What this article is about

Many older adults gamble without a problem and seem to enjoy social benefits from this participation. However, some older adults develop gambling problems that can have serious financial, interpersonal, and health consequences. There are few resources to assist health service providers, policy makers, and others who are concerned with older adults’ gambling problems. This article describes Best Practices for the treatment of gambling problems among older adults. These Best Practices are clinical guidelines that have been drawn from current research evidence and clinical expertise. They are meant to evolve as new evidence and a stronger knowledge base become available.

What was done?

The Best Practices were developed in three steps:

1) Studies from January 1994 to January 2015 on prevention and treatment of gambling problems in adults were reviewed, with a focus on older adults. The research team developed a preliminary list of Best Practices from this review.

2) Ten key informants with clinical expertise in gambling treatment were interviewed. The key informants discussed the challenges they faced in addressing problem gambling in older adults. They also provided feedback on the preliminary list of Best Practices and how best to disseminate such guidelines. The research team reviewed and integrated the feedback in the next draft of the Best Practices. The draft was then reviewed by six professionals with expertise in mental health and addictions in Ontario, leading to further revisions.

What you need to know

1) Person-centred and family-focused care

Person-centred care takes a holistic view and develops care plans that are appropriate to individual

Why is this article important?

This article outlines the Best Practices for the treatment of gambling problems among older adults. These Best Practices are organized into five areas with guidelines and commentary on each. The five areas are: 1) person-centred and family-focused care; 2) screening and assessment; 3) secondary prevention and early intervention; 4) tertiary prevention and specialized treatment; and 5) ongoing support and recovery resources. Given the lack of research on the treatment of gambling problems in older adults, these Best Practices are offered as the most current clinical guidelines.

3) The Best Practices were informed by several frameworks, including: (i) a public health approach that considers the effects of gambling on the person, family, and community; (ii) the Bio-Psycho-Social model which examines biological, psychological, and social factors contributing to harmful gambling. The model has recently been expanded to include culture and spirituality; (iii) a harm reduction approach that aims to reduce gambling harms without requiring the person to stop gambling; (iv) a cultural competence approach that addresses social and cultural barriers to health and healthcare; and (v) a targeted approach to risk factors specific to older adults and their subgroups (e.g., women).
cases. The therapist works with older adults to make decisions based on their motivations and readiness to change. The therapist considers not only the clinical aspects of care, but also personal and family circumstances. Social support from family and friends is crucial to recovery. Thus, person-centred care is also family-focused by engaging concerned significant others (CSOs) in the older adults’ circle of care.

2) Screening and assessment
Screening for addiction and mental health issues, including gambling problems, can be done on a routine basis. For older adults with mild gambling problems, a brief intervention (BI) can be provided in community or primary care settings. A referral to specialized gambling treatment may be needed for older adults who continue to experience problems or already have severe problems.

3) Secondary prevention and early intervention
Taking a person-centred care approach and following up with older adults with mild gambling problems are important, whether or not they start or complete the BI. Education materials should also be provided to CSOs in the older adults’ circle of care.

4) Tertiary prevention and specialized treatment
Older adults with more severe gambling problems may need more extensive care plans. Reflective listening can prompt older adults to feel understood and share their experiences. Older adults with more severe gambling problems often have problems in other areas of life that need to be addressed. With the older adults’ consent, the therapist can engage CSOs in the older adults’ circle of care and determine the tasks and roles of those people in the care plan.

5) Ongoing support and recovery resources
Negotiation of discharge and an ongoing care plan can be done with older adults recovering from gambling problems, as well as with people in their circle of care. Regular follow-up contacts are needed to identify gaps and challenges in maintaining progress.

Who is it intended for?
This article is intended for health service providers, patients, families, policy makers, and researchers.

The goal is to improve the care provided to older adults experiencing gambling problems.

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Gambling Research Exchange Ontario (GREO)
Gambling Research Exchange Ontario (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in responsible gambling policies, standards and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers. Learn more about GREO by visiting greo.ca or emailing info@greo.ca.