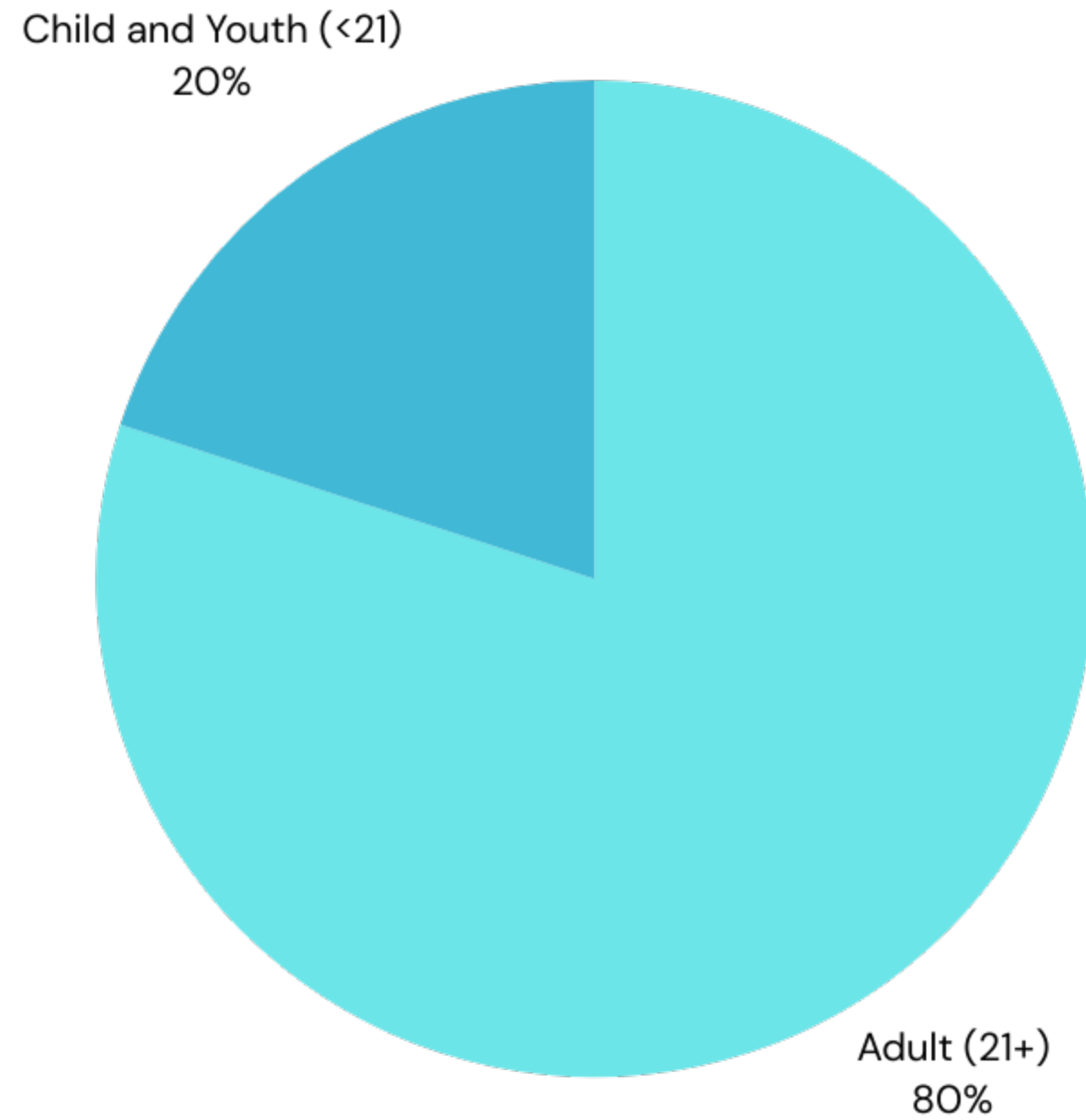
MHSD DEMOGRAPHIC INFORMATION

2023 RACE OF CALLERS FOR GAMBLING SERVICES

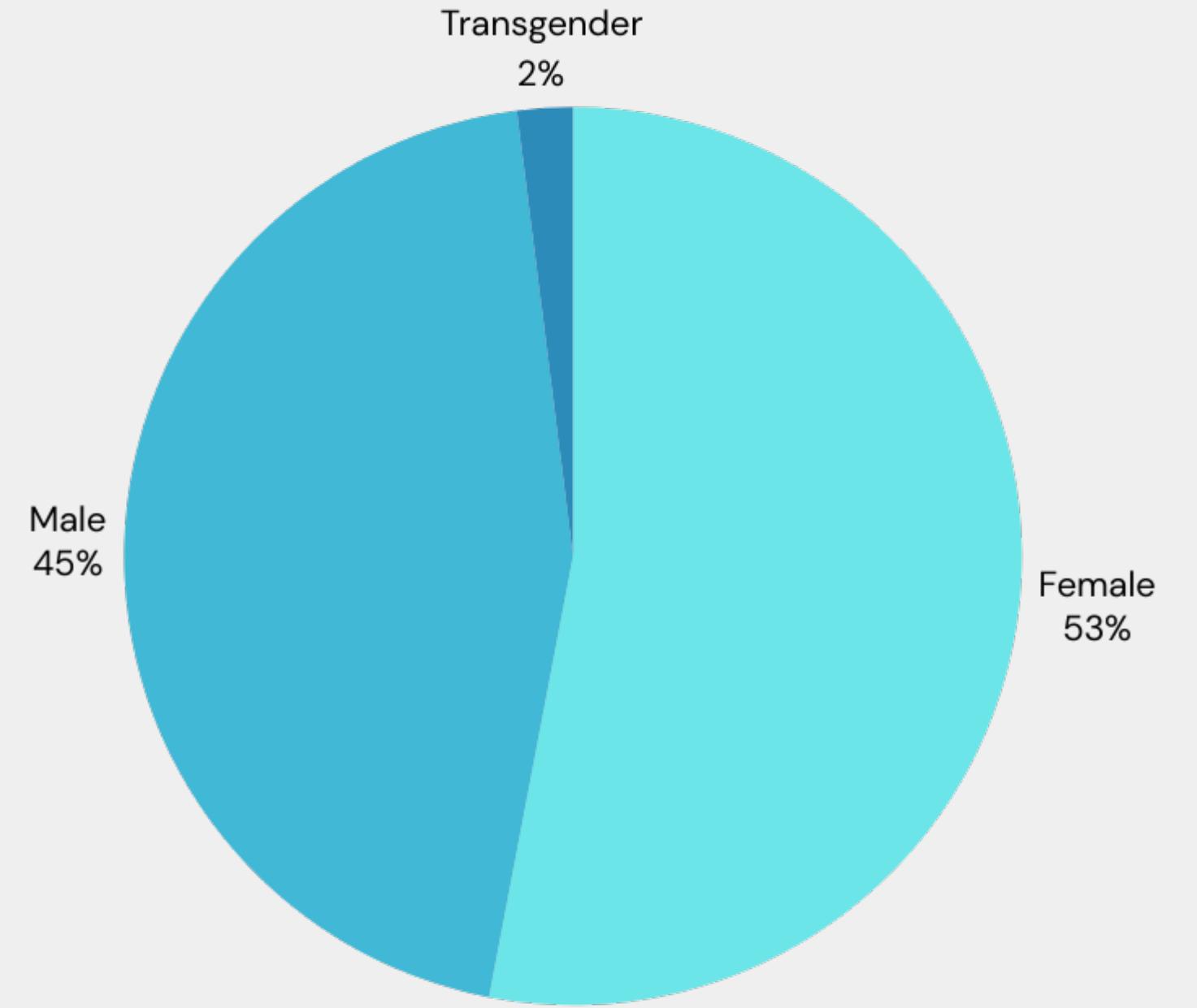


MHSD DEMOGRAPHIC INFORMATION

2023 AGE OF CALLERS FOR GAMBLING SERVICES

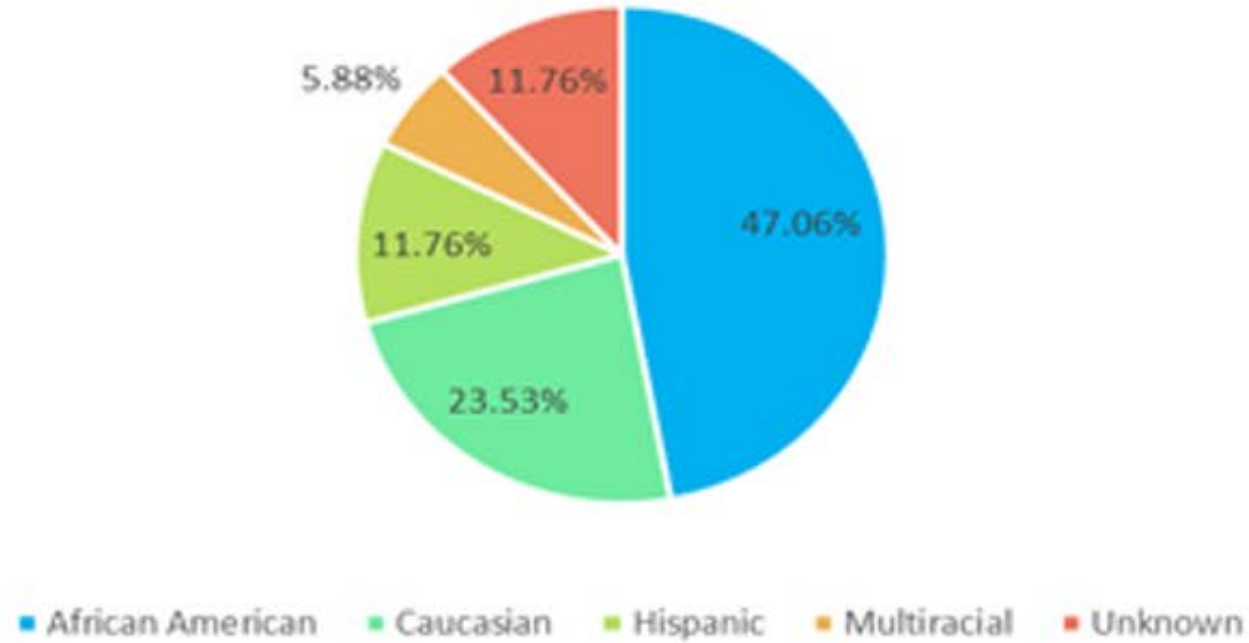


2023 GENDER IDENTITY OF CALLERS FOR GAMBLING SERVICES

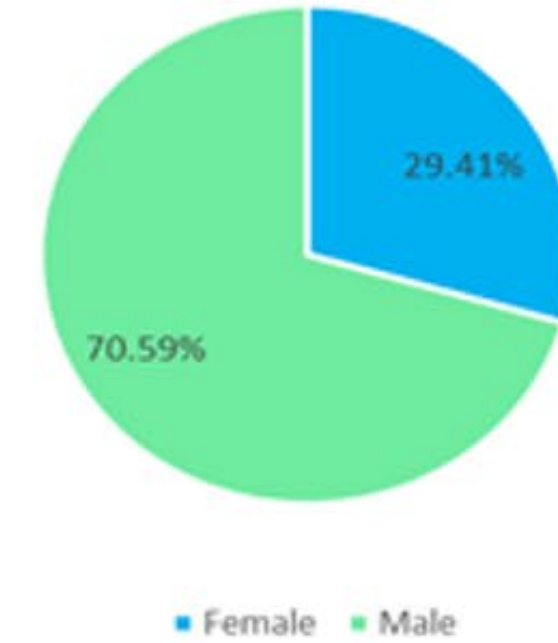


FY24 STATE HOTLINE DEMOGRAPHIC INFORMATION

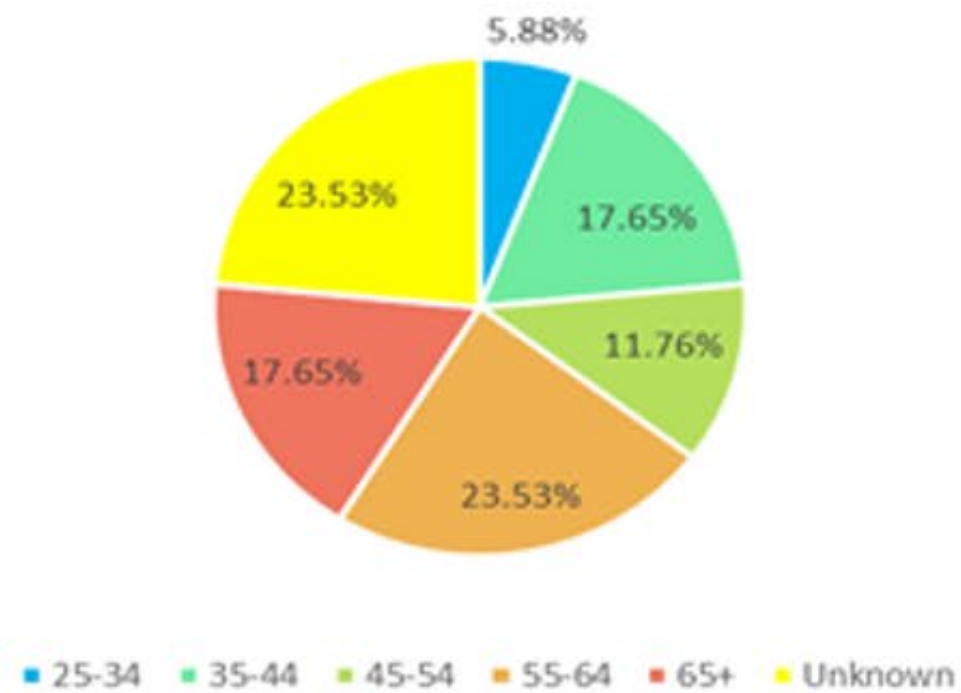
Persons Served by Race



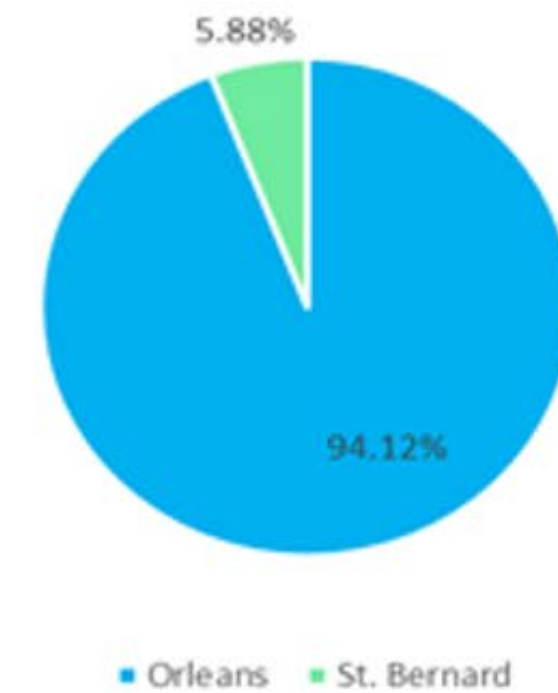
Persons Served by Gender



Persons Served by Age Group



Persons Served by Parish





GAMBLING CALLS – REGION 1

- Region 1 call data. The tabs are at the bottom.
 - FY 20 20 - 20 21 there were 62 calls
 - FY 20 21 - 20 22 – 94 calls
 - FY 20 22 - 20 23 – 126 calls

17 calls have been received during FY24 1Q (Jul-Sep 2023)



MHSD LIE/ BET SCREENINGS

Time Period	Number of Gamblers Identified (Lie/Bet)	Number of Persons Screened	% of People Screened Identified as Gamblers
FY2021	66	3469	1.90%
FY2022	59	3520	1.68%
FY2023	58	3692	1.57%
FY2024 YTD	18	1308	1.38%
TOTAL:	201	11989	1.68%

MHSD Show Rates for Gambling Services

FY2021			
Activity	Kept	Scheduled	Show Rate (%)
90791 GA	7	17	41.18%
TOTAL:	7	17	41.18%

F2022			
Activity	Kept	Scheduled	Show Rate (%)
90791 GA	1	3	33.33%
H0001 ASI Gambling	2	10	20.00%
TOTAL:	3	13	23.08%


FY2023			
Activity	Kept	Scheduled	Show Rate (%)
H0001 ASI Gambling	8	22	36.36%
H0001 ASI Gambling TELEHEALTH	1	7	14.29%
TOTAL:	9	29	31.03%

FY2024 YTD			
Activity	Kept	Scheduled	Show Rate (%)
90791 GA	0	1	0.00%
H0001 ASI Gambling	1	5	20.00%
H0001 ASI Gambling TELEHEALTH	2	2	100.00%
TOTAL:	3	8	37.50%



July 2022 – October 2023


35+ persons received
Outpatient MHSD Gambling
services



MHSD Residential Pilot Program 2022-23



RESIDENTIAL PILOT PROGRAM 2022-23

- In 2022, LDH/Office of Behavioral Health funded an MHSD pilot residential gambling treatment program housed within a local residential addictive disorders program.
 - The funding supported a limited number of male beds at Bridge House, aiming to establish recommended standards for service delivery to individuals with gambling disorder.
- 




RESIDENTIAL PILOT PROGRAM 2022-23


Long before planning the start-up of a gambling treatment program, MHSD studied the growth and occurrence of gambling problems in the community and sought to collaborate with gambling professionals and treatment programs in Louisiana and in surrounding states



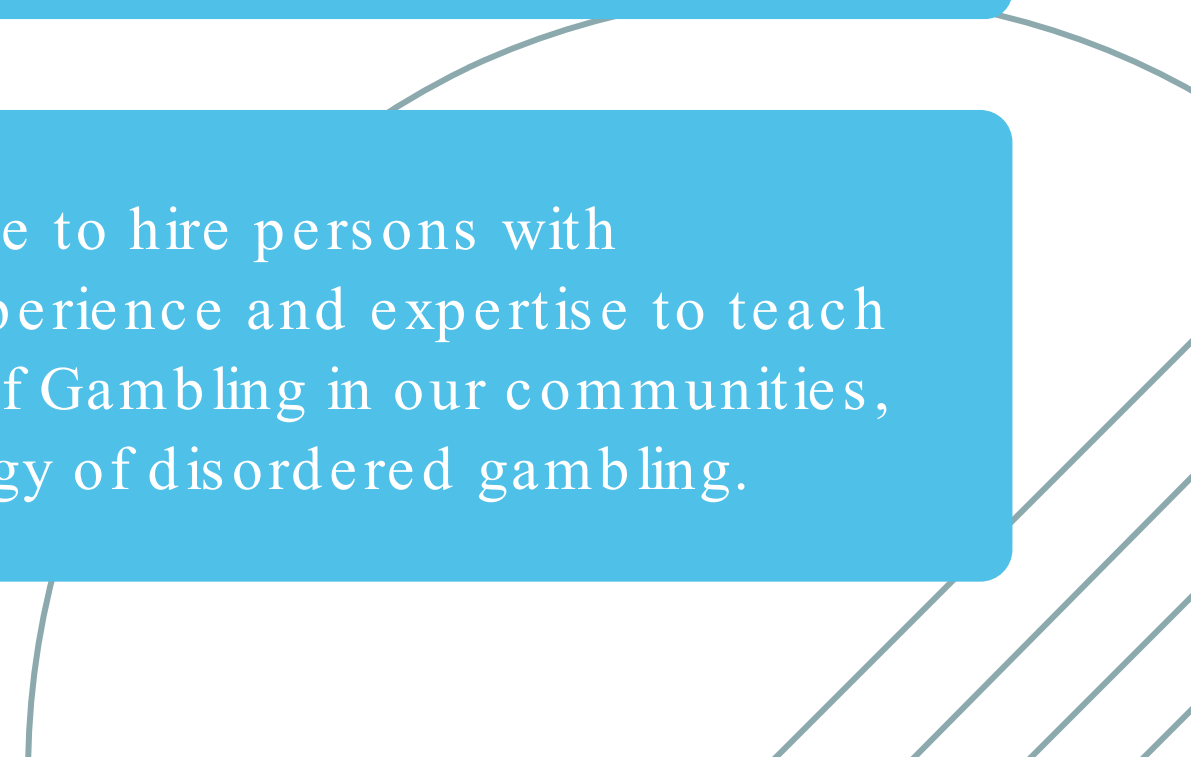
Of these organizations, CORE was primary. What is happening at CORE is what we need locally in the greater New Orleans area.



We sought to form a strategic partnership and alliance with the management and directors at CORE and other treatment professionals in the community. We hired a consultant who was instrumental in the formation of the core program to provide supervision and didactic consultation for our addiction counselors about the nature of gambling in our communities and treatment approaches that work.



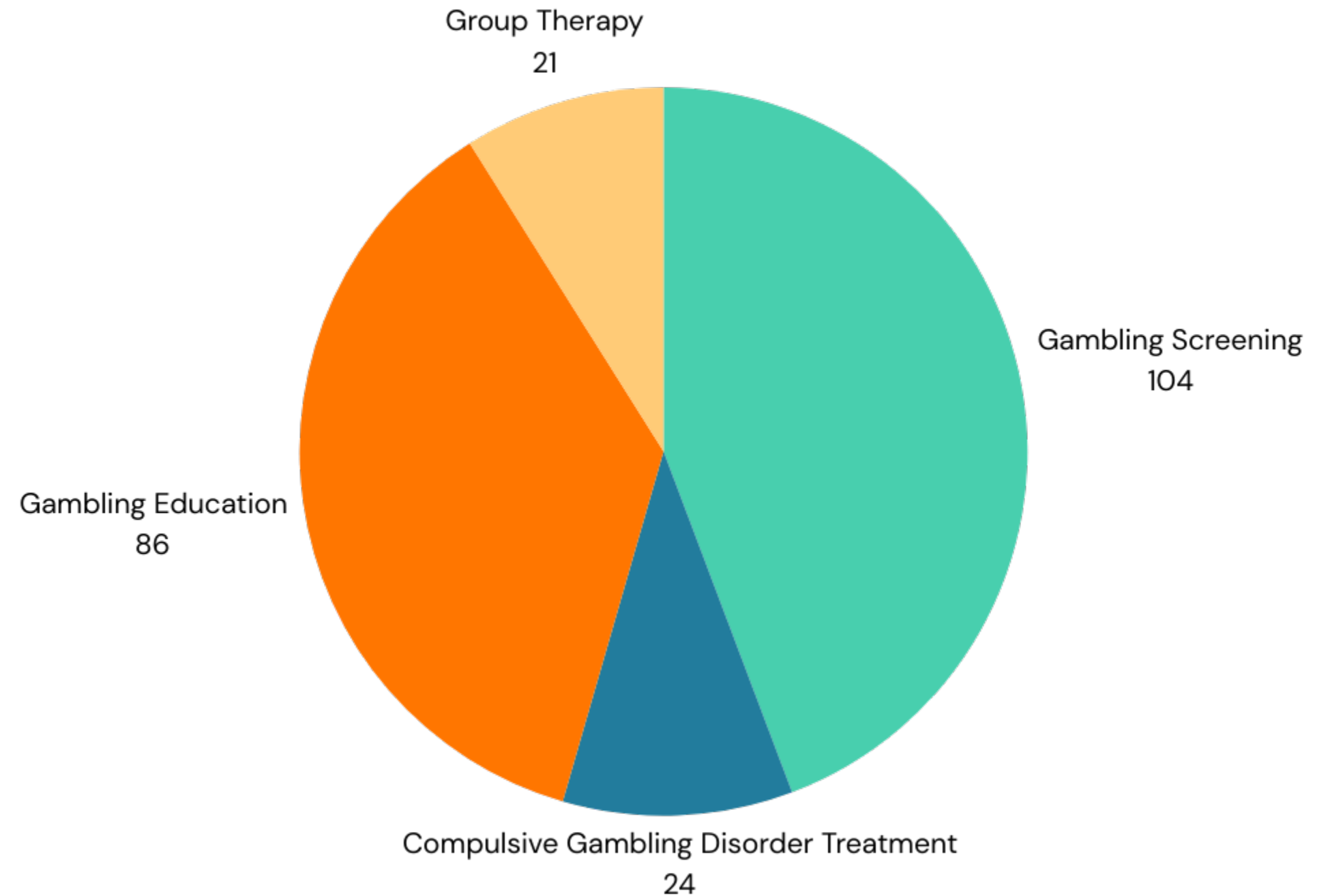
MHSD has also taken the initiative to hire persons with Gambling-specific treatment experience and expertise to teach our staff about the occurrence of Gambling in our communities, and the etiology and epidemiology of disordered gambling.



Inpatient MHSD Gambling services

IN FY 2022-2023, MHSD'S
CONTRACTOR BRIDGE HOUSE
PROVIDED THE FOLLOWING
SERVICES:

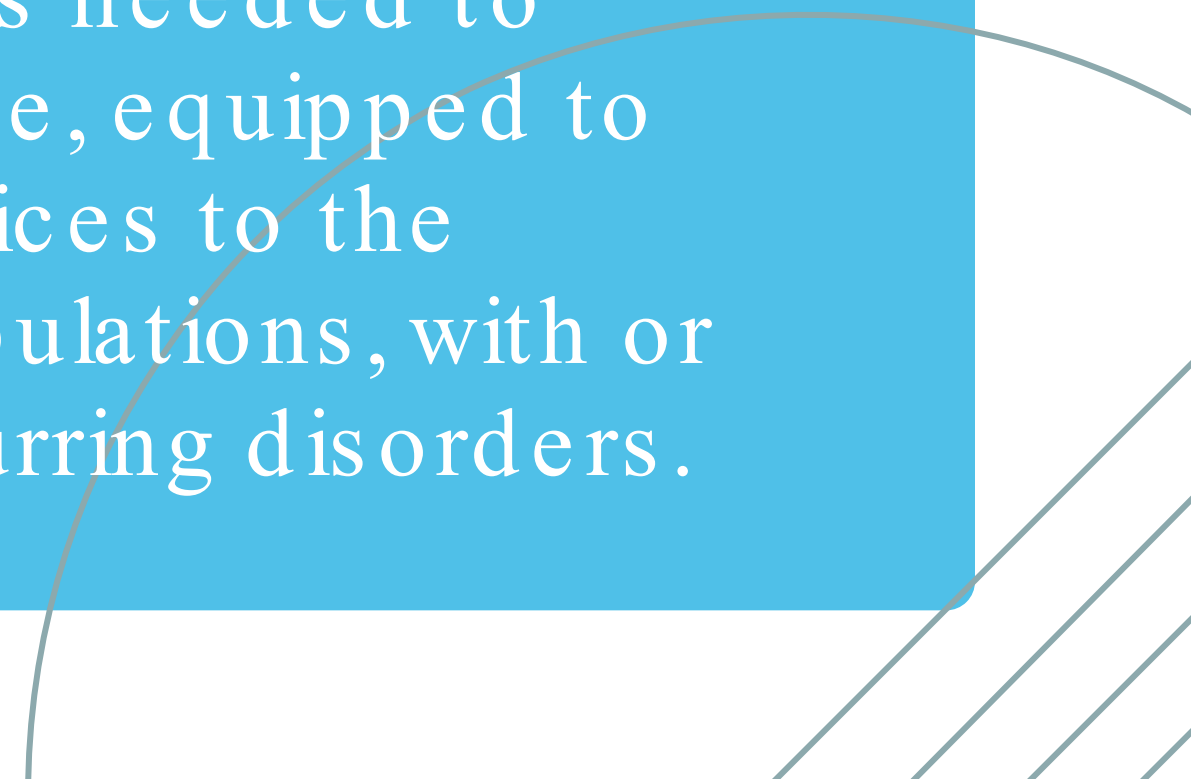
- Screening and assessments to more than 75 men in treatment; and 29 women in treatment. (3-month data)
- They served 18 males and 6 females for compulsive gambling disorder (treatment) and provided gambling education and referral services to 86 other persons served.
- 211 persons served participated in group therapy.







MHSD GAMBLING RESIDENTIAL Pilot Program Lessons Learned

The one-year pilot yielded two critical pieces of information:

1. Gambling Disorder treatment should exist in a dedicated gambling residential programs both staffed with those certified to treat the condition alone or in combination with other often co-occurring mental illnesses or substance use disorders.
 2. Aggressive planning is needed to develop the workforce, equipped to staff and provide services to the gambling disorder populations, with or without other co-occurring disorders.
- 



Based on the insights gained from the pilot, MHSD enlisted national trainers, to assist with workforce development, for a 20-hour training program, targeting a cohort of 20 licensed individuals, not compulsive gambling certified.

NATIONAL GAMBLING TRAINERS



DEBORAH HASKINS, PH.D., ICGC-II, BACC, CLERGY CERTIFICATION

Dr. Haskins is a retired Counselor Educator and received her Ph.D. in Pastoral Counseling from Loyola University (MD). She is a Licensed Clinical Professional Counselor and an Approved Supervisor. Dr. Haskins is an Internationally Certified Gambling Counselor- II, Board Approved Clinical Consultant, International Clergy Lay Problem Gambling and Spiritual Outreach, Master Addictions Counselor, and IGCCB Certified Gambling Trainer. Dr. Haskins has trained mental health professionals to understand disordered gambling and provide culturally relevant services. She has received, among other awards, the NCPG Don Hulen Annual Award for Advocacy Leadership (2017) and the Monsignor Joseph Dunne Lifetime Award for Advocacy (2021).



NEVA PRYOR

Neva Pryor is the former Executive Director of the Council on Compulsive Gambling of New Jersey and was the Gambling Coordinator for the Department of Behavioral Health and Intellectual Disabilities/Office of Addiction Services for the City of Philadelphia. She is an Independent Consultant and Life Coach for A Place for Peace. She specializes in DEI and social justice integrated addiction and mental health trainings, curriculum development, and community wellness. Neva's mission is to use strengths-based, empowerment advocacy and healing tools to remove invisibility from individuals, families and communities experiencing marginalization, oppression, and health disparities.

GAMBLING TRAINING CONDUCTED

Addressing the need for more Gambling treatment trained professionals. Start with Education and training of all staff. Encourage screening at every level and problem identification by all.

April and May 2023

30 - Hour Problem Gambling Training - Cohort 1

20 participants with MHSD and community partners (clinicians, administrators, advocacy)

Oct 4, 2023

2 - Hour All Staff Training on Problem Gambling

131 participants (MHSD only)

January and March 2024

30 - Hour Problem Gambling Training - Cohort 2

25 participants with MHSD and community partners (clinicians,

June 7, 2024

3 - Hour Advanced/Booster Problem Gambling Training with Cohort 1

12 participants with MHSD and community partners

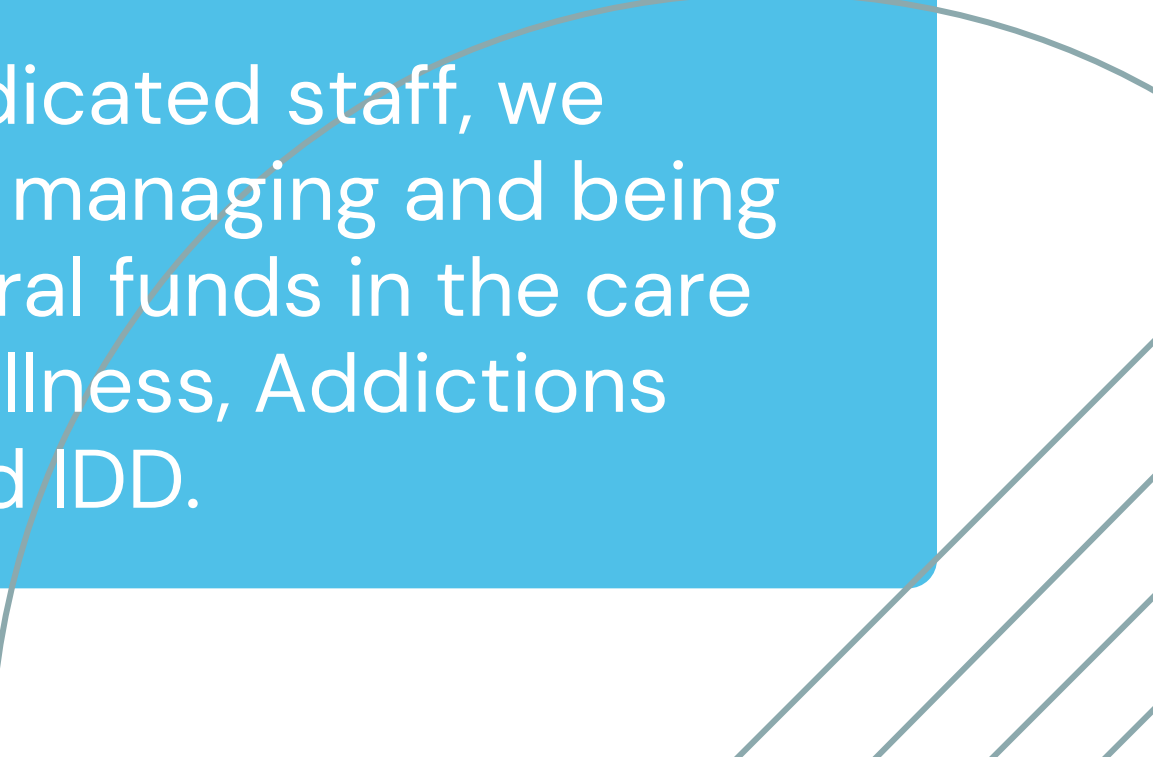


FINAL COMMENTS

MHSD is and has consistently served as the local lead agency in region 1, for the provision of community- based mental illness and addictive disorders (BH), and intellectual and developmental disorders (IDD) services.

Currently, MHSD is the largest provider of behavioral health and IDD services in the region. Our mission is centered on addressing the needs of indigent, uninsured, and Medicaid populations with disabilities in these areas.

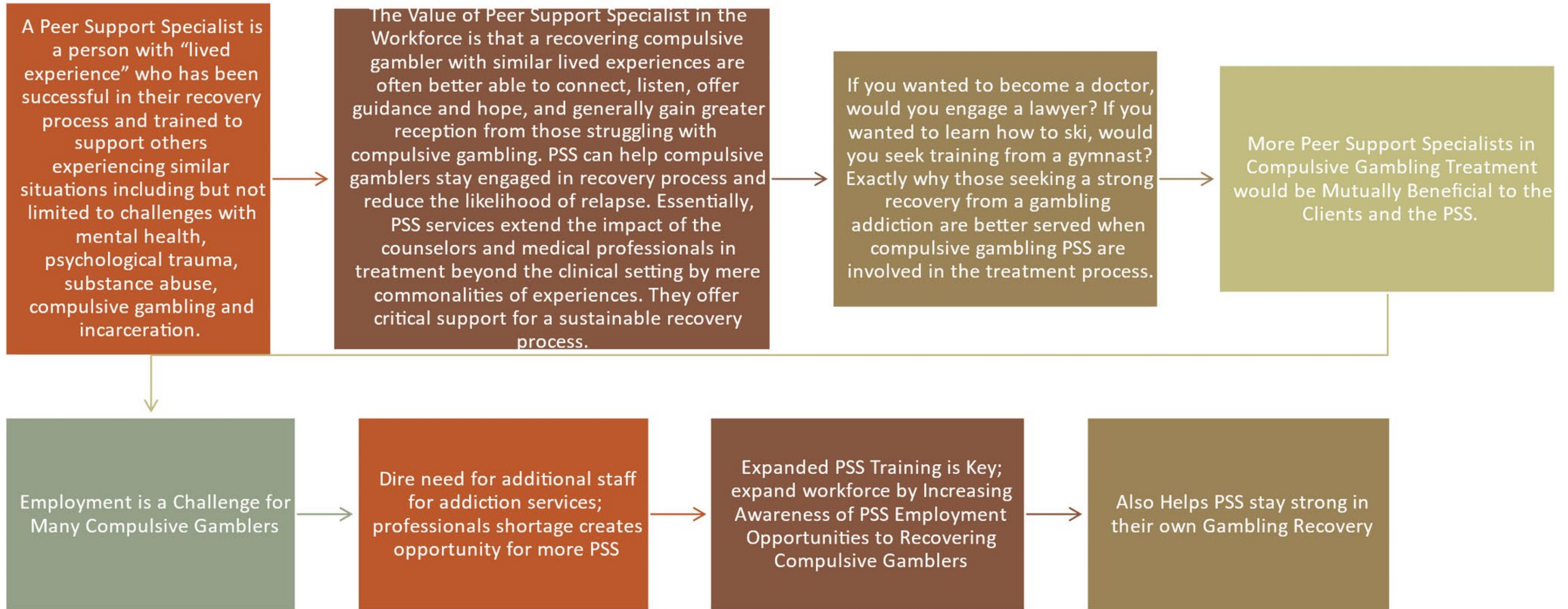
With a fully competent and dedicated staff, we prioritize fiscal responsibility in managing and being accountable for state and federal funds in the care of those suffering from Mental Illness, Addictions including gambling disorder and IDD.



Importance of Developing a Peer Workforce

Karen Carter Peterson, Lawyer,
Former State Legislator,
Recovering Compulsive Gambler
and Recognized Peer Support
Specialist

- ✓ Definition of Peer Support Specialist (PSS); Value and Mutual Benefits of Peer Support Specialist in the Compulsive Gambling Treatment Paradigm
- ✓ Resources and Support Offered by Compulsive Gambling PSS
- ✓ Personal Perspective from a Justice Impacted PSS and Recovering Compulsive Gambler



Definition of Peer Support Specialist (PSS); Value and Mutual Benefits of Peer Support Specialist in the Compulsive Gambling Treatment Paradigm

Resources and Support Offered by Compulsive Gambling PSS

Emotional: Available/Listening/Instilling Hope/Inspiring Courage

Informational: Assistance in Accessing Materials/Education

Practical: Helping Navigate Financial/Legal Challenges

Social/Belonging: Connecting to Recovery Community

Familial Support: Helping with Family Convos/Perspective

Tool Box Building: Encouraging a Life with Healthy Outlets

Problem Solving Partner: Identifying/Brainstorming/Action Plan



PERSONAL PERSPECTIVE FROM A JUSTICE IMPACTED PSS AND RECOVERING COMPULSIVE GAMBLER



Important Considerations...

Treatment and Community Wellness



Let's Not Forget Cultural Considerations...

Needs to be intentional,
consistent, and sustainable

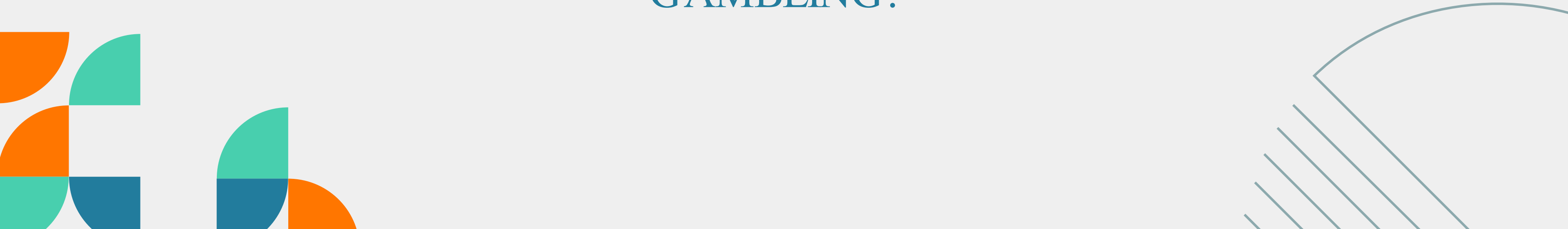




Social Determinants of Health Considerations...

(Dr. Deborah G. Haskins)

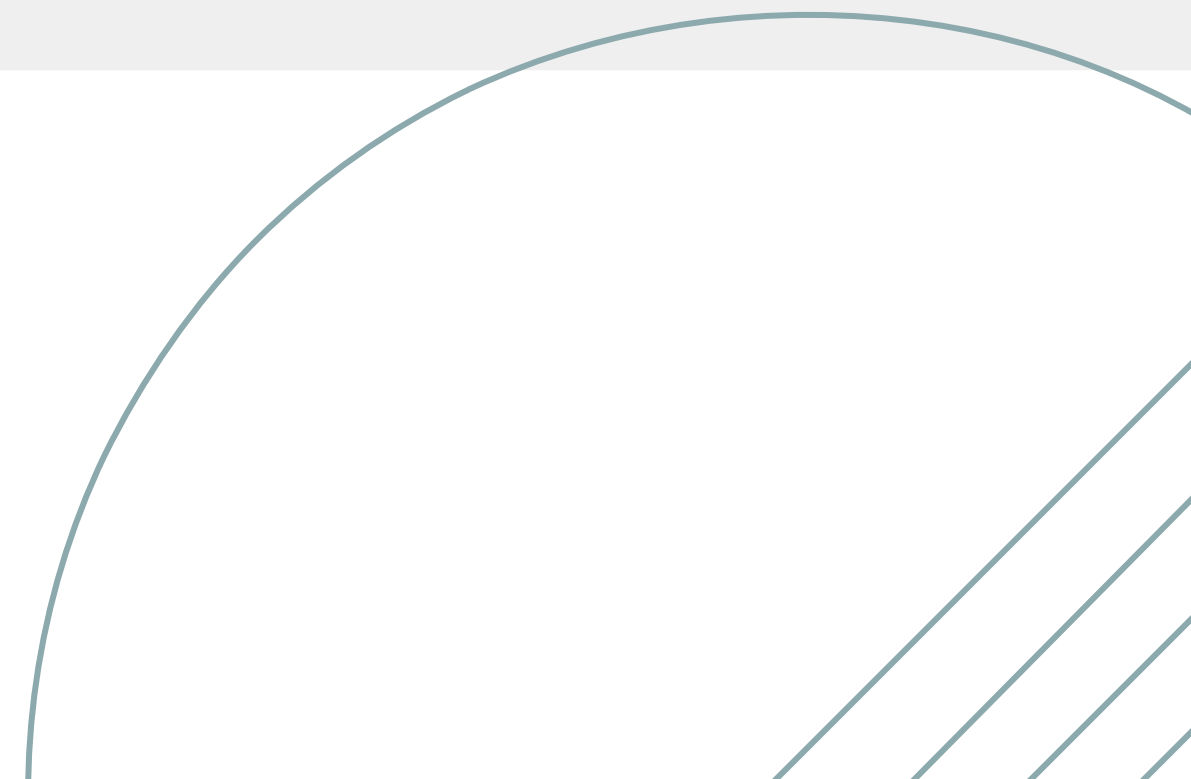
“What I have discovered in over close to 30 years in supporting problem and disordered gambling is that our field lacks acknowledgement of the influence of SDOH and the many ways people engage in: “SOLUTION GAMBLING!”





ONE SOLUTION: INTEGRATING
HEALTHY GAMBLING VS.
PROBLEM GAMBLING
EDUCATION IN OUR
PROGRAMS/ COMMUNITY
EFFORTS

Creation of an 8-week
Psychoeducation Group
facilitated at 2 MHSD affiliate
agencies





CONSIDERATIONS FOR CONSUMER/ COMMUNITY EXPERIENCES OF MARGINALIZATION/ OPPRESSION

(Ortiz et al., 2021; Saunders & Doyle, 2021)

- Ortiz et al., (2021) highlight flaws in using a Responsible Gambling framework without addressing the root causes/influences creating addictive and risky behaviors
 - Argue for a health equity and social justice approach
 - The Massachusetts Division of Public Health on Problem Gambling conducted listening tours over 18 months, identified men of color with Substance Use Disorders, including disordered gambling, and co-occurring mental health challenges.
 - 2 community groups piloted the Ambassadors Program & reached 4388 individuals!!!!
- 

Rates of problem gambling among Indigenous people internationally

- Yet uptake of gambling help services is low....likely due to lack of culturally appropriate services and staff.
- Insufficient evidence (4 articles!) to guide interventions aiming to prevent/address gambling harm for Indigenous peoples.

(Whiteside et al, 2020) <https://doi.org/10.1177/2158244020947441>



A Health Equity & Social Justice Model...

Lessons Learned

(Ortiz, et al., 2021)



Clinical Illustration: Malik – “I learned to gamble when I was 10 ...”



- Listen to Malik, an African-American, owner of a trucking company who has been gambling since age 10.
- Malik is a recovering person addicted to gambling and recently completed the peer recovery specialist certification.
- Reflection:
 - What do you notice in his sharing?
 - What are his unique cultural considerations?



Commitment

Reflection: What's On Your Cultural/Health Equity/Social Justice Disordered Gambling Services Menu?

- How are you incorporating cultural considerations, health equity, and social justice needs in your GD advocacy, prevention and treatment services?
 - Reflection: What's On Your Cultural/Health Equity/Social Justice Disordered Gambling Services Menu?
- 
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Wrap Up and Q/ A





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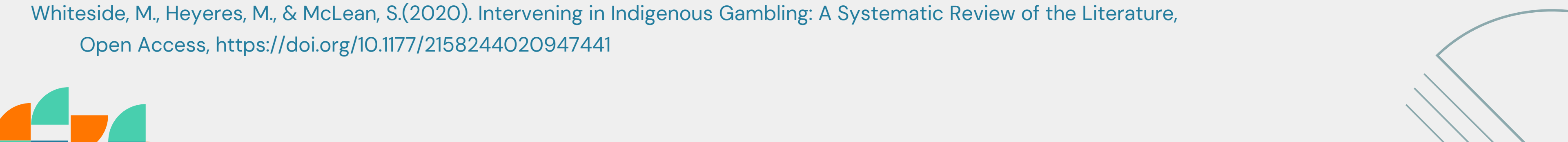
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[Our Voices Matter: Using Lived Experience to Promote Equity in Problem Gambling Prevention | Current Addiction Reports \(springer.com\)](https://www.springer.com/journal/11513/issue/1)

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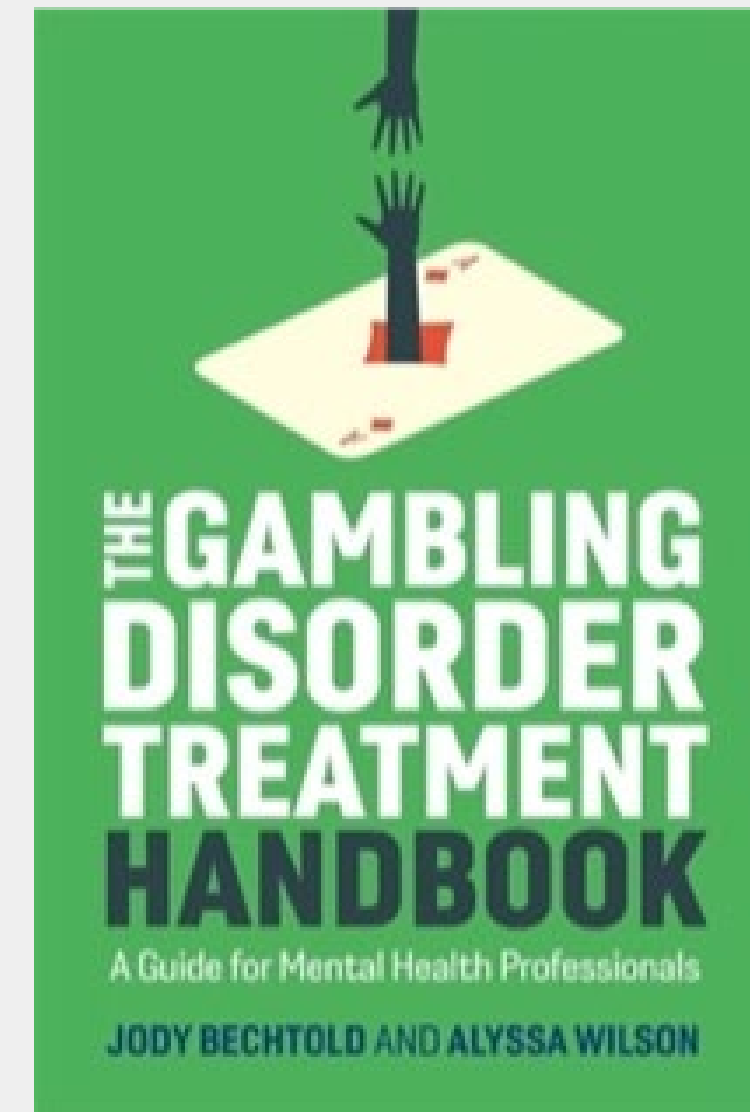


References

EVIVE App – Help Persons Addicted to Gambling/Engaged in Risky Gambling

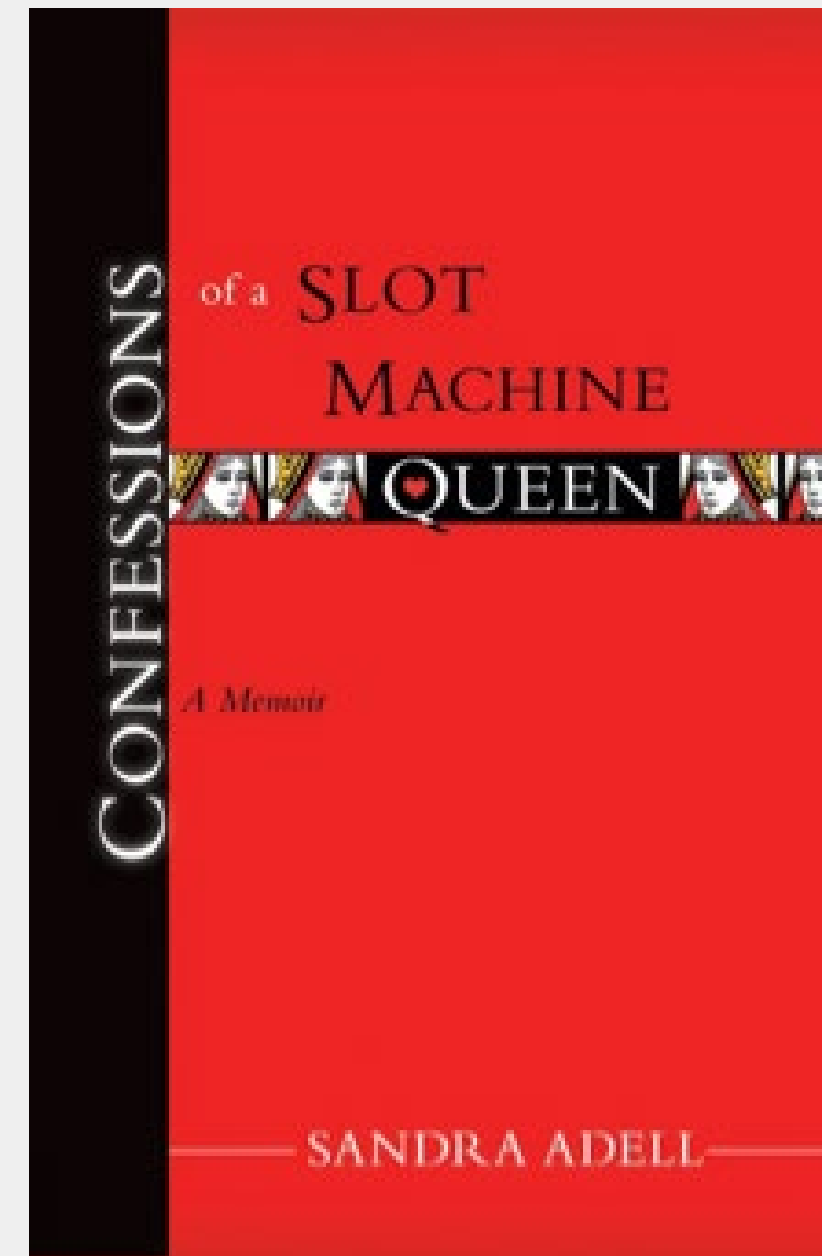
- [Listen to Sam D.'s story of his gambling addiction and why he created EVIVE to help persons access help from devices, especially if they are not open to treatment or peer supports yet.](#)
- <https://youtu.be/HSuyubDYS0M>

Most Updated Practical
Treatment Guide for GD
Treatment



References

Dr. Sandra Adell tells her Story as an African American woman..advocacy on gambling related harm in the Black community...





Contact us

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