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• Enter the Webinar ID: 160 635 8142#.

- Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- <u>Download or view the presentation materials</u>. The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
- Participate live or view the recording to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
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Relapse: Substance Use vs. Gambling

Andrew J. Schreier, ICS, CSAC, LPC, ICGC-II
Clinical Coordinator of Wisconsin

Wisconsin Public Psychiatry Network Teleconference

9/22/2022 11:00am-12:00pm

The measure of a person is not whether we fail—we all fail at something, some time—but rather what we do with failure. Will we let failure defeat us? Fill us with self-pity? Will we give up and spend our lives blaming fate, or the heavens, or others?

Or will we accept the challenge, pick ourselves up, and start over again, resolved to work harder at succeeding?

When a client relapses, it's easy to be discouraged, to "give up" trying to help. We may think about changing professions, looking for something easier. But if we look around, we'll see so many who are recovering, who keep working at it every day. They didn't give up—maybe they had a counselor who didn't give up, either.

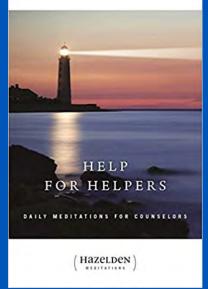
I have not failed when a client relapses—I have failed when I quit trying to help. I ask for help to persevere today.

K.I. Chicago, IL

Disclaimer

- We all fail.
- How does the **person** deal with and manage relapse?
- How does the professional deal with and manage relapse?





Agenda for Relapse: Substance Use vs. Gambling



Review some similarities and differences when it comes to relapse with substance use and gambling.



Identify some of the stigmas associated with relapse and understand the impact it has on individuals along with family members, loved ones, providers, and community members.



Learn solution-focused strategies to help individuals who are dealing with relapse from their gambling.

It's like gambling somehow. You go out for a night of drinking and you don't know where your going to end up the next day. It could work out good or it could be disastrous. It's like the throw of the dice.



Jim Morrison



Connections with Gambling & Substance Use

Gambling & Substance Use

- 1. **Well-established** link between gambling disorder and other substance use disorders.
- 2. High-rates of <u>comorbidity</u> between the two.
- 3. Most common substances for abuse among problem gamblers include alcohol, tobacco, marijuana, and stimulants.
- 4. People with substance use disorders are at an increased risk of gambling addiction. Likewise, people who are addicted to substances are already predisposed to thrill-seeking behaviors.





Criteria for Substance Use Disorders

- 1. Substance is often taken in **larger amounts** or over a longer period than was intended.
- 2. There is a persistent desire or unsuccessful efforts to **cut down or control** use.
- 3. A **great deal of time** is spent in activities necessary to obtain the substance, use the substance, or recover from its effect.
- 4. Craving, or a strong desire or urge to use substance.
- 5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- 6. Continued use despite having persistent or recurrent social or interpersonal **problems caused or exacerbated** by the effects of alcohol.
- 7. Important social, occupational, or recreational activities are **given up or reduced** because of use.
- 8. Recurrent use in situations in which it is physically hazardous.
- Use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance.
- 10. Tolerance (see additional).
- 11. Withdrawal (see additional).

Criteria for Gambling Use Disorders

- 1. Needs to gamble with **increasing amounts** of money in order to achieve the desired excitement.
- 2. Is restless or irritable when attempting to **cut down or stop** gambling.
- 3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
- 4. Is often **preoccupied** with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
- 5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
- 6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
- 7. Lies to conceal the extent of involvement with gambling.
- 8. Has **jeopardized or lost** a significant relationship, job, or educational or career opportunity because of gambling.
- 9. Relies on others to provide money to relieve desperate financial situations caused by gambling.



Similarities

- 1. Inability to reduce or stop.
- 2. Preoccupation with gambling/substance.
- 3. Denial or minimizing the problem.
- 4. Progression, patterns of escalation.
- 5. Patterns of a "high" or "mood altering experience."
- 6. Patterns of withdrawal (although symptoms of withdrawal will manifest differently).
- 7. Escaping unpleasant emotions or stress.
- 8. Co-occurring disorders such as depression, ADHD, anxiety, and similar traits such as shame, impulsivity.
- 9. Impaired decision making, poor judgement, risk-taking behavior.
- 10. Persistence despite negative consequences.

UCLA Gambling Studies Program



Similarities

- 11. Reoccurring cravings and activation of pleasure reward pathways.
- 12. Neuroscience studies suggest dysfunction involving similar brain regions.
- 13. Relapse in recovery is common.
- 14. Both populations may commit crimes related to their disorder.
- 15. Jeopardize careers, education, family, friends, and loved ones.
- 16. Neglect self-care related to nutrition, physical activity, and sleep hygiene.
- 17. Turning to family/friend for bailouts.
- 18. Behaviorally conditioned with positive reinforcement (pleasure, reward).
- 19. Consequences of addiction extend to family members and loved ones who are negative impacted.
- 20. Suicide is a risk factor in both populations.

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Statistics

- Over 80% of Americans gamble on a yearly basis.
- Only 5.4% of people with problem gambling/use disorder report having attended gambling addiction treatment or self-help groups.
- About 90% of problem gamblers relapse.
- People with gambling problems do recover; in fact, approximately **one-third** seem to recover on their own, without formal treatment.



History & Statistics

- Dice were found in an Egyptian tomb dated from approximately 3000 B.C.
 - Fermented beverages existed in early Egyptian civilization.
 - Early alcoholic drink in China around 7000 B.C.
- 80-85% of the adult population have reported gambling at some point in their life; 60% in the last year.
 - According to 2018 National Survey on Drug Use and Health, 86.3% of adults reported they drank alcohol at some point in their life and 70.0% in the last year.
- Problem/Pathological gambling combined is estimated to compromise approximately 1-3% of the general population.
 - Bipolar and Schizophrenia have a similar prevalence rate.
- About 90% of problem gamblers relapse.



What do you know about gambling in comparison to substances?

"An addiction is an addiction."



Total Participants:

45

Surveys:

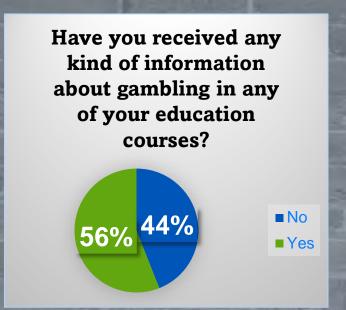
Gambling

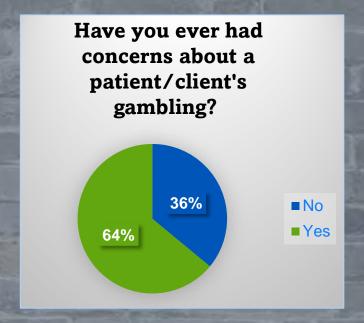
Knowledge Among
Substance Use
Counselors

Licensed SUD Providers and Supervisors 5 Survey
Questions
About
Gambling

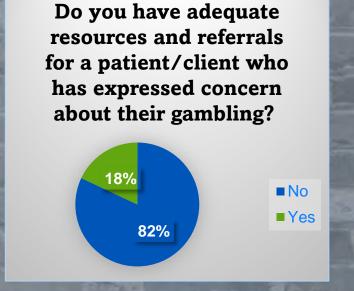
Providing
Treatment in
MAT - OUD











Differences

- 1. Gambling is an invisible or hidden disorder, no outward physiological signs, no slurred speech, dilated pupils, impaired psychomotor functioning, hangover, or smell of the substance on breath.
- 2. Gambling requires no ingestion of a substance.
- 3. Gamblers can be preoccupied with handicapping.
- 4. Fewer resources are allocated to gambling problems, fewer grants available for research, fewer prevention, or treatment services.
- 5. 'Chasing' behaviors unique to problem gambling.
- 6. Gamblers seeking a "big win" from their 'drug' whereas people do not believe drugs/alcohol will provide a lasting solution to their problems.
- 7. Clearer link between substance and medical model.
- 8. Gambler's 'drug' is less reliable with more uncertainty.
- 9. Higher levels of financial distress for gambling.

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Differences

- 10. Gambling disorder has no FDA-approved pharmacological medications.
- 11. Easier for substance to be identified as responsible for behavior.
- 12. Difference among long term consequences, often more financial issues GUD) and physical (SUD).
- 13. Gambling has different reinforcement schedules insofar as drug use is generally continuously reinforced (although value or magnitude may vary in rewarding salience of drug). Gambling typically has a random, intermittent ratio of reinforcement.
- 14. Problem gambling has no saturation point, you can't 'overdose', and individuals can gamble excessively until money is gone. Conversely, excessive use of substances can cause overdose and lead to death.
- 15. Acute withdrawal from some substances can result in seizures or death whereas sudden abstinence from gambling does not result in such fatalities from the 'behavior' itself.
- 16. Claims of becoming a professional gambler may be socially acceptable and rationalized in problem gambling whereas it is considered inappropriate to be a 'professional' alcohol or drug user.
- 17. Gambling disorder has a higher diagnostic threshold requiring 4/9 symptoms compared to 2/11 for substance use disorders.

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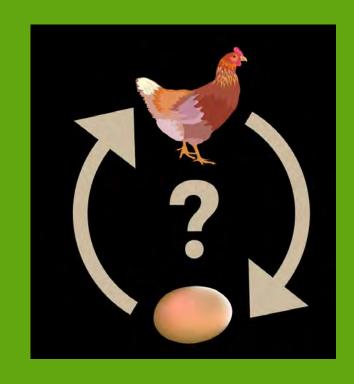


CONNECTING RECOVERY | HEALING COMMUNITIES

"Although there are many similarities between the treatment of pathological gambling and of substance use, there are also important differences, so that substance abuse treatment alone should not be considered sufficient in itself."

Challenges

- Is the problem gambling or is it substance use? Do they have dual-diagnosis?
- Is substance use in relation to gambling or vice versa?
- If someone has a problem with one does that mean they have a problem with the other?
- Does recovery require abstinence from one, the other, or both?
- How does the person view their substance use or gambling?
- "I only drink when I gamble; if I stop gambling, I don't have to worry about the drinking."
- I'm here for my gambling (not disclosing substance use) or I'm here for my substance use (not disclosing gambling).







Definitions of Relapse

- The American Society of Addiction Medicine (ASAM) notes that "relapse" is defined as the recurrence of behavioral or other substantive indicators of active disease after a period of remission.
- Marriam-Webster Definition of Relapse:
 - 1: the act or an instance of backsliding, worsening, or subsiding
 - 2: a recurrence of symptoms of a disease after a period of improvement
- Relapse is considered a trademark of addiction.
- It is common, even expected, that people who are attempting to overcome addiction will go through one or even several relapses before successfully quitting.

Is Relapse a Part of Recovery?



Definition of Gambling

- The Substance Abuse and Mental Health Services Administration (SAMHSA) defines gambling as, "risking something of value, usually money, on the outcome of an event decided at least partially by chance."
- What makes the definition of gambling complicated?



Definition of Gambling

- The Substance Abuse and Mental Health Services Administration (SAMHSA) defines gambling as, "risking something of value, usually money, on the outcome of an event decided at least partially by chance."
- How does the person define risk?
- What is value to the individual?
- How do they view chance?



Challenges with Addressing Gambling Relapse

- Various Methods of Gambling
- Limited Observable Cues
- Problem Gambling/Use Disorder Disguised
- No Technology to Measure Gambling Relapse
- Isolation
- Online Gambling
- Self-Exclusion Outside of Casinos
- What Constitutes Gambling

Other Challenges?





CONNECTING RECOVERY | HEALING COMMUNITIES

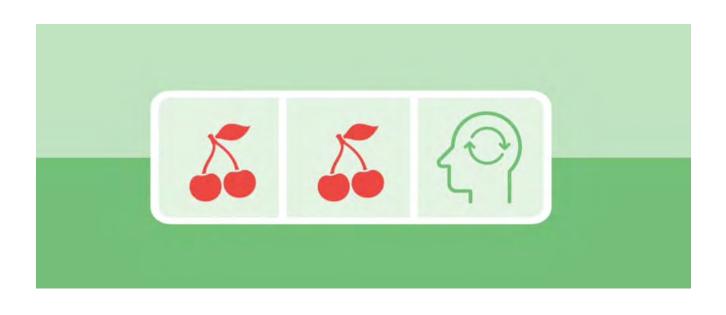
Gambling & Relapse

- "Now I have to spend money I don't have to repair that (brakes and engine light), so a lot of stress came up, and my immediate thought was, Well, you know how to get some money really quick."
- What's interesting about gambling is that the rush does not necessarily come from scoring a big win, but from the <u>anticipation of what is about to happen</u>—what numbers will come up on the dice or what combinations on the slot machine.
- "Even those near misses register as a dopamine rush."
- "Gambling made me feel good, it energized me," he said. "But the urge to get back there to recoup your losses gets stronger. You're constantly chasing your losses. It's an insidious disease."
- "Their son's gambling at first seemed normal."





Gambling Related Cognitions



- "When they walk out that door, they say to themselves, I'm a smart person, what did I just do?"
- Gambling-Related Cognitions
 - 1. Illusion of Control
 - 2. Predictive Control
 - 3. Interpretative Bias
 - 4. Gambling Expectancy
 - 5. Perceived Inability to Stop Gambling

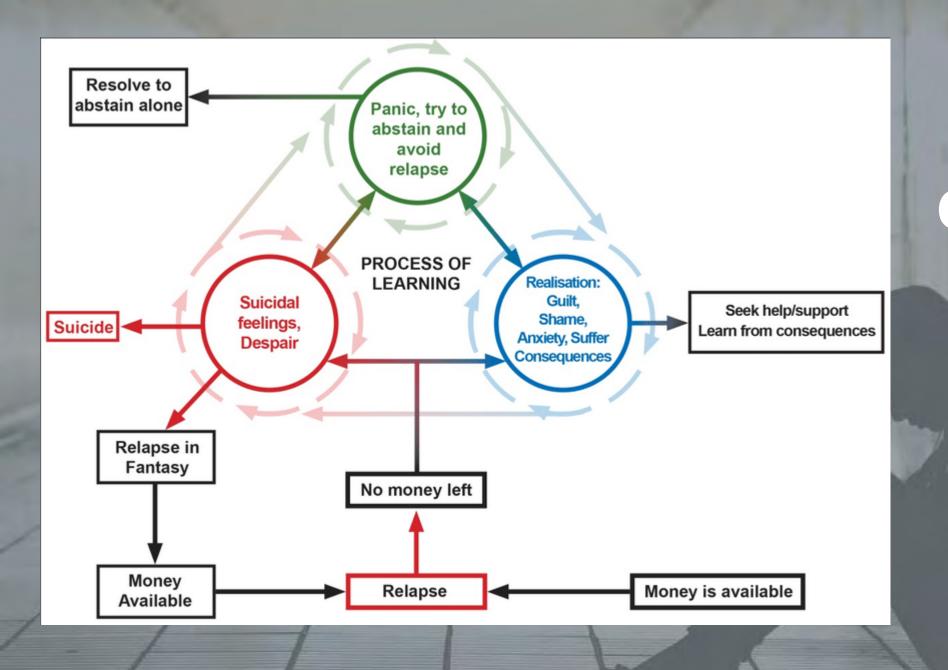
The "Merry-Go-Round" of Relapse

- 3.1. "Merry-Go-Round" of Repeated Harms.
- 3.2. Loss of Control
- 3.3. Deferral of Relapse
- 3.4. Negative Emotions
- 3.5. Despair from Being Trapped on the "Merry-Go-Round."
- 3.6. The "Mythical Win"
- 3.7. Relapse in Fantasy
- 3.8. Suicide as an Option to Get Off the "Merry-Go-Round."

- 3.9. Vacillation about Change
- 3.10. Change Behavior
- 3.11. Determined Not to Gamble Again
- 3.12. The Importance of Support
- 3.13. Recovery
- 3.14. The "Merry-Go-Round" of Relapse
- 3.15. Before Habitual Relapse

The "Merry-Go-Round" of Relapse

When the consequences of their gambling confront the PG (problem gambler) and immediately feels **despair**, the next relapse cycle begins, which reinforces the ongoing cycle of relapse. The PG believes that gambling will offer a "*mythical win*", with the fantasy that "all will be right again." These erroneous cognitions start the next relapse, in fantasy which can be enacted once the money becomes accessible and the venue available.



The "Merry-Go-Round" of Relapse

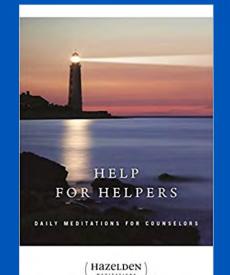
We're saddened when a client has a relapse, a "slip." But it's important to examine those feelings. Are we concerned with the pain of the client? Or our own hurt pride? Are we feeling the client's pain? Or our own? It's easy to feel let down and betrayed when a client relapses. Self-pity comes fast, because we spent time and effort in helpng him or her get better, and it didn't pay off this time. But addiction is very powerful, and recovery can be a long, hard process. Some of our greatest successes stumbled a few times on the road to recovery. I hope, today, to think through my reaction to a relapse. I pray to hurt for my clients, and not myself. Help me to value them as the changing, growing people they are. Help me to keep trying, no matter what happens. Help me to keep loving them. I pray that this relapse will lead to real recovery.

Anonymous

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letting





Relapse & Stigmas



Stigmas Towards Relapse

- Those dealing with gambling and substance use disorder are often pushed to the outskirts of society, and as a result deal with profound feelings of loneliness and isolation.
- No evidence suggests that isolating, shaming, or mistreating someone will cause them to stop using (often the opposite holds true).
- Because of the long-term ramifications of intentionally or unintentionally isolating, the impact on self-esteem, mental health, and their willingness to seek out treatment, can fuel even more gambling and creating a vicious cycle of further gambling.



Origins of Stigmas



Lack of Knowledge: "I don't know much about gambling or relapse."



Misinformation: "This is what I've heard about relapse"



Prejudice: "Relapse means you aren't trying" or "you just don't want recovery enough."



Discrimination: "You can't be here anymore since you've relapsed. You don't belong here if you gambled."

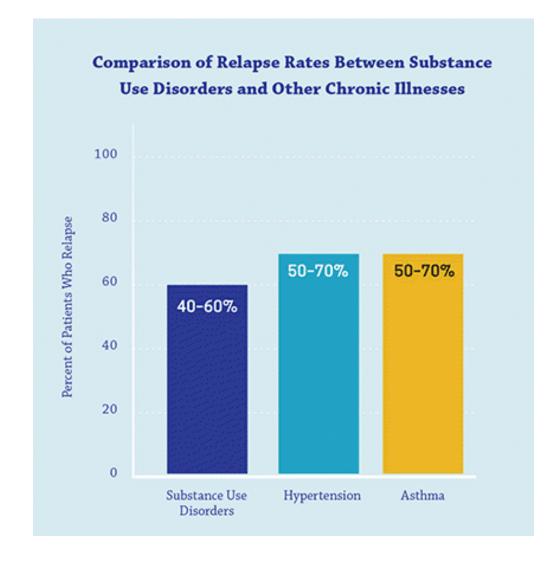


Major Stigma

- One of the most concerning issues is when behaviors are seen as a **rule violation**.
- "You know what you signed up for when you first came here."
- "With rules there are *consequences*."
- How many other health conditions must sign rules specifically related to their diagnosis?



Medical Conditions



.Relapse rates for people treated for substance use disorders are compared with those for people treated for high blood pressure and asthma. Relapse is common and similar across these illnesses. Therefore, substance use disorders should be treated like any other chronic illness. Relapse serves as a sign for resumed, modified, or new treatment.

JAMA, 284:1689-1695, 2000



What if we treated medical conditions like we do gambling and substance use disorders with relapse?





"Addiction is the only chronic condition where anything less than 100% symptom remission forever is considered a failure."

"Addiction is one of the rare diseases where you are discharged upon confirmation of diagnosis."

Damage Caused By Stigmas

- **Not receiving** treatment for problem gambling or gambling use disorder.
- Continue to drive shame.
- **Termination** early in treatment.
- Termination prior to planned discharge.
- Reduction in treatment options.
- Feeling unwelcomed or a sense of not belonging after experiencing relapse.



Stigmatized Language Surrounding Relapse

- The language we use to talk about gambling use and relapse can add to personal shame and perpetuate stigma towards people.
- "Lapse/relapse" language emerged during the prohibition era.
- Historically rooted in morality and religion (not health and medicine).
- "Falling off the wagon" became linked in the public mind to low moral character and viewed as "bad."
- Alternative Languages:
 - relapse = recurrence of a use disorder
 - one time or short-term period of use = **episode**
 - chronic relapser = someone who has not achieved stable recovery.

Retire the Word "Relapse?"



Some clients seem to stay in a revolving door that moves in and out of recovery. It's been painful for me to watch a client relapse again and again. As a "good counselor" I used to send all varieties of "life boats and helicopters" to help a client out of that revolving door, trying to give them something to cling to. I had to get tired of throwing life preservers in order to step back and let go. I remember watching a wise alcoholism counselor sit straight up in her chair during a difficult staffing and pound a fist on the desk as she loudly proclaimed:

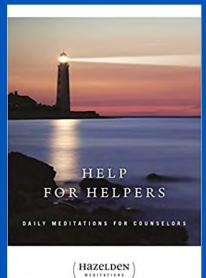
"Remember, God hasn't quit His job!"

There is always a "miracle" waiting to happen in recovery, but not usually on my timetable. It helps to remember the story of the man who detoxed 3 times and stayed sober on the 4th.

Help me remember to plan plans, not outcomes.

S.C. Dowagiac, MI





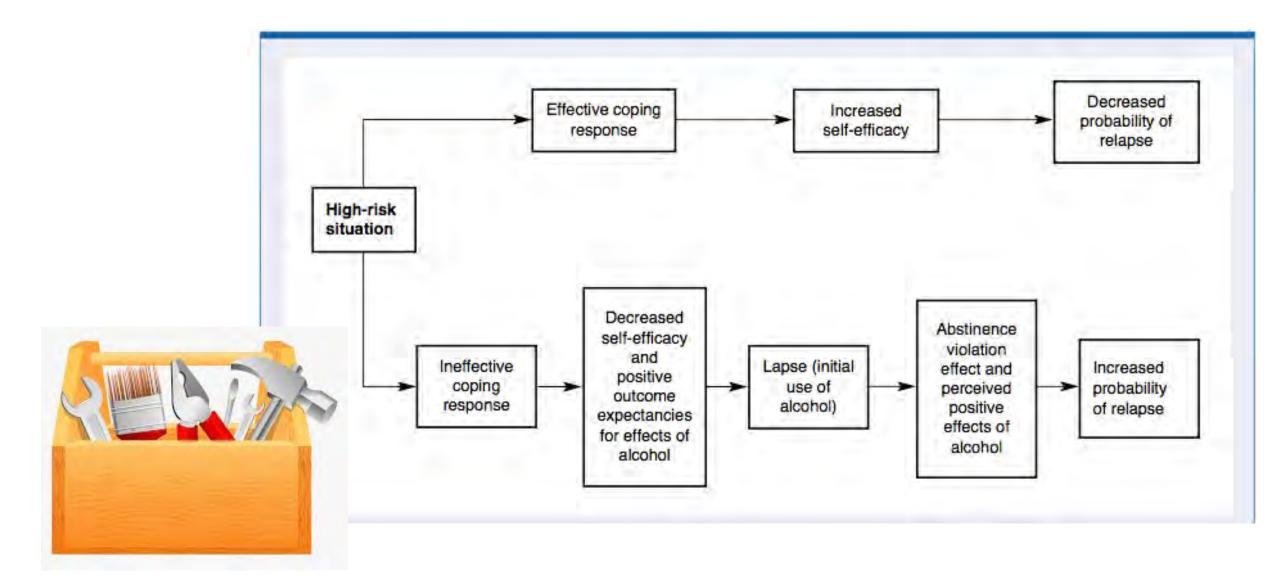
Relapse & Solutions

A Lapse, a Slip, and Relapse Walk into a Casino

- A **lapse** walks into the casino and shortly after entering realizes this was a mistake and leaves immediately. The lapse reaches out to support network to talk about situation in order to process what happened and develop a plan to prevent returning to casino.
- A **slip** walks into the casino and gambles. The next morning the slip realizes the harm caused by the gambling and reaches out to support network for help. The slip discusses options such as going to GA meeting, making an appointment with a counselor, looking into treatment options, and harm reduction strategies for managing money.
- A **relapse** walks into the casino and gambles. The relapse begins to think that winning will help take care of some of the financial problems and "I've figured out how to avoid errors in what led to past gambling losses." The relapse continues to come back to the casino and gambles daily.

How Can This Help When it Comes to Being SolutionFocused?







Goals: lose weight, gain strength, more responsible eating

Progress: begins to work towards goals with working out regularly, attending all personal training sessions, logging food consumption, and losing weight.

Relapse: As holidays approached, rescheduled and then was a no show for personal training session. Didn't go to the gym over the holiday weekend and following week. Returned to the gym about two weeks later to meet with personal trainer.

Personal Trainer: How would they respond? What wouldn't they do?

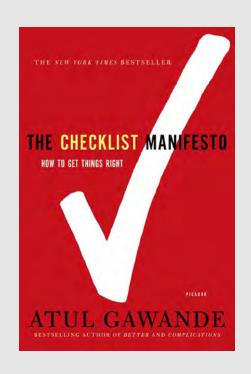
How can we learn from this approach to better help clients and patients who experience relapse?

Personal Trainer **Example**





What can airplanes teach us about relapse prevention and intervention?





Relapse Prevention Plans

- Relapse Prevention Checklist:
 - What is in my daily structure to help prevent relapse?
 - Who is a part of my checklist?
 - What is keeping me stable in my recovery?

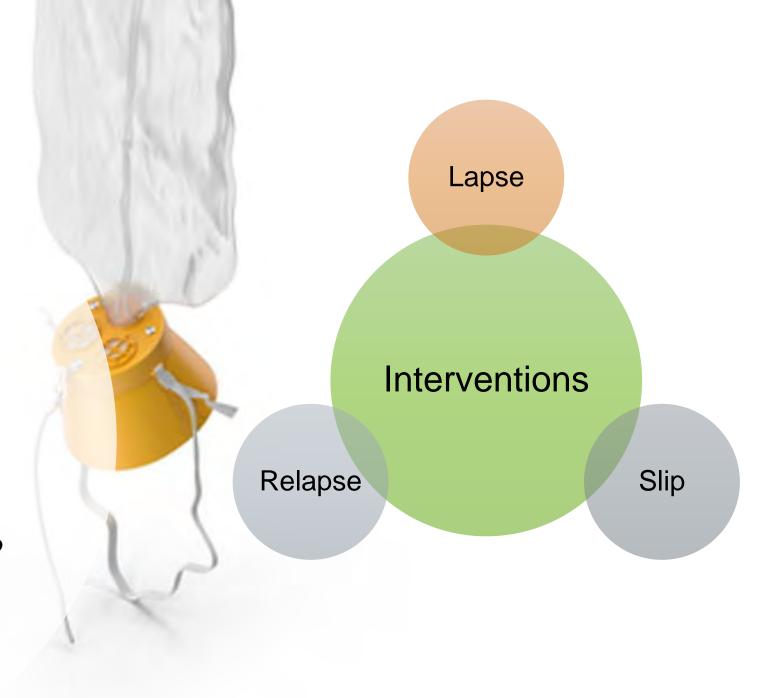
Relapse Prevention Item	Sunday	Monday	Friday
Limit amount of money on person.	X	X	X
Practice 5 minutes of breathing or mindfulness		X	
Contact one support person/peer per day	X	X	
Engaging in positive activity	X	X	





Relapse Intervention Plans

- What resources do I need?
- Where do I need to go?
- Who do I need to talk to?
- What do I need to do?



Starting Over

- Messages About Starting All Over
 - "Now they have to start all over again."
 - "All that sober time wasted."
 - "Now I have to start from the beginning."
- Why do we think someone has to "start all over?"
- What benefit does it have?
- Can't we start from somewhere else?





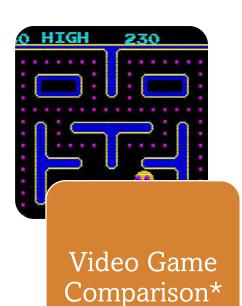
Starting from Experience, Not Scratch



Director Chair- Movie Scene



Putting Something Together



"The only real mistake is the one from which we learn nothing."

Henry Ford

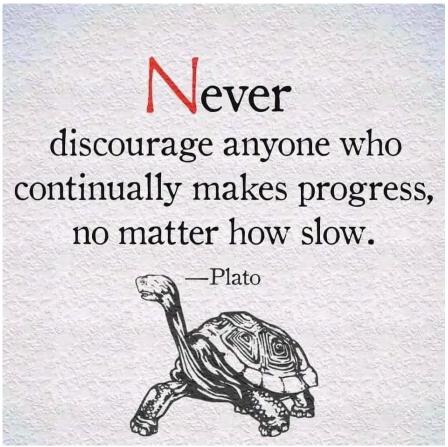


Other Viewpoints



"This garden is beautiful," said Tiny Dragon.

Big Panda nodded. "And we only found it because we went the wrong way so many times."



"We should not judge people by their peak of excellence; but by the distance they have traveled from the point where they started."

Henry Ward Beecher



Conclusion

- Most people can put some money down, have fun and walk away unscathed. But not everyone.
- People with problem gambling/gambling use disorder can't just "walk away forever."
- Relapse is part of the addiction (does not have to be a part of recovery).
- How relapse is treated (stigmas vs. solutions) can be the difference in what happens next.
- Relapse (through a solution-focused approach) provides opportunity to learn, re-evaluate, and grow in someone's journey as they find their path in recovery.











When my clients relapse, it's always painful. I feel especially sad when someone with a lot of time in recovery relapses. Most clients experience terrible shame and loss of self-esteem when this happens.

This can be a time for some clients to do necessary grief work regarding losses, both real and imagined. A healing of memories needs to include a new belief: "I made a mistake;" not, "I am a mistake." Clients who feel shame and low self-worth often have great difficulty believing they deserve to live happily and fully. Some think they actually deserve to relapse. Let me help them believe in themselves, and love themselves enough to be happy.

S.C. Dowagiac, MI "Most needed numerous tries – and failures – to quit. Failure was **no reason** to stop trying and learning how."

Questions?



Thank You



Andrew J. Schreier, ICS, CSAC, LPC, ICGC-I

Relapse: Stigmas & Solutions

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(b) (f) (c) communitymedicalservices.org