CASE STUDIES

This activity for parents and caregivers introduces real-life stories of individuals and their relationship to gambling. It encourages participants to consider how risk changes over time, and how our circumstances and exposure can affect our risk of harm.*





MATERIALS TO PRINT:

Short case studies (Handout 1), Full-length case studies (Handout 2)

METHOD

- Split the group into 3 teams, and provide each group with a different short case study (Handout 1).
- In their groups, ask participants to read their case study and discuss the 3 questions on the handout.
- After 10 minutes, ask the teams to feed back to the whole group. Facilitate discussion around the case studies and how they compare with one another. What similarities are there between Kai, Avery, Julie, and Jason? How are they different? Is there one you would identify as experiencing more harm than another?

- Now, provide each group with the fulllength case study (Handout 2), and ask them to look at the 3 questions again. Would they change any of their responses?
- After 10 minutes, ask each team to feed back to the wider group again. Ask participants to highlight if they found anything particularly interesting or surprising.



 $^{^{\}ast}$ Activity created by the Addiction Recovery Agency (ARA), Bristol.

HANDOUT 1*



Case Study 1 - Kai

Kai is 22 years old and from the Glasgow area. He is unemployed at present. He started gambling when he was 14. He was introduced to it by his grandmother, who would allow him to pick horses with her on a Saturday. He would get to keep any winnings.

Kai lived with his mother and stepfather. He is an only child. Kai always looked older than he really was, so when he turned 16 he was able to gain access to the local Bookmakers, which was only a 5-minute walk from where he lived. Kai would go in after school and at the weekend. He would use any money that he had to gamble.

1

How would you rate the level of risk associated with the person's gambling on a scale of 1 to 10?



1 = very little risk Likely resulting in no harm **10 = very high risk** likely resulting in significant harm to the individual's health,

wellbeing and future life

What factors did you consider when rating the risk? What aspects did you find most/least concerning?

Are there any other aspects of the person's life that might influence their use of gambling products?

^{*} These case studies come from RCA Trust and GamCare. For more examples please consult the GamCare website at: http://www.gamcare.org.uk/support-and-counselling/people-weve-helped



CASE STUDY- Affected Others

HANDOUT 1



Case Study -Avery

Avery is 14 years old, lives with their parents and younger sister, Avery has noticed their dad coming home drunk which has resulted in arguments between their parents. Their sibling finds this really frightening and wants to sleep in Avery's bed every night.

Recently Avery returned home after school to find debt collectors taking an itinerary of household items.

Avery has been told by their parents that they have got into financial difficulties due to their dad's online gambling and they may have to move to another home and school.

1

How would you rate the level of risk associated with gambling harm on a scale of 1 to 10?



1 = very little risk Likely resulting in no harm

10 = very high risk

Likely resulting in significant harm to the individual's health, wellbeing and future life

2	What might be the early indicators that gambling is impacting on Avery and their family? What aspects did you find most/least concerning?	3	Can you think of any barriers Avery may have in talking about gambling?



HANDOUT 1



Case Study - Julie

Julie is 20 years old, employed and lives at home with her family. She has 2 younger siblings. She left school to attend college where she obtained an HND in Travel and Tourism. She started gambling when she was 18 years of age on the lottery.

She stated that up until this time she had no interest in gambling. She had a limited social life due to work commitments. She would go to the bingo with her mother twice a month where she would spend around £20 per evening; she would occasionally play the fruit machines and did win some money from them.

1

How would you rate the level of risk associated with the person's gambling on a scale of 1 to 10?



1 = very little risk Likely resulting in no harm

10 = very high risk

Likely resulting in significant harm to the individual's health, wellbeing and future life

2	What factors did you consider when rating the risk? What aspects did you find most/least concerning?	3	Are there any other aspects of the person's life that might influence their use of gambling products?



HANDOUT 1



Case Study - Jason

At the age of seven, Jason's parents went through a nasty divorce and soon after, his mother married a domineering man. Jason was harshly punished and sometimes experienced physical abuse.

His only respite was occasional visits to his paternal grandmother where they all enjoyed watching horseracing. One Saturday, Jason's grandfather put a bet on the Grand National for him; the horse won and the memory of winning was one of the fondest of his childhood.

Jason spent years of his childhood in a difficult relationship with his stepfather and became increasingly anxious for his mother's attention.

1

How would you rate the level of risk associated with the person's gambling on a scale of 1 to 10?



1 = very little risk Likely resulting in no harm 10 = very high risk Likely resulting in significant harm to the individual's health, wellbeing and future life

2	What factors did you consider when rating the risk? What aspects did you find most/least concerning?	3	Are there any other aspects of the person's life that might influence their use of gambling products?



HANDOUT 2

Case Study - Kai

Kai is 22 years old and from the Glasgow area. He is unemployed at present. He started gambling when he was 14. He was introduced to it by his grandmother, who would allow him to pick horses with her on a Saturday. He would get to keep any winnings.

Kai lived with his mother and stepfather. He is an only child. Kai always looked older than he really was, so when he turned 16 he was able to gain access to the local Bookmakers, who were only 5 minutes' walk from where he lived. Kai would go in after school and at the weekend. He would use any money that he had to gamble.

The consequences of his gambling at this time were mood swings, feeling isolated, truancy from school, and being disruptive when he did attend. Different strategies were implemented to support Kai and his family, however, gambling was never considered.

Kai's gambling got worse as he moved into young adulthood. He would regularly spend all his benefit money in the bookies on fixed odds betting terminals. He would borrow money from friends and family. He regularly pawned his games console and television. Kai won a lot of money - around £600 - but gambled it all away as he was chasing bigger wins.

Kai took money from his grandmother. This was only £40 and if he had won, he was going to put the money back. He lost it. His family found out and he was asked to leave and not come back. He became homeless. Kai is currently getting help for his gambling issues. He has not gambled for over 5 months. However, he remains estranged from his family.

1

How would you rate the level of risk associated with the person's gambling on a scale of 1 to 10?



1 = very little risk Likely resulting in no harm

10 = very high risk

Likely resulting in significant harm to the individual's health, wellbeing and future life

What factors did you consider when rating the risk? What aspects did you find most/least concerning?

Are there any other aspects of the person's life that might influence their use of gambling products?



HANDOUT 2

Case Study-Julie

Julie is 20 years old, employed and lives at home with her family. She has 2 younger siblings. She left school to attend college where she obtained an HND in Travel and Tourism. She started gambling when she was 18 years of age on the lottery. She stated that up until this time she had no interest in gambling.

She had a limited social life due to work commitments. She would go to the bingo with her mother twice a month where she would spend around $\pounds 20$ per evening; she would occasionally play the fruit machines and did win some money from them.

When she did win, she felt great and the buzz was brilliant. She never thought that she would develop a problem with gambling.

Julie felt comfortable in the bingo hall, she met people who would take an interest in her life and made friends there. If her mother was not going, Julie started to go alone. She would go twice a week. She continued to win a little, but lost more. However, this was all very manageable.

In late 2013, Julie lost all her monthly wages gambling on online slots. She had done this before and had promised to her parents that she would not do this again. In her distress, she had accessed 2 pay day lenders for loans. She gambled some and spent the rest on presents for Christmas. After missing 2 payments to the loan company she told her parents who had to bail her out for £2,000. She continued to gamble throughout this time. While having good support from her family they do not trust her. She has missed days from work due to anxiety. She feels that she is not experiencing harm from gambling. This all happened in 18 months. Julie reckons she has lost around £10.000.

1

How would you rate the level of risk associated with the person's gambling on a scale of 1 to 10?



1 = very little risk, likely resulting in no harm

10 = very high risk, likely resulting in significant harm to the individual's health, wellbeing and future life

2	What factors did you consider when rating the risk? What aspects did you find most/least concerning?	3	Are there any other aspects of the person's life that might influence their use of gambling products?



HANDOUT 2

Case Study - Jason

At the age of seven, Jason's parents went through a nasty divorce and soon after his mother married a domineering man. Jason was harshly punished and sometimes experienced physical abuse. His only respite was occasional visits to his paternal grandmother where they all enjoyed watching horseracing. One Saturday, Jason's grandfather put a bet on the Grand National for him; the horse won and the memory of winning was one of the fondest of his childhood.

Jason spent years of his childhood in a difficult relationship with his stepfather and became increasingly anxious for his mother's attention

It was his gambling that activated a response from her. Jason visited the betting shop several times a day in moments snatched from work. He would back a horse, turn to the FOBT (Fixed Odds Betting Terminal) and 'before he knew it' would have 'fed' £250 into it. Chasing his losses, Jason would dash to the cashpoint for more funds, resulting in further financial loss.

Jason went to a treatment provider for counselling at the request of his wife who felt their marriage was in jeopardy. During his first session, Jason described the frenzied nature of his gambling.

Determined to change, after several counselling sessions Jason decided to try not to gamble. By the end of the counselling programme, Jason had learned to control his gambling. Most importantly, he described an increasing ability to manage difficult feelings and to tolerate and reflect upon challenging situations without recourse to gambling as a means of avoiding them.

1

How would you rate the level of risk associated with the person's gambling on a scale of 1 to 10?



1 = very little risk likely resulting in no harm

10 = very high risk likely resulting in significant harm to the individual's health, wellbeing and future life

What factors did you consider when rating the risk? What aspects did you find most/least concerning?

Are there any other aspects of the person's life that might influence their use of gambling products?

