MARCH 2021 PGS TREATMENT ONLINE LEARNING SERIES oregoncpg.org/learn

Session 3 with John Ackley, CADC-II, CGAC-II



Welcome!

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Julie Hynes Oregon Council on Problem Gambling Executive Director







Housekeeping: Resources

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Housekeeping: CEUs



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Today's Presenter

John Ackley, CADC-II, CGAC-II Counselor Bridgeway Recovery Services





"THE FINAL BET" - TRACKING THE PROGRESSION OF ADDICTIVE GAMBLING BEHAVIORS

JOHN ACKLEY, CADC II, CGAC II

Why this concept ?

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- No clear or concrete explanation for the disparity/prevalence of suicide among gamblers when compared to other addictions
 - (Risk as "drug of choice" for the gambler, with money initially representing risk to real world resources. Individuals with pathological gambling frequently report suicidality, with 17%–48% reporting suicidal ideation and 9%–31% reporting suicide attempts in their lifetimes) (1)
- Lack of logic in presupposing that Gamblers experience higher depression/hopelessness than other addicts
 - If this is in fact not the case, is there another process at work within the gambling behaviors that creates the condition where thoughts of suicide become an artifact of the gambling behavior itself?

Underlying concepts supporting progression:

- Suicide rate is higher for gamblers than all other addictions.
- Risk as "drug of choice" for the gambler, with money initially representing risk to real world resources.
- Durand Jacobs Model

Risk as underlying tolerance factor for gambling behaviors.

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- Merriam-Webster online defines <u>Risk</u> as: 1: possibility of loss or injury : <u>PERIL</u>
- > All resources are finite, scaling the nature of the risk (air, water, time VS \$\$)
- Most Common resource identified in gambling is money; how over time, energy, attention, and other factors are all resources that become subject to risk.
- > What money represents
- As with substance use, initial use generally starts comparatively small, and as thrill/excitement for that level of risk is normalized (tolerance), increased risk of resources is required to achieve "high" and entry into dissociation/Dream World.
 - Neurotransmitter responses play a factor in tolerance requiring greater risk, and the interplay between Dream World (mind) interacting and impacting baseline neurotransmitter levels (brain) (similar to other process addictions such as sex addiction?)
- Conceptual underpinning explaining increased tolerance for risk of resources over time

General Theory of Addiction Durand F. Jacobs (1989, 2001)

According to Jacobs, addiction is defined as:

"A self-induced dependent state, acquired over a period of time by a predisposed person in an attempt to relieve a chronic stress condition."

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The five building blocks that support this definition:

There are two identifiable factors that pre-dispose a person to become addicts:
 a. The person has an abnormal resting arousal state.
 b. The person has suffered trauma in their life.

(Usually during, but not exclusive to, early childhood)

2: Addictive patterns of behavior represent an attempt by the person to reduce, to actually self-treat, the stresses caused by these pre-disposed conditions. 3: The addictive behaviors represent the means for escaping the internal and external stressors for which the person has no ready means of escape. 4: The chosen substance or activity serves as a "vehicle" that carries the person into a dissociated state. When in this dissociated state, the addict may create and act out a preffered identity, or by blocking out all thought, feeling, and memory, create a condition of welcome oblivion.

5: Relapse reveals that the person has not yet learned sufficient methods for coping with the historical and current (real life) stressors.

There are THREE stages to the addiction process:

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1) STAGE OF DISCOVERY – Simply, a sudden discovery of substance or activity that makes the person feel much better. Once discovered, this new source of relief is chosen to relieve the former aversive state.

2) STAGE OF RESISTANCE – This is the longest stage of the addiction process, during which the person resists any attempts by others to stop, or discourage him or her from indulging. Typically, the person will deny the extent of their indulgence.

3) STAGE OF EXHAUSTION – The addiction is no longer working for the person as it once had. The patterns of indulgence are manipulated with much (frantic) effort in order to reinstate the former, highly pleasurable peak experience.

Threes stages of Gambling Progression

- <u>Winning Stage</u> Entry into gambling behaviors/experience. No previous experience with associating gambling behaviors with excitement response and elevated neurotransmitter response associated.
 Possibly first instance of being "Okay" (vs. "Not Okay To BE Me") engendered by chronic stress condition)
- 2) <u>Addictive Stage</u> Subconscious has assimilated that gambling can treat the chronic stress condition through entry into the Dream World. This can potentially be greatest feeling of RELIEF that person has known, and is NOT dependent upon winning (still in Dream World when losing as well), which sets stage for increased wagering, as goal has shifted from winning \$\$ to winning TIME (time escaping "Not Okay To BE Me")
- 3) <u>Chaos/Crash Stage</u> Tolerance has increased past ability of \$\$ to be sufficient risk, and usually concurrent with this is increase negative feedback/challenge from life resources. Risk/betting now subconsciously (I have yet to have a client acknowledge this prior to being introduced to this model) shifts to risking life resources themselves, with \$\$ as merely the means of generating the increased risk (MUST lose to place the bet).

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Winning or Entry Stage



Increased resources = repeated behavior

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1st Big Win

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Increased resources = repeated behavior

\$\$ flows from Real to Gambling and back



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Increased resources = `

repeated behavior

Increased resources occur in the NOW

\$\$ flows from Real to Gambling and back

Increased resources = repeated behavior

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Increased resources occur in the NOW

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Increased resources = repeated behavior

Increased resources occur in the NOW

\$\$ flows from Real to Gambling and back

> \$\$ represents risk of resources

Increased resources = repeated behavior

\$\$ flows from Real to Gambling and back

Increased resources occur in the NOW

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\$\$ represents risk of resources

Perceived pleasure from win/increased resources drives repeat behavior

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Addiction Stage





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Increased need for dissociation as means of distress regulation

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Increased need for dissociation as means of distress regulation

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Dissociation facilitated by futureoriented focus I.E. "The Next Bet"

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Dissociation facilitated by futureoriented focus I.E. "The Next Bet" Increased need for dissociation as means of distress regulation

Shift from "Now-based" perception/goal to Future-Fantasy Dissociation (Dream World)

Increased need for dissociation as means of distress regulation

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Dissociation facilitated by futureoriented focus I.E. "The Next Bet"

Need for dissociation drives increased "loss" betting" as goal is not for winning.

Shift from "Now-based" perception/goal to Future-Fantasy Dissociation (Dream World)



Increased need for dissociation as means of distress regulation

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Conflict starts to develop between fantasy of the win, and need to dissociate

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Dissociation facilitated by futureoriented focus I.E. "The Next Bet"

Need for dissociation drives increased "loss betting" as goal is not for win.

Shift from "Now-based" perception/goal to Future-Fantasy Dissociation (Dream World)

Conflict starts to develop between fantasy of the win, and need to dissociate

Risk Tolerance grows, requiring more and more resources

Increased need for dissociation as

means of distress regulation

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Chaos/Crash Stage


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- Relationships Freedom
- Safety/Security Life

- Integrity

- Relationships Freedom
- Safety/Security Life

Integrity

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Risk to these life resources now becomes the wager being placed

- Relationships Freedom
- Safety/Security Life

Integrity

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Risk to these life resources now becomes the wager being placed

Losing is now REQUIRED in order to place these wagers, accelerating conflict win vs. loss (dream world vs. reality)

- Relationships Freedom
- Safety/Security Life

Integrity

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Risk to these life resources now becomes the wager being placed

Based on life structure there is no order to these, and can overlap with others Losing is now REQUIRED in order to place these wagers, accelerating conflict win vs. loss (dream world vs. reality)

- Relationships Freedom
- Safety/Security Life
- Integrity

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Risk to these life resources now becomes the wager being placed

Based on life structure there is no order to these, and can overlap with others Losing is now REQUIRED in order to place these wagers, accelerating conflict win vs. loss (dream world vs. reality)

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Gambler has "risked" their life once, ultimate tolerance has been attained. There is no risk beyond this point

- Relationships Freedom
- Safety/Security Life

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Based on life structure there is no order to these, and can overlap with others Losing is now REQUIRED in order to place these wagers, accelerating conflict win vs. loss (dream world vs. reality)

> Gambler has "risked" their life once:, ultimate tolerance has been attained. There is no risk beyond this

All gambling now is in service of generating sufficient distress to risk life, every time.

Integrity

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In Summary, as the gambler's behaviors escalate, their tolerance out-strips their available finances, despite the fact that in their dream world continues to be focused on money and its perceived value to rescue them. They usually are largely, or completely unconscious of the shift in resources being gambled, as well as being largely unconscious of the shift to having to lose at their gambling in order to place the larger bet on their life resources.





Contact:

John Ackley, CADC II, CGAC II Balancingthegray@gmail.com

Citations

- (1) Blaszczynski, A., & Farrell, E. (1998). A case series of 44 completed gambling-related suicides. Journal of Gambling Studies, 14, 93–109.
- (2) Jacobs, D. F. (1986). A general theory of Addictions: A new theoretical model. Journal of Gambling Behavior, 2(1), 15-31. <u>https://doi-</u> org.scroll.lib.westfield.ma.edu/10.1007.BF1019931
- (3) Custer, R. L. (1984). Profile of the pathological gambler. The Journal of Clinical Psychiatry, 45(12, Sect 2), 35–38.

Thank you! Reminders: Access recording, resources and evaluation (required for CEUs!) for each session via:

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Problem Gambling Awareness Month

www.oregoncpg.org/problemgambling-awareness-month

Got events? Please send us a note so we can signal boost you! → julie@oregoncpg.org





Opioids Roundtable Discussion Wednesday March 17 from 2-4pm

Separate registration! https://bit.ly/opioids-PGS



Wrap-Up Session March 18 from 3-4pm

- Wrapping up key takeaways from our presentations
- Preview of OHA PGS On Demand, In Depth Problem Gambling Training for SUD and MH Providers
- State of the PG Treatment System in Oregon, and Future Vision for the System



Next session: Wed 3/10 9-11am

Trauma and Body in Gambling Disorder

Julio Iñiguez, LMFT, CGAC-II, CADC-I Same link as today!



