

In collaboration with the **Research Chair on Gambling** and the **Institut universitaire sur les dépendances**, the **Douglas Mental Health University Institute** presents the **16<sup>th</sup> exchange session** within the **Cross-training program** on mental health and substance use disorders

# Gambling: Basic notions and resources to support intervention

## Participant guide

Tuesday, June 6<sup>th</sup>, 2017



Artist: Pierre Dussault  
Collection Les Impatients

This activity is being held with the support received by the **Research Chair on Gambling**, the **Institut universitaire sur les dépendances** and the **Montreal West Island Integrated University Health and Social Service Center**



- Avec la participation de :
- Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal
  - Centre intégré universitaire de santé et de services sociaux de l'Ouest-de l'Île-de-Montréal
  - Santé et services sociaux
  - Fonds de recherche Société et culture

**Institut universitaire sur les dépendances**

## What is “cross-training”?

**Cross-training** is an approach that is becoming increasingly used to improve the functioning of services within a network. The aim is to create a better understanding of the role of each partner to ensure an optimal continuity of services. Cross-training programs generally involve observational **personnel rotations** among different teams working with a same or similar clientele in order to allow professionals to learn more about other resources and different methods of intervention. This technique helps to enhance professional collaboration and also improves the continuum of services. Since 2007, **exchange sessions** have been added to the program, such as the one that you are attending today.

## What does this 16<sup>th</sup> exchange session consist of?

The general objective is to:

- Define the basic concepts related to gambling;
- Address gambling trajectories, prevention and responsible gambling;
- Discuss clinical challenges;
- Present resources for referrals.

The exchange session that you are participating in today is composed of the following activities:

- Conferences and presentations;
- Group discussions based on case studies;
- A review of the day.

On behalf of all of the partners involved in the organization of this activity, I wish you an excellent exchange session!



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Michel Perreault, Ph.D.

## Who are the participants?

This exchange session brings together, via videoconference, participants from 17 distinct sites in the regions of Montreal (2), Mauricie/Centre-du-Québec (2), Lanaudière (1), Abitibi-Témiscamingue (2), Estrie (1), Québec (1), Gaspésie (1), Jonquière (1), Côte-Nord (2) and Nord-du-Québec (4). In total, more than 300 professionals will be taking part in this day. These individuals come from the fields of psychiatry, addiction treatment, public health, school boards, youth protection as well as public security. Also among us, and involved in the organization of the day, are professionals from establishments within the health network as well as alternative resources, community organizations, and universities.

## Am I a model participant?

- The model participant responds to his or her primary needs (drinks, snacks, meals, washroom) within the time allotted for breaks and respects the schedule;
- The model participant makes sure to turn off his or her cellphone, pager, tablet, gramophone, or telegraph before the beginning of the presentations;
- The model participant is happy to know that if he/she has mentioned having a food allergy in the registration form, there will be a lunch box with their name on it reserved for them at the registration table at the front of the Douglas Hall. If in doubt, please speak to Louise Bénard.

## Acknowledgements

This activity is offered courtesy of funding received by the *Research Chair on Gambling*, the *Institut universitaire sur les dépendances*, the *Montreal West Island Integrated University Health and Social Service Centre* and from the contribution of all resources that support the continued participation of their personnel. A special thank you to our collaborators from the CISSS de l'Outaouais and the addiction rehabilitation services of the CIUSSS de la Mauricie-et-du-Centre-du-Québec, as well as to everyone who, once again, has generously accepted to participate in the organization of the day in the role of presenter, discussion group moderator or reporter, as well as those who have joined our research team in order to help support the event. Thank you!

## Please address any questions or comments to our (superb and fabulous!) team members:

Registration	Diana	514-761-6131, ext. 2829 <a href="mailto:diana.milton@douglas.mcgill.ca">diana.milton@douglas.mcgill.ca</a>
Food and beverage	Louise	514 761-6131, ext. 3459 <a href="mailto:louise.benard@douglas.mcgill.ca">louise.benard@douglas.mcgill.ca</a>
Coordination of the cross-training program	Léonie	514-761-6131, ext. 2835 <a href="mailto:Leonie.Archambault@douglas.mcgill.ca">Leonie.Archambault@douglas.mcgill.ca</a>
Program in general	Michel	514-761-6131, ext. 2823 <a href="mailto:michel.perreault@douglas.mcgill.ca">michel.perreault@douglas.mcgill.ca</a>

## Case study # 1 (youth): Emma, 17 years old

Gambling has always been present in Emma's family. With her grandparents, she would often play cards. As soon as her sisters were old enough, she also played various board games with them. For as long as she can remember, Emma had always received lottery scratch tickets for her birthdays and at Christmas. It was always a very exciting and joyous moment when she or another member of her family would win a free ticket or a little bit of money.

Adolescence was a period that presented many difficulties for Emma. Her school grades started declining, she had trouble integrating with others, and she felt rejected and misunderstood by her classmates. Emma started feeling isolated, anxious just thinking about going to school every day, and sad. She would spend lots of time alone in her room on her computer. A month ago, Emma's mother realized that payments had been made on gambling websites using her credit card. Emma denied being the one who made the transactions, and fights erupted between her and her parents. It was in fact for three months that Emma had been using the card to play various gambling games on the Internet. While the first amounts spent were only a few dollars, Emma had lost a total of 2000 dollars on the credit card. Since this incident, communication with Emma proved to be even more difficult, and she became very irritable. Last week, Emma's father realized that 100 dollars was missing from his wallet. Though certain that Emma stole the money, he kept it to himself to not cause more conflict.

This week, Emma's parents were asked to come in to her school. Her teachers are worried about her poor grades, the impulsivity in the way that she speaks, and her difficulty integrating herself with others. They recommend an evaluation and psychological follow-up for Emma. Once her parents bring it up to her, Emma downright refuses and denies that she is having any difficulties. She storms out of the house, slamming the door, and promises to never return. After waiting in vain for many hours for her to return, Emma's worried parents wonder if they should call the police to help find their daughter.

### Discussion questions

1. Is the case of Emma representative of the clientele that you work with? (How many people agree?)  
<sub>1</sub> All    <sub>2</sub> The majority    <sub>3</sub> The minority    <sub>4</sub> None
2. In your practice, in which way could you handle Emma's situation? Which actions could be taken, from a clinical standpoint?
3. What existing services or programs could be involved to help Emma and/or her entourage?
4. In your opinion, what could have been done to prevent the situation that Emma finds herself in?
5. If you were in Emma's situation, what services would you like to be offered?
6. In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and incapacity, what would you suggest?

## Case study # 2 (youth): Mathieu, 24 years old

Mathieu has been working in a local bar for a little over a year. His alcohol consumption has become regular since the age of 13 and he consumes generally every night. Since the age of 17, he also consumes marijuana as well as cocaine on occasion, depending on the type of evening and the friends that he is hanging out with. Mathieu has an extended social network, but a very restricted family network. When he was three years old, youth protection services removed him from his mother's care due to negligence. His mother suffered from depression and cocaine abuse. Mathieu does not know his father. Though he stayed in various foster homes, he did not maintain any significant ties with any of them. However, he maintains regular contact with a staff member at the Youth Centre where he had often stayed and whom he trusts.

Mathieu is a thrill-seeker who loves to party and enjoy his life. He often goes to local bars to meet up with friends and have drinks. He always takes the opportunity to also play a few games on the video lottery machines while there. He remembers the first time he played one of these games. He only had a two dollar coin in his pocket and ended up winning 75 dollars. That allowed him to pay a round of drinks for his friends and he had a great night. For a few months now, he finds himself going to play the video lottery machines on his own when he is bored. Mathieu did not pay his rent last month. He stole (which he considered to be borrowing) money from the bar at which he works, planning to replace it as soon as possible. He feels more and more nervous with regard to his financial difficulties and dreads the consequences of his boss finding out that he stole money from his workplace.

Today, Mathieu is feeling lucky, and plays a video lottery machine at a local bar. After drinking three beers and using up all of his money in the machine, all of his hopes dissipate. Mathieu leaves the machine. Another client takes his place, and quickly wins 50 dollars. Mathieu feels like he is being cheated and confronts the other client. A fight erupts between the two, and employees of the bar restrain Mathieu and call the cops. He is brought to the police station and the other client files a complaint. Mathieu does not know what he will do.

### Discussion questions

1. Is the case of Mattheu representative of the clientele that you work with? (How many people agree?)  
<sub>1</sub> All    <sub>2</sub> The majority    <sub>3</sub> The minority    <sub>4</sub> None
2. In your practice, in which way could you handle Mathieu's situation? Which actions could be taken, from a clinical standpoint?
3. What existing services or programs could be involved to help Mathieu?
4. In your opinion, what could have been done to prevent the situation that Mathieu finds himself in?
5. If you were in Mathieu's situation, what services would you like to be offered?
6. In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and incapacity, what would you suggest?

## Clinical case study # 1 (adult): Joseph, 58 years old and Laila, 55 years old

Joseph works in the transport industry as a tractor-trailer driver and lives with his wife, Laila, who is a home care worker for the elderly. Their daughter Julia, who is 22 years old, has been studying abroad as of two years ago. To help their daughter fund her studies, they have put aside a small amount of money. The couple immigrated to Quebec 25 years ago, and the other members of their family remained in their country. A year ago, Joseph had a work accident that prevented him from continuing his duties. He is currently off work and receiving compensation benefits. For some time now, Laila has had to take on a second job for a few hours a week to help sustain the household expenses and support their daughter's studies, given the fact that her husband is receiving less money than when he was being paid his regular salary.

Joseph was always a conscientious employee that was greatly appreciated at his workplace, a domain in which he developed the majority of his social network. Since he is no longer working, Joseph feels isolated, sad, and anxious. He often finds himself waiting for his wife to return from work so that he will feel less alone. To entertain himself and diminish his anxiety, he has gotten into the habit of going to a nearby bar frequented by one of his acquaintances. He consumes alcohol, plays the video lottery games and plays a few rounds of poker when other players are present. Laila sometimes criticizes him for drinking during the day, particularly because he takes medication and because their finances are already tight.

Two weeks ago, Laila received a phone call from the bank asking them to make an appointment. Being overwhelmed with everything going on, she did not follow up on the call. However, the bank called back a second time to reiterate their request. Coming home one evening, Laila decides to talk to Joseph about it. He seems embarrassed and tries to avoid the conversation, but then explains that he has been playing the video lottery games on a daily basis at the bar to try to win money to help with expenses. After Laila goes to the bank and finds out that all of the savings set aside for their daughter and their retirement have been withdrawn and that their bank account is now in the negative thousands of dollars, a big tension builds between the couple. Joseph is ashamed that he lied to Laila, which exacerbates his anxiety. He decides to end his life. He swallows several pills found in the family medicine cabinet. After a few minutes, he panics and calls 911. He wakes up in the hospital two days later. A social worker is at his bedside. He hesitates to share his problems.

### Discussion questions

1. Is the case of Joseph and Laila representative of the clientele that you work with? (How many people agree?) <sub>1</sub> All <sub>2</sub> The majority <sub>3</sub> The minority <sub>4</sub> None
2. In your practice, in which way could you handle Joseph and Laila's situation? Which actions could be taken, from a clinical standpoint?
3. What existing services or programs could be involved to help Joseph and Laila?
4. In your opinion, what could have been done to prevent the situation that Joseph and Laila find themselves in?
5. If you were in Joseph and Laila's situation, what services would you like to be offered?
6. In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and incapacity, what would you suggest?

## Case study #2 (adult): Frederic, 43 years old

Frederic was working as an employee in a supermarket when he lost both of his parents in a car accident last year. This unexpected event was very hard for him, as he was living with his parents and was very close to them. Being an only child, single and with a limited social network, he suffers from a lot of grief after losing his parents.

Frederic often played cards with his father during his childhood and has been playing poker since he was a teenager. Poker is the only domain in which he feels a certain recognition, due to the abilities that he has developed and which have led him to win some games against big players. The inheritance received from his parents allowed him to leave his work at the supermarket and he now considers himself a professional poker player. He mainly plays on the internet and describes his game as being aggressive. He plays on average ten hours per day, 7 days a week, and has basically no more social network other than the people that he has met online and with whom he discusses poker. Frederic explains that when he is playing poker online, he forgets everything and focuses solely on the game. He also consumes alcohol while he plays, particularly during the evenings, “when the games just don’t end.” Frederic lives at the rhythm of the tournaments and says that he cannot stop playing if he sees a good table with an opportunity to win.

His aunt, who invites him for dinner once a month, has noticed that he has lost a lot of weight and seems to be neglecting his personal hygiene. She finds it strange that he asks her to borrow 200 dollars to repair his car when he often tells her that he is living well off of his poker career. In reality, Frederic has spent all of the money left to him by his parents and has not paid his rent for three months. His landlord threatens to evict him. Frederic says that he is in a slump right now, but that things will work themselves out. He is anxious and does not sleep very much. His aunt decides to find him some help. She makes an appointment with their family doctor to try to find some solutions.

### Discussion questions

1. Is the case of Frederic representative of the clientele that you work with? (How many people agree?)  
<sub>1</sub> All    <sub>2</sub> The majority    <sub>3</sub> The minority    <sub>4</sub> None
2. In your practice, in which way could you handle Frederic’s situation? Which actions could be taken, from a clinical standpoint?
3. What existing services or programs could be involved to help Frederic and her entourage?
4. In your opinion, what could have been done to prevent the situation that Frederic finds himself in?
5. If you were in Frederic’s situation, what services would you like to be offered?
6. In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and incapacity, what would you suggest?

## Where to find your discussion group

- ➔ **Groups # 1 à # 6 : Basement of Douglas Hall**
- ➔ **Groups # 7 à # 10 : Bowerman room in the Dobell pavilion**
- ➔ **Group # 11: Room K-3325, 3<sup>rd</sup> floor of the Porteous**
- ➔ **Group #12 : Maurice-Forget room, 2<sup>nd</sup> floor of the Douglas Hall**
- ➔ **Group # 13 : Gaston-Harnois room, 2<sup>nd</sup> floor of the Douglas Hall**
- ➔ **Atelier # 14 : Salle K-3126.2, 3<sup>rd</sup> floor of the Porteous pavilion**
- ➔ **Atelier # 15 : Salle K-0147.2, Basement of the Porteous pavilion**
- ➔ **Atelier # 16 : Salle K-3225, 3<sup>rd</sup> floor of the Porteous pavilion**

## How to get to the Porteous pavilion?

From inside: Descend to the basement of the Douglas Hall and follow the arrows. The permanent directions and signs may also be useful for you to follow. **Room K-0147.2** is in the basement hallway, passed the elevator. On the 3<sup>rd</sup> floor, **room K-3225** is in the **B wing**. **Room K-3126.2** is located in the **A wing**. **Room K-3325** is in the **C wing**.

From the outside: Exit the Douglas Hall through the main doorway. Follow the pathway on your right and then turn right. The Porteous Pavilion can be found on your left, after the Emergency Pavilion. When you enter the Porteous Pavilion, you must wait for the first set of glass doors inside the building to close completely before you will be able to open the second set of glass doors to take the elevator. You can also use the stairs through the door on your right. **Room K-0147.2** is in the basement hallway. On the 3<sup>rd</sup> floor, **room K-3225** is in the **B wing**. **Room K-3126.2** is located in the **A wing**. **Room K-3325** is in the **C wing**.

**Return to the auditorium of the Douglas Hall at 2:00 pm.**  
**Please be on time!**