



The A to Z of Gambling Harms: Addictions Faculty Birthday Lecture 27th April 2023

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In this talk I will cover:

- Gambling Disorder: what to look out for and how.
- The newly created national NHS system of clinics
- The appointment of a national advisor on Gambling Related Harms in Autumn 2022
- My personal A to Z of Gambling Harms
- The work of the PGR and APPG
- Core elements of treatment (Breaking Free)
- The Gambling Review much delayed White Paper: what needs to change?

The early years



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ORGANIC/ GENETIC/ ENVIRONMENTAL/ TRAUMATIC/MULTIFACTORIAL



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WHY IS PATHOLOGICAL GAMBLING SO EXCITING?

- It constitutes a useful model to provide broader insights into the **core brain processes** of addictive disorders as it does not involve substances and their effect on brain functioning.
- If it is an Addiction , it is a PURE one, possibly providing the LINK to a deeper understanding of the evolution of addiction in humans.

PATIENTS...

- Often see themselves as
- WEAK
- UNDESERVING OF ATTENTION
- SHAME+++ AT CRIMES COMMITTED
- MAY WAIT YEARS TO PRESENT FOR HELP
- **HOW WE CLASSIFY THIS ILLNESS HAS AN IMPACT ON PATIENTS. Fight STIGMA, it is a BARRIER TO TREATMENT.**

National Problem Gambling Clinic



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July 2022 Breaking Free: The team



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Some History and Context:

- In 2008 I founded the National Problem Gambling Clinic (CNWL). The first and only NHS clinic for over a decade designated to the treatment of Gambling Disorder
- After 11 years NHS England developed their 10 Year Long Term Plan and included Gambling Disorder in the range of illnesses they would allocate funding to.
- 15 more clinics were planned in 2019. BY SUMMER ALL 15 WILL BE IN PLACE.
- **IN 2022 THE NHS STOPPED ACCEPTING FUNDS FROM A VOLUNTARY DONATION SYSTEM. ONLY A STATUTORY LEVY WILL DO!**

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TRAPPED!

THIS WAS THE MOMENT after 11 years things changed !!!!
From 1 to 14 clinics



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2017



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Funding

The NHS Mental Health Implementation Plan 2019/20 - 2023/24

This came with an investment of £15M over 5 years (£1M in Y1, £1M in Y2, £3M in Y3, £4M in Y4, £6M in Y5).

If a Statutory Levy is in the WP today, then £120 million to treatment , prevention, research and education.

Current Status

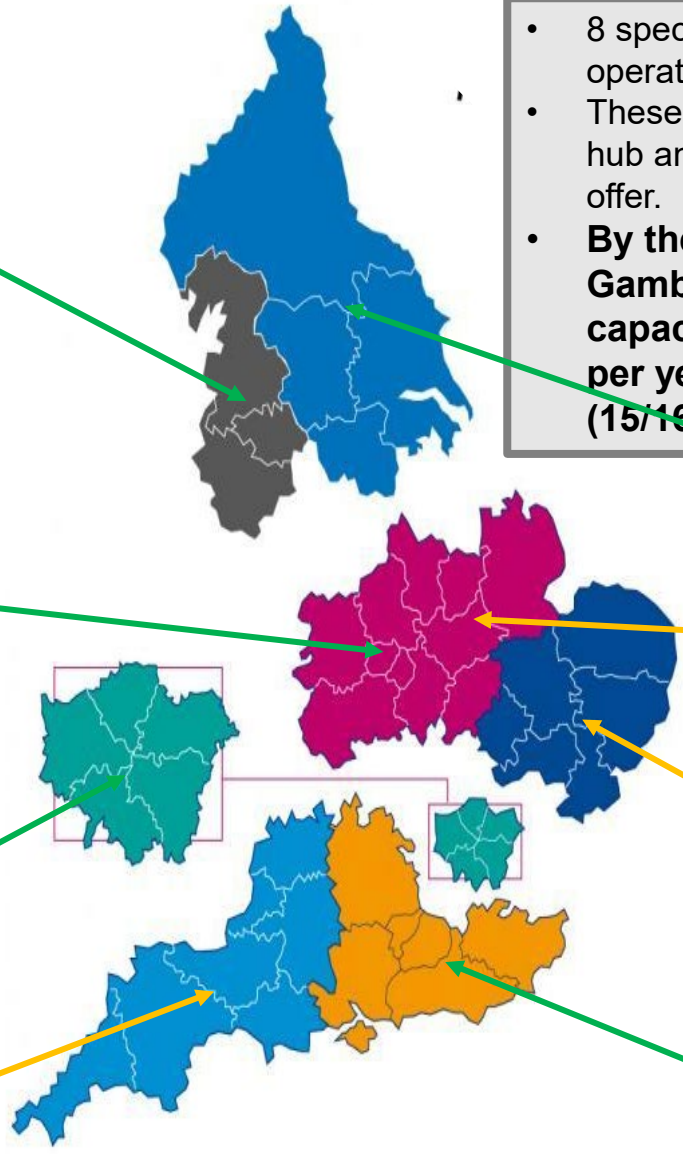
- 8 specialist gambling clinics are now operational.
- These are regional services based on a hub and spoke model with digital access offer.
- **By the end of 23/24, the NHS Gambling Services will have the capacity to treat up to 3,000 patients per year through 8 regional services (15/16 clinics).**

North West
 The North West Gambling Service (LYPFT) currently has a clinic in Manchester. Satellite clinics will open in Liverpool and Blackpool in early 23/24.

West Midlands
 The West Midlands Gambling Service (MPFT) opened in September 2022 with clinics in Stoke-on-Trent and Telford. Plans to open an additional clinic in Birmingham during 22/23.

London
 The London Gambling Service (GNWL) has been in operation since 2008. They also provide the National CYP Gambling and Gaming Clinic.

South West
 The South West Gambling Service (AWP) will be opening in Q1 of 23/24.



North East & Yorkshire
 The N.E.Y. Gambling Service (LYPFT) has

clinics in Leeds and Sunderland.

East Midlands

The East Midlands Gambling Service (DHFT) will be opening in Q1 of 23/24.

East of England

The East of England Gambling Service will be opening in Q1 of 23/24.

South East
 The Southern Gambling Service (SHFT) opened in September 2022 and has a clinic in

South London which they'll offer a regional service.



with South London

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NHS Gambling Services

Referral Criteria

The NHS Gambling Services can be accessed by anyone experiencing harm from gambling through **self-referral**, or **referral** by a health and care professional.

18+ should access the regional gambling service linked to their GP. **Under 18s** can access the National Children and Young People's Gambling Clinic provided by CNWL.

The services also provide help to people close to those with gambling addiction, such as **family**, **partners**, and **carers**.

No postcode lottery!!

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Interventions

Support offered by the NHS specialist gambling treatment clinics includes:

- Individual psychological support, including cognitive behavioural therapy (CBT) and psychodynamic psychotherapy
- Behavioural couples/family therapy
- Support groups
- Psychiatric reviews
- Prescribing of medication for problem gambling
- Aftercare

The clinics also provide help to people close to those with gambling addiction, such as family, partners, and carers.

Clinical teams are made up of psychologists, therapists, psychiatrists, mental health nurses and people who have recovered from gambling addiction.

GAMBLING RELATED HARMS EVIDENCE REVIEW 2021 PHE

- THE UK HAS ONE OF THE BIGGEST GAMBLING MARKETS IN THE WORLD GENERATING A PROFIT OF **£14.1 BILLION** (April 2021 to March 2022)
- HARMS HAVE BEEN SHOWN TO BE NOT ONLY TO THE INDIVIDUAL BUT TO FAMILIES, CLOSE ASSOCIATES AND THE WIDER SOCIETY.
- A **Public Health Approach** is now the only way to tackle this widespread harm from gambling.
- The **BMA Board of Science** has taken this up as one of its focus areas.

GAMBLING DISORDER in Diagnostic and Statistical manual of Mental Disorders 5th ed.

- **Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress**, as indicated by the individual exhibiting **four (or more) of the following in a 12-month period:**
 - Needs to gamble with **increasing amounts** of money in order to achieve the desired excitement.
 - Is **restless or irritable** when attempting to cut down or stop gambling.
 - Has made **repeated unsuccessful efforts** to control, cut back, or stop gambling.
 - Is often **preoccupied with gambling** (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).

DSM 5 Criteria: Gambling Disorder

- Often gambles when feeling **distressed** (e.g., helpless, guilty, anxious, depressed).
 - After losing money gambling, often returns another day to get even (“**chasing**” one’s losses).
 - **Lies** to conceal the extent of involvement with gambling.
 - Has **jeopardized** or lost a significant relationship, job, or educational or career opportunity because of gambling.
 - **Relies on others** to provide money to relieve desperate financial situations caused by gambling.
- The gambling behavior is not better explained by a manic episode.

Specify if:

Episodic: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder **for at least several months.**

Persistent: Experiencing **continuous symptoms**, to meet diagnostic criteria for multiple years.

Specify if:

In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met **for at least 3 months but for less than 12 months.**

In sustained remission: After full criteria for gambling disorder were previously met, **none of the criteria for gambling disorder have been met during a period of 12 months or longer.**

Gambling Disorder prevalence rates

We have used different methods over the past decade.

The rates appear to have decreased from around 0.9% in 2010 (British Gambling Prevalence Survey) to 0.2% with this new method used by the Gambling Commission who are the regulators.

A recent YouGov survey using online data placed the rates of Gambling Disorder at 1.7%

The answer may be somewhere between the two at around 0.7%.

At Risk population

- 0.9 % of the population are deemed to be suffering harm from gambling but not scoring for caseness: these are described by Government as Moderate Risk gamblers. (2022)
- 2022 data on 11 to 16 year olds (IPSOS) on 2559 pupils
- 31% of these children spent their own money on gambling in the year preceding the survey.
- 0.9% were problematic gamblers

More data

- 2019: 14% of **CHILDREN** (11-16 year olds) had gambled in the past **WEEK**

Estimates of 62,000 child PGs in 2019 data.

- ++++++
- **AFFECTED OTHERS:**
- **7% of the population in Great Britain (adults and children) were found to be NEGATIVELY IMPACTED by someone else's gambling. (YouGov data 2019)**

CLINICAL RESEARCH IN ENGLAND

- In the Annual Statistics (2020) from the **National Gambling Treatment Service** (Great Britain), **9008** individuals were recorded as having been treated within gambling services (GA)
- Given a conservative estimated prevalence of gambling disorder of **0.4%**, and Great Britain population of approximately **50 million adults**, this suggests that – as a rough estimate – **less than 5%** of those adults with gambling disorder received treatment by services under this framework.

- We need research to understand where the other 95% are
- How to get them into treatment
- What treatment works for a population we do not as yet know anything about
- We need to understand how many are in remission and how may relapse.
- We must amplify our networks and aim to triple numbers in treatment in next 3 years.

Treatment 2022

- Research is also about ensuring the best interventions reach all who suffer from gambling harm.
- We need evidence base for effectiveness. Not competition between clinics or treatment providers.
- **We need clarity over OUTCOMES at 3/6 months, at 1/3/5 years.**
- We need the most successful treatment interventions to be taught and monitored across the country for all to benefit. Clinicians and patients alike. NHS and NON-NHS.

The Lancet psychiatry 15 Feb 22

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HEALTH POLICY | ONLINE FIRST

Gambling disorder in the UK: key research priorities and the urgent need for independent research funding

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Summary

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Summary

Gambling in the modern era is pervasive owing to the variety of gambling opportunities available, including those that use technology (eg, online applications on smartphones). Although many people gamble recreationally without undue negative effects, a sizeable subset of individuals develop disordered gambling, which is associated with marked functional impairment including other mental health problems, relationship problems, bankruptcy, suicidality, and criminality. The National UK Research Network for Behavioural Addictions (NUK-BA) was established to promote understanding of, research into, and treatments for behavioural addictions including gambling disorder, which is the only formally

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Lancet Psychiatry Feb 2022

- **Gambling Disorder in the United Kingdom: key research priorities and the urgent need for independent research funding**

Henrietta Bowden-Jones^{1,2}, Roxanne W Hook², Jon E. Grant³, Konstantinos Ioannidis^{2,4}, Ornella Corazza⁵, Naomi A Fineberg⁶, Bryan Singer⁷, Amanda Roberts⁸, Richard Bethlehem⁹, Simon Dymond^{10,11}, Rafael Romero-Garcia², Trevor W Robbins¹², Samuele Cortese¹³, Shane A Thomas¹⁴, Barbara J Sahakian², Nicki A Dowling¹⁵, Samuel R Chamberlain^{2,16}

- The **National UK Research Network for Behavioural Addictions (NUK-BA)** was established in recognition of the **lack of a cohesive network to identify unmet needs in terms of research and treatment provision for behavioural addictions, including Gambling Disorder, in the UK.**
- The network includes expertise across disciplines of public health, psychiatry, clinical psychology, neuroscience, brain imaging, genetics, study design (including longitudinal cohorts), validation of clinical rating tools, trans-diagnostic vulnerability markers, and cognitive assessment.

Current status of research

While there is research into Gambling Disorder in the UK, it was noted following a search of traditional funding bodies that there is a **marked lack of dedicated explicit independent funding** for research into Gambling Disorder and related conditions in the UK.

The call for a **STATUTORY LEVY** addressed this need as well as the many other needs in this field.

How can research funding for Gambling Disorder be facilitated?

- Out of the money raised by a statutory levy (1%) the funds designated to gambling research each year should then be entrusted to, and administered by, a **reputable independent research body** unrelated to the gambling industry, such as the Medical Research Council (MRC) or another independent widely respected research charity, to distribute by **placing national calls on research areas of current interest** to policy, prevention, treatment and biological research

NICE GUIDELINES by 2024

- Impressive decision for a new addiction: When the research is pooled together and quality checked the inclusion of all studies, regardless of their funding origin will be included.
- However, the provenance of the funds will be made clear and secondary analyses will determine whether the different studies bring differing results.
- Potentially less relevant for RCTs than prevention studies but nonetheless the **FIRST TIME THIS WILL TAKE PLACE.**

AFFORDABILITY CHECKS 2021

- The **Advisory Board for Safer Gambling** in its 2021 recommendations included AFFORDABILITY as one of the metrics urgently needed to measure harm .
- A **significant portion** of the money made by industry comes from people who are gambling excessively and show signs of dysregulated behavior.
- We have online information now to be able to identify **unhealthy chasing of losses** and also patterns of spending beyond one's means.

TREATMENT

- In 2011 Monash Guidelines looked at existing evidence base for treatment of PG. 10 RCTs were included.
- (new Cochrane review 2022 will be published in July)

Cognitive Behavioural Therapy is the evidence based treatment intervention of choice both for PG.

8 sessions are standard , **group or 1:1**. Authors found it superior to control groups in both reducing gambling severity , gambling behaviour and psychological distress.

- Psychodynamic Treatment for early life trauma and complex issues.

Cochrane Review Sept 2022

- Pharmacological Interventions for the treatment of disordered gambling and problem gambling.

Dowling N, Merkouris S., Lubman D, Thomas S, Bowden-Jones H, Cowlshaw S.

- Different categories of interventions were evaluated for effectiveness.
- 17 studies were included in the review as meeting stringent quality thresholds.
- The Review provides preliminary support for the use of Opioid antagonists (Naltrexone, Nalmefene) and atypical antipsychotic Olanzapine.

Treatment in UK

- Despite my previous slide, UK data shows that **98%** of face to face interventions currently receive **COUNSELLING** rather than CBT as this is only at present delivered in our NHS clinics.
- Evidence based national coverage for treatment is vital if we are to have **PARITY of ESTEEM** for behavioural addictions in relation to other addictions and indeed to other mental health diagnoses.
- Major co-morbid presentations. Often three or four.

Naltrexone

- It **modulates the mesolimbic dopamine circuitry** (in particular the Ventral Tegmental area and Nucleus Accumbens) therefore in theory **diminishing the pleasure associated with the gambling** by inhibiting the effects of the released Dopamine .
- Good data on efficacy in terms of relapse prevention
- Dose **50 mg** as good as higher doses
- 6-11 weeks have been trialled.
- **RCPsych Rapid response paper** (HBJ,CD,ST 2016)

Gambling Doctors!



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APPG on Gambling Harm

- Reducing the amounts players can stake on online gambling activities will reduce the likelihood of overspending and therefore reduce chasing losses behaviours.
- Free bets must stop
- The targeting of players via messages and offers must stop
- Improved affordability checks.
- Statutory Levy of 1%
- Gambling to be treated by the NHS

HOUSE OF LORDS REPORT

July 2020

- Select Committee 2020 Social and Economic Impact of the Gambling Industry
- The gambling industry spends £1.5 billion a year on advertising.
- 60 % of its profits come from the 5% who are problem gamblers or at risk of becoming so.
- The harm caused by gambling disorder has not received the same attention as harm from other addictions.
- 50 + recommendations:

HoL report.

- **Independent Ombudsman** to settle disputes
- Affordability checks by operators
- Speed of play checks with respect to online gambling
- Harm of products review
- Loot boxes to be brought under GC
- NHS must open the 15 new clinics by 2023 (parity of esteem with other psychiatric illnesses)

Gambling Review: what to expect?

- LAUNCHED IN DEC 2020. **OUT TODAY????**
- DCMS/DHSC/CROSS PARTY APPROACH
- NEEDS TO BE FIT FOR A DIGITAL AGE.
- FOCUS ON ONLINE +++
- LARGE PENALTIES and ACCOUNTABILITY ?
- BETTER REGULATION + AGE VERIFICATION ?
- **ADVERTS ONLINE /TV/SOCIAL MEDIA**
- INTERFACE BETWEEN GAMBLING /GAMING

TRACKING YOUR PROGRESS

- It can be useful to make a daily record of whether you gamble or not. There are several aims of this task as described below. **Available Tracking Apps**

***Recoverme* (Free for a Year; Apple and Android)**

Recoverme is a mobile health app designed to help those who suffer from a gambling addiction. The app uses CBT and mindfulness techniques to help you recover from gambling-related harms

***Nomo* (Free; Apple and Android)**

Nomo is an abstinence counter app which allows you to track how long you have abstained.



Tracking: climb that mountain


Flat line lapse
not relapse!!

by avoiding gambling. It provides a quote of the day, which can help you to focus on avoiding gambling.

Tracking on Paper

If you are unable to download a tracking app, or would prefer to avoid using a smartphone, you can also keep track of whether you gamble or not on paper, using a tracking graph. In the graph, each horizontal block represents one day. In each block, you are to represent whether you gamble or not by drawing a diagonal line or a horizontal line.

Draw a *diagonal* line going upward for each day that you do not gamble – like this . If you have a lapse and do gamble, draw a *horizontal* line for that day, like this . Once you stop gambling, go back to drawing diagonal lines again, going upward towards the right-hand top corner of the page. An example is shown below, starting on the 21st of the month.



In the example above, this person did not gamble on the 21st or 22nd, then had a slip that lasted two days, represented by the straight lines, and then went back to not gambling on the 25th and 26th. The graph would continue like this throughout the month.

Your task is to get as far up to the top of the page as you can, with each small step indicating days of non-gambling. The graph will cover a time period of about a month. This graph will help you see how much progress you have made.

Keep the tracking graph somewhere handy at home and complete it daily.

MacBook Air

How do you know you have a problem?

- Lie/Bet
- Debts
- % of income on gambling
- Emotional distance from spouse/children
- Neglecting work
- etc etc

Ch2: How do I know I have a Gambling Disorder?

- The QUICK WAY...Two questions always helpful to consider:
- Have you ever **LIED** about your gambling to anyone, tried to conceal the extent of your gambling?
- Have you ever **BET MORE THAN YOU CAN AFFORD TO LOSE?**
- People for whom gambling is an issue tend to **CHASE THEIR LOSSES.**

Problem Gambling Severity Index

- This is a separate and widely used list of questions to the DSM 5 and ICD 11 and gives a severity measure in a self rated way.
- For past 12 months
- 0=never 1=sometimes 2=often 3=always
- 1 Have you bet more than you could afford to lose?
- 2 have you needed to gamble with larger amounts to get the same feeling of excitement?
- 3 have you gone back on another day to try to win back the money you lost?

PGSI

- 4 have you borrowed money or sold anything to gamble?
- 5 have you felt that you might have a problem with gambling?
- 6 have people criticised your betting or told you that you had a gambling problem?
- 7 have you felt guilty about the way you gamble or what happens when you gamble?
- 8 has gambling caused you any health problems, including stress and anxiety?

PGSI

- 9 has your gambling caused any financial problems for you or your household?

Score Categories:

0 non-problem gambling

1-2 low risk gambling

3-7 Moderate risk gambling

8 or above : problematic gambling.

Ch 3: Increasing motivation to stop

- The drive to change one's habits changes day to day. Easy to embark on treatment and drop out. Or self refer then not show up to assessment.
- Strongest memory is the man with mother's ashes.
- Harder when the desire to change is to please spouse/parent etc.
- We work together to make it clear to the patient why it is time to stop being harmed by a habit.
- We use **Decisional Balance** work to do so

Pros and Cons of Change

- Four aspects to this. Lots of work, eventually streamlined to just a few words in one's pocket!
- **What do I like about Gambling?** Sometimes hard to remember when you have lost your home and can't stop gambling
- **What do I dislike about Gambling?**
- People find this easier, mention how it is impacting on their loved ones emotionally and financially, legal consequences etc

Pros and Cons of Change

- **What do I Dislike about Not Gambling?**
- Gambling serves a function to our patients, when not there, it leaves a GAP. Important to be aware of this and explore to avoid triggers. What is missing from life if you don't gamble?
- **What do I like about Not Gambling?**
- Not just the absence of negative things. It is about visualising a world without gambling and how different life would be.

Decisional Balance

- The four questions lead the patient to draw up a sheet with four sections in which they fill in their own answers led by us and by discussions.
- This decisional sheet is then taken a step further with more work on
- Short lived vs longterm gains. How important each item might be on the list
- IN OLD DAYS OUR PATIENTS WOULD CARRY THE PAPER IN THEIR POCKETS/WALLET.
- RUBBER BAND ON WRIST TO REMIND THEM AS THEY REACHED OUT TO GAMBLE!

Plan of Change

- Each patient ends up with a plan:
- My Goal
- How important is it to stop gambling right now?
- What makes it that important?
- What gives me the confidence? Eg past abstinence
- What can I do to increase my confidence? Eg support
- What are my first steps to achieve my goal? Eg I will speak to my partner today about managing my money.
Eg2 I will self exclude from bookmakers.

Creating your own CUE CARD

- EXAMPLE FROM BOOK:
- If I gamble:
- I will lose my partner
- My debts will never end
- I will lose my job
- **If I stop gambling:**
- I will have money to do things I like
- I will be less stressed, feel better mentally
- My children will have a better life

STIMULUS CONTROL

- Gamban software to be installed on devices
- Avoid premises with scratchcards etc
- Self exclusion on sites including lottery
- In bookmakers (MOSES) and Casinos (SENSE)
- Bank cards blocks (Monzo and Starling etc)
- As self excluded online, people drive miles to bookmakers!
- Ensure our outcomes are far better than they would be or were.

Ch 4 Reducing Access to money

Patients told:

Only carry exact money you need

No 'spare money for emergencies'

Purchase vouchers for services you use

Leave bank cards at home

Make accounts visible to spouse/parent /other

Set withdrawal limit on account

Salary paid into spouse's account

Alerts to spouse when you spend

Chapter 6: Reward Schedule

- Regular rewards will help our patients alter their habits and take on more positive nurturing ones.
- Rewards REINFORCE the behavior of not gambling.
- PGs do not feel worthy of rewards due to guilt
- often, no funds for a dinner out or a film
- No time for rewards as two jobs to repay debts...
- The work initially is to convince and guide them.
- Spouses initially doubtful about rewards!

Rewards

- Anything can become a reward.
- Key issue: **you only reward yourself if you manage to stay away from gambling.**
- So a bath ...not a good idea.
- If already abstinent for a while, aim for bigger rewards WEEKLY or MONTHLY eg weekend away etc

Reward Schedule

- A walk at lunchtime
- A sweet treat
- A favourite food

- Make a **contract with yourself** :
- Every day I do not gamble I will give myself
- SPECIAL REWARD AFTER ONE WEEK
- ONE MONTH

REFLECTIONS AND OBSTACLES TO A REWARDS SCHEDULE

- How do you feel about the idea of rewarding non gambling behaviors? Eg guilt!
- How will others around you react to the idea of rewards?
- What obstacles can you see preventing you from implementing your rewards and how might you overcome them?

Ch 7: Cravings and Urges

- Cravings can range from mild edginess and agitation to strong anxiety

At times **excitement** that can lead to planning one's relapse.

Cravings also can appear as gambling related thoughts.

Eg **Anticipatory thoughts about winning.**

Work on recognising cravings will keep people abstinent.

Table: CATCH A CRAVING: to describe what these look like for you.

Cravings..

- Surfing the wave....10 mins
- Will lower the impetus towards the harmful behaviour.
- Remember these patients are impulsive +++
- Structure to give them the ability to embrace DELAYED Gratification (VMPFC...)

Ch 8 Catching and Limiting Triggers early

- A trigger is explained to our patients as something that comes before a gambling episode.
- It threatens your sense of control over your decision to stop gambling.
- It makes it more likely that you will consider gambling.
- These strong thoughts and experiences **WILL DIFFER** from patient to patient and need to be understood and neutralised.
- Triggers are often subtle and **EASY TO MISS**

Examples of Gambling Triggers

- You have had a tense/bad day/anxious.
- in new environment (past peer help...lapsed in Soho)
- You are bored/have spare time.
- You are in a social/professional situation linked to gambling
- You want to test your willpower (heathrow...)
- You want to feel energised/high
- You have received online offers/prompts/ seen adverts
- You have walked past a bookmaker

Personalised table: My Triggers to Gambling

- Someone reminding you of gambling?
- Someone talking of gambling regularly to you?
- Financial worries ... (helpthestudent website!!!) now shut down I hope.
- Routes to work??
- Rooms in the house? Maybe more remote.
- **Identify thoughts that give you permission to gamble**
- **Identify feelings that come before you gamble**

Ch9: Things to do when you don't gamble

- For many of our patients all activities other than gambling no longer have a role/space in their lives.
- No hobbies, no sports no creativity.
- Only SHOULD.
- This leads to feelings of resentment
- And a risk of relapse.
- Helping people return to their past interests/hobbies is important. Eg DJ, saved money, bought kit!!
- **A full page on PLEASANT EVENT/ACTIVITIES!!**

CH 10 GAMBLING PERMISSIVE THOUGHTS- BEWARE

- I WILL FEEL HAPPIER IF I PLACE A BET
- I CAN'T FUNCTION WITHOUT GAMBLING
- I HAVE LOST SEVRAL TIMES NOW, I MUST BE ABOUT TO WIN
- I WILL NEVER BE ABLE TO QUIT, SO I MIGHT AS WELL CARRY ON
- I HAVE MY LUCKY OBJECT, I WILL WIN
- I HAVE A SYSTEM....
- I WILL WIN AND TREAT MY FAMILY (MANY MORE!!)

CH11: Challenging Gambling Thinking and Beliefs

- This chapter is all about how gambling affects patients' thinking and how to become more alert to GAMBLING-PERMISSIVE THOUGHTS.
- The idea is to **replace** these thoughts with new ones that are more likely to sustain CHANGE in the LONG TERM.
- In a way, it is about implementing the decision making skills many of us would use NOT to even start gambling. It does this with tables and personalised action lists.

Ch12: how to get back on track after a Lapse

- Things that may lead to a lapse:
- You do not apply stimulus control (or take off the bans)
- You stop the rewards
- You disengage with the Cue cards and balance sheet work
- Your gambling has stopped but you have not replaced it with more nurturing activities
- Impulsivity takes over your rational thinking and stimulus control not strong enough.

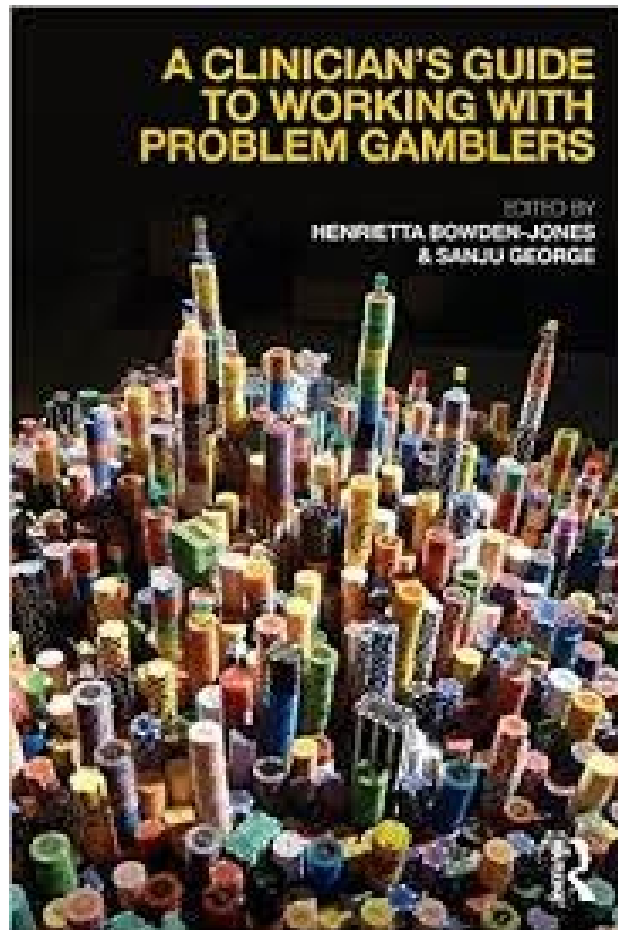
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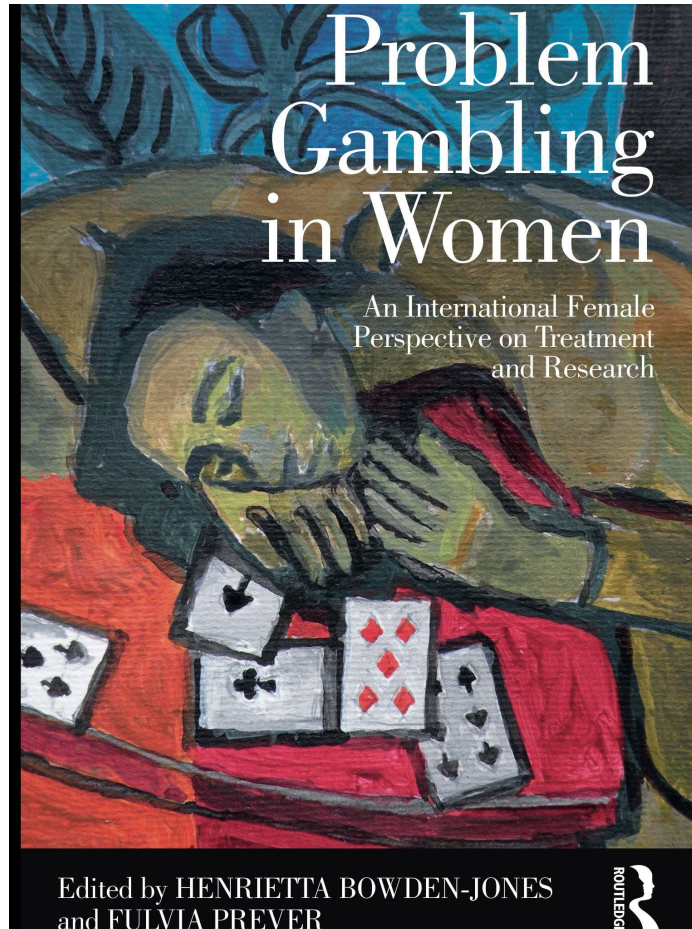




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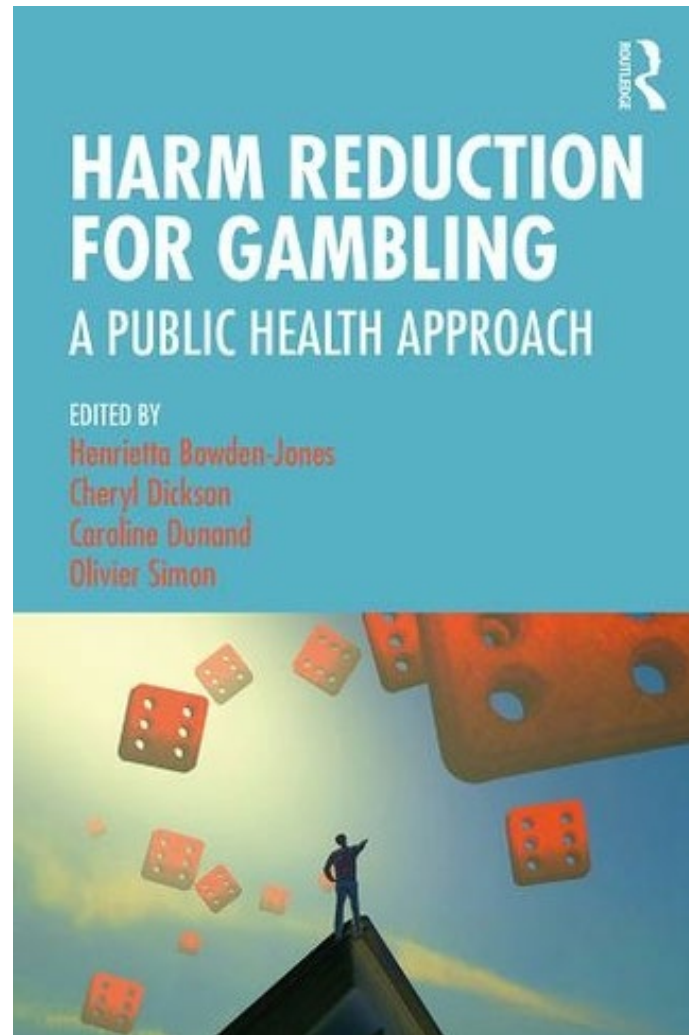
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Any questions?

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