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# Gambling Among Adults Experiencing Poverty and Homelessness

A Presentation for Service Providers

## OBJECTIVES

- Understand the relationship between problem gambling and poverty.
- Discover ways to have conversations with clients experiencing problem gambling.
- Know how to screen clients experiencing problem gambling.
- Be better prepared to provide support to clients to reduce gambling-related harms (e.g., cut down or quit gambling).

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## **EXERCISE 1: CLIENT CHALLENGES**

- What challenges do your clients face?
- What types of strategies do you use to help your clients cope with and overcome their challenges?
- Have any of your clients talked to you about gambling concerns? If yes, how did you come to know about their gambling and how did you address it?

## **EXERCISE 2: SIGNS OF GAMBLING**

What do you think are some signs that your client may be developing, or has developed, a gambling problem?

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### **EXERCISE 3: DISCUSSING PROBLEM GAMBLING**

- How would you have a conversation about gambling with one of your clients?
- What types of questions would you ask your client if you wanted to learn more about their gambling concerns?

### **EXERCISE 4: ROLE PLAY REFLECTION**

What was effective about Melinda and Andrew's demonstration? Is there anything else they could have done?

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## **EXERCISE 5: AVOIDING GAMBLING TRIGGERS**

**Divide into groups to develop strategies that minimize your client's exposure to their gambling trigger.**

*Scenario 1:* Your client lives around the corner from a convenience store which sells their favorite scratch tickets.

*Scenario 2:* Your client just received their social assistance cheque.

*Scenario 3:* Your client recently got laid off from their job and now has unstructured free time.

*Scenario 4:* Your client just split up from their partner and is very upset.

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## SCREENING TOOLS: NODS-CLiP and PGSI

# NODS-CLiP Problem Gambling Screening Tool

1. Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets?

Yes  No

2. Have you ever tried to stop, cut down, or control your gambling?

Yes  No

3. Have you ever lied to family members, friends, or others about how much you gamble or how much money you lost on gambling?

Yes  No

If you answered “yes” to one or more of the questions, further assessment is advised.

# Problem Gambling Severity Index

Thinking about the last 12 months...	SCORE
Have you bet more than you could really afford to lose?  <b>0 Never. 1 Sometimes. 2 Most of the time. 3 Almost always.</b>	
Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?  <b>0 Never. 1 Sometimes. 2 Most of the time. 3 Almost always.</b>	
When you gambled, did you go back another day to try to win back the money you lost?  <b>0 Never. 1 Sometimes. 2 Most of the time. 3 Almost always.</b>	
Have you borrowed money or sold anything to get money to gamble?  <b>0 Never. 1 Sometimes. 2 Most of the time. 3 Almost always.</b>	
Have you felt that you might have a problem with gambling?  <b>0 Never. 1 Sometimes. 2 Most of the time. 3 Almost always.</b>	
Has gambling caused you any health problems, including stress or anxiety?  <b>0 Never. 1 Sometimes. 2 Most of the time. 3 Almost always.</b>	
Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	
Has your gambling caused any financial problems for you or your household?  <b>0 Never. 1 Sometimes. 2 Most of the time. 3 Almost always.</b>	
Have you felt guilty about the way you gamble or what happens when you gamble?  <b>0 Never. 1 Sometimes. 2 Most of the time. 3 Almost always.</b>	
<b>TOTAL SCORE</b>	

Total your score. The higher your score the greater the risk that your gambling is a problem.

Score of 0 = Non-problem gambling.

Score of 1 or 2 = Low level of problems with few or no identified negative consequences.

Score of 3 to 7 = Moderate level of problems leading to some negative consequences.

Score of 8 or more = Problem gambling with negative consequences and a possible loss of control.

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## GAMBLING SELF MONITORING

### **Self-Monitoring Gambling or Urges to Gamble**

Learning to understand and control gambling urges is an important step in regaining control over gambling behaviour. Using this tool will help you discover gambling patterns, triggers and coping strategies that are working.

Date	Time	Type	Where	With Whom	Mood	Gambled?	Time Spent	Net Won/Lost

Comments:

Consequences if gambled:

Coping strategies if not:

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## AVOIDING RELAPSE

### Avoiding Relapse

If I were about to relapse, here is a likely situation I might be in:

Where: \_\_\_\_\_

When: \_\_\_\_\_

With whom: \_\_\_\_\_

Doing what: \_\_\_\_\_

Thinking what: \_\_\_\_\_

Feeling what: \_\_\_\_\_

What coping strategies could I use to avoid this relapse?

Action Strategies:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Thinking Strategies:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Feeling Strategies:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Source: Nina Littman-Sharp, Problem Gambling Service, Centre for Addiction and Mental Health

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## RESOURCES

CAMH's Adolescent Clinical and Educational Services (ACES) – (416) 535 8501 ext. 1730

CAMH's Problem Gambling Service – 1 (888) 647 4414 or [www.problemgambling.ca](http://www.problemgambling.ca)

Distress Centre Ontario – [www.dcontario.org](http://www.dcontario.org)

Gamblers Anonymous – (855) 222 5542 or [www.gamblersanonymoustoronto.org](http://www.gamblersanonymoustoronto.org)

Good Shepherd Ministries Gambling Addiction Program – (416) 869 3619 ext. 245 or 260

or [www.goodshepherd.ca](http://www.goodshepherd.ca)

Problem Gambling Helpline – 1 (888) 230 3505 or [www.problemgamblinghelpline.ca](http://www.problemgamblinghelpline.ca)

The Jean Tweed Centre for Women and Their Families – (416) 225 7359

The YMCA Youth Gambling Awareness Program – [www.youthbet.com](http://www.youthbet.com)

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## Course Evaluation Form

Please help us improve this module by responding to the following statements:

What did you enjoy most about the module?

Do you have additional questions about the topic?

Are there ways we can improve the module?

Name & Name of Organization	Email	Telephone Number
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