PATHOLOGICAL GAMBLING & CHEMICAL DEPENDENCY

Project Turnabout
Vanguard Program

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Another Chance for Life

Vanguard is a residential program that is leading the way in the treatment of individuals and families experiencing problems related to gambling. This program offers “Another Chance for Life”. The Vanguard Program was awarded “Outstanding Contributor in the Field” at the 2006 national conference on gambling.

Project Turnabout began operating as a chemical dependency treatment center in Granite Falls, Minnesota in 1970. Through the years, Project Turnabout, a non-profit organization, has helped thousands of chemically dependent individuals and their families begin the road to recovery.

In 1991, Project Turnabout established the Vanguard Program for the purpose of offering treatment services to pathological gamblers and their family members. Vanguard offers a residential program that is designed to provide the help and hope necessary to make recovery and life-long abstinence from gambling a reality.

The similarities between chemical dependency and pathological gambling are reasonably apparent. At one time, pathological gamblers were placed in the same groups with chemically dependent people at Project Turnabout. This practice continued until the differences between the two became increasingly obvious. Pathological gambling is a devastating, unique strain of addiction. This pamphlet will explore some of the similarities and unique characteristics.

All profits from the sale of this pamphlet are designated to the “Another Chance for Life” fund which helps those in financial need enter or complete the Vanguard Program.

From the Authors……..

Sandi Brustuen, NCGC II, LADC

Reverend Gregory P. Gabriel

Dear Colleague:

It is our sincere hope that the enclosed pamphlet will heighten the professional community awareness of pathological gambling as a growing problem, regionally as well as nationally.

We can be thankful that pathological gambling can be treated successfully and that treatment is beneficial and rewarding for patients, families and communities.

If we can be of assistance to you, please do not hesitate to call.

Sincerely,

Sandi Brustuen Reverend Greg Gabriel
As opportunities to gamble become more available, more socially acceptable, and technologically more rapid and exciting, it is very likely that helping professionals will be faced with the challenge of diagnosing and treating pathological gambling. “Pathological gambling is a treatable disorder; however, it has been underdiagnosed by professionals who do not think to ask about it.” (Rosenthal). As gambling problems increase, it is clear that professionals will need to ask diagnostic and assessment questions about pathological gambling. This is especially true for chemical dependency professionals, for the co-occurrence of chemical dependency and pathological gambling is frequent (Rosenthal, Custer, Lesieur).

The purpose of this pamphlet is to assist the chemical dependency professional and others to better understand the similarities between chemical dependency and pathological gambling, as well as the unique characteristics of pathological gambling.

**Similarities Between Chemical Dependency and Pathological Gambling**

Both chemical dependency and pathological gambling are disorders resulting in negative consequences for the person and almost always his or her family. Both disorders are described in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders Fourth Edition and have similar diagnostic criteria, including:

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**References**


*Psychiatric Illnesses Suffered by Compulsive Gamblers; Suicide Among Pathological Gamblers; and Compulsive Gambling and Family Violence*. National Council on Problem Gambling Fact Sheets, New York, NY.


• preoccupation with taking and/or seeking substances or gambling and/or obtaining money to gamble;

• consuming more of the substance and/or taking it for a longer period of time than intended or gambling larger amounts of money and/or over a longer period than intended;

• need for an increased amount of the substance to achieve intoxication or desired effect (tolerance) and/or diminished effect with continued use of the same amount or increased size and frequency of bets to achieve the desired excitement;

• characteristic withdrawal symptoms or restlessness and/or irritability when attempting to stop gambling;

• often takes the substances to relieve and/or avoid withdrawal symptoms or repeated loss of money gambling and returns another day to win back the losses (“chasing”);

• repeated efforts to cut down and/or control substance used or cut down and/or stop gambling;

• given up social, occupational, and/or recreational activity to seek and/or take substance or given up activities to gamble;

• continuation of substance use despite social, occupational, legal problem and/or physical disorder that is exacerbated by continued use of substance or gambles despite inability to pay mounting debts.

First recognized by the American Psychiatric Association in DSM III, the diagnostic criteria for pathological gambling found in DSM IIIR were financial problems; lack of respite; limited availability of Gamblers Anonymous and other mutual support groups; and misunderstanding by society. The family members of pathological gamblers are also distinguishable from the family members of alcoholics—chiefly by their confusion, anger, and the urgent need to protect themselves financially.

As gambling opportunities have increased, problems related to gambling including pathological gambling have also increased. There are clear similarities between pathological gambling and chemical dependency in terms of both diagnostic criteria and treatment planning.

There are also unique characteristics of pathological gambling that must be considered and addressed. Chemical dependency professionals have much to offer the emerging field of treatment for persons experiencing gambling problems.

Chemical dependency professionals have an important role to play in responding to persons experiencing problems related to pathological gambling. There is a strong correlation between chemical dependency and pathological gambling. As many as one-third of pathological gamblers may also be chemically dependent.

Chemical dependency professionals can offer important services by:

1. Asking questions about gambling behavior during diagnostic interviews. The South Oaks Gambling Screen (SOGS) can be a helpful instrument to assess the probability of gambling problems.

2. Talking with colleagues specializing in treating pathological gamblers to enhance everyone’s capacity to make appropriate referrals and/or provide practical and helpful treatment services.
The Need to Move Quickly to Protect Family Assets

The family members of an alcoholic might be counseled to “detach with love” from the alcoholic in their life, which is a way of saying that they are not to take emotional responsibility for the alcoholic. If the alcoholic has a history of being physically abusive, the family might be advised to take steps to safeguard their own physical well-being. Where pathological gambling is concerned, however, the first priority is for the family to take measures to protect its financial assets.

If the pathological gambler and spouse have a joint bank account, or if both of their names appear on credit cards, it is imperative that the spouse of the pathological gambler move swiftly to protect himself or herself financially. Usually, the spouse will need to take over all of the financial management of the family, as money is the substance of abuse for a pathological gambler.

Healing Support Needed

The family members of pathological gamblers can expect to find less support than the family members of alcoholics. Al-Anon groups are plentiful, but Gam-Anon groups are few. Some family members of pathological gamblers seek support at Al-Anon even though the program is not expressly for their needs.

Summary

As the problem of pathological gambling gains greater recognition in society, people are beginning to understand and appreciate how it is similar to and differs from the more familiar problem of alcoholism. Pathological gambling is marked by its secrecy, its swift progression, and by the crippling shame of the person afflicted with the disease. There are several other qualities of pathological gamblers that might set them apart from alcoholics, as well: control; introversion; intellectualizing; socioeconomic background; deceit; restlessness; intentionally patterned after those for substance dependence (Rosenthal). The following chart compares current DSM IV diagnostic criteria for psychoactive substance dependence and pathological gambling.

<table>
<thead>
<tr>
<th>Psychactive Substance Dependence</th>
<th>Pathological Gambling</th>
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<tbody>
<tr>
<td>A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:</td>
<td>Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:</td>
</tr>
<tr>
<td>1. tolerance, as defined by either of the following:</td>
<td>1. is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)</td>
</tr>
<tr>
<td>a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect</td>
<td>2. needs to gamble with increasing amounts of money in order to achieve the desired excitement</td>
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<td>b. markedly diminished effect with continued use of the same amount of the substance</td>
<td>3. has repeated unsuccessful efforts to control, cut back, or stop gambling</td>
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<td>2. withdrawal, as manifested by either of the following:</td>
<td>4. is restless or irritable when attempting to cut down or stop gambling</td>
</tr>
<tr>
<td>a. the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for withdrawal from the specific substances)</td>
<td>5. gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)</td>
</tr>
<tr>
<td>b. the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms</td>
<td>6. after losing money gambling, often returns another day to get even (“chasing” one’s losses)</td>
</tr>
<tr>
<td>3. the substance is often taken in larger amounts or over a longer period than it was intended</td>
<td>7. lies to family members, therapist, or others to conceal the extent of involvement with gambling</td>
</tr>
<tr>
<td>4. there is a persistent desire or unsuccessful efforts to cut down or control substance use</td>
<td>8. has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling</td>
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<tr>
<td>5. a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects</td>
<td>9. has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling</td>
</tr>
<tr>
<td>6. important social, occupational, or recreational activities are given up or reduced because of substance use</td>
<td>10. relies on others to provide money to relieve a desperate financial situation caused by gambling</td>
</tr>
<tr>
<td>7. the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)</td>
<td></td>
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</tbody>
</table>
Unique Characteristics of Pathological Gambling

The similarities between pathological gambling and chemical dependency are clear.

As the problem of pathological gambling emerges from the shadows, it becomes apparent that it is a unique strain of addiction. Its own subtle identity is only beginning to make itself known. It is difficult to maintain that pathological gambling is utterly unique—but there does seem to be some distinctive features about this addiction.

Given these similarities, why focus attention on the differences between pathological gambling and chemical dependency? While the problem of alcoholism and chemical dependency has been studied and discussed for decades, the problem of pathological gambling is only beginning to be recognized as something unique. As people start to understand pathological gambling as a problem distinct from alcoholism (and other forms of chemical dependency) they will be able to respond to it more appropriately.

This section will describe some conclusions drawn by professional counselors who have dealt with the problem of pathological gambling and some generalizations from those who have struggled with their own addiction to gambling.

Secrecy

Pathological gambling is an insidious addiction. Alcohol intoxication is observable. The behavior of an intoxicated person is easily recognized and alcohol concentration can be measured with a breathalyzer or blood test. However, a gambling problem is more difficult to detect.

one while in treatment, but the family members of a pathological gambler often just begin to uncover problems while their loved one is in treatment.

Anger

The family members of pathological gamblers commonly experience anger or rage when the depths of their financial losses, due to gambling, are disclosed during treatment. Unlike the families of alcoholics in treatment, they exhibit tremendous hostility, almost a vengeful indignation. “What do you mean you did not pay the income taxes in April?” a man bellowed at his wife. “How could you do this to me?”

The revelation of financial loss can be devastating to a family, and their natural recourse is great anger. The family members of a pathological gambler often sustain financial damage that is greater than the damage an alcoholic inflicts on his or her family through auto accidents, DWIs and loss of employment. “Don’t tell me about any disease!” thundered a wife of a pathological gambler. “That’s just an excuse!”

A study of violence in families where pathological gambling is a factor found that only 11 percent of pathological gamblers were physically abusive towards their spouses (compared to the national average of 28 percent) but that 61 percent of the spouses of pathological gamblers reported that they had either hit or thrown objects at the pathological gambler in their family (National Council on Problem Gambling). These data would seem to point to the explosive anger that is engendered in the family members of pathological gamblers. The family members of alcoholics may have reason to fear violence from their alcoholic, but the family members of a pathological gambler seem to be more likely to perpetrate the violent acts.
that have been affected by pathological gambling from families impacted by chemical dependency: 1) confusion; 2) anger; and 3) the need to move quickly to protect family assets.

Confusion

Due to the secrecy that attends pathological gambling and the swift progression of the disease, the family members of pathological gamblers frequently do not comprehend what is happening. They might sense that something is amiss, and yet not know exactly what it is. Pathological gambling takes the family by surprise with the same suddenness that it descends upon the pathological gambler. The children of an alcoholic might know what the problem is--their mother or father comes stumbling home drunk--but the children of a pathological gambler might not have a clue as to what is wrong.

Since family members are seldom aware of the pathological gambling of their loved one, they are often unable to change any of their own behavior that might be contributing to or enabling the gambling. Unlike the spouse of an alcoholic who will sometimes actively work to cover up intoxicated behavior, the spouse of a pathological gambler may have no knowledge of any problem until secrecy of a financial or legal disaster is discovered.

The family members of an alcoholic tend to be effective caretakers, but family members of a pathological gambler are frequently cared for by the pathological gambler. The husband of a pathological gambler, therefore, is sent reeling when his wife informs him that she has gambled away the money they had set aside for their retirement. He is dazed, confused and feels betrayed.

The family members of an alcoholic might begin to resolve their differences with their alcoholic loved one by the time a person’s alcoholism has gotten out of control, a lot of other people seem to know about it. Pathological gambling, on the other hand, is often easier to conceal. Pathological gamblers seem to have a knack for looking good until they get very near their bottom. Pathological gamblers have been known to rent secret post office boxes to keep their financial dealings away from their spouses, to use fictitious names on their bank accounts, or to hide extra cash in their shoes when they accompany their spouse to a casino.

Usually, it is not difficult for a chemical dependency professional to obtain information from family members when conducting a chemical dependency assessment. Just the opposite occurs when doing a problem gambling assessment. In many cases, family members have no relevant information because the gambling has been kept a secret. Many alcoholics hide their drinking rather effectively, too, but it does not seem to compare with the stealth that attends pathological gambling. It is easier to hide money than alcohol.

Swiftness

Pathological gambling is often characterized by a sudden decline. A person with alcoholism might appear to manage drinking for 15 years before the drinking becomes an overwhelming problem, but the demise of a pathological gambler might take less than a year. Pathological gambling runs its course very quickly, especially when compared to the progression of alcoholism.

Pathological gambling has been compared to a fast moving train. The typical bar scene is “laid back” compared to the frenzied pace of a casino. Gambling is a fast-paced pastime. One pathological gambler in treatment remembered that he had gotten so proficient at pull tabs that he could do three cards at the same time.
An integral part of treatment for pathological gamblers is helping people to slow down. Pathological gamblers in treatment frequently do their reading and writing assignments very quickly, or even work ahead of schedule. It is singularly important for pathological gamblers to acquire patience if they hope to arrest their fleet-footed enemy.

Shame
Pathological gamblers tend to have a particularly wounded sense of self. Typically, they have experienced severe rejection from their parents, abandonment, sexual abuse, or other traumas that have reinforced their feelings of inadequacy in a powerful way. Pathological gamblers are prone to depression and suicide. One hospital that treated pathological gamblers found that 76 percent had struggled with major depression and that 24 percent had attempted suicide (National Council on Problem Gambling). In a Minnesota study of treatment effectiveness, 45% of pathological gamblers reported prior use of mental health services (Stinchfield and Winters).

There is an interesting idiosyncrasy that separates pathological gamblers from alcoholics: pathological gamblers often perceive alcoholics as “blamers.” While alcoholics might hold others responsible for their lot, pathological gamblers are more likely to conclude that they have no one to blame but themselves, and are very susceptible to shame, guilt, and depression.

The secrecy, swiftness, and shame we have observed while working with people affected by pathological gambling are consistently noticeable characteristics. In addition, we have observed other characteristics that often seem to be identifiable among pathological gamblers.

In addition, there are fewer GA groups than AA groups in most communities.

No Respite
The pathological gambler knows no respite except in the gambling action itself. One pathological gambler remembered sweating in desperation as he slept at night. The pathological gambler’s entire being was caught up in the vicious cycle. There is no reprieve for the pathological gambler other than continuing to gamble.

Misunderstood by Society
Another important difference between pathological gamblers and alcoholics, is that there are significantly fewer pathological gamblers in this country. A statistic that is cited rather commonly is that about 10 percent of the populace in this country is alcoholic/chemically dependent. A 1994 study done in Minnesota, on the other hand, found that only about 1.2 percent of the population could be considered probable pathological gamblers.

Many pathological gamblers have lamented that their addiction carries a greater stigma than chemical dependency. On the whole, there is less understanding, tolerance and support in society for recovering pathological gamblers. While gambling itself might be socially acceptable, pathological gambling is misunderstood or considered to be a vice rather than an illness. Medical insurance may cover treatment for chemical dependency, but seldom covers treatment for pathological gambling.

Differences in Families
Just as pathological gamblers seem to differ from alcoholics, so the families of pathological gamblers differ from the family members of alcoholics. Three things can be observed which distinguish families...
Available Support
Gamblers Anonymous (GA) is based on principles similar to Alcoholics Anonymous (AA) and both are mutual help groups guided by 12 Steps. However, there are some distinctions between the programs. GA does not stress God and spirituality in the same way as AA. Comparing the 12 Steps of each group offers an example of some of the differences between GA and AA.

Control
Many pathological gamblers tend to be extremely controlling people. Some actually come to believe that they can control a video poker machine. Consider how much control is wrapped up in the determination to beat the odds of a pull-tab or lottery ticket, to influence the roll of the dice or the cards dealt, or to predict the outcome of a horse race.

This desire to be in control is evident in treatment when some clients attempt to restructure schedules or other aspects of treatment.

Introversion
Pathological gamblers are often introverts. A working definition of an introvert is someone who expends energy in the presence of other people— as opposed to an extrovert who draws energy from others. A pathological gambler might come across as a personable, outgoing sort, but the deeper the truth is that he or she is more comfortable when alone.

Pathological gambling is an isolating activity—not a social activity—so it appeals to introverts. A pathological gambler would rather be absorbed in a video poker machine, or concentrating on a card game, than engaged in conversation.

Socializing itself often becomes a treatment issue for pathological gamblers. They are likely to be found sitting on a couch alone, reading, or listening to music with headset, or even sleeping. For the pathological gambler, socializing can be difficult.

Intellectualizing
Pathological gamblers tend to be bright, fairly well-educated people, many of them from the ranks of professionals. Despite the intelligence of many pathological gamblers, they often engage in irrational thinking.

Pathological gamblers are used to being in charge. Once, when I attempted to make an appointment with a pathological gambler, he questioned me thoroughly as to how our engagement would affect the various other aspects of my daily schedule. In other words, he was worrying about my schedule on my behalf.”

Counselor

<table>
<thead>
<tr>
<th>Alcoholics Anonymous</th>
<th>Gamblers Anonymous</th>
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<tbody>
<tr>
<td>1. We admitted we were powerless over alcohol— that our lives had become unmanageable.</td>
<td>1. We admitted we were powerless over gambling— that our lives had become unmanageable.</td>
</tr>
<tr>
<td>2. Came to believe that a Power greater than ourselves could restore us to sanity.</td>
<td>2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.</td>
</tr>
<tr>
<td>3. Made a decision to turn our will and lives over to the care of God as we understood Him.</td>
<td>3. Made a decision to turn our will and our lives over to the care of this Power of our own understanding.</td>
</tr>
<tr>
<td>4. Made a searching and fearless moral inventory of ourselves.</td>
<td>4. Made a searching and fearless moral and financial inventory of ourselves.</td>
</tr>
<tr>
<td>5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.</td>
<td>5. Admitted to ourselves and to another human being the exact nature of our wrongs.</td>
</tr>
<tr>
<td>6. Were entirely ready to have God remove all these defects of character.</td>
<td>6. Were entirely ready to have these defects of character removed.</td>
</tr>
<tr>
<td>7. Humbly asked Him to remove our shortcomings.</td>
<td>7. Humbly asked God (or our understanding) to remove our shortcomings.</td>
</tr>
<tr>
<td>8. Made a list of all persons we had harmed, and became willing to make amends to them all.</td>
<td>8. Made a list of all persons we had harmed and became willing to make amends to them all.</td>
</tr>
<tr>
<td>9. Made direct amends to such people wherever possible, except when to do so would injure them or others.</td>
<td>9. Made direct amends to such people wherever possible, except when to do so would injure them or others.</td>
</tr>
<tr>
<td>10. Continued to take personal inventory and when we were wrong promptly admitted it.</td>
<td>10. Continued to take personal inventory and when we were wrong, promptly admitted it.</td>
</tr>
<tr>
<td>11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.</td>
<td>11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for the knowledge of His will for us and the power to carry that out.</td>
</tr>
<tr>
<td>12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.</td>
<td>12. Having made an effort to practice these principles in all our affairs, we tried to carry this message to other compulsive gamblers.</td>
</tr>
</tbody>
</table>
A pathological gambler’s mind seems to be working overtime, whether focusing on cards, studying a dealer, concentrating on a video poker machine or analyzing the treatment schedule.

**Socioeconomic Background**
Pathological gambling knows no socioeconomic, cultural, ethnic, age, or gender boundaries. While it is true that pathological gamblers can come from all quarters of society, many of those who find their way into treatment programs seem to be high achievers from fairly wealthy families.

Pathological gamblers are often people who have mounted successful careers. One the whole they seem to be ambitious people, some of whom have made things move in the world of business. Frequently, they are in a position to put their hands on considerable sums of money.

**Deceit**
Pathological gamblers are skilled at cloaking their own personal problems and issues. One counselor who had worked with both pathological gamblers and with alcoholics came to the conclusion that “pathological gamblers are downright sneakier than alcoholics.” Chemically dependent people might possess a capacity for dishonesty, but pathological gamblers seem to carry it off with a greater flair.

Pathological gamblers often give the appearance of being model patients while in treatment. In reality, they are striving to figure out the system of a treatment program, and then fit into that system, in much the same way they participate in the gambling “action.”

**Restlessness**
Pathological gamblers seem to be quick to complain of boredom. They tend to be energetic, industrious, and conscientious workers. On the other hand, they also seem to become irritable when they are not occupied; they often have a hard time keeping still.

As one pathological gambler revealed, he liked to win money at the casino, but the real joy was the gambling “action” itself. Pathological gamblers have a void in their lives which they strive to fill with activity. A pathological gambler seeks the thrill of the chase even more than any potential financial rewards.

**Financial and Legal Problems**
Most alcoholics who seek help at a treatment center will be compelled by a crisis--be it legal, marital, physical, vocational, or financial. Pathological gamblers will inevitably be driven to get help by problems that are distinctly financial. The crisis that forces a pathological gambler to get help will always have a financial dimension. Many alcoholics come to treatment without any money, but pathological gamblers are likely to come to treatment deep in debt. One treatment center for pathological gamblers admitted patients who were in debt an average of $25,000 per person. Pathological gamblers tend to come to treatment with grave financial troubles.

The financial and legal problems which pathological gamblers often bring to treatment usually cannot be resolved with a simple apology or a change in lifestyle. Pathological gamblers often face legal problems that are essentially financial in nature: bad checks, forgery, embezzling, insurance fraud, credit card fraud, or theft. One survey of pathological gamblers found that two-thirds of them had supported their gambling habit through illegal activities (Minnesota Planning).