Facilitating the treatment of Incarcerated Adults utilizing the collaboration between state agencies and contracted provider

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Our **mission** is to provide and support effective problem gambling prevention, treatment, and education programs throughout Arizona.

Our **vision** is a sustainable continuum of services that reduces to a minimum level the impact of problem gambling in Arizona.
Office of Problem Gambling

100% of funding comes from gambling revenues:

Tribal gaming + Lottery funds
What the compacts require regarding problem gambling

- Fund our office
- Post the help line number at the entrances and exits
- Provide for and enforce self exclusion
- Prevent minors from gambling
- Not use advertisements designed to induce minors to gamble
- Limits on wagers
- Prohibit ATMs from being in close proximity to gaming devices
- Prohibiting certain financial transactions (i.e., extending credit; accepting needy family and individual benefit checks and debit cards)
Treatment Service Overview

• Provider Qualifications
  – Licensed behavioral health professional
  – 30 hours of problem gambling specific training
  – Clinical supervision for first 200 hours of services

• Client Eligibility
  – Problem gambler or person affected
  – Can not be refused services based on inability to pay
Treatment Services Overview

• Outpatient services only
  – Individual
  – Family
  – Group
  – Phone & crisis phone services
  – Outreach

• Contracts are fee-for-service
  – Require 12 CEUs per year
  – Four clinical supervision calls
Measuring Treatment Outcomes

• **Problem Gambler SAT (Self Assessment Tool)**
  – 9 items on gambling behavior; urge strength, frequency, preoccupation & control; preoccupation with gambling; control of thoughts; gambling in past 30 days and prior to treatment
  – 14 items on quality of life indicators – level of satisfaction with vocation, family, friends, recreation, health, decision making, housing, self care, self esteem, money and gambling
  – 2 items on suicide
    • Morbid thoughts
    • Suicidal thoughts

• **Person Affected SAT (Self Assessment Tool)**
  – Eliminates the 9 gambling behavior items
  – All other items are the same
  – Gambling questions are for the identified client’s own gambling behavior
SAT Protocol

- Given to client at intake and every 90 days
- Must have initial SAT in the DMS to receive reimbursement
- DMS provides notification of SAT due within 2 weeks of due date
- Management report allows for 2 weeks +/- actual date to be considered compliant
- Given at Discharge
Forensic Populations

“A Review of problem gambling in forensic populations suggests that 1/3 of criminal offenders meet criteria for problem or pathological gambling. This is the highest rate yet found in any population.”

- Williams, Roysten, Hagen
  University of Lethbridge
Around 50% of crime by gamblers in prison is committed to support gambling. Statistics show that there is roughly a 40% prevalence of gambling within correctional facilities. This appears lower than in the general population. However, incarcerated adults who gamble do so regularly and problem and pathological gamblers are disproportionally represented among this group.
Gathering Statistics

• It is difficult to study these populations because in many countries gambling is prohibited.

• For example, in the United States, gambling in the Federal Prison System is not tolerated and considered a “moderate category offense”.

• Most of the studies found were conducted in other countries like Australia & New Zealand
Results

• Gambling in prison occurs at a somewhat lower rate than in the general population. However, when you consider how highly it is prohibited, the rate is rather high.
• Opportunities to gamble are readily available to inmates.
• Those inmates who do participate in prison are more likely to be problem and pathological gamblers.
Prison Gambling Treatment Program
Hypothesis

• Persons who participate in counseling for problem gambling, while incarcerated, will report reduced problem gambling symptoms (thoughts/urges to gamble), increased ability to control these thoughts/urges to gamble, and increased personal wellbeing and relationship satisfaction.
Methods

• Recruitment
  – Voluntarily Joined Program
  – South Oaks Gambling Screen of 10 or Greater
  – 147 participants from 2009 to current

• Measure
  – 57 Completed baseline and discharge survey

• Intervention
  – Changing the Odds Treatment Program
Problem Gambler Self Assessment Tool

(L. Knower, Ph.D.)

• Likert Scales
• Perception of thoughts and urges to gamble
• Perception of ability to control thoughts and urges.
• Wellness
• Life Satisfaction
• Family and Friend Relationships
• Suicide
• Intervention
• 12 Hours - Workshops and Groups
  – Understanding Gambling Addiction
  – Managing Thoughts Emotions and Actions
  – Developing Healthy Relationships
  – Relationship with Money
• Eight Individual Sessions
  – Insight, Planning, Problem Resolution, Increase Recovery Capital
Population Characteristics
## Age Start and Age Problems

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Treatment History

Prior Treatment

- Yes: 25%
- No: 75%

Prior Tx - Gambling Counselor

- Yes: 2%
- No: 98%
Self Exclusion

Yes 1%

No 99%
Criminal Acts Related to Gambling

- Embezzlement: 3%
- Bad Checks: 4%
- Theft: 7%
- Fraud: 19%
- Robbery: 21%
- Other: 28%
Co-occurring Concerns

- Depression: 27%
- Anxiety: 18%
- Alcohol: 18%
- Drug: 18%
- Harm Others: 7%
- Harm Property: 3%
Financial Concerns

- Credit Card Debt: 47%
- Borrowing Family Friend: 3%
- Savings: 9%
- Bad Checks: 8%
- Borrowing Others: 6%
- Payday Loan: 4%
- Bankruptcy: 13%
- Contemplating Bankruptcy: 2%

2%
Problem Gambler Self Assessment Tool

- Previous Thirty Days
- Range from 1 to 5
- Common Factor Analysis
  - Thoughts/Urges to Gamble
    - Items 1, 2, 3, 5
  - Ability to Control Thoughts/Urges
    - Items 4, 6
  - Wellbeing
    - emotional health, self-esteem, decision making, spiritual, decisions
  - Family Life/Friendships
    - Satisfactions with Family and Friend Relations
- Paired Samples t test, n=57
  - Intake and Discharge (3 to 4 Months post intake.)
Preliminary Results

- Thoughts/Urges to Gamble
- Control of Thoughts/Urges
- Wellbeing
- Relationships
Decreased Thoughts/Urges to Gamble

(p<.001)

N=57
Increased Ability to Control Urges/Thoughts

(p < .001)

N = 57
Increased Wellbeing \( (p<.01) \)

N=57
Family/Friend Relationships (ns)

N=57
Discussion

• A significant number of people may be incarcerated with gambling problems that contribute to their gambling behavior.

• Participation in a skill based cognitive behavioral problem gambling treatment may reduce thoughts/urges to gamble, increase ability to manage thoughts/urges, and improve overall wellbeing.
Limitations

• Sample group was majority male (93%).
• Results Preliminary
  – 57 discharge surveys
• Methodology - Surveys
  – Based on participant’s perception of internal states and external conditions.
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