Gambling Disorder is a Family Problem: The Impact on Families and Best Practices for Treatment,

*Presented by Cheryl B. Almeida, PhD*

The Substance-related and Addictive Disorders chapter in the DSM 5 now includes a non-substance related disorder: Gambling Disorder. This disorder is characterized by an individual experiencing persistent and recurrent pattern of gambling behavior that disrupts personal, family and/or vocational pursuits. PG is often referred to as the “Hidden Disorder” masked by other co-morbid addiction and compulsive behaviors and is often overlooked when doing the initial diagnostic (Menchon, 2018). The prevalence of PG is 10X higher in substance abuse populations. It is inexcusable to omit screening for Problem Gambling with this population. Nevertheless, what about other populations vulnerable to this problem including the elderly, veterans, adolescents, lower SES groups and at-risk groups.

Considering the predominance in multiple populations, it makes sense to integrate screening questions for Problem Gambling into all our assessments. The power of gambling has far-reaching impact. The costs to the individual and the family are high. “Almost all compulsive gamblers… have issues at home with their family because of their addiction. Gambling problems affect the functioning of family members including children, parents, siblings and grandparents and intimate relationships. Impaired family relationships, emotional problems and financial difficulties are some of the most common impacts on family members of people with gambling problems. There is consistent evidence of an association between gambling problems and family violence. The children of problem gambling parents are at a much higher risk of developing gambling problems than the children of non-problem gambling parents” (Neg. Effects) Through early screening and therapy, we can help families to identify the issues, cope with the loss and develop skills for facing the problem effectively. Looking at the signs and symptoms of this disorder, the impact on the relationships and the treatment options available will allow practitioners the opportunity to turn Problem Gambling behaviors into a new way of life for the Problem Gambler and for the family. Menchon, J. (2018). Prime recommendation of early risk and protective factors for problem gambling: A systematic review and meta-analysis of longitudinal studies. Post-Publication Peer Review of the Biomedical Literature. Negative Effects of Gambling Addiction. (n.d.). Retrieved from https://theoakstreatment.com/gambling-addiction/negative-effects-of-gambling-addiction/.
Thursday, June 25, 2020

11:00 AM – 12:00 PM Breakout Session Number 1
Addictions Track
An Introduction to Opioid Use Disorder and Medication Assisted Treatment
Presented by Brian Russ, PhD, LPC, NCC, DCMHS

Prevalence data suggests there are approximately two million individuals who have an addiction to prescription opioids with another 467,000 being addicted to heroin (Center for Behavioral Health Statistics and Quality, 2016). According to Rudd, Seth, David, and Scholl (2016) opioid drug overdoses have nearly tripled from 1999 to 2015. Most recent data indicated that in 2017 there were 47,600 drug overdose deaths involving an opioid (Seth, Scholl, Rudd, & Bacon, 2019). In part, this problem lies in the increased pressure on medical doctors to manage pain over the past two decades. This has led to over prescribing by physicians, allowing for patients to have access to large quantities of powerful opioid painkillers. As the supply increased, so did the addiction. Recently, prescribers have become more conservative with their painkiller prescribing, which has led to a quick decrease in supply. Thus, those with opioid use disorder (OUD) are turning to the streets to get their drugs, and since painkillers are much more difficult to find and more expensive, people are turning to heroin, which is much more dangerous, especially with the potential for it to be laced with other drugs like fentanyl, a powerful synthetic opioid. To be prepared to address this serious concern, clinical mental health counselors need to be adequately trained to work with clients with OUD, with a special emphasis on those practices that have a strong evidence base. Medication Assisted Treatment is an evidenced based modality for treating OUD with the combination of psychotherapy and medications designed to reduce cravings and withdrawal symptoms. Specific to opioid addiction, the most commonly used medications are methadone, naltrexone and buprenorphine products, like Suboxone. These medications have opioid agonist and/or antagonist properties that offer individuals with opioid addiction a level of stability not found in heroin or prescription painkiller abuse. Once a level of physiological stability is reached, clients are more invested in counseling; and, therefore, they can address the psychosocial factors that are impacting their addiction.
Friday, June 26, 2020
11:00 AM – 12:00 PM Breakout Session Number 1
Addiction Track | Neuroscience Track
Building Approach Motivation: Enhancing Wanting, Liking and Reward Learning
Presented by Gary G. Gintner, PhD, LPC-S, NCC
The brain has two major motivation systems with associated neural substrates: an approach motivation system designed to seek out reward and linked to positive emotions and an avoidance-motivation system aimed at responding to danger and associated with negative emotions. A range of disorders including anxiety disorders, depression, substance use disorders, schizophrenia and bipolar disorder show dysregulation in both of these systems which results in high levels of negative affect as well as dysregulated approach motivation (e.g., anhedonia, mania and substance use). While our current treatments do a good job of addressing negative emotions and avoidant coping, these treatments show minimal impact upon improving positive emotions and indices of approach motivation. This may be why treatment effects show poor durability over time. Guided by affective neuroscience, several treatment protocols have been tested that target components of approach motivation such as reward seeking (wanting), reward enjoyment (liking), and reward learning. The program reviews these treatments and discusses cognitive, behavioral and experiential techniques for cultivating reward sensitivity, enjoyment and engagement in rewarding experiences. Case examples are used to illustrate applications with clinical populations.

3:00 – 6:00 PM Breakout Session Number 2 & 3
Addictions Track | Specialized Clinical Assessment Track
How to Use the Clinical Mental Health Counselor’s Decision Matrix for Medical Marijuana
Presented by Aaron Norton, MA, LMHC, LMFT, MCAP, CRC, CFMHE, DCMHS
In the United States, medical marijuana is now broadly or partially legalized in 31 states, though it remains illegal under federal law. Variation in state and local laws can create confusion for mental health counselors. Additionally, many counselors were trained to be attuned to the dangers and drawbacks of potentially addictive substances such as marijuana, yet we also sometimes work with clients suffering from debilitating biomedical conditions who might benefit from medical marijuana. This training was designed to provide counselors with a decision tree for choosing an appropriate course of action when working with clients presenting with medical marijuana cards. PLEASE NOTE: This breakout spans two sessions (3:00pm - 4:15pm and 5:00pm - 6:30pm). You must attend both sessions to receive full 2.75 CE credit.