

TIPS FOR AOD PRACTITIONERS WORKING WITH GAMBLING CLIENTS

By Paul Schreuder

Working with a client who presents with Problem gambling (or non-substance use disorder as per the DSM V, is in many ways similar to working with substance use disorder clients. Tolerance develops, loved ones are hurt, society suffers, similar therapies are employed and the continuum from use to misuse applies.

Short-term gratification often occurs and a disorder of automaticity gets a hold of some clients. There are however important differences to consider, and turning a blind eye to someone who no longer has concerns about their AOD use, but has turned to 'lady luck' for escape or excitement, has to be avoided! More suicides have been linked to out of control gambling than addiction to substances.

Some things for practitioners to reflect on include:

- Gambling disorders are invisible, no smelly breath, slurred speech, direct tissue damage.
- No overdose or physiological hangover.
- Money acts as both a reward and trigger
- The ratio of reward is variable and intermittent, thus making it exciting and often leads to the 'gamblers fallacy' where losses are seen as a signal that 'a win' is just ahead.
- Issues of grandiosity may be more prevalent amongst gamblers
- Secrets and lies often accompany gambling behaviours
- Gambling is promoted as gaming rather than a risk taking activity
- Society may find it easier to accept and admire people who manage to recover from substance addiction, whilst not trusting the person who had a history of out of control gambling that lead to stealing to feed the habit
- Some research findings have found that there are more socially phobic gambling clients than clients who have addiction to substances
- Gamblers may be more superstitious and believe that they are lucky
- Long term consequences may be more profound due to incarceration through fraud and business failures, mortgagee sales etc. making it harder to get employment or loans.