

Helping Partners in a Relationship with a Problem Gambler

Therapist Manual

UCLA

Gambling Studies Program

California Department of Public Health

Office of Problem Gambling

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Disclaimer: This Therapist Manual is designed to assist in the treatment for partners or spouses of problem and pathological gamblers. This manual is currently being evaluated for effectiveness and the results will be made available through the Office of Problem Gambling. These results will help to determine best treatment practices. There is no representation, warranty, or guarantee that this compilation is error-free.

Gathering Information and Treatment Planning

Module 1

Introduction

The discovery or disclosure of a gambling problem in a relationship can be devastating. In the aftermath, a substantial number of partners living with a problem gambler feel alienated from family, friends, and other sources of support. Partners report feeling ashamed, embarrassed, and afraid of being judged by others who may discover what has happened in their relationship. Secrets, lies, and deception used by gamblers to maintain gambling activities can also cause partners to feel confused, hurt, angry, and uncertain about their future. Finding a therapist, who is willing to listen, understand, and offer guidance, can be an invaluable resource for a partner of a problem gambler. Although the first session with a partner should focus on information gathering, assessing needs, and developing treatment goals, many partners just need to tell their story about what living with a problem gambler has been like.

Goals

- Listen empathically while seeking to understand and validate the experience of a partner living with a problem gambler.
- Gather information, assess needs, develop treatment goals, and a treatment plan.

Materials

- Handouts and Worksheets (Worksheets 1.0, 1.1)
- Audio File Overview

Gathering Information

Some therapists prefer to let clients talk about what's on their mind during a first session. If clients have high levels of anxiety about their circumstances, they may feel the need to talk a lot in the first session in an attempt to ensure the therapist understands their situation. However, anxious clients can also "shotgun" therapists with so much information that the session is unproductive or ask therapists to comment prematurely on their situation before having all the facts. Likewise, if a client is feeling

discouraged, hopeless, or depressed, they may need the therapist to lead with questions that help them tell their story. For this reason, it may be helpful if therapists have a semi-structured way of gathering information through specific questions while also allowing some flexibility for clients to talk about things that may be particularly important to them.

Basic information gathered in a first session may include: type of relationship the client is in (e.g., marriage, domestic-partnership), how long have they been in the relationship, the current living situation (e.g., renting, own, living with family or friends), do they have children, employment status (what are the forms of financial support), education, what do they do in their spare time (e.g., hobbies or interests), medical history, and types of social support (e.g., friends, family, religious leaders, co-workers, community organizations, professionals, neighbors). Some therapists find it more useful to have clients complete an intake form in order to gather this information so the session time can be devoted more on the clients presenting concerns. Questions that may be more germane in the first session with a client usually focus on efforts to understand what the clients experience has been living with a gambler and the consequences they've encountered as a result of the gambling activities. Below is a list of questions that might be helpful:

- What has brought you to my office now as opposed to a few months ago or a few months from now? Has something happened recently?
- What information has led you to believe that your partner has a gambling problem?
- How long have you known that your partner's gambling activities might be problematic? Did you know about your partner's gambling activities before the relationship began or did this come up after you were already involved?
- How was information related to gambling behaviors obtained? Was it discovered, voluntarily disclosed, or did something happen that forced your partner to disclose their gambling activities? If your partner is still gambling or returns to gambling would you know or would it be hidden?
- Does your partner admit to having a problem? If not, how do they explain the current situation? Are they receiving help or would they be open to getting help?
- What issues or consequences are you facing as a result of the gambling activities? What have you done so far to protect financial assets?
- Amidst everything that has happened, what feels the most pressing, stressful, or burdensome for you at this time?
- Historically, what do you do in situations where you feel overwhelmed, stressed, or uncertain about what to do?

- Who else knows about what has happened? What type of reaction did they have?
- What information do you lack or are you unsure about that would help you respond to your situation with greater confidence or certainty.
- What resources do you have that might help you? What resources do you feel like you're lacking?
- What is your understanding about what contributes to a gambling problem?
- In some situations, problem gamblers become angry or aggressive when the truth about their behavior is known. Has your partner ever done anything or threatened to do anything physical toward you or another member of your family (e.g., push, shove, hit, slap, punch).

As clients respond to questions such as those above, basic counseling skills of listening empathically, seeking to understand the client, and validating their experience are critical. Partners have a story to tell and they want someone to understand what their experience has been like living with a problem gambler.

Collaboration with Clients

In the next few sections, therapists are encouraged to work together with the client to assess needs and establish treatment goals. The emphasis on *collaborative efforts* to foster shared decision-making¹ comes from research suggesting that such approaches are likely to result in better treatment outcomes. Partners generally come from a place where they have been victims and suffered consequences related to choices made by the problem gambler. They may feel insecure or have self-doubts about their ability to make good decisions, especially in situations where they feel they have been duped by the gambler. Although it is tempting to give advice and be directive with partners about choices they should make, such approaches deprive clients of the opportunity to regain confidence and feel more empowered in their decision-making abilities. Thus, therapists are strongly encouraged to work together with partners to assess needs and set treatment goals. This approach assumes that both the client and the therapist have respective strengths and important information that can contribute to the helping and healing process. Throughout the therapeutic process as questions arise, remind the client “...yes, that is a critical question you’re asking but the response will take some time to uncover and ultimately the answer must

come from you, but our discussions should be helpful in your efforts to finding the best approach.”

Assessing Needs

Much of the information gathered in the first session can help therapists assess the needs of a partner. Emotional needs can include having support from a therapist, feeling validated, emotionally safe, and experiencing empathy from others. Partners will often have physical needs to feel financially secure that may fall outside the expertise of therapists and require referrals to other professionals such as financial advisors or attorneys.

Assessing the needs of the client should also be a collaborative effort. It can be helpful to ask clients about their needs and more importantly how they might rank their needs based on priorities. Clients may be unaware of some needs and experienced gambling therapists can offer valuable insights and suggestions about additional needs for the client to consider. Once needs are identified and agreed upon, a treatment plan can be established that outlines various interventions that will address the client’s needs.

Developing Treatment Goals

It is important to keep in mind that a partner cannot be in therapy to “change someone else’s behavior.” Subsequently, goals should focus on things the partner can change about themselves and their situation. Some goals will focus on what is necessary to restore the client back to their prior level of functioning. For example, a depressed client needs to reestablish a normal mood state. However, some goals will likely focus on helping clients to cultivate and maintain “new normals” in their life. In other words, if a client is to move forward in a healthy way, it will likely require them to let go of “the way things used to be.” This can be difficult but any other course of action would be counterproductive as it would focus restoring a client’s previous lifestyle or pattern of behaviors that may have been contributing to their current problems. For example, a client may have been engaging in behaviors that enabled their partner's gambling activities. As a result, a treatment plan focused on improving assertiveness, establishing boundaries, and improving communication might help foster a new normal void of any enabling patterns.

Treatment plans generally contain information about strategies designed to address the client's problems. Each problem should be stated using specific language that identifies *what* it is that needs treatment. Each problem statement in a treatment plan should be accompanied by evidence of signs (what is observed) and symptoms (what the client self-reports) that support the existence of the problem. Possible examples of problem statements for the partner of a gambler are illustrated below:

Problem 1: Inability to be assertive with the problem gambler and others as evidenced by the clients self-report of avoiding confrontation or speaking up for themselves, signs of shyness and being timid during the counseling session, a low score on the Assertiveness subscale on the *NEO-Personality Inventory*, and a chronic history of having personal needs be unfulfilled.

Problem 2: Depression as evidenced by an elevated high score of 63 on the *UCLA Depression Scale*, results from a psychological evaluation, depressed affect during counseling session, and client's self-report of feeling down, worthless, fatigued, sluggish, hopeless about the future, and difficulty sleeping.

Problem 3: Inability to cope effectively with stressful situations as evidenced by client's self-report of giving up or quitting in the wake of stress, elevated scores on the *Stress Proneness Scale*, and difficulty identifying strategies to address problems related to current stressful life events.

I recently met with a client who had engaged in some gambling behavior that had significant consequences and devastated friends and family. When I asked him what issues he thought should be the focus of therapy, he replied "I don't know." I asked him how he thought his choices might be impacting those he claimed to love and care about. He responded by saying "It's created a lot of problems" but he was unable to discuss specific ways in which his choices affected his family or friends. I was struck by his lack of awareness and insight regarding the serious consequences associated with his behavior. Subsequently, one of the problems listed in his treatment plan was "Client lacks awareness or insight about the impact of his behavior as evidenced by his inability to specifically identify harmful consequences, self-report of 'I don't know,' clinically low scores on an Empathy Scale, and apparent lack of understanding or remorse when asked about how his choices might have impacted those he claimed to care about."

Gambling Counselor

Once problems are identified, treatment goals and accompanying objectives can be established collaboratively with the client. Goals consist of statements about the condition or problem that will be the focus of change. Goals may include behaviors that the client will perform and can incorporate learning new skills, ways of thinking, or adaptive strategies of coping more effectively with challenges. Generally goals are positively worded abstract statements that are not tangibly observed. For example, we cannot actually see someone learn, reduce stress, or see their depression subside. We can, however, observe activities or skills that are strongly linked to these phenomena. These “doing” behaviors or activities are called *objectives*. Subsequently, a well written treatment plan will contain treatment goals with objectives that identify skills or activities that will help the client achieve goal attainment. Consider the following statements as they help clarify the difference between goals and objectives.

Examples of Goals verses Objectives

- Client will cultivate greater assertiveness with others. (Goal)
- Client will practice saying “no” to 3 requests a day and journal feelings “no.” (Objective)
- Client will learn stress coping strategies. (Goal).
- Client will do breathing exercises 23 times each day for 35 minutes. (Objective)
- Client will gain insight about irrational thinking patterns. (Goal)
- Client will keep a daily record of thinking errors and situations where they recruited correction rational thoughts. (Objective).
- Client will learn to manage household finances (Goal).
- Client will attend a local college evening class on managing money. (Objective).
- Client will obtain a copy of their credit report (Objective).
- Client will develop a social support network (Goal).
- Client will attend a weekly Gam-Anon meeting (Objective).
- Client will become educated about problem gambling (Goal).
- Client will read the book *Behind the 8-Ball* by Berman and Siegel. (Objective).
- Client will attend a weekly Assertiveness Skills course. (Objective).

The primary purpose of goals and objectives is to facilitate a change in how clients feel, think, or behave. When drafting goals, it may be helpful to think about how

Treatment Plan

Problem: Client lacks awareness about finances in her marriage. This lack of understanding enables her husband to misuse money for problem gambling activities.

Goal A: The client will develop understanding and increased awareness about financial matters in her marriage through the following objectives:

1. Attend a local college evening class on managing money.
2. Obtain a free copy of her credit report online from www.annualcreditreport.com and ask her husband to request his credit report online for her to review.
3. Make a list of all financial assets, liabilities, revenues, and expenses.
4. Meet with a financial therapist to review finances with her husband and create a budget.
5. Download and read the booklet titled *Personal Financial Strategies for the Loved Ones of Problem Gamblers* from the National Council on Problem Gambling at www.ncpgambling.org
6. Assume responsibility for household finances.

Example of Partial Treatment Plan

achieving a particular goal will address the client's problems. Objectives, should be well thought out and consist of more than just a list of "doing" behaviors. Counselors and clients should carefully draft objectives that are manageable, achievable, and contribute directly to goal attainment. In this regard, it is helpful to be aware of empirically supported treatment interventions for various presenting problems. For example, mindfulness meditation has been shown to enhance stress coping in a variety of populations across multiple studies.² Thus research would support an objective that required attendance at a mindfulness class as part of a goal associated with stress management. Using empirically based interventions constitutes part of best practices and increases the probability of positive treatment outcomes.

Drafting a Treatment Plan

When drafting a treatment plan, it is helpful to remember that this document is frequently modified or revised. Some problems may be resolved on their own or treatment goals may become obsolete. As a result, a treatment plan doesn't have to be perfect because it will be changing throughout the treatment process. However, having a treatment plan that contains the essential elements and proper structure allows for greater focus and clarity during counseling sessions. Plans that are well drafted with measurable outcomes can also serve as a reference point to determine progress and change throughout treatment. A partial example of a treatment plan is provided below

to illustrate how therapists might draft a plan with their clients. A more comprehensive treatment plan would list all of the problems, goals to address the problems, with at least one objective associated with each goal.

Conclusion:

When partners present for treatment, helpful therapists will listen empathically, make efforts to understand the partner's perspective, and validate their experience. Partners report that it is helpful during the first session to let them tell their story of what life has been like living with a problem gambler. Additionally, the initial session should entail therapists collaborating with clients to assess needs, identify problems, and establish treatment goals. As information is gathered and drafted into a treatment plan, a document is created that can provide a roadmap for the process of change throughout the treatment process.

Recommended Reading(s):

- *Case Conceptualization and Treatment Planning: Integrating Theory with Clinical Practice* by Pearl S. Berman. ISBN: 1412968909
- *Essentials of Treatment Planning* by Mark E. Maruish. ISBN: 0471419974
- *Therapist's Guide to Clinical Intervention Second Edition: The 1-2-3's of Treatment Planning* by Sharon L. Johnson. ISBN: 0123865883

¹ Adams, J. R., & Drake, R. E. (2006). Shared decision-making and evidence based practice. *Community Mental Health Journal, 42*, 87-105.

² Baer, R. A., Carmody, J., & Hunsinger, M. (2012). Weekly change in mindfulness and perceived stress in a Mindfulness-Based Stress Reduction Program. *Journal of Clinical Psychology, 68*(7), 755-765.

Developing and Maintaining Healthy Boundaries

Module 2

Introduction

Understanding the concept of boundaries and how they apply to relationships is an important aspect of recovery for problem gamblers and their partners. Helping partners structure, organize, and maintain boundaries with a problem gambler can empower them to lead healthier lives, have better relationships, and create personal safety in a time where they may feel threatened by the gambler's behavior. This session will focus on helping partners understand, organize, and establish healthy boundaries in their relationships.

Goals

- Help clients identify the current status of their own personal boundaries.
- Help clients understand the importance of maintaining boundaries with themselves and in relationships.
- Help clients identify several possible ways to implement healthy boundaries in their life.

Materials

- Handouts and Worksheets (Worksheets 2.0, 2.1, 2.2)
- Audio File Overview

Understanding Boundaries

Although the origins for personal boundaries in the context of romantic relationships are unclear, contributions have been made from ego psychology,¹ family systems theorists such as Bowen (e.g. differentiation of the self), and Bowlby's work on attachment which has been extended to adult romantic relationships.^{2,3} Additionally, the pragmatic need to define and establish personal boundaries became apparent in the early work of mental health professionals with victims of abuse. Given the frequent report of boundaries being compromised when one of the partners has a gambling problem, therapists working with these situations will likely need to help clients restore healthy boundaries in their relationships.

Defining Boundaries

Personal boundaries consist of the limits we place on the physical, emotional, and cognitive experiences we have with *ourselves and others*. Boundaries protect us from being manipulated, abused, or violated while also helping us to treat others with respect and dignity. Healthy boundaries create a space for our interpersonal interactions as we express the unique aspects of ourselves and allow others to do the same. Sadly, when a problem gambler becomes preoccupied with gambling activities, they frequently ignore or neglect boundaries that would otherwise cultivate respect and safety in their relationships. In the context of this session, the primary focus will be helping a partner establish (or in some cases, re-establish) boundaries with themselves and the problem gambler.

Types of Boundaries

Boundaries can be categorized in many different ways. For example, some boundaries refer to limits we establish with ourselves (internal) versus those we set with others or our environment (external). Boundaries can vary based on context (e.g. school, work, family) and the type of relationship (e.g., stranger, acquaintance, colleague, family member, close friend, intimate partner). Boundaries can also fluctuate based on permeability (e.g., rigid or flexible). Boundary types generally refer to the nature of the boundary and can include various domains such as physical (including sexual), emotional, mental, or spiritual. Some examples of these are listed in the table below.

Boundaries Related to Physical Safety

Several studies have reported evidence that partners of problem gamblers are at increased risk for intimate partner violence. For example, one study found that 23% of individuals who met criteria for pathological gambling reported abusing a spouse.⁴ In another study, problem gambling was associated with increased risks for perpetrating violence both in dating and marriage.⁵ A study conducted in Canada found 25.4% of problem gamblers reported perpetrating “severe” intimate partner violence and 64.5% had clinically significant anger problems. In the same study, the likelihood of exhibiting anger and violence was increased if the problem gambler also met criteria for a substance use disorder.⁶ Collectively, these studies consistently show that being in a relationship with a problem gambler increases the risks for intimate partner violence.

Counselors working with partners should assess for the presence of intimate partner violence and address these issues if they have occurred.

An Example of Emotional Boundaries

Consider how one might evaluate boundaries around emotions. We may have a personal boundary that governs how emotionally open and honest we are willing to be with ourselves or with others. This might involve a process of taking time to become aware and attentive to our emotions as well as seeking to understand what our feelings might mean in the context of our

| Physical Boundaries | Emotional / Mental Boundaries |
|----------------------------|--------------------------------------|
| Touching | Thoughts |
| Sexuality | Beliefs / Values |
| Food | Choices |
| Closeness | Vulnerability |
| Shelter | Transparency |
| Money | Feelings |
| Exercise | Mistakes |
| Health | Honesty |

lives. Interestingly, many problem gamblers polarized their emotions and interpret feelings as *all good* or *all bad*. When they encounter uncomfortable or unpleasant emotions they turn to gambling as a way to escape or avoid such feelings.⁷ This pattern reflects a rigid internal boundary related to their emotional experience: “I will only allow myself to experience pleasant and comfortable feelings.” Regardless, setting a boundary with the self might involve a commitment to lean into difficult experiences as opposed to suppressing them or numbing out and be willing to spend time to understand what one is really feeling in a given moment.

Partners too, can become entangled in this unhealthy boundary with the gambler or themselves (notice this involves both internal and external boundaries). For example, a partner may avoid confronting the gambling problem because it is “uncomfortable.” This avoidant strategy by partners may serve as a temporary coping strategy but rarely works as a long-term solution to addressing difficult feelings. There is mounting evidence from research suggesting that one of the most effective ways of reducing unpleasant feelings is to allow ourselves to experience more of them^{8,-9}. This paradoxical finding suggests that many of us might benefit from re-evaluating our internal boundaries around emotions and the degree to which we embrace or avoid uncomfortable and unpleasant experiences.

In the case of emotional boundaries, a partner might feel uncomfortable being vulnerable with the gambler because it isn't safe. For example, the gambler might get upset when they have to face the "unpleasant" disappointment and disapproval from a partner related to lies and secrecy around gambling activities. In such cases, anger is often used to silence a partner in order to avoid having to deal with the fear of disapproval or rejection.

Unwittingly, partners can become part of this pattern. One gambler told his partner "you stress me out because you're so demanding and so I gamble to get away." She accepted responsibility for "his" choice to gamble and blamed herself for "asking too much." Sadly, her original request was simply for him to share more about how he was feeling about his work-related difficulties. As a result of her fear of upsetting him, she relinquished her desire for emotional transparency in the relationship and lost touch with her own emotions.

Sometimes people remain in secondary emotions and are unwilling to peel back the layers and process the primary emotional experience. For example, a gambler might turn to anger in order to manipulate a partner who is inquiring about money deficits instead of accessing their more primary emotion of fear. The fear might be related to feeling hopeless about the ability to stop gambling or fear that if their partner knew the truth they would abandon them.

Where to Begin

First and foremost, establishing healthy boundaries with ourselves requires us to become (1) aware of our values, (2) attuned to those things that help us grow and learn, (3) attentive to what feels right and comfortable, and (4) have an understanding of what helps us perform optimally in various aspects of our lives. **Once we have established healthy boundaries with ourselves, setting limits with others often comes naturally.** Unfortunately, the chaos created by problem gambling can lead to confusion, which in turn, can jeopardize boundaries in relationships with the self and a partner. Counselors will likely need to offer reassurance and examples of boundaries for partners to consider. This will help them start to think about other possible boundaries they can establish.

Identifying Unhealthy Boundaries

As you explore the boundaries with partners, consider some of the examples below related to situations or reactions that might suggest unhealthy boundaries therapists may want to explore with their client:

1. Difficulty saying “no” to the requests of others including the gambler.
2. Frequently in relationships the partner contributes more than the gambler person.
3. Making choices that are incongruent with the partner's values and beliefs.
4. Going along with things that are uncomfortable in order to avoid conflict with the gambler.
5. Feeling like the partner's happiness is dependent on how others feel about them.
6. Chronically doing things for others at the expense of their own needs.
7. Difficulty coping with ambiguity or uncertainty.
8. Most of the partner’s relationships result in them being neglected or hurt.
9. Struggling to ask others for things that the partner may need.
10. Frequently feeling responsible for how others feel including the gambler.
11. Overly critical of themselves when they make mistakes.
12. Feeling like their life often feels chaotic or out of control.
13. Partner frequently turns to others for reassurance about their self-worth.
14. When the partner attempts to be assertive toward the gambler, they feel guilty or bad.
15. The partner has a hard time trusting their own decisions.
16. The partner often feels worried/stressed about the consequences of the gambler's activities.
17. Unrealistic perfectionistic tendencies, expecting too much from themselves or others.
18. Partner rationalizes making decisions that they know they will later regret.
19. Frequently assessing situations as “all or nothing.”
20. Failure to get adequate sleep, a healthy diet, and take time for regular exercise.
21. Feeling trapped as though they have no other options in life.
22. Constant need to control others or situations so life will be predictable.
23. Enabling the dysfunctional behavior of others, including the gambler.
24. Rescuing others, including the gambler, from the negative consequences of their choices.
25. Feeling easily offended by the actions of others.
26. Frequent negative consequences because of choices outside of the partner's control.
27. Being a chronic “victim” of situations or events.
28. Difficulty being assertive with others.
29. Allowing others to dictate their choices or behavior.
30. Becoming overly involved in the decisions or choices of others.

If a partner identifies with several statements on the list above, it is likely they will benefit from some more in-depth work around setting and maintaining healthy boundaries in these areas. Counselors can follow up with more in-depth questions about situations in which the partner feels unable to set boundaries and then provide suggestions for change.

“When we establish personal boundaries we communicate to others that we have self-respect, self-worth, and that we require others to treat us in an appropriate manner.”

Establishing Personal Boundaries

One function of boundaries is to protect and take care of ourselves. It is important to realize that each of us has the right to establish boundaries and create rules that clearly define the limits of our interactions both with ourselves and with others. When we establish personal boundaries we communicate to others that we have self-respect, self-worth, and that we require others to treat us in an appropriate manner. Developing and learning to maintain boundaries is a process that can take time. As clients evaluate their own boundaries, consider reviewing some of the following steps people can take to establish boundaries:

Take responsibility for having personal boundaries. Each of us has the right and the responsibility to establish our own boundaries. If we fail to create boundaries, we are more likely to be hurt, manipulated, and abused by others. Research also demonstrates that individuals with poor boundaries are also more likely themselves to violate the boundaries of others. Partners in counseling often complain that they feel trapped, powerless, and unable to decide what to do about the gambler's behavior. It might help to point out that feeling paralyzed, trapped, and powerless in any situation is often the result of poorly defined boundaries. Subsequently, it might be helpful to tell partners that setting boundaries in their relationship is the way they will start to feel empowered and see more clearly that they do have options.

Define values or beliefs that will help establish boundaries. Identifying our values and beliefs can help pave the way for establishing boundaries. For example, what boundary might emerge if we held the belief that the needs and feelings of others are just as important as our own? We would likely respect and seek to understand what others might need and how they feel. However, we would also be willing to challenge any situation in which another individual expressed his or her feelings in a way that dismissed our own needs or feelings. For instance, a gambler might claim that they gambled as a way of “relieving their stress” but a healthy partner would assert that the gamblers need for stress relief is no more important than their own need for financial safety and security in the relationship. Another value might include honesty and transparency in the relationship. Hence, partners can see more clearly that instead of fighting about the gambling behavior, they are fighting for honesty in the relationship.

This distinction helps partners differentiate what they are fighting *about* (gambling behaviors) versus what they are fighting *for* (honesty in the relationship).

Identify Interactions or Situations that are Inappropriate. One helpful way to discern potential boundaries violations is to evaluate situations or interactions with others that feel inappropriate or uncomfortable. This can be difficult, especially if a partner has been in a dysfunctional relationship for many years because over time, they become desensitized and lose a sense of what is “normal” and “healthy.” Helping the partner to identify inappropriate situations can validate them in their decision to establish healthy boundaries. One example might include interactions where the partner feels like they are doing more to address the gambler's behavior than the gambler is doing to help themselves. In other words, it is inappropriate for the partner to own the gambler's problems. Another example of an inappropriate situation would include any circumstances that involve domestic violence or abuse.

Dealing with Guilt: The Only Way Out is Through. As partners begin to set boundaries they will often feel “guilty” for doing so. This is a common experience that should be normalized. In part, this pattern occurs because they feel like they’ve just broken a rule. What is important to realize is that they have probably broken a dysfunctional rule and *these are the type of rules that are supposed to be broken.* For example, a partner might have a rule that says “Being assertive about my own needs is selfish.” One partner, citing her religious beliefs, stated that her perpetual compassion towards a verbally and emotionally abusive husband was justified based on biblical text to “love thy neighbor as thyself.” A wise therapist suggested there was a difference between this biblical commandment and the partner’s pattern of “loving thy neighbor at the *expense of thyself.*” Furthermore, the partner’s continued enabling of her husband wasn’t serving him well as he was only getting worse. Thus, setting a firm boundary not only helped her protect herself but also helped him be his best self by giving her the respect she deserved. The partner however, initially had to allow herself to feel guilty as she began practicing assertiveness. She felt she was being “rude and mean” when she firmly told her husband it was not okay to verbally and emotionally demean her. She continued to tell herself “I feel guilty because I’m breaking my rule, but my rule isn’t working and needs to be broken.” This allowed her to feel guilty but not react to the guilt by tolerating abusive behavior or returning to her distorted interpretation of her religious beliefs.

Identify Fears and Possible Obstacles to Establishing Boundaries. Setting healthy boundaries can represent uncharted territory for some partners. Subsequently, partners may worry about their ability to follow through or have anxiety about the reactions of the gambler when they begin to set boundaries. It is helpful to work through these issues in counseling sessions and develop strategies to address fears and possible obstacles. A common fear for partners is that the gambler will “freak out” or “leave me” if they attempt to set limits. It is important to help partners evaluate these situations rationally. For example, therapists can challenge partners thinking in a gentle manner by asking questions such as “What type of person would abandon you when you’re trying to be assertive about a need that will help you be a better person?” or “If they do freak out that will give you some information about their ability to respect your boundaries and I’m curious what you would do with that information?” Questions such as these help partners clarify the importance of boundaries, their rationale for setting a boundary, and provide opportunities for future direct thinking that will prepare them to manage situations that might arise when they attempt to establish boundaries.

Develop a Bill of Rights Regarding Personal Boundaries. It can be helpful to assist partners in creating a personal bill of rights and encourage them to refer to it often. This set of rights can remind partners of the things they deserve and rights they are entitled to simply because they are human beings. The following rights have been derived from the work of family therapist Virginia Satir and others. These rights might include: 1) I have a right to make choices that meet my needs, 2) I have a right to make mistakes as I take risks associated with personal growth, 3) I have a right to say no to anything that feels inappropriate, 4) I have a right to receive respect from others, 5) I have a right to withdraw from any interaction that makes me feel uncomfortable or unsafe, 6) I have a right to relinquish responsibility for the behavior, actions, problems, or feelings of others, 7) I have a right to expect honesty with myself and others, 8) I have a right to be different from others, 9) I have a right to change my mind, 10) I have a right to feel safe and secure, 11) I have a right to personal time for self-care, and 12) I have a right to exercise self-compassion and be patient with myself.

Additional Pointers for Establishing Boundaries

Create a Supportive Network of Trusted Friends. Some partners find that their current network mostly consists of individuals who have unhealthy boundaries. In such cases, it can be helpful for a partner to seek out new friends with healthy boundaries and people who can be trusted. These individuals can serve as confidants for discussions about boundaries. They can provide feedback about boundaries a partner may be considering. They can also be supportive as partners encounter obstacles as they attempt to reorganize their boundaries and develop some “new normals” for life.

Anne Katherine, author of *Boundaries: Where You End and I Begin*, offers some specific suggestions to consider when setting healthy boundaries:

- When you identify the need to set a boundary, do it clearly, preferably without anger, and in as few words as possible. Do not justify, apologize for, or rationalize the boundary you are setting. Do not argue! Just set the boundary calmly, firmly, clearly, and respectfully.
 - You can't set a boundary and take care of someone else's feelings at the same time. You are not responsible for the other person's reaction to the boundary you are setting. You are only responsible for communicating the boundary in a respectful manner. If others get upset with you, that is their problem. If they no longer want your friendship, then you are probably better off without them. You do not need "friends" who disrespect your boundaries.
- *Your needs are valid and you do not need to justify, defend, debate, or engage in lengthy explanations about your boundaries.*
 - *If necessary, recruit a friend or supportive individual before or after you have a conversation related to boundaries you are seeking to establish or maintain.*
 - *Give yourself permission to make mistakes as you embark on a new journey of establishing healthy boundaries in your life.*
 - *Start with simple boundaries that feel manageable in order to give yourself some experience and momentum before attempting to establish more difficult boundaries.*
 - *Address issues around boundary violations when they occur with honest, clear, and respectful communication.*
 - *Journal about your attempts to set boundaries so you have a personal place to reflect and evaluate your progress of being more assertive with yourself and others.*
 - *Remember that your efforts towards self-respect will ultimately gain you the respect of others. This means setting boundaries with yourself and abiding by those limits.*
 - *Not all boundaries are equal. You will likely have a combination of both flexible and rigid boundaries.*

- At first, you will probably feel selfish, guilty, or embarrassed when you set a boundary. Do it anyway, and tell yourself you have a right to take care of yourself. Setting boundaries takes practice and determination. Don't let anxiety or low self-esteem prevent you from taking care of yourself.
- When you feel anger or resentment, or find yourself whining or complaining, you probably need to set a boundary. Listen to yourself, then determine what you need to do or say. Then communicate your boundary assertively. When you are confident you can set healthy boundaries with others, you will have less need to put up walls.
- When you set boundaries, you might be tested, especially by those accustomed to controlling you, abusing you, or manipulating you. Plan on it, expect it, but be firm. Remember, your behavior must match the boundaries you are setting. You cannot establish a clear boundary successfully if you send a mixed message by apologizing for doing so. Be firm, clear, and respectful.
- Most people are willing to respect your boundaries, but some are not. Be prepared to be firm about your boundaries when they are not being respected. If necessary, put up a wall by ending the relationship. In extreme cases, you might have to involve the police or judicial system by sending a no-contact letter or obtaining a restraining order.
- Learning to set healthy boundaries takes time. It is a process. You will set boundaries when you are ready. It's your growth in your own time frame, not what someone else tells you. Let your therapist or support group help you with pace and process.
- Develop a support system of people who respect your right to set boundaries. Eliminate toxic persons from your life, and those who want to manipulate, abuse, and control you.

Conclusion:

Setting firm and appropriate boundaries and helping partners learn their limits is the first step towards cultivating self-respect and communicating clearly that the gambler may not treat a partner in disrespectful ways. Learning how to assert needs as they pertain to boundaries allows partners to freely negotiate the dynamics of the relationships in positive and productive ways. As partners learn to set boundaries with

themselves and the gambler, they will feel more empowered and see more options available to them as they navigate the difficult challenges they encounter in the relationships.

 *Recommended Reading(s):*

- *The Disease to Please* by Harriet B. Braiker. ISBN: 0071385649
- *Boundaries and Relationships: Knowing, Protecting and Enjoying the Self* by Charles L. Whitfield. ISBN: 155874259X
- *The Gifts of Imperfection: Let Go of Who You Think You're Supposed to Be and Embrace Who You Are* by Brene Brown. ISBN: 159285849X

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Coping with Stress, Anxiety, and Worries

Module 3

Introduction

The discovery or disclosure of a gambling problem can elicit a wide range of concerns and fears that collectively increase stress. Helping clients learn to manage and cope with stress can empower them to tackle the challenges and difficulties they encounter. This session will focus on helping clients identify sources of stress and develop effective ways to cope.

Goals

- Help clients identify sources of stress and worry
- Help clients understand the importance of managing stress
- Help clients identify several possible ways to manage stress

Materials

- Handouts and Worksheets (Handout 3.0)
- Audio File Overview

Understanding Stress

Stress is encountered by most people and is often so embedded in our daily lives that many people may not even recognize symptoms of stress or simply dismiss stress as an inevitable part of a hectic lifestyle. Nevertheless, the frequency and duration of our stress levels should be taken seriously given the psychological and medical consequences of stress.

The Neurobiology of Stress

When stressed, the neurobiological systems in our brain are activated in an attempt to help us adapt and cope. The hypothalamus, located above the brain stem, secretes two hormones — corticotrophin-releasing hormone (CRH) and arginine vasopressin (AVP) — that activate the release of the adrenocorticotrophic hormone (ACTH) from its adjacent neighbor, the pituitary gland. ACTH travels through the bloodstream reaching the adrenal glands located above the kidneys. The adrenal glands respond to ACTH by

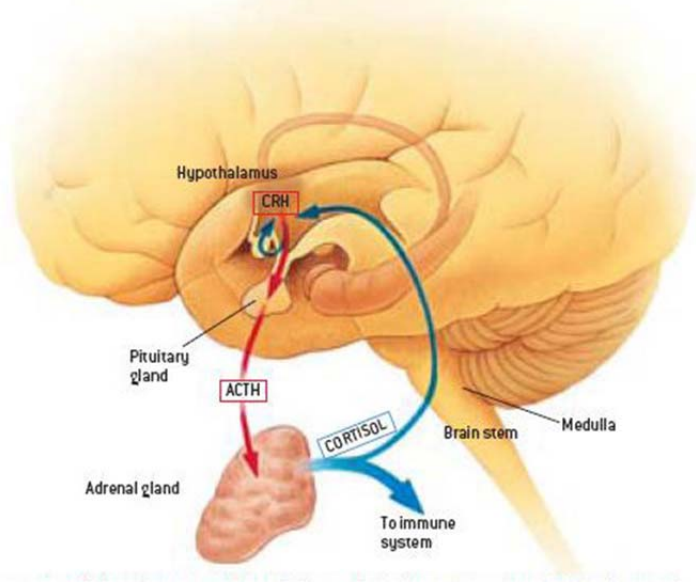
secreting the hormone cortisol which, in concert with other chemical messengers, suppresses the immune response while also stimulating certain functions such as arousal, vigilance, focused attention and mood.¹ In the short term, the stress response is highly adaptive and helps us to cope effectively with our daily lives. However, if we are chronically stressed, this system itself can be compromised contributing to a number of negative health issues including heart disease, chronic immune problems, and ulcers.² Thus, learning to manage and cope with stress effectively is essential in the maintenance of our psychological and physical well-being.

Types of Stress

The type of stressors we encounter can greatly impact our ability to cope. Some stress may be temporary such as the demands made each year when we have to prepare tax returns. Other stressors may be more chronic such as those faced by individuals diagnosed with a serious illness. In these two examples, the level of predictability and controllability of the stressor varies widely. Temporary stressors can often be reduced or eliminated. As a result, individuals may feel more empowered and able to predict the outcome in many instances where stress occurs for a finite period of time. In the case of a serious illness, however, individuals may feel powerless and unable to predict the outcome of their situation. Research suggests that stressors we perceive as uncontrollable and persistent provoke a more profound effect on us both psychologically and physically.

Stressors can also include major life events that place demands on us, such as divorce or marriage. Some events, such as the death of a loved one, are generally negative stressors, and others, such as getting married or inheriting a substantial amount of money, are generally positive stressors. Negative stressors are generally more strongly associated with psychological and physiological challenges than are positive stressors evoked by positive life events.

STRESS RESPONSE SYSTEM



Model of Stress

Stress is often viewed as a process that incorporates several components³ which are illustrated in Figure 1. This model of stress depicts how individuals cognitively appraise the extent to which their resources meet their demands. Adaptive coping in this process results in learning, growth, satisfaction, understanding, and optimism about one's ability to "keep up" with life. This reaction is itself a resource which can perpetuate continued coping in healthy ways. In maladaptive coping, resources are perceived as insufficient to meet demands which potentially can lead to negative rumination, dissatisfaction, feelings of hopelessness, discouragement, or psychopathology such as depression and anxiety. The result of maladaptive coping is stress which becomes an additional demand in the process. In other words, stress itself creates a stressor that adds to the perceived demands leaving individuals feeling more and more depleted. This process can spiral out of control quite rapidly leaving individuals feeling powerless and hopeless about the prospect of stress relief. Thus it is important to evaluate the severity of stressors (e.g. chronicity, controllability, and predictability) and the process by which a client experiences stress in order to accurately determine *what* strategies might be most fruitful and *where* in the model to intervene.

Helping Clients Identify Stress

Managing stress starts with identifying sources of stress and although this may seem like a simple task, primary sources of stress aren't always obvious. When involved with a romantic partner who has a gambling problem, it is easy to label the partner's behavior as a source of stress. However, identifying one's own perceptions, feelings, and behaviors that might precipitate or perpetuate stress can be more difficult. For example, maybe the primary source of stress is the inability to be assertive or set boundaries with the gambler. Another individual stressor might include irrational thoughts that lead to a fear that paralyzes a partner from action rather than empowering them to influence change. As long as stress is blamed on the gamblers behavior, it is unlikely that the partner will feel capable of managing their stressors. It is important however, to be sensitive to partners who may feel responsible or believe they are to be blamed for the gamblers behavior. In relationships, each partner *influences* the other but we do not *determine* each other's choices. There are also special situations where the ability to make decisions can be compromised because of extreme stressors such as circumstances where domestic violence has occurred. In these situations, individuals

may be traumatized and their decisions, judgment, and cognitive abilities can be diminished. As therapists work with clients, it's important to help them identify their primary and secondary sources of stress.

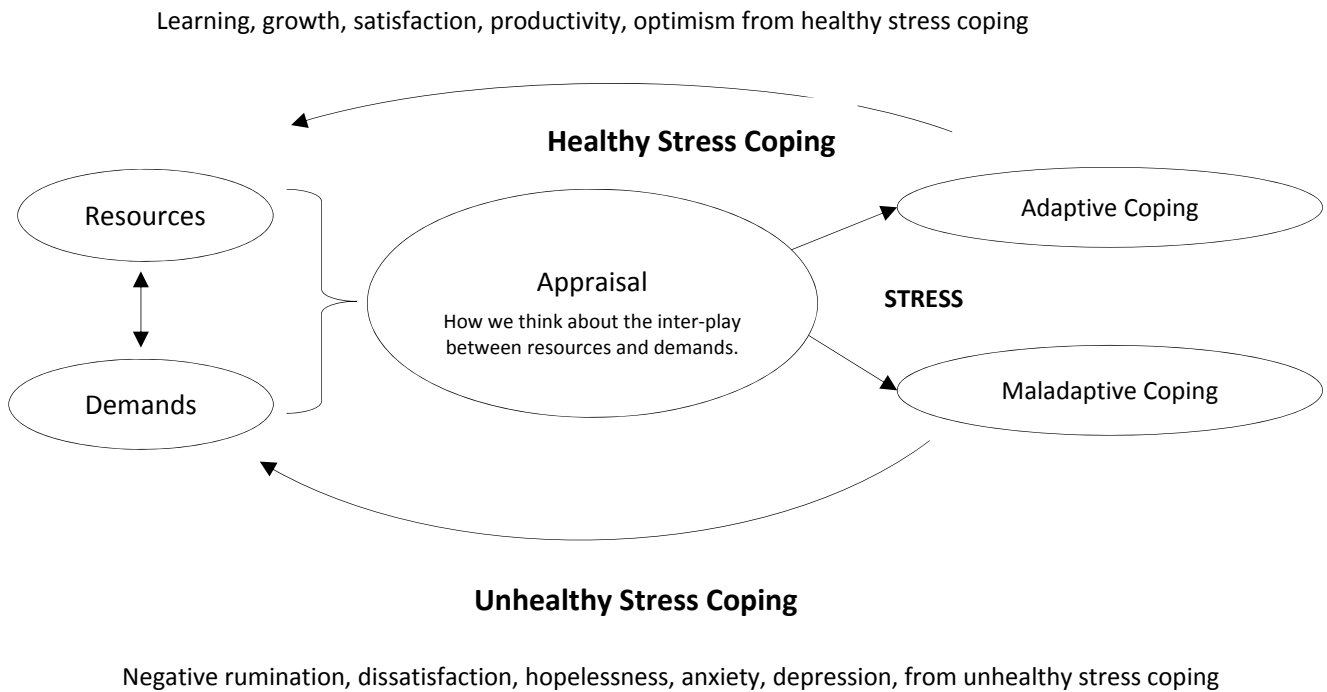


Figure 1. Model of Stress

Appraisals that evaluate demands as taxing resources can lead to stress coping behaviors. When coping behaviors are ineffective (maladaptive), unhealthy stress emerges which can lead to rumination, dissatisfaction, hopelessness, anxiety, or depression. Additionally, unhealthy stress can have physical consequences. The combination of consequences, both mental and physical, that result from unhealthy stress, feedback into the system as an additional demand.

Stress can be identified by a number of symptoms that can be self-assessed or tested by a physician, who may examine blood pressure or heart rates or order laboratory tests designed to measure several endocrine markers associated with stress. Our research team developed the *Stress Proneness Scale* to assess the severity and frequency of

stress in clients who seek treatment. We have slightly modified the items from our test to provide below as a general guideline to evaluate stress. You can consider asking clients the following questions and have them respond based on how frequently they experience these symptoms of stress: *Never, Rarely, Sometimes, Often, or Very Often.*

How frequently do you:

1. Feel overwhelmed
2. Feel frustrated about things beyond your control
3. Feel weighed down by work (e.g., school work, employment, etc.)
4. Feel like your life is more challenging than the lives of most other people you know
5. Feel overburdened by your commitments and obligations
6. Fail to maintain a healthy balance among work, friends, family, recreation, and hobbies
7. Have insufficient time for rest and relaxation
8. Feel fatigued or exhausted
9. Feel unable to cope with the demands in your life
10. Feel like your life is disorganized or chaotic
11. Feel like the pace of your life is unmanageable
12. Feel like you have no time to enjoy life

If clients find themselves answering *Often* or *Very Often* for many or most of the statements above, it is likely they are experiencing significant amounts of stress. Furthermore, if they are not offsetting stress by getting proper exercise, nutrition, and sleep, the client's physical and psychological well-being may be at risk.

Help Clients Understand their Stress Coping Strategies

All of us react and respond to stress in different ways depending on the type of stressor, our perceived control over the stressor, and the type of stressor we encounter. In the social science literature, coping strategies can be generally categorized as healthy or unhealthy, maladaptive or adaptive, avoidant or assertive and so forth.^{4,5} Pragmatically, clients can simply ask whether the coping strategies they employ are helpful and productive. Generally, if a client is seeking help, they may lack effective coping strategies and see their therapist as a possible resource to help them improve their coping ability. This behavior is in itself, a form of coping as seeking help from a therapist or friend, is a form of social support, and constitutes an assertive strategy for coping with stress. Social support subsequently becomes a resource to help the client address the various challenges they encounter. As various stressors are considered,

clients might evaluate how factors that precipitate their stress fit into the model outlined in Figure 1. In particular, various demands, resources, and appraisals should be assessed.

Demands

Demands are events, situations, or anything else that requires us to expend our available resources. Demands can be tangible such as the pressure to come up with money to pay a bill or they can be intangible such the perceived need to perform a task exceptionally well (e.g. perfectionism) or tendencies to ruminate about a problem. Even seemingly insignificant demands, sometimes called *daily hassles*, can be substantial in their cumulative effect across time and frequency. As noted earlier, any demand that creates stressors perceived as undesirable, significant, chronic, salient, uncontrollable, or ambiguous are usually more potent.⁶ In the stress model proposed in Figure 1, it is important to help clients identify their sources of stress (e.g. various demands), and consider how demands might be reduced.

Examples of Coping from the Coping Strategies Inventory

Avoidant Strategies: Distraction, Humor, Helplessness, Resignation, Anger, Withdrawal

Assertive Strategies: Proactivity, Spirituality, Social Support.

Resources

Resources are those tools or assets that help us meet our demands. Resources can include something concrete and tangible such as financial help from a friend to intangible assets such as the ability to be assertive with a gambling partner. Knowledge, time, access to reliable information, intelligence, personality, adequate physical health, and effective communication skills can also constitute meaningful resources. Resources can be actual or merely perceived and often a client's perception of available resources (or demands) is more powerful than those factors that actually drive the stress process.

Several important resources are noteworthy in studies examining stress resilience. Personal resources such as cognitive flexibility, assertiveness, emotional regulation, self-esteem, self-efficacy and resilience can help individuals cope more effectively with stressors. People who have self-doubts, low self-esteem, and are cognitively rigid (e.g. ruminate) feel inadequate to cope with stressors and generally hold more fatalistic beliefs about negative outcomes when they experience challenges.⁷

Appraisal

It is generally the *perception* of our resources to adequately meet our demands that determine stress. This is why there is such a vast array of responses to stressors. Two

types of appraisals have been identified in the literature (1) primary appraisals where the severity of a stressor and its potential threat is considered, and (2) secondary appraisals where possible options or response choices are considered and in the context of these possible outcomes, what is most likely to happen in a given situation.⁸ Both types of appraisals involve cognitive evaluations and processing that may possibly occur outside of awareness.

Factors that influence how we perceive a potential stressor can include:

1. Retrieval of memories from prior experiences involving similar situations can influence appraisals.
2. Cultural differences impact how a situation is appraised based on the various meanings it may have.
3. Reality of a situation exerts and influence on the appraisal process.

Each of these factors should be considered as therapists work with clients to assess how they cognitively process and evaluate potential stressors.

Alternative Strategies to Manage Stress

A number of effective coping strategies can be helpful in managing and reducing stress. We realize that for people who are severely stressed, just looking at “one more list” seems daunting. In such cases, consider inviting the client to try one or two of the suggestions below and leave the others for a future time. Several of the following suggestions have been reported in research on stress reduction.

1. *Education.* Acquiring accurate information about stress can empower people to understand the risk factors, impact, and effects of stress. Education can provide insight that motivates people to make lifestyle changes that will reduce stress. Numerous workshops, classes, and seminars on topics that can reduce stress—such as time and money management, healthy living, and goal setting—that can be accessed through community programs, adult education, employee assistant programs, or health organizations.
2. *Self-Care.* Stress can be reduced to a minimum if we make time to exercise, eat nutritious foods, and get adequate rest. Although devoting time to self-care can initially increase levels of stress, the overall benefit results in decreased stress. The stress-reduction benefits of adopting a healthy lifestyle cannot be emphasized enough. Studies consistently link proper exercise, good eating habits, and adequate sleep to reduced stress.

3. *Biofeedback.* There are cost-effective medical devices that can help you train your body to reduce unhealthy stress and can increase your ability to relax, such as the StressEraser.TM These systems help you see your own breathing patterns, heart rates, and other physiological data that can make you more self-aware of how to reduce your stress. Substantial research supports biofeedback's effectiveness in reducing stress levels.⁹
4. *Meditation/Mindfulness.* Meditation and mindfulness practices are effective methods to help people manage stress.¹⁰ Like physical exercise, for meditation to be effective it needs to be a regular activity. Numerous resources for learning meditation or mindfulness strategies can be found online. Several noteworthy individuals have authored works on mindfulness practices, including Jon Kabat-Zinn, Christopher K. Germer, and Ronald D. Siegal. Authors John Forsyth and Georg Eifert have also created a self-help workbook designed to address anxiety and worries that lead to stress titled *The Mindfulness & Acceptance Workbook for Anxiety*.
5. *Medication.* Various medications used to treat stress should likely be considered as exceptions rather than the rule. When people feel completely overwhelmed by stress, primary care physicians may elect to prescribe medications, but these are generally intended as a short-term solution until better coping strategies can be developed.
6. *Psychotherapy.* Therapy, particularly Cognitive Behavioral Therapy, is extremely effective in helping people learn how to better manage stress and cope with life difficulties. This mode of therapy generally focuses on helping individuals challenge irrational thinking patterns that lead to stress. Therapists specializing in this type of treatment are usually easy to find.
7. *Social Support.* Connecting with others can reduce stress, especially stress caused by feeling lonely or detached from others.¹¹ When people feel they are unloved, uncared for, or not valued by others, loneliness often emerges, creating stress. The real difficulty is the fear of having to face life's challenges alone or having to tackle a partners' gambling problem without outside help. This is one reason why group therapy or social support groups are recommended for partners of problem gamblers. Other forms of social support can involve reaching out to a spouse, family members, religious leaders, or co-workers. Attending community events or being part of a volunteer organization can also buffer against feeling alone and isolated, which in turn, can reduce stress.

8. *Time Management.* Learning to manage time effectively can greatly reduce stress and keep us from committing ourselves beyond our available resources. Some research suggests that perceived control of time is particularly relevant in reducing stress.¹² Recent research has identified skewed time perception as part of the problem with impulsive behaviors.¹³ People inaccurately estimate time, feel overwhelmed and unable to get things accomplished, and subsequently act out in impulsive ways in order to compensate. A number of self-help books are available on the topic of time management and prioritizing strategies.
9. *Assertiveness.* Closely linked to time management is the ability to set boundaries and say “no.” One problem often encountered by individuals who are chronically stressed is a tendency to “people please.” This may stem from a desire to compensate for shame or issues with self-worth. Thus, many partners go out of their way to do things for others in order to receive a kind word, a compliment, or some adulation that they may not be receiving by their gambling partner. But what usually happens is they agree to do things that ultimately create additional demands and stress. One book we frequently recommend to help such people is *The Disease to Please*, by Harriet B. Braiker.
10. *Calming Music.* Listening to relaxing music can have a significant impact on reducing levels of stress.¹⁴ This appears to be particularly true of classical music.¹⁵

Conclusion

Being in a committed relationship to a partner who has a gambling problem can create significant stress. Because stress can have a negative impact on our mental and physical health, stress management is critical. There are various types of stressors, and understanding our personal stressors is the first step to finding stress relief. Although partners tend to focus on their partner’s behavior as the prominent source of their stress, it is important to help them focus on more primary sources of stress because they are often able to change these patterns. Finally, helping clients identify and implement empirically supported interventions to address stress can restore balance to their life and help them focus on important decisions related to their relationship and personal well-being.

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Financial Safety: Reorganizing Relationships with Money

Module 4

Introduction

Problem gamblers have a dysfunctional relationship with money which in turn, usually impacts a partner's relationship with money especially if finances are shared (e.g. joint bank accounts, credit cards). Financial stress resulting from poor money management can have significant consequences for both the gambler and a partner. Children can also be adversely impacted when money is scarce and they feel the tension between their caregivers. Subsequently, addressing monetary issues is an important part of working with partners. However, as a therapist, perhaps the more critical role is to help partners work through the emotional distress they experience in the wake of financial challenges.

Goals

- Guide partner through the process of assessing financial issues.
- Network partner to relevant resources that will help with money management.
- Process with partner emotional issues related to money

Materials

- Audio File Overview

Understanding Financial Issues

Partners cannot stop the gambling behavior of a loved one but they can be proactive in reorganizing issues related to money in order to establish personal financial security for themselves. Ideally, this should be done with the gamblers cooperation and support. However, if the gambler is not actively working on recovery, it may be necessary for a partner to take steps independently to regain financial security. In either case, financial situations among partners will vary. Some partners may be seeking to avoid and prevent a financial disaster. Some may be seeking to avoid further loss such as preventing a home from going into foreclosure or keeping an automobile from being repossessed.

For others, gambling problems may have already taken a toll and a partner may be seeking help about how they can recover from serious and significant financial losses.

Working with partners as they attempt to resolve financial challenges is often an ongoing effort as new issues may arise when the extent of gambling debt, problems, and secrets unfold over time. As therapists work with partners, the overall goal is to establish financial safety and security for the partner and any children that may be involved. It is meaningful to help partners (1) assess current financial situation including the extent of financial damage, (2) arrest sources of financial bleeding, and (3) regain financial security. This session, although not comprehensive, will address these aims.

Word of Caution

As a therapist, it is important to recognize the limitations of your scope of practice. Generally, our role is to help partners work through emotional and psychological issues, provide support during difficult times, and offer referrals to resources that can assist partners in addressing specific financial issues and legal matters. In this regard, it is wise for us to be careful when giving direct advice to partners especially since some research suggests that that our training is insufficient to qualify us in counseling clients about financial matters.¹

Assess Current Financial Situation & Extent of Damage

The extent of financial damage and financial stressors caused by gambling can be enormous and devastating. Apart from feeling financially betrayed, partners encounter many other issues. There is also a big difference between the discovery and disclosure of gambling problems. When a gambler takes the initiative to disclose their activities, they are more likely to be forthcoming about the extent of the problem, including the financial damage related to gambling activities. However, if a gambler is “caught” or behavior is “discovered” they might not be willing to reveal all aspects of the financial problems, especially if they are ambivalent about changing their behavior. In either case, some consequences for gamblers and partners can include:

- excessive or unnecessary debt
- limited cash flow for necessities
- loss of employment, businesses
- personal bankruptcy
- loss of college savings for children, retirement funds, or other investment portfolios

- fraud, theft, forgery, or embezzlement
- foreclosure on personal property, homes
- repossession of assets such as vehicles
- harassment from debt collectors
- reliance or need for welfare
- loss of valuables such as jewelry, family heirlooms
- tax evasion, tax liabilities
- indebtedness to family, friends, or co-workers
- damaged credit ratings, credit scores
- loss of medical and other health benefits

There are often warning signs that financial problems are pending such as overdue household bills, unaccounted cash advances from credit cards (or maxed-out credit cards), secrets about finances or lack of financial accountability, using one credit card to pay another, bouncing checks, failure to pay more than the minimum payments on credit cards, bill collectors are calling, or warning notices that utilities are about to be disconnected. A dynamic that can create confusion related to these matters is that a gambler may suddenly appear with large amounts of cash and “take care of all the bills” and partners may be led to believe that everything is alright, but these events are usually followed by more financial problems. Warning partners about these types of patterns can help them avoid being naively led to believe everything is okay when more problems are forthcoming.

The first step towards assessing the current financial situation and extent of damage involves gathering information about financial assets, liabilities, income, and expenses. Much of this can be done in a single day. We generally suggest that partners find someone they trust to accompany them while they do this as it can feel overwhelming and discouraging. Having a close friend, trusted family member, or financial therapist to provide encouragement, empathy, and support as often partners will encounter difficult news and painful truth about their “*real*” financial situation.

Partners should consider the following:

- Get a financial statement from banking institutions for the past 90 days to determine what transactions have taken place. This includes retirement savings, bonds, investments, checking accounts, and so forth.
- Pull a personal credit report to assess if your name has been used to secure loans or determine what debts may be associated with your name.
- Contact the mortgage company and find out if payments have been made on time. Note that late mortgage payments can result in one of the most severe penalties on credit ratings.

- Contact any entities from which loans have been secured to determine if payments are current and if payments have been made regularly (e.g., car payments).
- Take a personal inventory of all personal valuables such as jewelry or family heirlooms to make sure they are secure and accounted for.

It is quite common during the information gathering phase to discover a number of discrepancies and unusual financial transactions. It is always ideal to work with the gambler in uncovering these financial activities, but in many situations this may not be possible. Together with the partner, therapists should determine if the evidence warrants further action. This may also require consultation with financial advisers and legal counsel. If the evidence is sufficient to determine that financial security has been compromised, partners should take the next steps to stop depletion of financial resources.

Reality Check

It may be helpful to share with partners the various ways in which you've encountered gamblers trying to manipulate finances in order to satiate their gambling activities. Be mindful not to flood or overwhelm partners with such stories as it may create additional anxiety. The general idea is to help partners have a reality check about the possibility of their loved one engaging in deceptive financial behavior so they can take corrective action.

The following suggestions are guidelines that many partners have found helpful. Each situation will vary therefore the selection of some of the following actions below will be based on the respective needs of the partner. It is important to make clear to partners that the purpose of taking these actions requires a great deal of courage and strength and that such actions are **intended as steps toward personal financial security and are not intended to be attempts to “control the gamblers” behavior**. It may be helpful to briefly discuss principles from the module on boundaries and frame the following actions in the context of gathering information so appropriate boundaries can be established. Additionally, the discovery or disclosure of the information noted below can be devastating for a partner. Therapists should validate and offer empathy in response to the raw emotion partners experience in relation to these issues. From a therapeutic perspective, it will be necessary at some point, to help a partner grieve the losses and the injustice of their experience. In the interim however, partners report that concentrating on pragmatic interventions are more meaningful in helping them cope.

Creating Financial Safety and Security

1. Partners should retain some legal advice so they know their rights and understand what actions they might need to take in order to stop financial assets from being drained and secure other finances. In most cases, if assets are shared jointly, legal injunctions are required to restrict the gamblers spending on joint accounts or in order to have a partners name removed from an account. Ideally, a gambler may be willing to sign a consent form with a banking institution allowing the partner to have their name removed.
 2. Partners should establish a separate bank account if they do not already have one. If possible, transfer a sufficient amount of cash into this account to sustain yourself for an interim period of time.
 3. Partners should consider opening a safety deposit box for valuable items (e.g., jewelry).
 4. Partners can submit a written request to financial institutions to cut-off credit, not allow a home to be remortgaged or have additional mortgages made on any personal property.
 5. If possible, take ownership for important bills such as utilities, a car payment, and essential necessities such as food.
 6. Cancel any overdrafts on bank accounts and have financial institutions notate the account in the event that the gambler tries to reverse this.
 7. Discard applications for credit cards or loans that may come in the mail.
 8. If possible, arrange for wages, salaries, or other income to be paid directly into your bank account.
 9. Warn family, friends, or co-workers not to lend the person money or provide “cash-advances.”
 10. Consult with a therapist or trusted adviser before giving any additional money to the gambler. Any money should be accompanied by structure that creates accountability.
 11. Consider working with a financial counseling service to develop a strategy to manage, reduce, and eliminate debt.
-

Financial Planning

As noted previously, it is likely outside the scope of practice for therapists to be in the business of financial planning.² Rather, our skills are more likely beneficial in our efforts to help partners process the emotional issues related to their financial situation.

In the state of California, there are a number of resources that therapists provide to partners. In particular, therapists might consider the following:

- Refer partners to professional services such as those offered by credible organizations that have been vetted by the Department of Justice or other trusted organizations.
- Utilize the Gamblers Anonymous Pressure Relief Group Meetings.
- Have partners take a community class on money management.
- Self-help or other education books and materials. As an example, have a partner read Chapter 9: Guide to Financial Survival from *Behind the 8-Ball, 2012 Edition* by Linda Berman and Mary-Ellen Siegel. ISBN: 9781462048540.
- Have partners download and read the booklet titled *Personal Financial Strategies for the Loved Ones of Problem Gamblers* from the National Council on Problem Gambling (www.ncpgambling.org).

As partners become more connected with financial resources and professionals, they will likely feel a greater sense of support in their financial decision making. This can help partners feel more empowered and more confident as they tackle the constellation of issues that arise in the wake of problem gambling.

Reorganizing Emotional and Psychological Relationships with Money

Although it might be outside the scope of practice for therapists to be giving guidance on financial planning, it is appropriate for therapists to discuss the role money plays in the life of a partner and the gambler. It is also appropriate to process how financial stress impacts the partner emotionally and psychologically. Counselors may also explore a partner's developmental history with money, their existing relationship with money, and how gambling activities have impacted these relationships. Keep in mind, that anxiety around money is often prevalent for partners because our society has linked money to themes of competence, safety, success, security, self-worth, and acceptance. In order to understand a partner's psychological and emotional ties to money, a developmental history of monetary experiences can be helpful. Social worker Margaret Shapiro has suggested the following questions³ in exploring these relationships:

1. What are your earliest memories of money in your family? What is your best and worst memory regarding money? What feelings do these memories generate? Was money viewed as good, bad, scary, dirty, or neutral for you as a child? Did anyone help you to understand these feelings as a child? Were there any family stories about money?

2. How did your parents talk about money between themselves and with the children? Was it easy to talk about, or was it treated like a secret? What kind of tone was used in the discussions? Did your parents fight about money, and if so, how?
3. Did your parents agree about how to deal with money? Who was in charge of spending, and who was in charge of saving? Did working, or earning the bigger portion of the income, connect to control over money?
4. How did your mother think and feel about, and deal with, money? How did her parents think and feel about, and deal with, money? Did your mother enjoy working (or staying home)? How did you know and what impact has this had on you? Repeat using father. How well off did you feel growing up? How did that change over the course of your growing up, if at all?
5. What is your first memory of having an argument or disagreement about money in your family? What were your feelings regarding arguments about money, and how has this impacted you?
6. If you have siblings, were different genders or different ages treated differently in regard to money? How are your attitudes and feelings about money different from or the same as those of your siblings?
7. What is your first memory of making money of your own? How much control did you have over any money you made or received as a gift?
8. Where else did you get messages or information about money while growing up? Other relatives, religion, peers, TV, culture? How did these messages influence you?
9. What financial expectations did your parents and grandparents have of you? How was this communicated to you? What financial expectations do you have of your parents or grandparents?
10. What would you like to do differently from your parents regarding money in your relationship? What would you like to do the same?

Shapiro's list of question can help partners begin to identify some of their feelings about money and how those feelings have been influenced by their developmental experiences. Counselors might also consider answering these questions based on their own history and pay attention to what thoughts and feelings arise. For example, what beliefs and values do we have about money? What types of feelings usually arise in the context of discussions about money? Are discussions about money comfortable or unpleasant? What roles and responsibilities get attached to having or being able to make money? Counselors should consider how developmental experiences with money might influence how a partner of a problem gambler would react to the discovery that money has been misused in their relationship.

Processing emotions around money problems can be invaluable. Of course, clients will vary and for some, exploring these emotions may feel like too much in the

wake of everything they are facing. For others, especially those for whom the gambling has been a long-standing problem in the relationship, the table below offers some possibilities about various emotions that may arise in the wake of financial issues related to problem gambling. More importantly, the second column identifies what a client may need to feel in response to the unpleasant feelings associated with the discovery or disclosure of a gambling problem (and all of the accompany money problems linked to the consequences of problem gambling). The following table of feelings is not intended to be exhaustive; it is an example of possibilities that a partner might experience.

| Feelings about Money Related to Issues that Arise from Problem Gambling | What Does the Client Need or Want to Feel Instead? |
|--|---|
| Powerless, helpless | Empowered, assertive |
| Fear, doubt, unsafe, insecure | Comforted, reassured, confident, safe, secure |
| Distrust, uncertainty | Trust, certainty, predictability |
| Deceived, betrayed | Honesty, transparency, loyalty, protected |
| Hopeless, pessimistic, discouraged | Hopeful, optimistic, encouraged |
| Lonely, isolated | Connected, supported by others |

How therapists process emotions with clients will vary depending on their chosen theory of change and their respective modality (e.g., experiential modalities integrating approaches like *Emotion Focused Therapy*). Regardless of modality, mounting evidence and research on emotions in psychotherapy suggests several principles are associated with positive change. These include efforts in counseling that foster emotional awareness, expression, regulation, reflection on emotion, and emotional transformation, by which emotions are used to change emotions.⁴ Consider how these principles might influence a therapist’s interaction with a partner in exploring emotions around money problems:

COUNSELOR: You've mentioned how stressful things have been since you discovered your husband has a problem with gambling. In particular, not knowing where things stand financially has been difficult for you. I'm wondering if you'd be willing to share more with me about how you've experienced the challenges related to financial problems in your relationship.

CLIENT: It's been devastating. It seems like every day I discover something else. Another debt, another secret account, more lies, and just yesterday I received a phone call from a debt-collector wanting to speak to my husband. Now, I'm afraid to answer my own phone. It seems like all I do is live in fear of what's going to happen next. *[Eyes of client begin to swell up, and she grabs a tissue to wipe away a tear].*

COUNSELOR: I can tell all of this is really hard for you. Feeling devastated, feeling afraid. What else are you feeling right now as you talk about the financial difficulties?

CLIENT: I feel angry. What did I do to deserve all of this? I've sacrificed so much in order to put money away in savings so our family could have a nice vacation this summer and he's used all of the money for gambling, or should I say, *[she increases the tone of her voice reflecting anger]* he's stolen the money from the children and myself. He's robbed us our vacation! Seriously, what kind of a**hole does that to his own family?

COUNSELOR: You're really angry right now, and understandably so. It's hard for you to imagine how your husband could do this to you and the kids. *[Pause]* What's behind the anger? What are you really feeling?

CLIENT: *[She starts to cry...]* It just seems like no matter how hard I try, things don't work out. I just feel so powerless to do anything about all of this mess. But if I don't do something, who will? Everyone is saying that his gambling problem is a disease. Well, how does that help me? How does that pay the bills? The children are not going to understand and I just feel awful when I imagine the look on their faces when they find out we can't go on the vacation they've been excited about all year. It breaks my heart. This is just so unfair.

COUNSELOR: I can tell there's a lot going on for you emotionally. You're feeling devastated, afraid, confused, and powerless. A moment ago, when I asked you what was behind the anger, you started to talk about how alone you felt in having to deal with everything and having to tell the kids there won't be a vacation. *[Pause, and speaking in a softer tone of voice]* Often, fear is behind our anger, and it seems like you're afraid of being alone in dealing with everything and afraid that somehow you aren't enough, and afraid that you've let the kids down, and most of all, perhaps you're afraid that your husband's gambling problem is tearing your family apart and there's nothing you can do to prevent that from happening.


CLIENT: *[She nods her head confirming the therapists probe about her feelings]* That's exactly how I feel — afraid. I guess I'm most afraid of having to fix everything all by myself and it just feels too overwhelming. At the end of the day, I'm afraid I won't have what it takes to keep our family together.

The financial difficulties caused by the gambling problem in this marriage were far from over. It would be tempting for any therapist to begin troubleshooting how this wife might take steps to address her financial fears. However, it is important to

remember there are many other individuals who have the training and the skills to pragmatically address the financial issues reported by this wife. What this woman really needed—more than money to pay the bills or training on how to prepare a budget—was some reassurance that she wasn't so alone. She needed reassurance that her efforts would make a difference. She needed empathy, understanding, and validation from her therapist. She needed to feel hope. Subsequently, the therapist focused on her emotions, rather than financial problems, thus allowing for increased awareness of her emotions and the opportunity to express her feelings. This process also helped identify a more salient aspect of her encounter with financial difficulties: facing the money problems wasn't the issue but rather, it was the fear of having to face them *alone* without any support from others. Additionally, her fear of personal inadequacy led her to believe that she would somehow be responsible for the dissolution of her family. Had the therapist chosen to focus on pragmatic aspects of money management, an opportunity to process her emotions would have been missed. As it turned out, she later reported that feeling understood by the therapist gave her hope, reassurance, and the strength to push forward. Interestingly, in the same session, she also recognized that one of the reasons she felt so alone is because she was afraid to tell close family members (including one who was an accountant with extensive financial expertise) and friends about her husband's gambling problem for fear of embarrassing him. The therapist worked to help her detach herself from feeling obligated to protect her husband from the consequences of his choices. She realized this was only enabling his behavior. She also realized the importance of surrounding herself with supportive individuals who could help her through the difficult period in her marriage and committed to disclosing her situation to a few family members and close friends before the next session.

Conclusion

Partners of problem gamblers are often adversely impacted financially as a result of gambling activities. The financial consequences can be devastating and may cause partners to experience a constellation of difficult feelings, including anxiety, depression, and chronic stress. Although therapists might offer some pragmatic suggestions to help protect financial resources, a more appropriate role for therapists is to help partners process the challenging emotions encountered in the aftermath of dealing with financial consequences caused by the problem gambler. As therapists work collaboratively with other financial professionals, partners can begin to acquire a supportive network of individuals to help them address the financial difficulties in their relationships.

 *Recommended Reading(s):*

- *Build Your Money Muscles: Nine Simple Exercises for Improving Your Relationship with Money* by Joan Sotkin. ISBN: 0974171980
- *Financial Recovery: Developing a Healthy Relationship with Money* by Karen McCall. ISBN: 9781577319283
- *Money and the Pursuit of Happiness: In Good Times and Bad* by Richard Trachtman. ISBN: 1452812845
- Chapter 9: Guide to Financial Survival from *Behind the 8-Ball, 2012 Edition* by Linda Berman and Mary-Ellen Siegel. ISBN: 9781462048540.
- *Personal Financial Strategies for the Loved Ones of Problem Gamblers* from the National Council on Problem Gambling (www.ncpgambling.org).
- *Problem Gamblers and their Finances: A Guide for Treatment Professionals* from the National Council on Problem Gambling (www.ncpgambling.org).
- *Journal of Financial Therapy* online at www.jftonline.org sponsored by the Financial Therapy Association

¹ Gillen, M., & Loeffler, D. N. (2012). Financial literacy and social work students: Knowledge is power. *Journal of Financial Therapy*, 3(2), 28-38.

² Note, the recent creation of the Financial Therapy Association and the Journal of Financial Therapy is seeking to bridge the gap between financial advisors and therapeutic issues related to financial difficulties. This organization is made up of professionals from financial counseling, financial planning, financial coaching, psychology, family therapy, social work, and family studies.

³ Shapiro, M. (2007). Money: A therapeutic tool for couples therapy. *Family Process*, 46(3), 279-291.

⁴ Greenberg, L. (2008). Emotion and cognition in psychotherapy: The transforming power of affect. *Canadian Psychology*, 49(1), 49-59.

Awareness and Understanding about Problem Gambling

Module 5

Introduction

A significant amount of anxiety for partners arises from fear of the unknown and unpredictability associated with gambling problems. Subsequently, partners can benefit from understanding the dynamics of gambling problems and other characteristics related to individuals who engage in pathological gambling. Although education about gambling disorders will likely be an ongoing process throughout treatment, this module specifically focuses on helping a partner understand pathological gambling. Clinicians should be mindful of the most current literature on the etiology, subtyping, and empirically supported treatments of gambling disorders. Reading materials, appropriate websites, and other resources on pathological gambling should be made available to the partner. Clinicians should be careful to avoid stereotyping the gambler, especially in cases where interactions have been limited to the partner.

Note: The following module is somewhat different than other modules in that it contains information about problem gambling and therapists are free to share what aspects of this module they think will be beneficial for their clients. Because of the psycho-educational nature of this material, this module reads more like a book chapter or journal article on pathological gambling.

Goals

- Provide accurate, up-to-date information about problem gambling to client.
- Answer questions and concerns related to problem gambling.

Materials

- Audio File Overview

Overview about Problem Gamblers

Gambling is wagering money or an item of material value on an event where the outcome is uncertain and when winning or losing is determined predominantly by chance. Various forms of gambling can include casino games, bingo, keno, slot machines, lottery tickets, betting on card games, mahjong, betting on sports events such as horse racing, stock market speculation, betting on games of skill such as pool, tombola and similar games, and online gambling.

Although 70% to 90% of adults have participated in some form of gambling¹, less than 1-3% of adults in North America will ever become pathological about their gambling.² In California, 83% of adults have gambled with 1.5% experiencing problems. Experts in the field have characterized gambling behaviors along a continuum indicative of the extent of involvement with gambling and the degree to which individuals experience gambling related problems. Using this model, individuals are classified into one of the following three groups:

1. *Social or recreational gamblers* constitute the largest group of gamblers and are able to manage the amount of time and money they spend associated with gambling activities. Individuals in this group do not report any problems associated with gambling behaviors.
2. *Problem gamblers* constitute a group of individuals who report some difficulties or consequences associated with gambling behaviors. They may feel guilty about their gambling, hide the amount of their losses from significant others, spend more time or money gambling than intended, acquired some gambling related debt, or sacrificed important aspects of their life in order to pursue gambling.
3. *Compulsive, addicted, or pathological gamblers* constitute a group of individuals who experienced significant gambling related problems that interfere with their activities of daily living and ability to function normally. These individuals frequently report being unable to resist the urge or craving to gamble and often experience excessive thoughts about gambling activities. A hallmark of this group involves a repeated pattern of multiple unsuccessful attempts to reduce, cut-back, or stop gambling activities. In extreme cases, individuals jeopardize relationships, employment, and even engage in criminal activity to support their gambling behaviors. Pathological gamblers, also report a chronic pattern of engaging in gambling to escape unpleasant emotions or to cope with stressful situations. Individuals in this group typically meet the DSM-IV-TR diagnostic criteria for pathological gambling.

When working with partners, it may be helpful to discuss with them what they know about the gamblers behavioral patterns to identify the severity of the problem gambling. It is of course, ideal to meet with the gambler in person and directly assess their gambling behaviors and determine what level of interventions might be necessary.

Gambling becomes problematic when:

- it interferes with work, school, or other important activities
- it causes financial difficulties
- it negatively impacts your mental or physical health
- it interferes with your personal relationships with family or friends
- it leads to legal problems
- it is difficult to stop despite multiple unsuccessful attempts to cut back or quit

Risk Factors and Clinical Characteristics

A number of studies have identified several predictive risk factors linked to gambling disorders including young age, elderly, disabled, male gender, non-white ethnic origin, lower socioeconomic status, and whether an individual has been divorced or has a separated marital status.³⁻⁴ The course of pathological gambling can vary from a chronic relapsing condition to one with a short time course.⁵ Vulnerable factors also appear to include individuals with co-occurring psychiatric disorders, especially substance abuse, ADHD, mood disorders, anxiety disorders, and antisocial personality disorder.⁶⁻⁷ Pathological gambling has been shown to be a heritable condition with high genetic transmission and heritability.⁸ What genetically is being inherited is unclear but some have speculated that trait for risk-taking preference, absence of loss aversion, or sensitivity to immediate rewards may be responsible.

Some evidence suggests that variations in neurocognition and neurobiology in the brain might be linked to problem gambling. Specifically, studies have linked patterns of impulsivity, poor judgment, impaired decision making, and emotional lability commonly found among pathological gamblers to diminished executive functioning.⁹⁻¹⁰ Furthermore, increasing evidence suggests several neurotransmitter systems (e.g., dopaminergic, serotonergic, noradrenergic, opioidergic) might be implicated in the pathophysiology of gambling disorders.¹¹ Recently, attention has drawn to the association between Parkinson's disease, dopamine agonists and pathological gambling. Although definitive scientific causality has not been established, there is compelling evidence to suggest that a subset of individuals with Parkinson's disease and who are taking dopamine agonists develop pathological gambling behaviors that were not

evident before.^{12,13,14} This association implicates the dopamine reward pathway in the development of pathological gambling.

Facets of personality have also been studied among individuals with gambling disorders. As might be expected, impulsivity has been consistently linked to problem gambling. Additionally, feelings of frustration, interpersonal sensitivity, vulnerability to distress, and distrust of others as measured by the NEO Personality Inventory–Revised have also been observed. Pathological gamblers also reported diminished competence and self-discipline as well as tendencies toward hasty decision making when compared to nonpathological gamblers.¹⁵ Although many have suggested that pathological gamblers are narcissistic, research has failed to find evidence of disproportionate prevalence rates of narcissistic personality disorder in this population.¹⁶

Models Explaining the Cause of Gambling Disorders

Many partners want to understand how their loved one developed a problem with gambling. Given the complex nature of human behavior, this can be a difficult question to answer. However, over the past few years researchers have advanced two predominant integrative models as possible explanations for how gambling disorders develop: the biopsychosocial model^{17,18} and the pathways model.¹⁹ In a recent overview of gambling disorders²⁰, Dr. David Hodgins, Jonathan Stea, and Dr. Jon Grant note the following regarding these models:

The biopsychosocial model is essentially predicated on a cognitive-behavioural and diathesis-stress framework, whereby predisposing factors (e.g., poor problem-solving and coping skills and genetic vulnerabilities) interact with early gambling experiences (e.g., receiving large wins early, receiving a high proportion of small wins early) and adverse psychosocial experiences (e.g., stressful life problems, boredom) to give rise to gambling disorders. Both the biopsychosocial and pathways models describe similar factors and processes involved in the development and maintenance of gambling problems. The major difference is that the biopsychosocial model assumes homogeneity of gambling disorders and the pathways model postulates heterogeneity of gambling disorders manifested as three main pathways leading to three subtypes of problem gamblers: behaviourally conditioned, emotionally vulnerable, and antisocial impulsivist. The behaviourally conditioned subtype is characterised by an absence of premorbid psychopathological changes and impaired control over gambling

results from the effects of conditioning, distorted cognitions, and poor decision making associated with frequent exposure to gambling. These same environmental principles are involved in the cause of the other two subtypes, although premorbid pathological changes are a complicating factor in terms of motives for gambling and course of the disorder. The emotionally vulnerable subtype has pre-existing depression, anxiety, and poor coping and problem-solving skills, and a history of trauma and gambling helps to modulate affective states. The third subtype has pre-existing impulsivity, attentional difficulties, and antisocial features, and gambling serves as a risky and exciting activity.

Most clinicians who have worked with problem gamblers recognize that there is heterogeneity among this population which tends to lend more support to the pathways model.

Consequences of Problem Gambling

The consequences of pathological gambling will vary with each case and can range from financial loss, divorce, substance abuse, domestic violence, lost time/productivity and illegal activity. Suicidal ideation is common in pathological gamblers, affecting nearly 25% of this population.²¹ Medical consequences of pathological gambling are also just now being recognized — insomnia, sleep deprivation, lack of exercise, stress-related illnesses and decreased attention to self-care have all been seen clinically in pathological gamblers.

For many partners, the consequences include their own personal distress which can sometimes lead to clinical levels of depression and anxiety. Partners also experience an increased burden of responsibility to compensate for the vast array of consequences that arise in the wake of a gambling problem. For example, partners often have to assume additional roles (e.g., a mother and a breadwinner). This can be stressful and lead to resentment of the gambler. Partners may also feel exhausted from having to assume additional roles and responsibilities which can lead to physical illness. In some cases, partners may feel the consequences they suffer far exceed those encountered by the problem gambler.

Recovery and Treatment

No single treatment approach has been shown to be the most beneficial to pathological gamblers. Most gambling treatment programs recommend an integrated biopsychosocial perspective that involves as many collateral participants as possible. The current body of research evidence is stronger for psychotherapeutic approaches over pharmacological approaches. Prevalence surveys suggest less than 10% of individuals with gambling disorders actually seek formal treatment.^{22,-23} Inquiries about why many gamblers don't seek treatment suggest they want to handle the problem on their own, they feel shame or embarrassment, or they are in denial about having a gambling problem. Interestingly, the vast majority of individuals who have recovered from problem gambling do so without receiving formal treatment services.²⁴ These individuals attribute their successful recovery to pragmatic strategies that focus on behavior modification, including participation in activities incompatible with gambling and avoidance of things that might trigger relapse (e.g., going to a gambling venue).²⁵

Brief treatments including the use of self-help workbooks based on cognitive-behavioral therapy and motivational enhancement techniques have been associated with positive treatment outcomes. Participation in 12-step support groups or some psychological treatment has been shown to be superior to no treatment at all. Several recent studies highlighting the importance of targeting cognitive distortions and irrational beliefs associated with continued gambling. Individual therapy has been shown to reduce gambling frequency, increase perceived self-control over gambling and strengthens techniques for relapse prevention. For therapists interested in using Cognitive-Behavioral Techniques for pathological gamblers, there are several published manuals and therapist guides that have been the subject of clinical testing. A recent meta-analysis of CBT for pathological gambling suggest that the effect size is promising and that effect of reduced pathological gambling behavior extend out to at least 12 months.²⁶

Social Support through Gamblers Anonymous (GA) is often recommended for problem gamblers. GA has been in operation for over 50 years and its meetings are held daily throughout the United States. GA offers peer support, fellowship and a confidential network to support recovery. Variables that predict abstinence include attendance, participation and higher social capital.^{27,-28}

Pharmacological Treatments

There are no FDA-approved medications for pathological gambling. Clinicians need to inform their patient that when using any medications to target problem gambling, it is being conducted off-label and is based on limited research. The pursuit of effective medications for pathological gambling has been hindered by clinical trials that report a high placebo response rate, a lack of understanding of pathophysiology, the heterogeneous nature of problem gambling and the use of a wide variety of outcome measurements. To date, there have been clinical trials with a variety of classes of medications in problem gambling with varying degrees of effectiveness. In particular, opioid receptor antagonists (naltrexone and nalmefene) may show promise in the treatment of problem gambling given their ability to modulate dopaminergic transmission in the mesolimbic pathway. These medications have been shown to reduce the intensity of gambling urges, preoccupation with gambling thoughts, and gambling behaviors.^{29, 30, 31} Studies have found varying degrees of efficacy for classes of medications such as antidepressants and mood stabilizers.

In the last few years, trials with unique agents, such as N-acetylcysteine and modafinil have shown interesting preliminary data but require replication and further testing.^{32, 33} N-acetylcysteine is a glutamatergic modulator and is thought to mediate learning in the reward pathway. Modafinil's mechanism of action remains incompletely understood but it is thought to involve dopamine regulation and thereby impacting attention and executive functioning. Current ongoing trials of memantine, acamprosate and topiramate in pathological gamblers are being conducted and will soon provide new insights into the specific targets of medications for pathological gambling.

Practical Techniques and Overcoming Treatment Barriers

Practical techniques to use with pathological gamblers include discussions of how to limit access to casinos, credit and even transportation to gambling venues. Financial counseling is an essential component in working with pathological gamblers, an area that many therapists find challenging since they lack formal training. Finally, engaging family members early on in treatment is critical to foster treatment retention, compliance and to minimize enabling behaviors.

Common pitfalls in treating pathological gamblers include non-compliance, ambivalence, and low motivation. Shame and guilt are palpable in pathological

gamblers and their families. So critical, then, is a non-judgmental attitude toward dealing with harm and consequences created by continuous gambling.

Conclusion

Partners of problem gamblers often desire to understand issues related to pathological gambling. Counselors who are knowledgeable about gambling disorders can provide a wide array of accurate and helpful information to partners. Such information can help partners set realistic expectations about their situation and better understand various issues associated with the problem gambler. Due to the limited amount of time in counseling sessions, it is likely most beneficial for therapists to take the time to answer questions, offer some education about problem gambling, and provide partners with reading material to help partners better understand pathological gambling.

Recommended Reading(s):

The following books have been written for a general audience and have received favorable feedback from partners of problem gamblers.

- *Behind the 8-Ball, 2012 Edition* by Linda Berman and Mary-Ellen Siegel. ISBN: 9781462048540.
- *Don't Leave it to Chance: A Guide for Families of Problem Gamblers* by Edward J. Fedeerman, Charles E. Drebing, and Christopher Krebs. ISBN: 978-1572242005.

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Communicating with a Problem Gambler

Module 6

Introduction

Communication with problem gamblers can be challenging. Partners frequently report that gamblers withdraw from conversations, become defensive or even aggressive when sensitive topics are brought up. Many partners struggle to find the right words to convey their thoughts and feelings to the gambler. Subsequently, it can be helpful for therapists to discuss various communication styles and ways partners can engage in difficult conversations. This module will focus on helping partners with communication skills and addressing conflict in their relationship.

Goals

- Educate partners about interpersonal communication styles.
- Help partners develop ways to have difficult conversations with gamblers.

Materials

- Handouts and Worksheets (Handout 6.0)
- Audio File Overview

Communication and Conflict Resolution Styles

Talking about a gambling problem with a partner is a difficult task. Maintaining an appropriate communication style can help facilitate this process. There are several models in the social science literature that characterize interpersonal interactions. Some models characterize interactions and dynamics such as the “demand/withdraw” pattern (e.g., when one partner initiates discussions, makes demands, or criticizes and the other partner avoids or withdraws from the discussion). These models are based on the work of Gottman and others.^{1,2,3} Models of conflict resolution have considered interactions such as whether a couple approach differences with a desire to compromise or confront. A number of theorists have simplified these interactions along two basic dimensions: concern for the self as defined by levels of assertiveness and concern for others as defined by levels of cooperation.^{4,5} Within this latter model, individuals are purported to fall into one of five conflict styles as outlined in *Figure 1*.

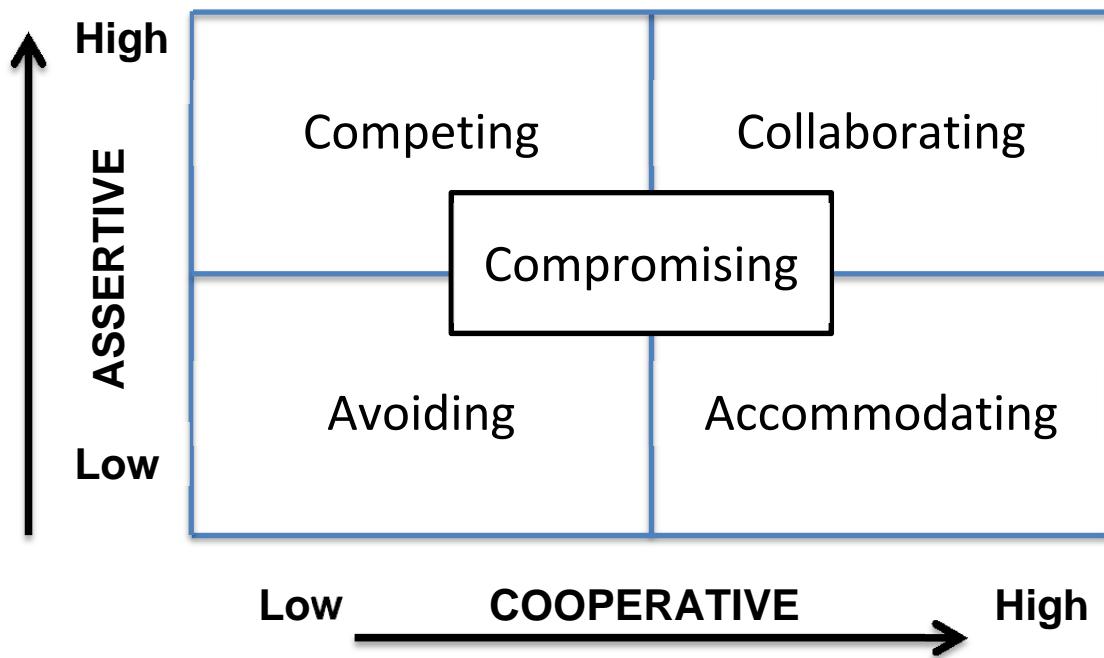


Figure 1. The Thomas-Kilmann Conflict Mode

Five Styles of the Thomas-Kilmann Model

1. **Competing:** This style is assertive but uncooperative. Individuals with a competing style often pursue their own concerns at the expense of the other person and this style reflects a “win/lose” approach. Competing might be appropriate under circumstances such as an emergency when decisive action needs to be taken. However, when resolving conflicts related to interpersonal difficulties or gambling behaviors, this approach is unlikely to produce positive results.
2. **Compromising:** Although compromising is often considered a good approach to conflict resolution, it falls short of an ideal solution, because neither party really achieves their desired outcome. Couples often resign themselves to compromising, especially when the investment of time necessary to collaborate feels too daunting. Solutions obtained by compromising may also be ineffective if important personal needs are sacrificed during negotiations.
3. **Avoiding:** This approach is both unassertive and uncooperative. Avoiding may be appropriate when the issue needs to be discussed at a better time or if safety is of concern. Sometimes people take an avoidant approach when they need to gather more information in order to address the problem. However, avoidance is rarely an effective long-term strategy and may exacerbate the situation. In many ways, problem gamblers use gambling activities to avoid dealing

with difficult or unpleasant emotions and may gravitate towards avoidance in conflict resolution.

4. **Accommodating:** Individuals who adopt an accommodating approach often satisfy the concerns of the other party at the expense of their own needs. Although accommodating individuals may be perceived as selfless, they may start to resent always “giving in” to the other person. However, sometimes people may accommodate in order to preserve future relationships or in the interests of saving their energy and efforts for a more important goal.
5. **Collaborating:** This style involves an approach where both partners seek to work together in finding a solution that satisfies the concerns of both parties. Couples who take this approach are often willing to peel back the layers on a given issue, identify whatever concerns may arise, and then work together to problem solve in a way that addresses the needs of both parties. Collaborating generally involves a willingness to be open to each other’s ideas, an investment of time, and a high degree of mutual trust. Because trust has often been broken in the context of problem gambling, couples may need to first work on restoring trust in order to feel safe enough to adopt a collaborative approach to conflict resolution.

As therapists work with partners, ideally they should help to promote a collaborative approach to resolving conflicts that arise in the wake of gambling problems. This can take time for an individual to cultivate and master a collaborative approach, and subsequently, therapists may wish to offer suggestions and examples of how partners can seek to use collaborative approaches with a problem gambler. It may also be helpful to identify ways in which partners can be assertive, rather than being passive or aggressive with a problem gambler. Clarification about these patterns is outlined below:

Assertive Communication

In assertive communication, thoughts, desires, and feelings are openly expressed while considering the rights and feelings of others. Reflective listening demonstrates a sincere desire to understand the other person’s point of view. Assertive communicators are usually open to negotiation and collaboration. When speaking, their voices are relaxed, well-modulated, and firm. They maintain good eye contact, and their facial expressions demonstrate interest in the discussion. One partner effectively expressed concern about a problem with these words: “John, I’ve noticed you’ve been spending more and more time watching sporting events and making wagers and I’m feeling

uncomfortable with that. I'm concerned and it makes me nervous." This type of communication allows for an exchange of understanding when sensitive and delicate issues are addressed. Simply stated, assertive communication is an "I count, you count" approach.

Aggressive Communication

Aggressive communication implies, "I count, you don't count." Thoughts and feelings are communicated at the expense of others' rights or interests. Yelling at someone is an example of aggressive communication. Aggressive communication is often laden with sarcasm, contempt, criticism, blaming, name-calling, put-downs, and condemnation and reflects a competing approach in the Thomas-Kilmann model. Black-and-white thinking often permeates discussions with statements such as "you always" or "you never." Being right is usually more important than being understood, and listening skills are usually poor. In aggressive communication the issues get lost in emotion. In these situations, a gambler is likely to focus on the emotional arousal of the partner rather than their message.

Passive Communication

Passive communicators avoid being direct as they express feelings, thoughts, or concerns. A passive person will listen to a gambler vent about various problems and neglect to communicate their own anger and frustration with the gambler's behavior. This style promotes the idea, "You count, I don't count." Passive communicators usually do not maintain eye contact. Their voices are weak, soft, wavering, and timid. A passive person might say, "I know this problem makes you feel bad and I'm sorry I'm making matters worse for you. I should be more understanding. Let's not deal with this now. We can talk about it some other time."

Passive-Aggressive Communication

Passive-aggressive communication says, "I count, you don't count, but I'm not going to tell you that you don't count." It is often non-verbal. For example, one client took all of his wife's lottery tickets, cut them up, and threw them in the garbage. He didn't tell her and acted surprised when she reported being unable to find them. Passive-aggressive communication is indirect and usually ineffective as it fails to directly address the needs of both parties.

Effective Communication

When confronting inappropriate behavior such as a gambler's dishonesty, clearly the best communication style is an assertive one that seeks to adopt a collaborative approach. It creates an environment in which both parties can be understood. When a person feels upset and frustrated about a problem, however, maintaining an appropriate communication style can be difficult. Talking about feelings using "I" statements can often help avoid using blaming or judgmental language: "I feel hurt," "I feel upset," "I feel disappointed," "I feel confused." Remember, a feeling is one word. It's easy to begin describing a feeling using "I" and instead communicate a thought using "you." For example, "I feel that you are inconsiderate" shifts the focus to "you" and constitutes a thought, not a feeling. Be careful to avoid this type of language as it may be misunderstood. Also, it is important to identify clearly true thoughts and feelings before discussing them with a partner. This approach will help communication be genuine rather than reactive and will not reflect thoughts that are impulsive and inaccurate. An example of this might be talking about a more primary emotion like "fear" as opposed to a secondary emotion like anger.

Effective communication moderates conflict. It does not eliminate it. Many individuals who are uncomfortable with conflict settle for an avoidant or accommodative approach. They may believe that conflict is bad. The reality is that all relationships have some conflict. In fact, if a relationship is void of conflict it is likely that one partner dominates the other. What makes good relationships great is when couples have learned how to respectfully resolve their conflicts. This can be accomplished when both partners use an assertive—"I count, you count"— collaborative approach in addressing their differences.

Although a gambler who has breached trust should be sensitive, caring, and willing to listen with an open mind and heart as a partner vents and expresses hurt, this is rarely what happens. Part of the reason for this is because partners often focus on the gamblers behavior instead of their feelings — their primary feelings. The following example illustrates this point:

After becoming involved in problematic gambling, one woman confessed to her husband that she felt so alone in their marriage and felt he didn't care about her anymore. She further indicated, she would gamble as a way of escaping how painful it was for her to feel unloved. After listening at some length to her, the husband expressed that he too had felt the distance between them. He told her that he would be willing to address this at a later time, but for the moment, he wanted to address the issue of her gambling and how she was

addressing her feelings in an unhealthy way. In this manner, the husband validated the hurt his wife felt and agreed to address their marital problems at a later time. As a result, the wife was willing to continue a very sensitive conversation about her own inappropriate behavior. The husband was then able to communicate that her gambling activities were unacceptable and not a solution to emotional problems. They both agreed to seek counseling together to get help for their situation.

Even with an assertive approach, discussing a gambling problem can be an extremely daunting task. Nonetheless, it must be confronted if healthy intimacy and trust is to be obtained. If the discussion is done appropriately using effective communication, the difficult task of talking about the issues with a partner will have a greater chance of success.

Anticipating the Gamblers Reaction

After being confronted about inappropriate behaviors, a gambler can react in a variety of ways. It is important to prepare a partner for the possible types of reactions they may encounter. Reactions may include denial, anger, blame, guilt, shame, fear, defiance, rage, contrition and remorse, humility, relief, avoidance, withdrawal, humor, sarcasm, or ambivalence. Helping a partner pay attention to the emotional reactions of the gambler will help guide how to continue responding to the problem at hand.

Denial

A common reaction is denial. For example, one partner claimed, "I haven't a clue how those charges showed up on our credit card." This may suggest a complete refusal to acknowledge that a problem exists. Another form of denial is minimizing. This form manifests itself when someone admits awareness but minimizes intent. A person may say, "I was at the casino and got a little carried away. Don't make a big deal of this," when in fact, the gambler is concealing they have gotten "a little carried away" on a lot of occasions.

If there is sufficient evidence to suspect or substantiate a serious gambling problem but a gambler denies any inappropriate behavior, then it may be necessary to reaffirm ones position more assertively. After listening to her husband adamantly deny gambling, one wife responded, "I was at the casino last night when you were supposed to be working and I saw you gambling. I wanted to give you the benefit of the doubt, but realized I could not. I also found two hidden credit cards that you've concealed from me and also saw the charges and debt from the casino on them." This spouse then

communicated clearly how she felt about the problem. She also expressed her concern that her husband had attempted to lie in order to keep his behavior a secret. All of this was done in a non-threatening way and her husband finally agreed that he indeed had a problem, which they were then both able to begin working through together.

Avoidance and Resistance

Another common reaction to discussions about gambling problems is avoidance or resistance. Avoiding responsibility or accountability for a behavior enables a person to also avoid consequences. One form of avoidance is a dismissive response: “I don’t want to talk about it.” In this case, denial is replaced with a reluctance to discuss the problem. Another form of avoidance is being constantly unavailable to talk about the problem. “This isn’t a good time right now. Talk to me later,” replied one gambler. When asked what would be a good time, the response was, “I don’t know.” This tactic is used to postpone discussing the problem. If it is repeated often enough, some partners become exhausted and eventually give up trying. An assertive person might respond by saying, “That’s not acceptable to me. If you want to postpone this discussion I would appreciate you giving me a time when we can talk about it.” When this type of assertiveness is used, a common reaction is anger. It might be helpful to remind a partner that anger is a secondary emotion and that primary emotions causing anger usually include embarrassment, frustration, fear, and guilt. One partner, recognizing this, told his significant other, “I know you’re probably afraid to talk about this issue, but it’s important to me. I love you and want to help but can’t if you refuse to open up and have a discussion with me.” This approach helped the gambler feel safe, and she confided in him about her struggles.

Minimizing can also be used to avoid. “It only happened a few times.” These expressions attempt to make behavior appear insignificant or unimportant. Minimizing often manifests itself with words such as “only,” “just,” or “once.” Information provided is usually vague, unclear, or non-specific so the person listening is incapable of seeing the complete picture and is likely to draw inaccurate conclusions.

Others avoid by redefining the issue, using a tactic commonly known as “changing the subject.” One husband told his wife, “I may have done some gambling, but it isn’t any worse than the romance novels you read or the soap operas you watch to escape problems or deal with stress.” This tactic attempts to take the focus off of his behavior and place it elsewhere. An appropriate response might be, “That might be a valid point

that I would be happy to discuss later. Right now I want to talk about the matter of the debt and dishonesty about spending money on gambling.”

Another way to redefine the issue is to play the victim. When a person attempts to manipulate a situation through a “poor me” approach, the goal is to avoid responsibility by eliciting pity. For example, if a partner feels sorry for the gambler, she may begin to care-take his emotions at the cost of processing her own. In this manner, the focus is changed and responsibility for behavior is avoided. One gambler began to cry, and as he sobbed he began to make excuses for his behavior by blaming it on all the stress he was feeling. His wife began to rescue him by expressing her sorrow for his situation. After the pattern repeated itself several times, she began to resent the fact that she was taken in by his self-pity. This trap could have been avoided had she been more assertive about her feelings from the beginning. This doesn’t mean that appropriate empathy and compassion can’t be expressed, but it’s also important to avoid traps that prevent honest communication of thoughts and feelings.

Defiance

One person became enraged when his spouse confronted him about undisclosed debt associated with gambling activities. The husband responded, “So what. It’s none of your business. What were you doing opening my mail in the first place, that’s a federal offense!” Defiance, usually manifested through anger, is a symptom of guilt, fear, embarrassment, or frustration.

In most cases, a person who leads a double life works very hard to sustain a level of “impression management.” When all the work of maintaining the good guy image is threatened by exposure of embarrassing behavior, gamblers may become very angry and defiant. Trying to communicate with someone who demonstrates this behavior will be difficult. It may be more helpful to postpone the discussion until the person is less hostile. An ideal response might be, “I can see this is not a good time to talk with you. We will discuss this later. When would be the best time for you?” If this approach is met with additional defiance, it may be necessary to enlist the help of a therapist or others to formulate a strategy to address the resistance.

Contrition and Remorse

“I’m sorry, I need help, I know it’s wrong,” responded one person after being confronted by a partner. It’s not uncommon for a gambler to express remorse, request

forgiveness, and commit to abandon the behavior. The promises at the time are likely sincere, and most loved ones want to believe the words. A spouse may be lulled into believing everything is okay, offer forgiveness, and move on. However, partners are often later frustrated to discover that the unaccounted time and secrecy has returned along with the gambling behaviors. If the core issues aren't addressed with a gambler, relapse is bound to happen and it's important to help a partner understand this.

Understanding the tendency for relapse can help put a contrite or remorseful reaction into perspective. Thus, when someone promises to abandon gambling behaviors, it is best to realize the magnitude of gambling problems. Even for those who show remorse, professional assistance is usually required to effectively address compulsive gambling behavior.

If a person appears contrite about his behavior, it is important to be patient in trying to understand what has going on. This neither implies agreement with the behavior nor dismissal of personal feelings. It does suggest receptivity to the gambler's feelings and perspective. Most people want to abandon their unhealthy gambling activities because of the tremendous guilt and shame they feel.

Deception

Some individuals will admit wrongdoing and promise to abandon or change their gambling behaviors even though they have no intention of doing so. The confrontation communicates to them that they need to take greater precautions to cover up their behavior. As a result, they agree to change but secretly plan to become more deceptive instead. The difference between this type of gambler and a gambler who is contrite and apologetic but relapses to the behavior is that a contrite person actually intends to keep the commitment while a deceptive person does not. Furthermore, if a contrite person has a relapse, they are more likely to disclose additional slips. This demonstrates a desire to break the cycle of secrecy, something a deceptive person is not interested in doing.

Ambivalence

Ambivalence is often at the heart of impulse control disorders associated with gambling. It is a love-hate relationship between the addict and his urges and cravings to gamble. The love comes from the temporary relief he finds in the escapism of gambling which can become a form of self-medication. However, he feels shame and guilt

afterwards and thus develops a hate for gambling. These coexisting, conflicting feelings create the dilemma about change and represent the core of the ambivalence.

Assessing the Reaction

Regardless of which reaction a gambler adopts, at some point, it is important responsibility for gambling behaviors is accepted. Letting someone you love own responsibility for their choices can be difficult. Some try to rescue the gambler, yet experience has shown that this can exacerbate problems rather than help.

It may be helpful to remind partners that allowing a gambler to take responsibility does not, however, mean leaving them to struggle through recovery alone. In fact, even a person who truly desires to change will not likely be successful on their own if they have already experienced several unsuccessful attempts at extinguishing the behavior. Such people tend to do better in a structured environment with a therapist and a support group.

A struggling gambler can be influenced, but they alone must ultimately decide which path to follow. What a gambler cannot choose are the consequences that accompany choices.

Recommended Reading(s):

- *The Power of Two: Secrets of a Strong and Loving Marriage* by Susan Heitler and Paula Singer. ISBN: 978-1572240599.
- *The Power of Two Workbook: Communication Skills for a Strong & Loving Marriage* by Susan Heitler and Abigail Hirsch. ISBN: 978-1572243347
- *The High-Conflict Couple: A Dialectical Behavior Therapy Guide to Finding Peace, Intimacy, and Validation* by Alan Fruzzetti and Marsha Linehan. ISBN: 978-1572244504

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³ Christensen, A., & Shenk, J. L. (1991). Communication, conflict, and psychological distance in nondistressed, clinic, and divorcing couples. *Journal of Consulting and Clinical Psychology*, 59, 458-463.

⁴ Rahim, M.A. (1983). A measure of styles of handling interpersonal conflict. *Academy of Management Journal*, 26, 368-376.

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Living with a Problem Gambler

WORKSHEET 1.0

Living with a problem gambler and the various consequences associated with gambling activities can be a very stressful and difficult experience. As you consider your circumstances, list three things you believe would be the most important for others to know about your experience or your situation:

What has led you to seek assistance at this time? For example, the consequences associated with the gambling behaviors feel too overwhelming to handle by yourself or you want advice on how you might help the gambler?

What are your goals for counseling in addition to helping the gambler? For example, getting more information about problem gambling, seeking additional support for yourself, or learning how to cope more effectively with difficult feelings you experience such as sadness, anger, frustration, etc... What is it that you're needing most?

Resources and Support

WORKSHEET 1.1

As you consider your situation, what resources do you have that can be enlisted as efforts are made to address your goals. For example, resources might include an ability to problem solve, good communication skills, access to financial help, or supportive friends or family.

Who else knows about the gambling problem? How did they find out?

Who are people you might feel comfortable talking to about your situation? Consider individuals who know how to listen, are non-judgemental, and can remain objective.

Individual(s)

How can they be supportive?

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Identifying Possible Problem Areas with Boundaries

WORKSHEET 2.0

As you read the list below, circle the number to the left of any statement that seems true for you and then discuss with your therapist.

1. I have difficulty saying “no” to the requests of others including the gambler.
2. In many of my relationships, I frequently feel like I contribute more than others.
3. I often find myself making choices that are incongruent with my values and beliefs.
4. I often go along with things that are uncomfortable in order to avoid conflict with others.
5. It seems like my ability to feel happy is often strongly influenced by how others feel about me.
6. I am often doing things for others at the expense of my own needs.
7. I have great difficulty and discomfort with ambiguity or uncertainty.
8. I often find myself feeling neglected or hurt in my relationships with others.
9. I struggle to ask others for things that I may need.
10. I often find myself feeling responsible for how others feel including the gambler.
11. I’m overly critical of myself when I make mistakes.
12. I often feel like my life is chaotic or out of control.
13. I frequently turn to others for reassurance about my self-worth.
14. When I attempt to be assertive toward the gambler or others I feel guilty or bad.
15. I often have a difficult time trusting my own decisions.
16. I often feel worried or stressed about the consequences of the gambler's activities.
17. I have unrealistic perfectionistic tendencies and expect too much from myself or others.
18. I often rationalize making decisions that I know I will later regret.
19. I frequently assess situations as “all or nothing.”
20. I often neglect getting adequate sleep, having a healthy diet, and taking time for regular exercise.
21. I often feel trapped as though I have no other options in life.
22. I find myself often needing to control others or situations so life will be predictable.
23. I frequently enable the dysfunctional behavior of others, including the gambler.
24. I often rescue others, including the gambler, from the negative consequences of their choices.
25. I often feel easily offended by the actions of others.
26. I often encounter negative consequences because of choices outside of my control.
27. I often feel like I’m a “victim” of situations or events.
28. I have great difficulty being assertive with others.
29. I find myself often allowing others to dictate my choices or behavior.
30. I often become overly involved in the decisions or choices of others.

External Boundaries

As you consider your situation and what you've learned about external boundaries from your therapist, make a list of **three external boundaries you would like to establish** and what you will do to establish them.

Example:

- Boundary: I will be informed about the financial status in my relationship.
- Strategy: I will log in to our bank account weekly and review transactions.
I will review all financial mail such as bills and credit card statements
I will sign-up for online credit report monitoring.
I will invite my partner to participate in financial discussions.

1. External Boundary:

Strategy:

2. External Boundary:

Strategy:

3. External Boundary:

Strategy:

Internal Boundaries

As you consider your situation and what you've learned about external boundaries from your therapist, make a list of **three internal boundaries you would like to establish** and what you will do to establish them.

Example:

Boundary: I will become more aware and honest with myself about my feelings.

Strategy: I will keep a daily journal and record my feelings.
I will discuss my feelings in my therapy sessions
I will take time to slow things down and process my feelings

1. Internal Boundary:

Strategy:

2. Internal Boundary:

Strategy:

3. Internal Boundary:

Strategy:

Alternative Strategies to Manage Stress

HANDOUT 3.0

A number of effective coping strategies can be helpful in managing and reducing stress. We realize that for people who are severely stressed, just looking at “one more list” seems daunting. In such cases, consider trying one or two of the suggestions below and leave the others for a future time. Several of the following suggestions have been reported in research on stress reduction.

1. *Education.* Acquiring accurate information about stress can empower people to understand the risk factors, impact, and effects of stress. Education can provide insight that motivates people to make lifestyle changes that will reduce stress. Numerous workshops, classes, and seminars on topics that can reduce stress—such as time and money management, healthy living, and goal setting—that can be accessed through community programs, adult education, employee assistant programs, or health organizations.
2. *Self-Care.* Stress can be reduced to a minimum if we make time to exercise, eat nutritious foods, and get adequate rest. Although devoting time to self-care can initially increase levels of stress, the overall benefit results in decreased stress. The stress-reduction benefits of adopting a healthy lifestyle cannot be emphasized enough. Studies consistently link proper exercise, good eating habits, and adequate sleep to reduced stress. For many partners of problem gamblers, we realize that sometimes it feels like you’re giving everything you’ve got just to keep the household from falling apart, and the idea of self-care is just not an option. However, we invite you to consider the principle of putting your own oxygen mask on first and realize that if you try to maintain an impossible schedule or routine, ultimately it will be unsustainable and negatively impact your health and well-being.
3. *Biofeedback.* There are cost-effective medical devices that can help you train your body to reduce unhealthy stress and can increase your ability to relax, such as the StressEraser.TM These systems help you see your own breathing patterns, heart rates, and other physiological data that can make you more self-aware of how to reduce your stress. Substantial research supports biofeedback’s effectiveness in reducing stress levels.¹ Talk to your therapist about this possibility if you believe it might be helpful for you.
4. *Meditation/Mindfulness.* Meditation and mindfulness practices are effective methods to help people manage stress.² Like physical exercise, for meditation to be effective it needs to be a regular activity. Numerous resources for learning meditation or mindfulness strategies can be found online. Several noteworthy individuals have authored works on mindfulness practices, including Jon Kabat-Zinn, Christopher K. Germer, and Ronald D. Siegal. Authors John Forsyth and

Georg Eifert have also created a self-help workbook designed to address anxiety and worries that lead to stress titled *The Mindfulness & Acceptance Workbook for Anxiety*.

5. *Medication.* Various medications used to treat stress should likely be considered as exceptions rather than the rule. When people feel completely overwhelmed by stress or anxiety, primary care physicians may elect to prescribe medications, but these are generally intended as a short-term solution until better coping strategies can be developed.
6. *Psychotherapy.* Therapy, particularly Cognitive Behavioral Therapy, is extremely effective in helping people learn how to better manage stress and cope with life difficulties. This mode of therapy generally focuses on helping individuals challenge irrational thinking patterns that lead to stress. Therapists specializing in this type of treatment are usually easy to find.
7. *Social Support.* Connecting with others can reduce stress, especially stress caused by feeling lonely or detached from others.³ When people feel they are unloved, uncared for, or not valued by others, loneliness often emerges, creating stress. The real difficulty is the fear of having to face life's challenges alone or having to tackle a partners gambling problem without outside help. This is one reason why group therapy or social support groups are recommended for partners of problem gamblers. Other forms of social support can involve reaching out to a spouse, family members, religious leaders, or co-workers. Attending community events or being part of a volunteer organization can also buffer against feeling alone and isolated, which in turn, can reduce stress. The 12-step Gam-Anon groups can also be helpful in providing access to a community that understands the various stressors that arise in the wake of being in a relationship with a problem gambler.
8. *Time Management.* Learning to manage time effectively can greatly reduce stress and keep us from committing ourselves beyond our available resources. Some research suggests that perceived control of time is particularly relevant in reducing stress.⁴ Recent research has identified skewed time perception as part of the problem with impulsive behaviors.⁵ People inaccurately estimate time, feel overwhelmed and unable to get things accomplished, and subsequently act out in impulsive ways in order to compensate. This can sometimes be the case for problem gamblers. A number of self-help books are available on the topic of time management and prioritizing strategies.
9. *Assertiveness.* Closely linked to time management is the ability to set boundaries and say "no." One problem often encountered by individuals who are chronically stressed is a tendency to "people please." This may stem from a desire to compensate for shame or issues with self-worth. Thus, many partners go out of their way to do things for others in order to receive a kind word, a compliment,

or some adulation that they may not be receiving by their gambling partner. But what usually happens is they agree to do things that ultimately create additional demands and stress. One book we frequently recommend to help such people is *The Disease to Please*, by Harriet B. Braiker.

10. *Calming Music*. Listening to relaxing music can have a significant impact on reducing levels of stress.⁶ This appears to be particularly true of classical music.⁷

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- ¹ A. I. Fedotchev (2010). Efficacy of EEG biofeedback procedures in correcting stress-related functional disorders. *Human Physiology*, 36(1), 86–90.
 - ² P. R. Goldin & J. J. Gross (2010). Effects of Mindfulness-Based Stress Reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion*, 10(1), 83–91.
 - ³ C. Segrin & S. A. Passalacqua (2010). Functions of loneliness, social support, health behaviors, and stress in association with poor health. *Health Communications*, 25, 312–322.
 - ⁴ T. H. Macan, C. Shahani, R. L. Dipboye, & A. P. Phillips (1990). College students' time management: Correlations with academic performance and stress. *Journal of Educational Psychology*, 82(4), 760–768.
 - ⁵ H. A. Berlin & E. T. Rolls (2004). Time perception, impulsivity, emotionality, and personality in self-harming borderline personality disorder patients. *Journal of Personality Disorders*, 18(4), 258–378.
 - ⁶ C. L. Pelletier (2004). The effect of music on decreasing arousal due to stress: A meta-analysis. *Journal of Music Therapy*, 41(3), 192–214.
 - ⁷ P. M. Scheufele (2000). Effects of progressive relaxation and classical music on measurements of attention, relaxation, and stress responses. *Journal of Behavioral Medicine*, 23(2), 207–228.

Communicating with a Problem Gambler

Introduction

Communication with problem gamblers can be challenging. Partners frequently report that gamblers withdraw from conversations, become defensive or even aggressive when sensitive topics are brought up. Many partners struggle to find the right words to convey their thoughts and feelings to the gambler. Subsequently, it can be helpful to understand various communication styles and ways to engage in difficult conversations. This handout will focus on helping identify and educate you about communication skills and addressing potential conflict in your relationship.

Communication and Conflict Resolution Styles

Talking about a gambling problem can be a difficult task and learning about appropriate communication styles can help you navigate the obstacles in communication that often arise. There are several models in the social science literature that characterize interpersonal interactions. A common model of approaching communication and conflict characterize these interactions along two basic dimensions: concern for the self as defined by levels of assertiveness and concern for others as defined by levels of cooperation.^{76,77} Within this latter model, individuals fall into one of five conflict styles as outlined in *Figure 1* below:

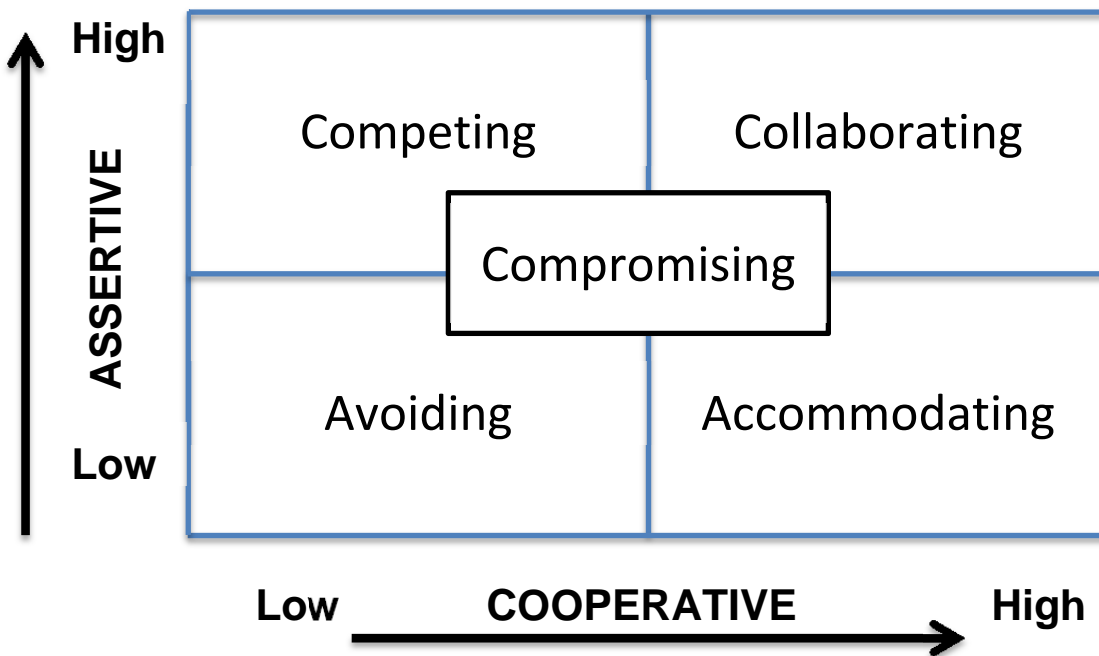


Figure 1. The Thomas-Kilmann Conflict Mode

Five Styles of the Thomas-Kilmann Model

1. **Competing:** This style is assertive but uncooperative. Individuals with a competing style often pursue their own concerns at the expense of the other person and this style reflects a “win-lose” approach. Competing might be appropriate under circumstances such as an emergency when decisive action needs to be taken. However, when resolving conflicts related to interpersonal difficulties, or gambling behaviors, this approach is unlikely to produce positive results.
2. **Compromising:** Although compromising is often considered a good approach to conflict resolution, it falls short of an ideal solution, because neither party really achieves their desired outcome. Couples often resign themselves to compromising, especially when the investment of time necessary to collaborate feels too daunting. Solutions obtained by compromising may also be ineffective if important personal needs are sacrificed during negotiations.
3. **Avoiding:** This approach is both unassertive and uncooperative. Avoiding may be appropriate when the issue needs to be discussed at a better time or if safety is of concern. Sometimes people take an avoidant approach when they need to gather more information in order to address the problem. However, avoidance is rarely an effective long-term strategy and may exacerbate the situation by making things worse. In many ways, problem gamblers use gambling activities to avoid dealing with difficult or unpleasant emotions and may gravitate towards avoidance in conflict resolution.
4. **Accommodating:** Individuals who adopt an accommodating approach, often satisfy the concerns of the other party at the expense of their own needs. Although accommodating individuals may be perceived as selfless, they may start to resent always “giving in” to the other person. However, sometimes people may accommodate in order to preserve future relationships or in the interests of saving their energy and efforts for a more important goal. Chronic patterns of accommodating the problem gambler are likely to result in enabling behaviors that perpetuate the problems you experience.
5. **Collaborating:** This style involves an approach where both partners seek to work together in finding a solution that satisfies the concerns of both parties. Couples who take this approach are often willing to peel back the layers on a given issue, identify whatever concerns may arise, and then work together to problem solve in a way that addresses the needs of both parties. Collaborating generally involves a willingness to be open to each other’s ideas, an investment of time, and a high degree of mutual trust. Because trust has often been broken in the context of problem gambling, couples may need to first work on restoring trust in order to feel safe enough to adopt a collaborative approach to conflict resolution. If you and your partner have experienced difficulties in communication, having a therapist

help you learn and adopt a collaborative approach can help increase the possibility of success with this approach.

Ideally, a collaborative approach to resolving conflicts that arise in the wake of gambling problems is the best solution. This can take time for an individual to cultivate and master a collaborative approach, and subsequently, having a therapist assist in the process may be wise to consider. It may also be helpful to identify ways that you need to be assertive with a problem gambler if this has been a problem for you. Clarification about these patterns is outlined below:

Assertive Communication

In assertive communication, thoughts, desires, and feelings are openly expressed while considering the rights and feelings of others. Reflective listening demonstrates a sincere desire to understand the other person's point of view. Assertive communicators are usually open to negotiation and collaboration. When speaking, their voices are relaxed, well-modulated, and firm. They maintain good eye contact, and their facial expressions demonstrate interest in the discussion. One partner effectively expressed concern about a problem with these words: "John, I've noticed you've been spending more and more time watching sporting events and making wagers and I'm feeling uncomfortable with that. I'm concerned and it makes me nervous." This type of communication allows for an exchange of understanding when sensitive and delicate issues are addressed. Simply stated, assertive communication is an "I count, you count" approach.

Aggressive Communication

Aggressive communication implies, "I count, you don't count." Thoughts and feelings are communicated at the expense of others' rights or interests. Yelling at someone is an example of aggressive communication. Aggressive communication is often laden with sarcasm, contempt, criticism, blaming, name-calling, put-downs, and condemnation and reflects a competing approach in the Thomas-Kilmann model. Black-and-white thinking often permeates discussions with statements such as "you always" or "you never." Being right is usually more important than being understood, and listening skills are usually poor. In aggressive communication the issues get lost in emotion. In these situations, a gambler is likely to focus on your emotional arousal rather than your message.

Passive Communication

Passive communicators avoid being direct as they express feelings, thoughts, or concerns. A passive person will listen to a gambler vent about various problems and neglect to communicate their own anger and frustration with the gamblers behavior. This style promotes the idea, "You count, I don't count." Passive communicators usually do not maintain eye contact. Their voices are weak, soft, wavering, and timid. A passive person might say, "I know this problem makes you feel bad and I'm sorry I'm making

matters worse for you. I should be more understanding. Let's not deal with this now. We can talk about it some other time."

Passive-Aggressive Communication

Passive-aggressive communication says, "I count, you don't count, but I'm not going to tell you that you don't count." It is often non-verbal. For example, one husband took all of his wife's lottery tickets, cut them up, and threw them in the garbage. He didn't tell her and acted surprised when she reported being unable to find them. Passive-aggressive communication is indirect and usually ineffective as it fails to directly address the needs of both parties.

Effective Communication

When confronting inappropriate behavior such as a gambler's dishonesty, clearly the best communication style is an assertive one that seeks to adopt a collaborative approach. It creates an environment in which both parties can be understood. When a person feels upset and frustrated about a problem, however, maintaining an appropriate communication style can be difficult. Talking about feelings using "I" statements can often help avoid using blaming or judgmental language: "I feel hurt," "I feel upset," "I feel disappointed," "I feel confused." Remember, a feeling is one word. It's easy to begin describing a feeling using "I" and instead communicate a thought using "you." For example, "I feel that you are inconsiderate" shifts the focus to "you" and constitutes a thought, not a feeling. Be careful to avoid this type of language as it may be misunderstood. Also, it is important to identify clearly true thoughts and feelings before discussing them with a partner. This approach will help communication be genuine rather than reactive and will not reflect thoughts that are impulsive and inaccurate. An example of this might be talking about a more primary emotion like "fear" as opposed to a secondary emotion like anger.

Effective communication moderates conflict. It does not eliminate it. Many individuals who are uncomfortable with conflict settle for an avoidant or accommodative approach. They may believe that conflict is bad. The reality is that all relationships have some conflict. In fact, if a relationship is void of conflict it is likely that one partner dominates the other. What makes good relationships great is when couples have learned how to respectively resolve their conflicts. This can be accomplished when both partners use an assertive—"I count, you count"— collaborative approach in addressing their differences.

Although a gambler who has breached trust should be sensitive, caring, and willing to listen with an open mind and heart as a partner vents and expresses hurt, this is rarely what happens. Part of the reason for this is because partners often focus on the gamblers behavior instead of their feelings — their primary feelings. The following example illustrates this point:

After becoming involved in problematic gambling, one woman confessed to her husband that she felt so alone in their marriage and felt he didn't care about her anymore. She

further indicated, she would gamble as a way of escaping how painful it was for her to feel unloved. After listening at some length to her, the husband expressed that he too had felt the distance between them. He told her that he would be willing to address this at a later time, but for the moment, he wanted to address the issue of her gambling and how she was addressing her feelings in an unhealthy way. In this manner, the husband validated the hurt his wife felt and agreed to address their marital problems at a later time. As a result, the wife was willing to continue a very sensitive conversation about her own inappropriate behavior. The husband was then able to communicate that her gambling activities were unacceptable and not a solution to emotional problems. They both agreed to seek counseling together to get help for their situation.

Even with an assertive approach, discussing a gambling problem can be an extremely daunting task. Nonetheless, it must be confronted if healthy intimacy and trust is to be obtained. If the discussion is done appropriately using effective communication, the difficult task of talking about the issues with a partner will have a greater chance of success.

Anticipating the Gamblers Reaction

After being confronted about inappropriate behaviors, a gambler can react in a variety of ways. It is important to prepare a partner for the possible types of reactions they may encounter. Reactions may include denial, anger, blame, guilt, shame, fear, defiance, rage, contrition and remorse, humility, relief, avoidance, withdrawal, humor, sarcasm, or ambivalence. Helping a partner pay attention to the emotional reactions of the gambler will help guide how to continue responding to the problem at hand.

Denial

A common reaction is denial. For example, one partner claimed, "I haven't a clue how those charges showed up on our credit card." This may suggest a complete refusal to acknowledge that a problem exists. Another form of denial is minimizing. This form manifests itself when someone admits awareness but minimizes intent. A person may say, "I was at the casino and got a little carried away. Don't make a big deal of this," when in fact, the gambler is concealing they have gotten "a little carried away" on a lot of occasions.

If there is sufficient evidence to suspect or substantiate a serious gambling problem but a gambler denies any inappropriate behavior, then it may be necessary to reaffirm ones position more assertively. After listening to her husband adamantly deny gambling, one wife responded, "I was at the casino last night when you were supposed to be working and I saw you gambling. I wanted to give you the benefit of the doubt, but realized I could not. I also found two hidden credit cards that you've concealed from me and also saw the charges and debt from the casino on them." This spouse then communicated clearly how she felt about the problem. She also expressed her concern that her husband had attempted to lie in order to keep his behavior a secret. All of this was done in a non-threatening way and her husband finally agreed that he indeed had a problem, which they were then both able to begin working through together.

Avoidance and Resistance

Another common reaction to discussions about gambling problems is avoidance or resistance. Avoiding responsibility or accountability for a behavior enables a person to also avoid consequences. One form of avoidance is a dismissive response: “I don’t want to talk about it.” In this case, denial is replaced with a reluctance to discuss the problem. Another form of avoidance is being constantly unavailable to talk about the problem. “This isn’t a good time right now. Talk to me later,” replied one gambler. When asked what would be a good time, the response was, “I don’t know.” This tactic is used to postpone discussing the problem. If it is repeated often enough, some partners become exhausted and eventually give up trying. An assertive person might respond by saying, “That’s not acceptable to me. If you want to post-pone this discussion I would appreciate you giving me a time when we can talk about it.” When this type of assertiveness is used, a common reaction is anger. It might be helpful to remind a partner that anger is a secondary emotion and that primary emotions causing anger usually include embarrassment, frustration, fear, and guilt. One partner, recognizing this, told his significant other, “I know you’re probably afraid to talk about this issue, but it’s important to me. I love you and want to help but can’t if you refuse to open up and have a discussion with me.” This approach helped the gambler feel safe, and she confided in him about her struggles.

Minimizing can also be used to avoid. “It only happened a few times.” These expressions attempt to make behavior appear insignificant or unimportant. Minimizing often manifests itself with words such as “only,” “just,” or “once.” Information provided is usually vague, unclear, or non-specific so the person listening is incapable of seeing the complete picture and is likely to draw inaccurate conclusions.

Others avoid by redefining the issue, using a tactic commonly known as “changing the subject.” One husband told his wife, “I may have done some gambling, but it isn’t any worse than the romance novels you read or the soap operas you watch to escape problems or deal with stress.” This tactic attempts to take the focus off of his behavior and place it elsewhere. An appropriate response might be, “That might be a valid point that I would be happy to discuss later. Right now I want to talk about the matter of the debt and dishonesty about spending money on gambling.”

Another way to redefine the issue is to play the victim. When a person attempts to manipulate a situation through a “poor me” approach, the goal is to avoid responsibility by eliciting pity. For example, if a partner feels sorry for the gambler, she may begin to care-take his emotions at the cost of processing her own. In this manner, the focus is changed and responsibility for behavior is avoided. One gambler began to cry, and as he sobbed he began to make excuses for his behavior by blaming it on all the stress he was feeling. His wife began to rescue him by expressing her sorrow for his situation. After the pattern repeated itself several times, she began to resent the fact that she was taken in by his self-pity. This trap could have been avoided had she been more assertive about her feelings from the beginning. This doesn’t mean that appropriate empathy and

compassion can't be expressed, but it's also important to avoid traps that prevent honest communication of thoughts and feelings.

Defiance

One person became enraged when his spouse confronted him about undisclosed debt associated with gambling activities. The husband responded, "So what. It's none of your business. What were you doing opening my mail in the first place, that's a federal offense!" Defiance, usually manifested through anger, is a symptom of guilt, fear, embarrassment, or frustration.

In most cases, a person who leads a double life works very hard to sustain a level of "impression management." When all the work of maintaining the good guy image is threatened by exposure of embarrassing behavior, gamblers may become very angry and defiant. Trying to communicate with someone who demonstrates this behavior will be difficult. It may be more helpful to postpone the discussion until the person is less hostile. An ideal response might be, "I can see this is not a good time to talk with you. We will discuss this later. When would be the best time for you?" If this approach is met with additional defiance, it may be necessary to enlist the help of a therapist or others to formulate a strategy to address the resistance.

Contrition and Remorse

"I'm sorry, I need help, I know it's wrong," responded one person after being confronted by a partner. It's not uncommon for a gambler to express remorse, request forgiveness, and commit to abandon the behavior. The promises at the time are likely sincere, and most loved ones want to believe the words. A spouse may be lulled into believing everything is okay, offer forgiveness, and move on. However, partners are often later frustrated to discover that the unaccounted time and secrecy has returned along with the gambling behaviors. If the core issues aren't addressed with a gambler, relapse is bound to happen and it's important to help a partner understand this.

Understanding the tendency for relapse can help put a contrite or remorseful reaction into perspective. Thus, when someone promises to abandon gambling behaviors, it is best to realize the magnitude of gambling problems. Even for those who show remorse, professional assistance is usually required to effectively address compulsive gambling behavior.

If a person appears contrite about his behavior, it is important to be patient in trying to understand what has going on. This neither implies agreement with the behavior nor dismissal of personal feelings. It does suggest receptivity to the gambler's feelings and perspective. Most people want to abandon their unhealthy gambling activities because of the tremendous guilt and shame they feel.

Deception

Some individuals will admit wrongdoing and promise to abandon or change their gambling behaviors even though they have no intention of doing so. The confrontation

communicates to them that they need to take greater precautions to cover up their behavior. As a result, they agree to change but secretly plan to become more deceptive instead. The difference between this type of gambler and a gambler who is contrite and apologetic but relapses to the behavior is that a contrite person actually intends to keep the commitment while a deceptive person does not. Furthermore, if a contrite person has a relapse, they are more likely to disclose additional slips. This demonstrates a desire to break the cycle of secrecy, something a deceptive person is not interested in doing.

Ambivalence

Ambivalence is often at the heart of impulse control disorders associated with gambling. It is a love-hate relationship between the addict and his urges and cravings to gamble. The love comes from the temporary relief he finds in the escapism of gambling which can become a form of self-medication. However, he feels shame and guilt afterwards and thus develops a hate for gambling. These coexisting, conflicting feelings create the dilemma about change and represent the core of the ambivalence.

Assessing the Reaction

Regardless of which reaction a gambler adopts, at some point, it is important responsibility for gambling behaviors is accepted. Letting someone you love own responsibility for their choices can be difficult. Some try to rescue the gambler, yet experience has shown that this can exacerbate problems rather than help.

It may be helpful to remind partners that allowing a gambler to take responsibility does not, however, mean leaving them to struggle through recovery alone. In fact, even a person who truly desires to change will not likely be successful on their own if they have already experienced several unsuccessful attempts at extinguishing the behavior. Such people tend to do better in a structured environment with a therapist and a support group.

Ultimately a struggling gambler can be influenced, but they alone must ultimately decide which path to follow. What a gambler cannot choose are the consequences that accompany choices.

Recommended Reading(s):

- *The Power of Two: Secrets of a Strong and Loving Marriage* by Susan Heitler and Paula Singer. ISBN: 978-1572240599.
- *The Power of Two Workbook: Communication Skills for a Strong & Loving Marriage* by Susan Heitler and Abigail Hirsch. ISBN: 978-1572243347
- *The High-Conflict Couple: A Dialectical Behavior Therapy Guide to Finding Peace, Intimacy, and Validation* by Alan Fruzzetti and Marsha Linehan. ISBN: 978-1572244504

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