



RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Sports Betting, Gaming & Scratchers

A relapse prevention session on gambling, gaming, and the wanting system.
Four parts, two group classes.

Topic category (billing anchor)	Relapse Prevention & Trigger Management: cross-addiction awareness, trigger identification, craving management
Clinical focus	Gambling, betting, and gaming behaviors as reward-system risks that connect directly to substance craving, relapse risk, and recovery stability
Evidence base	Relapse Prevention (Marlatt) · CBT · Motivational Interviewing
Format	One participant packet · two group classes of about 2 hours each · Class 1 = Parts 1–2 · Class 2 = Parts 3–4
Group rules	2 to 12 clients, same time · at least 1 active Medi-Cal beneficiary · no minors mixed with adults

This file: facilitator guide

class agendas, linking moves, guardrails, FIRP

Companion file: participant packet (print one per member)

4 parts · 12 exercises · 2 vignettes · 2 skills

FACILITATOR GUIDE

How to run this session

This session runs on hooks and linking, not lecture.

- **HOOK:** open each part with the surprising fact, then hand it straight to the group with a question. Let members react to each other before you teach anything.
- **LINK:** connect members to each other out loud. Gambling hides well; two members discovering they both scratch tickets in the car builds more honesty than any worksheet.
- **TEACH LIGHT:** teaching blocks run 5 minutes or less. If the discussion is alive, shorten the teaching, not the processing.
- **LAND IT CLINICALLY:** this group is billed as substance use disorder group counseling, so end every segment on the connection to substance craving and relapse risk: wins trigger celebration urges, losses trigger relief-seeking, money stress destabilizes recovery, and the betting environment usually comes with alcohol attached. If a segment ends without that link spoken, speak it.

Mixed-functioning group adjustments

- Read everything aloud: hooks, teaching, exercise prompts. Writing is optional; members can talk their answers.
- Keep the math simple. Never make a member compute losses aloud; the feelings matter, not the arithmetic.
- With lower-functioning groups, cut the teaching further and do more go-arounds.

TWO GUARDRAILS FOR THIS TOPIC

No picks, no war stories. Gambling talk drifts into tips, odds, and big-win stories fast, and a win story works on the room like a using story: it's euphoric recall. Redirect scripts:

- *"We don't trade picks in here. What does the bet do to you, before and after?"*
- *"Notice how good it felt to tell that win story. That feeling is the subject of this group."*

No judging amounts, and watch for the bigger problem. Say out loud that nobody grades dollar amounts. If a member's answers suggest active gambling disorder (heavy losses, borrowing, lying, distress), affirm the honesty, keep the group discussion on the relapse-risk connection, and follow up individually about assessment and referral. Gambling disorder is a diagnosable condition; this group educates and protects recovery, it does not treat gambling disorder as the primary condition.

HOOK SOURCE NOTE: the near-miss finding comes from brain-imaging research on gambling (near misses activate reward circuitry similarly to wins and increase the urge to continue). The DSM fact is accurate: gambling disorder is classified with substance-related and addictive disorders. "Most U.S. states" for legal sports betting is approximate and current as of authoring; say "most states" and move on. Conversation starters, not testimony.

CLASS 1**Parts 1 and 2 (about 2 hours)**

Opening (10 min)

Frame, spoken plainly: *"This session is about gambling, betting apps, scratchers, even video games, and why a brain in recovery is extra open to them."* Icebreaker: "Raise a hand if you've seen a betting ad in the last 24 hours." Nearly every hand goes up. That's the opening point made for you.

Part 1: The Gambler's Brain (40 to 50 min)

Teach (5 min or less): variable reward ("maybe" beats "for sure"), the near-miss effect, and chasing losses. Land it: chasing a loss is the same move as using to fix a comedown.

PLAIN "What's your version of the action? Tickets, cards, apps, games?"

DEEPER "What does an almost-win do to you that a plain loss doesn't?"

- **Exercise 1** (yes/no set): quick go-around on item 3, chasing. Expect laughter of recognition; link it to chasing a high.
- **Exercise 2** (forms of the action): go around on "strongest right now." Link members who share a form. Include the quiet ones: scratchers and in-game purchases count, and saying so out loud gives permission.
- **Exercise 3** (near-miss story): volunteers share; ask the room where they felt it in their body.

Part 2: The Casino in Your Pocket (50 to 60 min)

Teach (5 min or less): speed and access raise addictive potential, same rule as with substances; the apps are engineered; scratchers sit on the daily route; loot boxes put casino mechanics inside games.

- **Exercise 4** (pocket and route inventory): process on "hardest to change." Treat resistance as ambivalence, not defiance.
- **Exercise 5** (Before/After map): pair-share, then whole group. The last column is the substance link in their own words; read a few aloud with permission.
- **Marco vignette + Exercise 6:** read aloud. Question 4, the shame-to-craving link, is the clinical core of Class 1. Make sure the room lands it.
- **Skill + Exercise 7:** teach "ride the itch," then go around; every member states one friction change for the week. Write them down; Class 2 opens by checking on them.

Close Class 1 with the talk-it-out questions. Tell them Class 2 covers what gambling does to sobriety specifically, "including the part where a win is as dangerous as a loss."

CLASS 2**Parts 3 and 4 (about 2 hours)**

Opening (10 min)

Check in on Exercise 7 friction commitments. Who did theirs? What happened at the moment it mattered? Billable skill reinforcement, and it teaches the group that commitments get followed up.

Part 3: Same Brain System, New Supply (50 to 60 min)

Open with the DSM hook, then the plain question: *"Has anybody here ever swapped one habit for another and only noticed later?"*

Teach (5 min or less): cross-addiction in plain terms; the hiding and minimizing moves travel with it; the three-way substance link (wins trigger celebration, losses trigger relief-seeking, the environment carries alcohol), plus money damage to recovery stability.

- **Exercise 8** (warning signs): process the two-or-more line gently; recognition, not confession. Watch for a member whose checks suggest active gambling disorder and follow up individually (see guardrail box).
- **Exercise 9** (Action Diet): go around on the middle column, "what I honestly get out of it." Validate that the payoff is real; that's why it works like a drug.
- **Denise vignette + Exercise 10:** read aloud. Question 3, skipping the meeting to avoid the gas station, shows a guardrail failing quietly; question 4 personalizes it.

Part 4: Guardrails and the Plan (35 to 45 min)

Teach (5 min or less): friction beats willpower; name the concrete tools: self-exclusion lists, app deletion and deposit blocks, cash-only, autopay on bills, one person who knows the real numbers. Then replacement: the excitement is fine, the rigged product is the problem.

- **Exercise 11** (guardrails plan): every member completes all four lines and says them aloud, including the person who will know. Saying it to the group is the first telling.
- **Exercise 12** (replacement excitement): build the group list on the board; members borrow from each other.
- **Skill of the day: "Name the itch."** Assign it, keep it small, promise a check-in next group.

Close with the take-it-to-the-group questions and the session summary, read aloud.

FIRP scaffold (one note per member, per class)

Class 1. Focus: member's relapse-prevention / trigger-management objective, plus today's topic: gambling and betting behaviors as reward-system and relapse risks. **Intervention:** *Educated group on variable reward, the near-miss effect, and loss-chasing, tied to craving and relapse risk; facilitated self-inventories of gambling/gaming forms and environmental access; facilitated the Before/After mapping exercise and vignette analysis linking gambling-related shame to substance craving; taught the "ride the itch" urge-management skill and obtained a specific friction commitment; linked members' patterns and processed responses.* **Response:** individualize. **Plan:** carry out the friction change; practice the urge-management skill; return for Class 2.

Class 2. Focus: same objective, plus today's topic: cross-addiction risk and gambling's connection to substance relapse; protective planning. **Intervention:** *Reviewed Class 1 commitments; educated group on cross-addiction and the win/loss/environment pathways to substance relapse; facilitated a warning-signs self-screen and the Action Diet inventory; facilitated vignette analysis connecting gambling routines to eroding recovery supports; guided each member through a written guardrails plan including an accountability person; assigned daily urge-naming self-monitoring.* **Response:** individualize; note any disclosures suggesting need for gambling-specific assessment and the individual follow-up arranged. **Plan:** carry out guardrails plan; daily self-monitoring with report-back; individual follow-up or referral if indicated; next session per series.

COMPLIANCE NOTES: 2 to 12 clients, same time; at least one active Medi-Cal beneficiary; no one 17 or under mixed with adults (outside a certified school site). Facilitator: licensed/registered clinician or certified/registered AOD counselor, in scope. Participant list each class; one note per member per class with attendance plus that member's specific response, provider-signed, finalized within 3 business days (service day counts as day 0), tied to that member's problem list or objective. This is SUD group counseling: keep every segment landed on the substance-use and relapse link; gambling content is the vehicle, not a primary gambling-disorder treatment.