

1♥800♦GAMBLER

News from The Problem Gamblers Help Network of West Virginia

1st Quarter 2006

West Virginia program director chairs National Problem Gambling Awareness Week

Event scheduled for March 6-12

Mia Moran-Cooper, a licensed social worker and executive director of the Problem Gamblers Help Network of West Virginia was selected as chairwoman of National Problem Gambling Awareness Week.

This national event is designed to increase public awareness of problem gambling and to educate health care professionals about this disorder. The week is scheduled for March 6-12, 2006.

“We asked Mia to chair the week based on her dynamic leadership skills and demonstrated success at the state level.”

Keith Whyte, Executive Director of the National Council on Problem Gambling

Keith Whyte, executive director of the Washington, D.C.-based National Council on Problem Gambling, said Moran-Cooper was selected to lead the event because of her achievements as director of the Problem Gamblers Help Network of West Virginia.

“We asked Mia to chair the week based on her dynamic leadership skills and demonstrated success at the state level,” Whyte said.

The effort – sponsored by the National

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Back from the Dark Side

by Warren Biller

I entered this world into a good family, had a fairly stable childhood and then spent 30 years in the world of gambling, deception, greed and insanity. My gambling years between ages 20 and 50 were a journey through the dark side. Today I am again blessed with a good life.

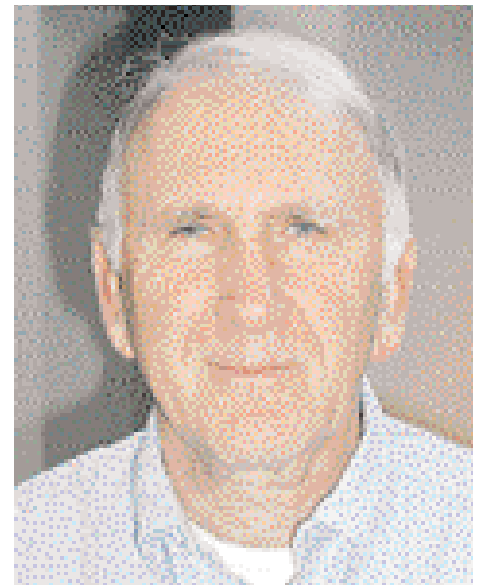
You may have heard gambler stories of lost money, lost families and careers, illegal activities and thoughts of suicide. Telling stories has always been one of the most helpful interventions for those who are still struggling with an addiction and here is my story.

I was born in 1943 with a working mom waiting at home for a husband who was fighting in the Pacific Theater of WWII. I met my dad for the first time when I was 3 years old. I was resentful for his intrusion into my relationship with mom and I think I subconsciously carried that resentment all the way to his grave last year. Dad was a hard working fairly smart guy who was kind and giving. He did have a close set of acquaintances (not friends) and then everyone else. You could become his best buddy very quickly and just as quickly be ostracized and rejected completely from his life. Dad did not deal well with criticism and he would not associate with people who tried to take advantage of the less fortunate. My relationship with dad was based on my performance. If I did well, he heaped on praise and bragged to his friends. If I did poorly, I was ignored. I became very good at creating illusions of doing well and blaming others for problems.

I was good in school and did not have to work hard for grades. I also excelled at sports. I worked as a kid with a paper route and later as a salesman in my dad's furniture company.

My dad and I first began to gamble at golf and cards. He belonged to a country club and we were usually partners and usually won. Our weekend format was golf during the day and cards at night in the clubhouse. At age of 14, I often drove home in the early morning hours because dad and his friends had been drinking.

Dad thought he was better than most people.



Warren Biller, compulsive gambler

Following his role modeling, I adopted the same attitude. It took many years of recovery for me to understand and begin to correct this form of erroneous thinking.

After high school, my parents thought it would be good for me to go to an Ivy League school. I was interested in Veterinary Medicine and so Cornell became a logical choice. I changed majors and graduated in four years with a BS in Economics as an accounting major. Math was easy and I could figure the odds quicker than most. As I have learned, math skills and logical insight are not perfect defenses against irrational gambling behavior. My acquired thinking allowed me to believe that I was smart enough to overcome the mathematical odds.

I don't believe I had any significant genetic pre-disposition to gambling. I did, however, tend toward activities that created excitement and, of course, gambling was an ideal venue.

My problem gambling was identified in 1972 (my first intervention and Gamblers Anonymous

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(GA) meeting) and ended on February 1, 1993 (my last bet). I spent 21 years attempting to understand and stop my irrational gambling behavior. I attended GA regularly for most of the 21 years. I currently attend one meeting each week and more when I need them. I had five periods of relapse and recovery. Each relapse caused more severe symptoms, financial crisis and lost relationships. My marriage of 24 years ended in 1989. My behavior had destroyed the relationship.

The periods of recovery were longer each time, but I could not find the serenity to maintain a good life without satisfying my craving for action. I sought professional help in 1972 and continued in therapy for a year. Addictions were a fairly new field for professionals and gambling was not even identified as an addiction. The professionals had little to offer. At the time GA was marginally helpful. The homogenous narcissistic members were boastful, arrogant and rarely followed the principles of the program. It took another 20 years before GA began to mature and incorporate the spiritual principles originally introduced by Alcoholics Anonymous.

Professional counseling is still in its infancy. West Virginia is one of the few places in the world that have recorded outcome data over a 5 year period. The increase in counselor proficiency that has been recorded is quite remarkable. A good number of counselors have over 75% of their clients stop gambling. Most other countries and states create the illusion of a program of treatment. They don't collect data and thus have nothing to defend. Each year more states are copying and implementing the proven techniques being used in the West Virginia program.

For me, recovery is a dynamic daily adventure. I made a decision 10 years ago to try to help improve the quality of both "self-help programs" and professional treatment programs for gamblers and their families. These efforts have taken me into many states, and even a few foreign countries. Helping design and develop the West Virginia help-line and treatment program has been a significant part of my recovery. I don't consider myself an expert and I only try to do my part to help where it seems appropriate. I have found that my narcissism is best controlled by my staying under the radar as best I can. For a few years I did the TV, radio and news circuits for gambling treatment issues. I decided it was not for me. I will still tell my story to counselors or people trying to understand their own problem gambling situations. I have even done a few TV clips for our ads in West Virginia.

Planting the seeds of GA really produces an abundance of support venues. It has taken a few years and some effort but the GA groups are growing in West Virginia. The growth is seen in quality and in the number of groups. There are some very strong people who are now active in GA in West Virginia. From my experience both the treatment professionals and the GA groups are among the best I have seen.

I, like most of my fellow GA members, need to structure our own recoveries. Our personal programs must be constructed to deal with the challenges that enter our lives each day. There are ample resources in West Virginia for every problem gambler and every family member to get help.

The most important recovery event for me was the awakening. I realized that with the proper help I could stop my irrational gambling behavior and develop a good life. I also realized that I could not do this by myself.

Career on the Line

SHEILA MORAN, MSW, LSW

HELP-LINE SUPERVISOR
150+ hours specialized training
Over 1100 clients served



“Here we actively work to attract new clients and we’re very excited when we’re able to help someone.”

Sheila Moran is a licensed social worker who has worked as a clinical professional for the Problem Gamblers Help Network of West Virginia since January 2003. A St. Albans native, Sheila completed her Bachelor's degree in Social Work at Marshall University and received her Master's Degree in Social Work from West Virginia University. Her previous professional work experience includes the fields of child abuse, mental illness, and drug and alcohol addiction.

First as a Clinical Coordinator, and now as Help-Line Supervisor, Sheila has completed over 1100 therapeutic interventions, telephone screenings, and follow-up interviews with problem gamblers and their family members. That amounts to more than 2000 direct contact hours in this highly specialized field.

Sheila said the best thing about the Problem Gamblers Help Network of West Virginia is the customer-driven approach. "A lot of agencies are understaffed and overburdened and new clients just mean more work," she said, "Here we actively work to attract new clients and we're very excited when we're able to help someone. We always 'go the extra mile' to help them into recovery."

She says the most challenging part of her job is when some callers are still in denial and just aren't ready for help yet. She said "Problem gambling is usually a progressive disorder. That means without intervention, it gets WORSE over time if left untreated. Unfortunately, some people aren't convinced their problem is bad enough yet so they only want us to mail them some literature. It's difficult knowing that I have all this free help to offer and yet I can't persuade them to accept it. However, time and time again, these same folks call back later when their financial, marital or legal problems are much more serious, and they always say they wished they had gotten help sooner."

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Council on Problem Gambling – is the only national public awareness effort that focuses on problem gambling.

In addition to the national organization, dozens of state affiliates will be participating. They will be doing a variety of activities to educate people about the risks of problem gambling and how to get help.

"Started in 2000, our West Virginia program is one of the newest in the country," said Moran-Cooper, "Many old-timers in the industry consider us to the most proactive, and progressive and successful

gambling help programs in the country. It's nice for us to be at the top of a good list for a change, rather than leading the nation something awful like in obesity or heart disease."

"This is a national grassroots effort that brings together individuals and organizations to send a message of hope and help for those who suffer from problem, compulsive or pathological gambling," said Whyte, "This week links together thousands of Americans whose lives have been touched by gambling problems."

In West Virginia, the Problem Gamblers Help

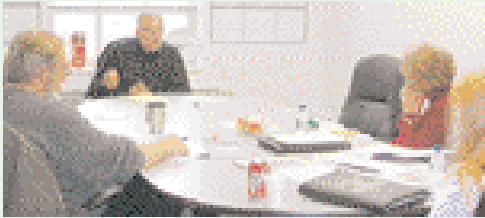
Network has a variety of state-wide activities planned, including employee education at a local racetrack, a statewide mailing to health care professionals and senior centers, a youth poster design contest and several public presentations.

Other West Virginia organizations are encouraged to become national supporters of National Problem Gambling Awareness Week with low-cost to no-cost dissemination of information, brochures and posters to employees, clients, customers and others. For more information, go to www.NPGAW.org or see participation form on page 7.

Race Track and Governor's Mansion highlights of Advanced Training



Lizabeth White, Deputy Director for Marketing, West Virginia Lottery, presents a workshop on lottery games.



Dr. Norman Kruedelbach, Ph.D., offers clinical supervision.



Enjoying dinner at the racetrack, L to R, Perry Cain, BA, MA, M.Div., LPC, Clarksburg; Rose Ann Hefner, MS, LPC, LSW, NBBC, Charleston; Karen Schimmel, MSW, CAC, LSW, Parkersburg.



Warren Biller, Detroit, MI; Bill Webb, Ph.D, LICSW, MAC, BCD, Barboursville; Marilyn Shearer, MA, LPC, LPCC Phillipi; Carol Ann Al-Din, MSW, ACSW, LICSW, CCAC Wheeling; Tammie Smith, CCAC, LPC, Licensed Psychologist, Princeton; Carol Ackerman, LSW, Beckley.



After presenting workshops on both youth gambling and on spouses of problem gamblers, nationally certified gambling counselors Arnie and Sheila Wexler from New Jersey, relax by the fire at the Governor's Mansion.

An Advanced Training was held in for statewide network clinicians in Charleston, December 4th through 6th. Experts in the field of problem gambling were brought in from as far away as Canada, Florida, New Jersey, Maryland, Illinois and Michigan.

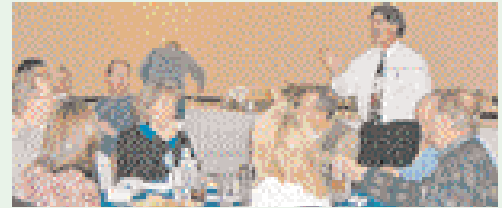
A wide selection of continuing education sessions were offered, starting at Tri-State Racetrack and Gaming Center with a facility tour, complimentary dinner and presentations by track management staff.



Attorney Joe Caldwell presents a workshop on bankruptcy.



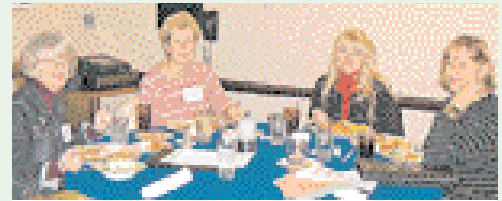
Phil Pinson, Director of Slot Operations, Tri-State Racetrack and Gaming Center, answers questions.



Brian Hamra, Group Sales Coordinator, Tri-State Racetrack and Gaming Center, welcomes the clinicians.



Joanna Franklin MS, NCGC II, Baltimore, Maryland, shares research on biogenetics and problem gambling.



Dining and learning at the racetrack, from L to R Sandy Street, LPC, SAP, RN-CD, CAC, MAS, Wheeling; Jane Spraggins, LSW, LCSW, Morgantown; Tammie Smith, CCAC, LPC, Licensed Psychologist, Princeton; Emily Wilson, MA, Licensed Psychologist, Huntington.

After a day of training, conference participants and presenters were treated to special dinner reception at the Governor's Mansion of the State of West Virginia, which was decorated for the holidays. Guests were transported to the Governor's Mansion on Kanawha County trolley buses which took them on the scenic route through Charleston's East End Historical District.



Jack Koehrsen, MA, LPC, LPCC, with wife Susie, Weirton.



Steve Mason, CCAC, LICSW, Director of Alcoholism and Drug Abuse, WV-DHHR, with wife Carole.



Tammie Smith, LPC, CCAC, Licensed Psychologist, Princeton; Virginia Shelhammer, LPC, Wheeling; Richard Morgan, LSW, St. Albans.



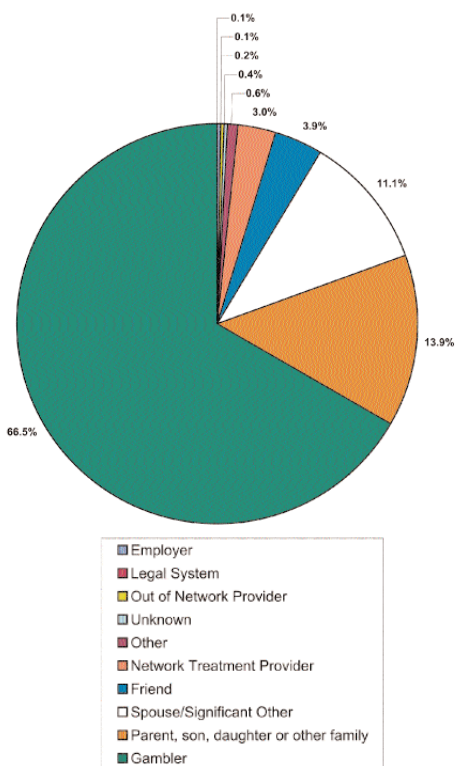
Perry Cain, BA, MA, LPC, Clarksburg provided an impromptu concert at the reception.

2005 record year for help-line and treatment program

The Problem Gamblers Help Network of West Virginia provides a 24 hour, seven days a week, toll free number (1-800-GAMBLER) staffed by trained, credentialed clinical professionals. When a caller accesses the Help-line, he or she is asked to complete a preliminary clinical assessment and offered initial therapeutic treatment intervention by telephone. Client intakes have increased an average of 50% per year since 2000.

Persons Helped

From January 1, 2005, through December 31, 2005, 1337 people completed a telephone intake through the Problem Gamblers Help-Line toll-free number seeking assistance for their own or someone else's gambling problem. The Help-Line clinical staff answered another additional 1352 calls during that period that are described as "non-intake" calls (hang-up's, wrong numbers, media and legislative inquiries, requests information for research, etc).



Source of Income/Occupation

In 2005, the source of income/occupation data was provided on 1099 problem gamblers out of 1337 callers. Of those, 11% noted "unemployment" and 11% noted "disability as their primary source of income. This was followed by work in or with the gaming industry at eight percent (8%). All sources of income/occupation data that totaled 3% or more of the problem gamblers are as follows:

Unemployment	11%
Disability	11%
Gaming Industry	8%
Health/Social Services	7%
Retirement	7%
Restaurant	5%
Self-employed	4%
Labor/Manufacturing	4%
Homemaker	4%
Sales	3%
Construction	3%

Symptoms of the Gambling Problem

Our help-line clinicians use 10 symptoms outlined in the DSM-IV (American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders Fourth Edition) to do an initial diagnostic screen. The symptoms reported below are repeated (in volume) as "pathological" gamblers will have five (5) or more symptoms each and "problem gamblers" each may have up to four (4). The most common symptom noted about West Virginia problem gamblers was "loss of control" which is defined by the DSM-IV as "has repeated unsuccessful efforts to control, cut back, or stop gambling." This is followed by "chasing losses" which the DSM-IV notes as "after losing money gambling, often returns another day to get even." "Lying", defined as "lies to family members, therapist, or others to conceal the extent of the involvement in gambling," was the third noted in terms of frequency among those seeking help.

Loss of control	1020
Chasing Losses	1000
Lying	994
Tolerance to gambling	886
Escape	874
Preoccupation with gambling	678
Financial bailouts	636
Loss of job or relationship	549
Illegal activities	428
Withdrawal	285
Symptoms unknown	144

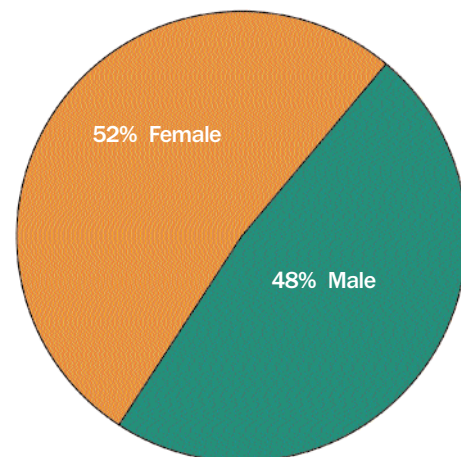
Risk Factors

National research indicates there are several "factors" that alone, or in combination with others, may make someone more at risk for developing a serious gambling problem. Of all the risk factor information provided, an "early big win" was the most common, occurring to 71% of the gamblers who later developed a problem. The most common risk factors, as identified by 10% or more of callers were:

Early Big Win	71%
Personal history of mental health issues (depression, anxiety, etc)	48%
Family history of alcoholism	44%
Family history of gambling	39%
Personal history of alcohol abuse/dependence	33%
Empty nest/lonely/bored	13%
Death of a loved one	12%
Unhappy relationship	11%

Gender of the Problem Gamblers

10 callers refused to divulge the gender of the gambler with the problem, but of those who did, 52% of the problem gamblers were female (688) and 48% were male (639).



County of Residence of the Problem Gamblers

Calls came in from all 55 West Virginia Counties except Clay and Webster. Kanawha County residents made the most calls at 216, followed by Wood County with 98 calls and Cabell with 92 calls. Counties where at least 10 residents called for help are as follows:

Berkeley	75
Boone	14
Brooke	22
Cabell	92
Fayette	27
Greenbrier	15
Hancock	43
Harrison	54
Jackson	12
Jefferson	40
Kanawha	216
Lincoln	15
Marion	36
Marshall	16
Mercer	37
Monongalia	46
Ohio	7
Preston	22
Putnam	46
Raleigh	43
Randolph	13
Taylor	11
Wayne	16
Wood	98

Financial problems related to gambling

Of those who provided information, more than half the problem gamblers owed money on bills and were using all their expendable income to gamble. Many had borrowed money from family, friends, credit cards, and wrote bad checks, pawned valuables and spent all their savings:

All Expendable Income Spent on Gambling . . .789	
Bills Payable	714
Borrow Relatives	465
Borrow Friends	396
Credit Card Charges	393
Bad Checks	324
Sold Property to Gamble	146
Spending All Savings	132
Bank Loans	104
Stole Money to Gamble	104
Bankruptcy	104
Loan Company Loans	49
No Financial Issues Identified	45
2nd Mortgage Due to Gambling	37
Borrowed from Retirement	33
Bankruptcy-Contemplating	32
Taxes Payable	24
Business Debts Payable	24

State-Funded Outpatient Treatment/Therapy

For clients who wished to continue with outpatient treatment/psychotherapy and who had no alternate payer, such as health insurance, network clinicians may provide a written treatment plan and request pre-certification to continue to provide up to ten (10) additional individual sessions for the spouse and twenty (20) for the gambler.

The primary reasons why state-funded treatment was requested for 323 clients in 2005:

Client had no health insurance	199
Treatment provider not in client's insurance network	73
Client's health insurance deductible exceed treatment costs	34
Pathological Gambling not covered by client's health insurance	11
Other	9

Referral Status

Of the total calls received, 812 people accepted and were scheduled for a face-to-face clinical assessment and consultation with one of the state's specially trained outpatient treatment providers.

Of those referred, 593 (73%) completed the initial diagnostic assessment and consultation. This "show-up" data is significantly higher than the national average estimates of at 5% to 10% and is indicative of the proactive efforts and high skill level of the help-line clinical professionals.

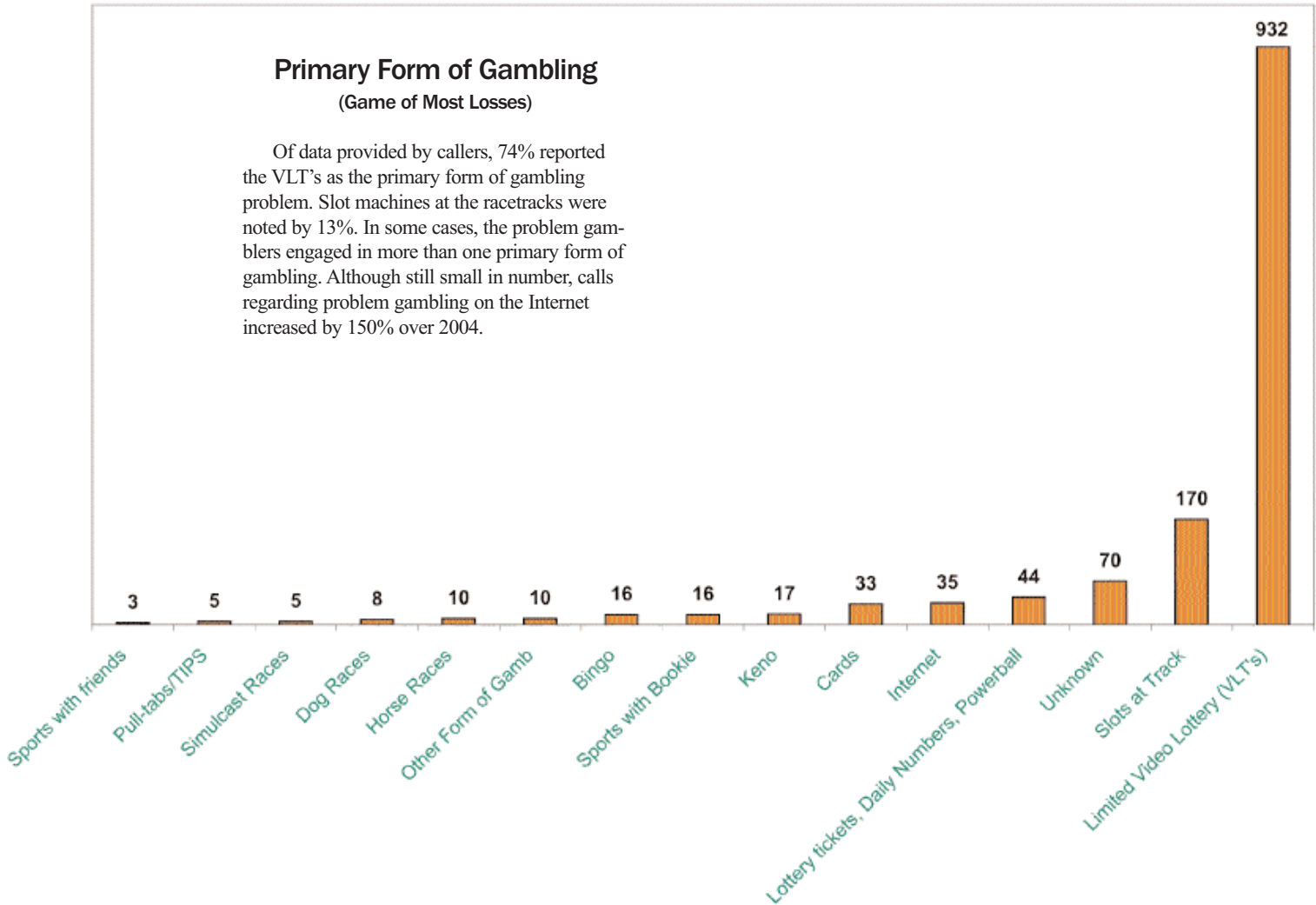
Additional services offered were referrals to self-help support and recovery groups, Consumer Credit Counseling offices, and packets of educational materials, resources and information to be sent by US mail.

Problem gambling is gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational. The term "Problem Gambling" includes, but is not limited to, the condition known as "Pathological", or "Compulsive" Gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences.

National Council on Problem Gambling, Washington, DC

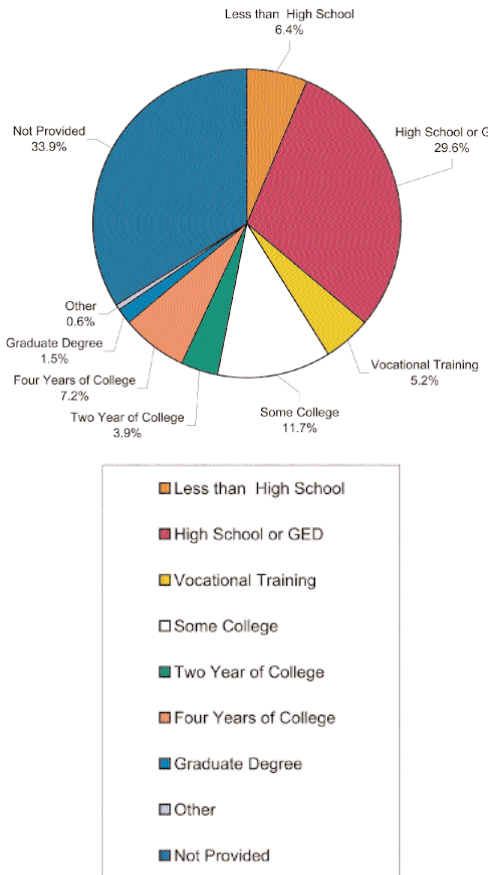
Primary Form of Gambling (Game of Most Losses)

Of data provided by callers, 74% reported the VLT's as the primary form of gambling problem. Slot machines at the racetracks were noted by 13%. In some cases, the problem gamblers engaged in more than one primary form of gambling. Although still small in number, calls regarding problem gambling on the Internet increased by 150% over 2004.



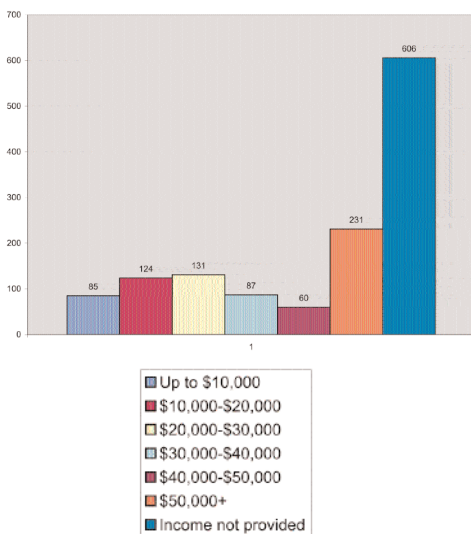
Highest Level of Education Attained

Of the callers who provided the educational level of the problem gambler, fifty-five percent (55%) noted a high-school degree or less. The data reported as follows:



Household Income

Callers were asked to give the household income of the problem gambler. Forty-five percent (45%) either did not know or did not provide household income. Of those who did, fifty-eight percent (58%) reported a household annual income of less than \$40,000.



Six-month Follow-Ups/Outcomes

In calendar year 2005, contact was attempted by telephone at least three times with 860 clients. Four hundred and fifty three (453) of those telephone interviews were completed and out of those who provided information, fifty-two percent (52%) said the gambler was no longer gambling. Forty-eight percent (48%) indicated that the gambling-related debt had been reduced. Thirteen gamblers (representing 8% of the gamblers on whom information was available) had filed bankruptcy in that six-month interim. The six-month outcome data is as follows:

Gambling frequency at time of contact:

Not gambling	.238
Daily gambling	.65
Weekly gambling	.53
Monthly gambling	.53
Other	.0
Unknown	.44

Debt status at time of contact:

Debt substantially reduced	.85
Debt slightly reduced	.95
Debt same	.30
Debt slightly increased	.24
Debt substantially increased	.37
Filed bankruptcy	.23
Refused to discuss	.9
No previous gambling debt	.66
Unknown	.84

One-Year Follow-Ups/Outcomes

During 2005, contact was attempted by telephone at least three times with 397 clients. Two hundred and seventeen (217) or fifty five percent (55%) were completed and out of those who provided information, fifty-nine (59%) said the gambler was no longer gambling. Five percent (5%) of the gamblers had filed bankruptcy that year. Additional one-year follow-up data follows:

Gambling frequency at time of contact:

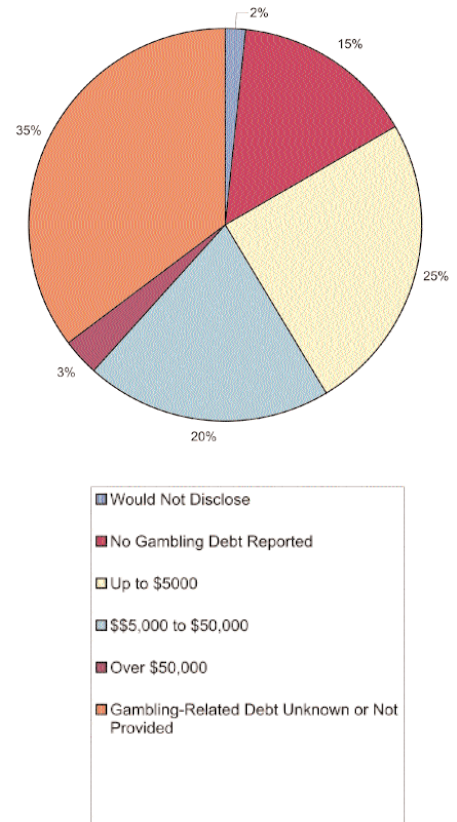
Not gambling	.116
Daily gambling	.25
Weekly gambling	.27
Monthly gambling	.24
Unknown	.25

Debt status at time of contact:

Debt substantially reduced	.33
Debt slightly reduced	.46
Debt same	.14
Debt slightly increased	.15
Debt substantially increased	.7
Filed bankruptcy	.11
Refused to discuss	.4
No previous gambling debt	.37
Unknown	.50

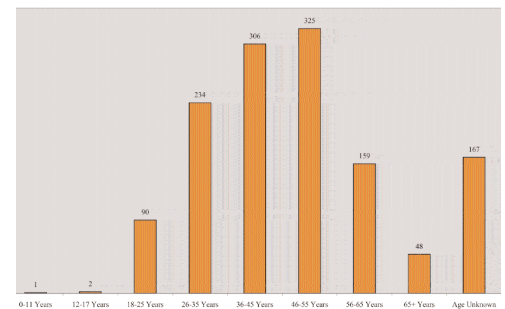
Debt Due to Gambling

Callers were asked the amount of gambling-related debt, not including mortgages, for example, unless the problem gamblers had borrowed against their home to get money due to gambling. About half of the callers reported financial debt due to gambling.



Age of Problem Gambler

The age ranges provided for the problem gamblers varied as follows:





National Problem Gambling Awareness Week Participation Form

The goal of National Problem Gambling Awareness Week (NPGAW) is to educate the general public and medical professionals about the warning signs of problem gambling and raise awareness about the help that is available both locally and nationally.

Support Opportunities

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Participant - Receives NPGAW materials CD, recognition on NPGAW website, acknowledgement in National Council on Problem Gambling (NCPG) newsletter and one year subscription. | FREE with In-kind contribution |
| <input type="checkbox"/> Partner - Receives discount registration at annual conference, recognition on NPGAW website, acknowledgement in NCPG newsletter and one year subscription. | \$500.00 |
| <input type="checkbox"/> Corporate Sponsor - Receives recognition plaque, one free registration at annual conference, recognition at annual conference luncheon, name and company logo on display at annual conference, company link and or logo on NPGAW website, acknowledgement in NCPG newsletter and one year subscription. | \$5,000.00 |

Suggested In-Kind Activities:

- | | | |
|------------------------------|---|---|
| • Hang posters | • Conduct a referral training for mental health providers | • Distribute information to schools |
| • Conduct employee education | • Include article in your newsletter | • Mail materials to health care professionals |
| • Set up display | • Distribute employee payroll inserts | • Distribute media advisories and PSA's |
| • Conduct client mailing | • Conduct client screening | • Conduct clinical training for therapists |

Name (Please Print Clearly or Type) _____

Company _____

Job Title _____

Address _____

City _____

State/Province _____

Zip/Postal _____

Phone _____

Fax _____

E-mail _____

Planned In-Kind Activity _____

Method of Payment:		<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> Master card	<input type="checkbox"/> American Express	<input type="checkbox"/> Money Order
Credit Card #	_____ - _____ - _____ - _____	Expiration Date		_____		
Total:	_____	Signature	_____		Today's Date	____/____/____


Please Fax to 202-547-9206 by February 28, 2006

The National Council on Problem Gambling (NCPG) is a non profit organization, Federal Tax ID # 51-0141872. Your contribution is tax deductible.

Your Lucky Number

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He has a
gambling problem.
His Mom.

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Public awareness campaign in full swing

Between November 1, 2005 and February 1st of this year, the Problem Gamblers Help-Line has seen its calls increase 26% over the same time frame last year. Credit for this increase may be due in part to the new creative outreach materials designed by The Manahan Group, a West Virginia-owned and operated advertising and public relations firm located in downtown Charleston. In addition to new billboards and radio ads statewide, the group also designed and placed grocery cart ads in supermarkets across the state.



Advanced Training

In December, a reception was held at the Governor's Mansion for the state's problem gambling counselors.

Relaxing in the sun room of the Governor's Mansion: (left) Sandra Street, LPC, SAP, RN-CD, CAC, MAS, Street Consulting, Wheeling, and Jane Reynolds, BA, Clinical Coordinator, Problem Gamblers Help Network; (right) Marilyn Shearer, MA, LPC, LPCC, Circle of Caring, Phillipi, and Karen Randolph, LPC, Family & Marital Counseling Center, Weston.

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