

grm RESOURCE CENTER

VOLUME 1, ISSUE 2

JANUARY 2008

gambling recovery ministries
life saving outreach
to problem gamblers and their loved ones

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This issue:

SPECIAL FOCUS MATERIALS!!

Seniors & Gambling



grm RESOURCE CENTER X 2 =

- a newsletter / resource packet *and* a library-welcome center! Our first edition described the **grm RESOURCE CENTER** as both a newsletter and packet of materials for instant printing and use. This second issue introduces you to the GRM Office and Resource Center. After GRM's initial two years, an apparent need for a single focus ministry and more room resulted in our accepting Mt. Tabor UMC's invitation, in 2003, to set up an office within their large, multi-purpose education wing.

As mentioned previously, God has blessed us with a wide variety of program and outreach materials. A 2005 federal grant provided funding for excellent videos, DVDs, books, and educational kits. From the Councils on Problem Gambling of Indiana, Kentucky, and New Jersey and the Illinois Outreach Foundation came brochures, booklets, flyers, posters, and videos.

Financial contributions from churches and individuals have made it possible for us to purchase additional booklets; and there are numerous GRM-generated brochures and PowerPoints, as well. *Providing free, educational materials on compulsive gambling and recovery is a vital part of GRM's ministry to hurting folks desperately seeking answers.*

Then too, the Center is *a place of welcoming*: supportive consultations with individuals and family members, GA/Gam-Anon Meetings, planning, study, and research all take place in this terrific space with four beautifully, arched windows.

Come and visit us!

Blessings!

Janet

Reverend Janet Jacobs, Director

COMING TO THE EVANSVILLE/ROCKPORT AREA !!

"A Look at Problem Gambling and Recovery"

Presented by Curtis Barrett, PhD* and Reverend Janet Jacobs

Sunday March 9 ... 9:30 AM Methodist Temple UMC*

Monday, March 10 University of Evansville Counseling Staff *

BONUS PROGRAM! Sunday March 9 ... 6:00 PM Rockport First UMC

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GRM is an Advance Special of the South Indiana Conference of The United Methodist Church.

HOW TO TELL A FRIEND . . .

When you feel that someone you know has a gambling problem, what do you say?

How can you be of help? Here are some ways to communicate your concern.

The following are five additional steps to take in dealing with a friend whom you suspect has a gambling problem. The first five suggestions were included in the September 2007 GRM Newsletter with # 5 appearing directly below.

*****Share your feelings and how your friend's behavior is impacting you.
I feel ... I am concerned ... I am worried ... I care ...

6. Keep the focus as expressed above: **do not use judgmental or accusatory language.**
7. **Set your boundaries** as to the limits you will have with regards to offering help. Offering financial help is only a bailout and, therefore, not advisable.
8. **Offer emotional support and assure him/her that (s)he is not alone** in getting help for the gambling problem, provided the friend expresses a desire to take steps toward recovery.
9. **Participate with your friend in activities that are not gambling related.** (S)he will need to fill time (away from gambling) and to be with others who, also, are not gambling – or talking about gambling.
10. **Inform your friend of help resources for him(her):** Indiana Help Line, GA Help Line nearby certified gambling addiction counselors, GRM, etc. Be prepared to assist the person to make the call and/or to attend an open GA Meeting with him(her). Check out the closest Gam-Anon Meeting to you. This support organization is specifically for family members and friends of problem gamblers. **Call any of these resources yourself for more information – they serve as help for you in coping with your friend's situation!**

FYI *The American Society on Aging provides free training and technical assistance concerning problem gambling and older adults. Training objectives present the following materials: prevention education to non-profit organizations and government agency personnel; information on treatment resources and the recognizable signs of problem gambling. Participants can learn, also, about problem gambling research and how to apply it to program development. For further details, contact www.asaging.org/pg*

FACTS ABOUT PROBLEM GAMBLING AND OLDER ADULTS

- Problem Gambling among older adults has devastating results on lives, including loss of a lifetime of saved income, and suicide.
- In 2005, there were estimated 7,105 emergency department visits for nonfatal self-inflicted injuries among U.S. adults 65 and older, with more than 80 percent of these visits identified as suicidal behavior. *CDC Study, SPAN USA website, October 2007*
- Older adults now form the largest group of annual visitors to Las Vegas. *The Las Vegas Convention and Visitors' Authority*
- Between 1975 and 1998, the over 65 age group experienced the greatest increase in gambling, both for lifetime (from 35% to 80%) and for past-year (from 23% to 50%). *Gambling Impact and Behavior Study, 1999*

A study by the Pennsylvania State College of Medicine and the University of Pennsylvania found that of 843 senior citizens randomly surveyed, 70 percent had participated in some gambling activity in the last year. Of those, about 11 percent could be considered at-risk gamblers, which means they put down more than \$100 on a single bet—more than they could afford to lose, or both.

"Jackpots Hard to Resist for Some Elderly" - July 27, 2007 abcnews.go.com

FREQUENTLY ASKED QUESTIONS . . .

Isn't problem gambling just a financial question?

No. Problem gambling is an emotional problem that has financial consequences. If all of the debts of a problem gambler are paid, it still remains that the person is a problem gambler. The *real* problem is that (s)he has an uncontrollable obsession to gamble.

How much money do you have to lose before gambling becomes a problem?

The amount of money that an individual wins or loses does not define a problem gambler. Gambling becomes a problem when it causes a negative impact on *any* area of the individual's life. Even if a problem gambler may go only on periodic gambling binges, the emotional and financial consequences will still be evident in the gambler's life - including the effects on the family.

(Source: Nevada Council on Problem Gambling)

HELP LINES . . .

State of Indiana Problem Gambling Referral Line (800) 994-8448
GA and Gam-Anon Hot Lines Indianapolis (866) 442-8621; Louisville (888) 442-0628
Cincinnati & Northern Kentucky (888) 746-4942; Dayton (937) 449-9911; Chicago (866) 442-8620

more grm news!

a year at a glance:
2008 ... so far

January 8-9

GRM Board 2008
Planning Retreat

February 24

Columbus District
Missions Conference
*Workshop: Recovery
Issues & Problem
Gambling* at 3:30 PM

March 9

Presentations: *A Look
at Problem Gambling
and Recovery* at
Methodist Temple
UMC, Evansville:
9:30 AM
Rockport First UMC:
6:00 PM

March 10

University of Evans-
ville: *Counseling Staff
Enrichment Session on
Problem Gambling*

April 16

Bloomington:
Religious Leaders of
Monroe County:
Presentation: *Outreach
to Problem Gamblers
and Their Loved Ones*
10:00 AM

June 8, 9, 10

SIC Annual
Conference: *GRM
Information Booth*

**** Throughout the
Year:
praying for
and supportive
consultation with
individuals**

ANNUAL EDUCATION & AWARENESS EVENT

January 31 and February 1

Holiday Inn North, Lexington, KY

An excellent continuing education conference presented by the Kentucky Council on Problem Gambling! Registration is \$100 (\$75: KCPG); 11 CE units are offered by the National Council on Problem Gambling. Contact KY Council Director, Mike Stone, at (502)223-1823 or e-mail kmstone@mis.net for more information.

GA / GAM-ANON MINI-CONFERENCE

February 1 - 3

Holiday Inn North, Lexington, KY

All are invited to this annual, open event featuring workshops, keynote speakers, and open GA and Gam-Anon Meetings. Registration is \$30 for the Saturday, February 2, *day-only* event. *The Saturday workshops and plenary sessions provide an excellent opportunity to hear rewarding testimonies of recovery!* Contact Tony S. at (859)533-8954 for details on the full conference & scholarship info.

RECOVERY ISSUES WORKSHOP OFFERED at MISSIONS CONFERENCE !!

February 24 (Snow Date March 2)

North Vernon First United Methodist Church

2:00-4:30 PM

Recovery Issues & Problem Gambling Workshop will be presented at the Columbus District Missions Conference on Sunday, February 24 by therapist and Greater Cincinnati Area's only nationally certified gambling counselor Lawrence Erhardt. Included is a special Q & A time to ask those tough questions about gambling addiction, relapse, and recovery. Workshop time: 3:30-4:30 PM.

FINDING PEACE OF MIND ...

through prayer and words of hope and help

What is the "supportive consultation" offered by Gambling Recovery Ministries? When individuals seek answers to the baffling and devastating effects of compulsive gambling, often the response is *I thought I could just stop ... and Before now, I've never seen any information* [on problem gambling]. In addition to informative discussion on the nature of gambling addiction and recovery and the giving of many free materials, the opportunity for prayer is offered. Always, gratitude is expressed; and specifically, the feedback of *peace of mind* has been given. To share words of God's love to the troubled is - without question - a wondrous blessing to both the giver and the receiver. *Please, continue to pray for this special ministry!*

INCLUDED IN THIS ISSUE!! On the Shelves ...

grm resource materials on Problem Gambling & Seniors

E-mail jjacobs@grmumc.org for programming use of these resources.

If you wish to be removed from this newsletter mailing list, please, e-mail jjacobs@grmumc.org

Newsletter Inserts
(Printed on Both Sides)

SPECIAL FOCUS:

seniors and gambling

on the shelves . . .

grm resource materials

Brochures:

- "Gambling Problem?": Indiana Problem Gambling Awareness Program
- Gambling Away the Golden Years

Flyers:

- Clues and Warning Signs of Suicide in the Elderly (S.P.I.C.E. Senior Prevention Intervention Counseling Education; Shawnee Regional Prevention and Recovery Services, Topeka, KS)
- Detecting Senior Gambling Problem (S.P.I.C.E.)
- Gambling Addiction Among Older Adults (General Board of Church & Society *News Room*)
- Older Adults with Problem Gambling Treatment Issues (S.P.I.C.E.)
- Risk and Protection Factors for Older Adults (S.P.I.C.E.)

Videos/DVD's (to be used for GRM outreach programming)

- Compulsive Gambling and Recovery: The Other Gamblers ... Women and Seniors (M. Brubaker)
- Gambling Away the Golden Years (North American Training Institute)
- In Search of Balance: A Problem Gambling Educational Kit Designed for Senior Citizens (North American Training Institute)
- What Should I Say? What Should I Do? (Minnesota Council on Compulsive Gambling)

Guidebooks/Training Programs

- A Resource Manual: Understanding and Preventing Older Adult Suicide (S.P.I.C.E.)
- SAGE: Seasoned Adults Gambling Experience: A Training Program to Address Problem Gambling in Older Adults www.parstopeka.com
- ** Contact Rev. Janet Jacobs for more information on these & other materials with GRM programming.

Clues and Warning Signs of Suicide in the Elderly

Verbal Clues

- I'm going to kill myself.
- I'm going to commit suicide.
- I'm going to end it all..
- I want to end it all.
- I just want out.
- You would be better off without me.

Behavioral Clues

- donating body to a medical school
- purchasing a gun
- stockpiling pills
- putting personal and business affairs in order
- making or changing a will
- taking out insurance or changing beneficiaries
- making funeral plans
- giving away money and/or possessions
- changes in behavior, especially episodes of screaming or hitting, throwing things, or failure to get along with family, friends, or peers
- suspicious behavior, for example, going out at odd times of the day or night, waving or kissing goodbye (if not characteristic)
- sudden interest or disinterest in church and religion
- scheduling of appointment with doctor for no apparent physical cause or very shortly after the last visit to the doctor
- loss of physical skills, general confusion, or loss of understanding, judgment, or memory

Situational Clues

- recent move
- death of a spouse
- diagnosis of terminal illness
- flare-up with relative or close friend

Symptoms of Late-Life Depression

- change in sleep patterns, particularly insomnia
- change in eating patterns, especially loss of appetite
- weight loss
- extreme fatigue
- increased concern with bodily functions (e.g., frequent complaints of constipation, loose bowels, aches and pains, dizziness, increased heart rate)
- change in mood, particularly if listless, apathetic, angry, hostile, nervous, irritable, depressed, sad, or withdrawn
- expression of fears and anxieties without any reason
- low self-esteem or self-concept, feelings of worthlessness, pessimism

Warning Signs of Alcoholism in the Elderly

- increase in amount of alcohol or number of alcoholic drinks taken
- behavioral manifestations of anger, hostility, belligerence
- odor of alcohol on breath, especially in the morning
- flushed face
- trembling and the "shakes"
- blackout periods
- hangovers
- alcoholic hepatitis, cirrhosis, chronic gastritis
- drinking in spite of medical admonitions against alcohol use
- problems with family members, friends, or relatives
- inability to do simple tasks, confusion, slurred speech, or retarded motor skills
- inability to conduct normal everyday tasks without drinking
- financial problems related to alcohol use

B-6



Senior Prevention Intervention Counseling Education
2209 SW 29th • Topeka, KS 66611 • 785-266-8666 • Fax: 785-266-3833

DETECTING SENIOR GAMBLING PROBLEMS

Not everyone who drinks alcohol will become an alcohol abuser. Not everyone who gambles regularly or heavily is a problem gambler, but the following actions indicate a problem:

Alcohol:

Drinking to calm nerves, forget worries, or reduce depression.

Losing interest in food.

Gulping drinks and drinking too fast.

Lying about drinking habits.

Drinking alone with increased frequency.

Injuring oneself, or someone else, while intoxicated.

Getting drunk more often (more than 3 to 4 times in the past year).

Needing to drink increasing amounts of alcohol to get the desired effect.

Frequently acting irritable, resentful or unreasonable during non-drinking periods.

Experiencing medical, social, or financial problems that are caused by drinking.

SOURCE: American Medical Association

Gambling:

Gambling to calm nerves, forget worries or reduce depression.

Losing interest in food.

Always talking about, thinking about, or planning a gambling activity.

Lying about gambling habits.

Gambling alone with increased frequency.

Depriving oneself or someone else of basic needs in order to gamble.

Gambling with more frequency.

Needing to gamble increasing amounts of money to get the desired effect.

Frequently acting irritable, resentful, or experiencing financial problems caused by gambling.

Experiencing medical, social, or financial problems that are caused by gambling.

SOURCE: Florida Council on Compulsive Gambling

Risk and Protective Factors For Older Adults

Domain	Protective Factors	Risk Factors	Either*
Individual/Developmental	<ul style="list-style-type: none"> a. Religiosity b. Activity level c. Perceived autonomy 	<ul style="list-style-type: none"> a. Functional deficits b. Affective disorders c. Transitional life events d. Constitutional factors e. Prior use history f. Socio-economic status 	<ul style="list-style-type: none"> a. Personal attitudes toward alcohol use, drug use, and medications b. Personal attitudes toward medical care c. Coping skills
Medical Services/Settings	<ul style="list-style-type: none"> a. Pharmacy medication mgt b. Specialty gerontologist 	<ul style="list-style-type: none"> a. Intensity of assisted living b. Quality of care c. Poor prescribing practices d. Inadequate drug coverage in medical insurance plans 	N/A
Family/Peer/Caregiver	<ul style="list-style-type: none"> a. Sense of inclusion/belonging 	<ul style="list-style-type: none"> a. Abuse b. Family history of substance use problems c. Relationship change 	<ul style="list-style-type: none"> a. Quality of caregivers b. Family attitudes about alcohol use, drug use and medications
Community	<ul style="list-style-type: none"> a. Sense of attachment 	<ul style="list-style-type: none"> a. Sense of safety b. Mobility 	<ul style="list-style-type: none"> a. Norms about alcohol use, drug use, and medication b. Social support

*Either: Factors that may either enhance protection or increase risk of substance use problems.

Adapted from: "Model Policies and Practices for Creating Substance Abuse Prevention Partnerships," presented by CSAP, April 5, 2002, ASA/NCOA Annual Conference, Denver, CO.

G-5a



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Answering these questions will help determine if you may be developing a problem with gambling.
prepared by Gamblers Anonymous

ARE YOU A COMPULSIVE GAMBLER?

1. Did you ever lose time from work or school due to gambling?
2. Has gambling ever made your home life unhappy?
3. Did gambling affect your reputation?
4. Have you ever felt remorse after gambling?
5. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Did gambling cause a decrease in your ambition or efficiency?
7. After losing did you feel you must return as soon as possible and win back your losses?
8. After a win did you have a strong urge to return and win more?
9. Did you often gamble until your last dollar was gone?
10. Did you ever borrow to finance your gambling?
11. Have you ever sold anything to finance gambling?
12. Were you reluctant to use "gambling money" for normal expenditures?
13. Did gambling make you careless of the welfare of yourself and your family?
14. Did you ever gamble longer than you had planned?
15. Have you ever gambled to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?

17. Did gambling cause you to have difficulty sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. Did you ever have an urge to celebrate any good fortune by a few hours of gambling?
20. Have you ever considered self-destruction or suicide as a result of your gambling?

Most compulsive gamblers will answer yes to at least seven (7) of these questions.

Compulsive gambling is both diagnosable and treatable.

State of Indiana Referral 1-800-994-8448
Gamblers Anonymous 1-213-386-8789
Gam-Anon 1-718-352-1671

**For speakers, confidential information,
and/or help contact:**

The Gambling Recovery Ministries Office

Phone: 812-926-1052 (Leave a Message)

Email: jjacobs@grmumc.org

www.grmumc.org

Adapted from information provided by
The Council on Compulsive Gambling of New Jersey, Inc.



Gambling ...
in
the
Golden Years



THE PROGRESSION

Most compulsive gamblers will go through three (3) phases:

Winning Phase

Gambling is fun and provides the *escape* sought after. Losses are rationalized as bad luck. A senior may daydream about gambling to escape reality and think that gambling is their most exciting activity.

Losing (Chasing) Phase

As losses increase the senior gambler will borrow money to *get even*. Lies to family, friends, or spouses escalate. Another common danger sign is withdrawal from family and friends or other social activities due to increased gambling.

Desperation Phase

Occurs as the senior gambler becomes obsessed with obtaining money to *cover losses*.

Severe mood swings may begin to manifest themselves, failing health may occur, and the senior gambler may commit crimes such as stealing and passing bad checks. They may begin to sell investments, possessions and borrow on their homes or investments.

Credit card fraud may occur in the desperate attempt to acquire funds to continue to gamble to win back what they have lost. When panic sets in, suicide may be considered a way out.

THE STORIES

After my husband died I was lonely and depressed. The excitement of gambling helped to fill the void, and what was an innocent form of entertainment now had become an obsession. Within four years I lost the \$400,000 it had taken us forty years to save.

I played them all - lotteries, numbers, tracks and illegal sports betting. I lost almost everything. My wife finally told me "if you continue, you're gone." I'm clean today and very grateful.

I began to go to Atlantic City for something to do. The excitement and casino atmosphere helped me to forget my loneliness and troubles. I took an \$80,000 line of credit on my retirement home for money to gamble with, lost the money and lost my home.

HOPE FOR RECOVERY

Seniors can learn that gambling has its downside; and like drugs or alcohol, gambling can lead down the road to addiction. However, just like other addictions, compulsive gambling is diagnosable and treatable. Gamblers Anonymous can help older persons with gambling problems; and Gam-Anon can be a great help to family members and friends of problem gamblers.

LSU STUDY: PROBLEM GAMBLING IN INDIANA

In 1998, Louisiana State University made a study of problem gambling in the State of Indiana. The study found that approximately 5.3% of adults were problem gamblers and 0.8% were compulsive gamblers. This number is consistent with national data. A survey of Indiana adolescents in grades 6 through 12 gave a problem gambling rate of 11.2% and a compulsive gambling rate of 7.5%. A comparison of the combined problem-compulsive rate of 6.1% for adults and the combined problem-compulsive rate of 18.7% for adolescents highlights the increased risk to children in Indiana. The rates of problem-compulsive gambling for Indiana adults and adolescents are consistent with national data for the United States and Canada.

Older Adults With Problem Gambling Treatment Issues

- Care must be taken to effect the best therapeutic strategy for the best chance at success. This should include a comprehensive treatment plan and a comprehensive continuing care plan
- The perceived stigma due to age considerations (view of gamblers as weak or degenerates) will undermine the therapeutic relationship
- A retrospective approach can be helpful - older adults have more invested in the past than expected of the future
- Behavior modification techniques can be used successfully, particularly with late-onset problem gamblers
- Consistency is essential. Frequent use of individual sessions may be necessary.
- Therapy must be SAFE, CONFIDENTIAL, and a place for sharing deficits
- A same-age sponsor is a very helpful model
- Networking with social workers, etc., can result in shared information and better mutual referrals
- Issues such as transportation, support systems, finances, and housing are often critical treatment planning issues for older adults with problem gambling
- Neither early or late onset seniors present for care through usual networks, EAPs, courts, family, etc.
- Older adults are often outside of the mainstream of society. Many older adults no longer drive, no longer work outside the home, and many live alone
- The primary route of intervention with older adults is through the medical profession because of their physical concerns. However, medical professionals often fail to diagnose problem gambling issues.
- Older adults often need to regain or establish self-identify and re-socialization.
- The therapeutic approach must involve treatment of co-existing physical and/or mental disorders: Arthritis, chronic pulmonary disease, diabetes, depression, anxiety, substance abuse, and medication mismanagement

A-18a



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- Clinical practice with this population requires: desire, flexibility, sensitivity, patience, and honest introspection
- Be aware of hearing and vision deficits. These can lead to frustration, hostility, and paranoia
- Grief and loss counseling is essential for many older adults. Such counseling should include loss of family, friends, loss of mobility, perceived beauty losses, and health. All have profound negative influences on self esteem.
- Telephone counseling can be extremely valuable. Sensitive subjects can be discussed openly with a degree of anonymity.
- Older adults must have alternatives to gambling that match their life style (cost availability, physical barriers, etc.), are fun and are rewarding
- Family and friends need to be part of the treatment team
- Self neglect is common with older adults with problem gambling. Ask about medication management. Provide information about the importance of good nutrition and rest.
- Include financial counseling

A-18b



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General Board of Church and Society News Room, March 15, 2007
The United Methodist Church

Topic: Gambling Addiction Among Older Adults

(excerpts from) *The Church Needs to Be Informed*
by Andrew J. Weaver, Ph.D. and Harold G. Koenig, M.D.

"The marked increase in places and ways to gamble over the past 15 years has been accompanied by an increased frequency of addiction to gambling among older adults. It is vital that the faith community be informed about the negative effects of gambling on many older adults. Signs of gambling-related problems are not well known, nor does the general public understand that gambling can be addictive. We live in a society that spends more than 500 billion dollars annually on some form of gambling. That is more than we spend on movies, sporting events, concerts, and the theater combined.

Pathological gambling is the diagnostic term for a gambling addiction. According to the American Psychiatric Association it is "persistent and recurrent maladaptive gambling behavior" that continues despite adverse consequences that are disruptive to one's life. Approximately 2.5 million adults in North America (between 1.6 percent and 1.9 percent) suffer from pathological gambling, with an additional 5.3 million adults (3.9 percent) at risk for the disorder. For comparison, the rate of cocaine abuse or dependence is estimated to be 0.2 percent. In a survey of 343 adults aged 60 years and older attending senior centers and other community activities 6.4 percent of the respondents were classified as problem gamblers and an additional 3.8 percent as pathological gamblers.

Pathological and problem gambling among older adults has destructive consequences including stress, alcohol abuse, loss of income and assets, and increased psychiatric problems. Addicted older gamblers are much more likely than older adults without a history of gambling to have disorders associated with alcohol (43.2 percent versus 8.0 percent), illicit drugs (4.6 percent versus 0.7 percent), mood (39.5 percent versus 11.0 percent), anxiety (34.5 percent versus 11.6 percent), and personality (43.0 percent versus 7.3 percent).

Like alcohol, gambling is a social activity for most people. For some older people who are widowed or live away from other relatives, other gamblers and the people who work in gambling establishments become their source of social support. Thus, gambling activities become part of a much larger social interaction that may meet deep psychological needs. However, for a significant minority it is devastatingly addictive. Most compulsive gamblers say that they seek the "high" of betting through increasing the amounts of money they wager. They tend to "chase" the losses of one day with increased betting on the next day. Experts argue that gambling for some individuals is no less potent than heroin or cocaine and that gambling is the fastest growing addiction in the United States.

... Researchers have begun to find that religious involvement can be a protective factor against problem gambling. In a nationwide sample of U.S. adults, religious attendance

was inversely associated with the risk of problem gambling. ... In two other studies, among individuals in Nevada and Australia, the frequency of gambling was inversely related to the level of importance of religion for the person and the frequency of attendance at religious services.

... Gamblers Anonymous (GA) is a 12 step group that encourages members to admit their problem and gives group support to help participants gain control over gambling. GA members recognize the loss of reality brought by compulsive gambling and confront their own distorted thinking. Family members may join Gam-Anon, which is modeled after Al-Anon, for group support. ...

Cognitive and behavioral therapies can be used to reframe thinking patterns and change habits that promote gambling behavior. Patients are taught to identify and record situations that bring on the compulsion to gamble and recognize the distorted thinking that they can win against the odds. These treatments have been tested and shown to work. In a recent study of Canadian men who entered a course of treatment for pathological gambling using a cognitive-behavioral model that included relapse prevention training, 86 percent were no longer gambling a year after treatment.

Gambling is a real problem that has serious negative consequences for many elderly persons. It is important that clergy and church members be informed about the dangers and how to offer guidance in finding help."

Andrew J. Weaver, M.Th., Ph.D., is a retired United Methodist pastor, clinical psychologist, and co-author of 12 books, including *Counseling Survivors of Traumatic Events*.

Harold G. Koenig, M.D., is Professor of Psychiatry, Associate Professor of Medicine, and Co-Director of the Center for Spirituality, Theology, and Health at Duke University Medical Center. He has authored/co-authored 30 books including *Counseling Troubled Older Adults*.

RESOURCES:

Institute for Research on Pathological Gambling and Related Disorders: Division on Addictions, Harvard Medical School, 10 President's Landing, 2nd Floor, Medford, MA 02215; (781)306-8604

National Council on Problem Gambling: 216 G Street, NE, Suite 200, Washington, DC 20002; (800)522-4700; www.ncpgambling.org

North American Training Institute: 314 West Superior Street, Suite 702, Duluth, MN 55802; (888)989-9234; www.nati.org

**Something to think about . . .
the possibilities of vulnerability**

Reasons Older Adults Gamble

- For entertainment and excitement
- To cope with losses:
 - Decline in health
 - Loss of partner
 - Loss of vehicle
 - Retirement
 - Loss of home
 - Chronic pain
 - Disabilities
 - Abuse

 S.P.I.C.E.

Reasons Older Adults Gamble

- To add income or waiting for the "Big Win."



 S.P.I.C.E.

Reasons Older Adults Gamble

- To experience feelings of elation and well-being which may diminish their awareness of physical and emotional pain.

 S.P.I.C.E.

Reasons Older Adults Gamble

- As people reach retirement, vulnerability toward compulsive behavior intensifies.

Missouri Alliance to Curb Problem Gambling

 S.P.I.C.E.

Reasons Older Adults Gamble

- To gain a purpose in life



 S.P.I.C.E.

Reasons Older Adults Gamble

- Marketing targets older adults using "senior friendly" themes:
 - Slot Club Promotions
 - Buffet Discounts
 - Drawings
 - Escorts



 S.P.I.C.E.

Resource: Senior Prevention Intervention Counseling Education (S.P.I.C.E.)
2209 SW 29th . Topeka, KS 66611 . 785-266-8666

Why Educate Seniors about
Problem Gambling?

- so they won't become victims or enablers
- so they will recognize PG in themselves and get help
- if PG does develop, they have less opportunity to recover losses

(Arizona Office of Problem Gambling)

a son about his mother...

"... She's so ashamed . . . that she'll just lie ... and it just makes a culture of distrust in the family."

abcnews.go.com/GMA/story?id=

"And so you've got very conflicting interests between having fun and risking your life's savings."

from ... "Jackpots Hard to Resist for Some Elderly"
abcnews.go.com/GMA/Story?id=3412323

*Why Do Seniors Become Victims
OR Enablers?*

- ** may have \$ for bailouts
- ** fear loss of relationship
- ** lack of knowledge about PG's progressive nature
- ** unaware of help for PG

(Arizona Office of Problem Gambling)

*Are Older Adults More
Vulnerable?*

LOSS of:

*Freedom Friends
Loved Ones
Identity Income
Mobility Health*

(Arizona Office of Problem Gambling)

Are Older Adults More Vulnerable?

- > *Savings*
- > *Home*
- > *Car*
- > *Relationships*

(Arizona Office of Problem Gambling)

Something to think about . . .