



College of Arts and Sciences
Office of the Dean

New York State Gaming Commission Problem Gambling Forum

April 9, 2014 • Meeting Room 7 • Empire State Plaza, Albany, NY

Testimony

by

Edelgard Wulfert, Ph.D.

Professor of Psychology & Collins Fellow

Dean, College of Arts and Sciences

University at Albany – State University of New York

Mr. Chairman and Members of the Gaming Commission:

Thank you for the opportunity to testify in front of this panel regarding the planned casino expansion in New York State.

I am a Professor of Psychology at SUNY Albany and Dean of the University at Albany's College of Arts and Sciences. I am also a licensed clinical psychologist and have devoted over 20 years to the research and treatment of addictive behaviors, including gambling disorders ranging from so-called problem gambling to pathological gambling.

I would echo Dr. Carlos Blanco's assertion that most individuals who gamble do so for recreational purposes and do not develop a problem. However, 2-3% develop into so-called 'problem gamblers' and show significant lapses in self-control. An additional 1-1.5% develop a severe form of gambling addiction termed 'pathological gambling.' This is characterized by loss of control and compulsive behavior that leads to highly detrimental consequences for the gamblers, their families, friends, and the community.

As a society we support and create entertainment opportunities that we know will result in harmful consequences for thousands of our citizens. I therefore believe we have a societal and moral obligation to make financial resources available to minimize the harm.

First, resources are required to educate the citizenry about the potentially addictive qualities of gambling and the availability of treatment for problem gambling.

My colleague from Columbia University, Dr. Blanco, has suggested effective ways in which we can educate people and raise their awareness about gambling-related problems.

Second, resources are needed to educate the community about problem gambling as an addiction that is treatable like other psychiatric disorders.

This is important because only a small number of individuals with a gambling problem seek treatment. A likely reason is that problem gamblers avoid treatment because of the stigma attached to the disorder. Unlike substance-related addictions, which are said to result from a genetic or neurobiological predisposition, the gambling-related depletion of personal or family finances is often viewed as a moral failure and creates tremendous shame in the individual. Furthermore, gambling is by its very nature extremely exciting, despite its detrimental consequences in the long run. Consequently problem gamblers are intrinsically ambivalent about changing their behavior. They tend to hide their compulsive gambling as long as possible and often seek treatment only under duress (e.g., being threatened with divorce, losing a job, facing legal consequences). This situation could be ameliorated through massive efforts to educate the public about problem gambling as an addictive disorder that is treatable like other addictions.

Third, resources are required to develop and disseminate effective, evidence-based treatments for problem gambling.

I have worked for close to eight years on the development of an effective manualized intervention. With funding from the National Institute of Mental Health (NIMH), I developed a Cognitive-Motivational Behavior Therapy (CMBT) that builds upon a cognitive intervention developed in Canada by Dr. Ladouceur. But CMBT is enhanced by a strong motivational component to counteract gamblers' tendency to drop out from treatment. The first empirical test of CMBT with patients treated by trained professional therapists from Albany's Center for Problem Gambling (<http://capitalcounseling.org/the-center-for-problem-gambling/>) was highly successful. Subsequently we received two linked grants from NIMH and are currently testing the efficacy of CMBT in a major clinical trial with 200 patients recruited in Albany (Center for Problem Gambling) and New York City (Dr. Blanco's Gambling Clinic affiliated with Columbia University). In addition, the efficacy

of CMBT is currently also being tested in a third clinical trial in Ontario/Canada. Provided that these trials lead to positive outcomes (and we are very hopeful that they will!), **CMBT will be the first fully empirically supported treatment (EST) for problem gambling.** (ESTs are defined as clearly specified psychological treatments shown to be efficacious in controlled research with a delineated population).

To recapitulate: the proliferation of casinos in New York State requires resources to provide effective treatment for gamblers who need help. The focus should be on evidence-based practice. We need to train competent therapists in manualized, empirically supported interventions. We also need to provide competent supervision to ensure high-quality treatment.

Fourth, resources are needed for research to elucidate the biopsychosocial determinants of problem gambling and to develop science-based interventions for different levels of care.

Research on problem gambling is in its infancy. There is much to be learned about what predisposes some individuals to develop a gambling addiction while others enjoy gambling as a fun-filled pass-time. We also need to develop a stepped-care approach rather than using a “one-size-fits-all” approach for gamblers in trouble. We need to establish what type of gambler benefits from what type of intervention (e.g., self-help groups, brief motivational interviewing, individual therapy, pharmacotherapy). To accomplish this goal, funding for high-quality research is essential.

In conclusion, I do not oppose the expansion of casino gambling, but I recommend:

- (1) that we educate New Yorkers about the potentially addictive qualities of gambling,
- (2) that we make it known that a gambling addiction, like other addictions, is treatable,
- (3) that we provide research-backed, empirically supported treatments for gamblers who need help,
- (4) that we fund research to elucidate the biopsychosocial determinants of disordered gambling and its treatment.

As an academic researcher and a practicing clinician, I have devoted a good part of my career to the study and treatment of problem gambling. I am willing to lend my experience to the Commission and collaborate on any of the goals that I have identified above.

Thank you for your attention.

Edelgard Wulfert, Ph.D.
Professor of Psychology
Dean