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Advanced Certificate in Gambling Addiction and Trauma-Informed Care

## Trauma-Informed Care Principles

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**Adverse Childhood Experience (ACE)** – A set of potentially traumatic events occurring before age 18, such as abuse, neglect, or household dysfunction. Related terms: trauma exposure, cumulative risk. ACEs increase vulnerability to gambling problems by shaping stress-response systems. Example: A client who witnessed domestic violence may seek gambling as an escape. Application: Screening for ACEs during intake helps tailor interventions. Challenge: Clients may be reluctant to disclose early trauma, requiring a safe, non-judgmental environment.

**Affirmation** – A supportive statement that validates a client’s feelings and experiences. Related terms: strengths-based approach, positive reinforcement. Example: “You showed great courage by seeking help.” Application: Used to build trust and reinforce coping skills. Challenge: Over-affirmation can feel patronizing if not genuine.

**Attachment Theory** – A framework describing how early relationships with caregivers influence later relational patterns and coping mechanisms. Related terms: secure attachment, insecure attachment, relational trauma. Example: Individuals with anxious attachment may chase the excitement of gambling to fill relational voids. Application: Assess attachment style to understand triggers for gambling urges. Challenge: Deep-seated attachment wounds may require long-term therapeutic work.

**Attention Bias** – The tendency to preferentially notice stimuli related to one’s trauma or addiction. Related terms: cue reactivity, cognitive bias. Example: A gambler quickly spots casino advertisements while ignoring other ads. Application: Cognitive-behavioral techniques can retrain attention patterns. Challenge: Biases are often unconscious, making them difficult to address without specialized training.

**Bereavement** – The emotional response to loss, which can act as a trauma trigger for gambling relapse. Related terms: grief, loss, complicated grief. Example: After a parent’s death, a client increases gambling to numb sadness. Application: Integrate grief counseling into trauma-informed gambling treatment. Challenge: Distinguishing between normal mourning and maladaptive coping may be subtle.

**Boundary Setting** – The process of establishing clear limits in therapeutic relationships and personal interactions. Related terms: professional ethics, self-care. Example: A therapist defines office hours and avoids dual relationships. Application: Protects both client and practitioner from re-traumatization. Challenge: Clients with histories of boundary violations may test limits repeatedly.

**Brief Intervention** – A time-limited, focused therapeutic encounter aimed at reducing gambling risk. Related terms: motivational interviewing, screening, referral. Example: A 15-minute conversation that raises

awareness of gambling harms. Application: Useful in primary care or community settings when trauma history is known. Challenge: Limited time may not allow deep trauma processing; referrals are essential.

**Chronic Stress** – Ongoing physiological and psychological strain that can exacerbate both trauma symptoms and gambling urges. Related terms: allostatic load, cortisol, hyperarousal. Example: Financial insecurity maintains a cycle of stress and gambling. Application: Stress-management techniques (e.g., mindfulness) are incorporated into treatment plans. Challenge: Chronic stress may blunt response to conventional interventions, requiring multimodal approaches.

**Cognitive Distortions** – Faulty thinking patterns that sustain gambling behaviors, such as “gambler’s fallacy.” Related terms: irrational beliefs, schema. Example: Believing a “winning streak” will continue indefinitely. Application: Cognitive restructuring targets these distortions while acknowledging trauma-related cognitions. Challenge: Trauma can reinforce negative self-schemas, making distortion correction harder.

**Co-Occurring Disorders** – The simultaneous presence of gambling addiction and other mental health conditions, often trauma-related (e.g., PTSD, depression). Related terms: dual diagnosis, comorbidity. Example: A client with PTSD uses gambling to avoid intrusive memories. Application: Integrated treatment plans address both conditions concurrently. Challenge: Service fragmentation can impede coordinated care.

**Compassion Fatigue** – Emotional exhaustion experienced by providers caring for traumatized clients, potentially leading to reduced empathy. Related terms: secondary traumatic stress, burnout. Example: A counselor feels numb after months of intense trauma work. Application: Regular supervision and self-care strategies mitigate fatigue. Challenge: High caseloads in gambling clinics increase risk.

**Confidentiality** – The ethical and legal duty to protect client information, crucial for building trust with trauma survivors. Related terms: privacy, informed consent. Example: Explaining data security before discussing gambling debts. Application: Clear policies encourage disclosure of sensitive trauma details. Challenge: Mandatory reporting laws may conflict with client wishes.

**Contact Tracing** – A method of identifying individuals who may have been exposed to a traumatic event through shared environments (e.g., gambling venues after a robbery). Related terms: outreach, case finding. Example: Following a casino shooting, staff contact patrons for support. Application: Enables early trauma-informed interventions. Challenge: Privacy concerns and resource constraints limit feasibility.

**Control Beliefs** – Perceptions about one’s ability to influence outcomes, often distorted in gambling contexts. Related terms: locus of control, self-efficacy. Example: “If I stop gambling, I can control my finances.” Application: Enhancing realistic control beliefs supports recovery. Challenge: Trauma may erode confidence, reinforcing helplessness.

**Critical Incident Stress Debriefing (CISD)** – A structured group discussion following a traumatic event, intended to reduce acute stress. Related terms: psychological first aid, debriefing. Example: A gambling hall

conducts CISD after a violent incident. Application: Provides immediate support and identifies those needing further care. Challenge: Evidence on effectiveness is mixed; some participants may re-experience trauma.

Culture-Sensitive Practice – Adapting trauma-informed care to respect cultural values, beliefs, and healing traditions. Related terms: cultural competence, indigenous healing. Example: Incorporating community elders in treatment for a First Nations gambler. Application: Increases engagement and reduces stigma. Challenge: Practitioners may lack training in specific cultural protocols.

Damage-Control Strategy – Short-term actions aimed at minimizing immediate harm from gambling (e.g., self-exclusion). Related terms: harm reduction, crisis management. Example: Placing a temporary ban on a client's online betting account. Application: Provides breathing space for trauma processing. Challenge: Does not address underlying trauma; relapse risk remains high.

De-identification – Removing personal identifiers from client data to protect privacy while allowing research. Related terms: anonymity, data security. Example: Storing gambling frequency without names. Application: Facilitates outcome tracking in trauma-informed programs. Challenge: May limit ability to follow up on individual progress.

Denial – A defense mechanism wherein individuals minimize or reject the existence of trauma or gambling problems. Related terms: avoidance, repression. Example: Claiming "I don't have a gambling issue" despite mounting debts. Application: Gentle confrontation paired with empathy can break denial. Challenge: Strong denial may impede initial engagement.

Desensitization – Gradual exposure to trauma-related cues to reduce emotional reactivity. Related terms: exposure therapy, systematic desensitization. Example: Viewing images of a casino environment in a controlled setting. Application: Helps clients tolerate gambling triggers without relapse. Challenge: Requires careful pacing to avoid re-traumatization.

Dialectical Behavior Therapy (DBT) – An evidence-based treatment combining mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Related terms: borderline personality disorder, skills training. Example: Teaching a gambler how to tolerate urges without acting. Application: DBT's trauma-informed modules are effective for impulsive gambling. Challenge: Requires intensive commitment and trained clinicians.

Disassociation – A coping response where individuals detach from present reality, often linked to trauma histories. Related terms: dissociative amnesia, depersonalization. Example: A gambler "zones out" during high-stakes play, recalling little afterward. Application: Grounding techniques are incorporated into treatment plans. Challenge: Severe dissociation may mask gambling severity, complicating assessment.

Dual Diagnosis – The coexistence of gambling addiction and another psychiatric condition, frequently

trauma-related. Related terms: co-occurring disorders, integrated care. Example: A client with PTSD also meets criteria for gambling disorder. Application: Coordinated services address both disorders simultaneously. Challenge: Fragmented health systems often separate mental health and addiction services.

Early Intervention – Prompt identification and support for individuals showing signs of gambling problems or trauma exposure. Related terms: screening, preventive care. Example: A college health center offers brief counseling after a student reports a recent assault and increased betting. Application: Reduces progression to severe disorder. Challenge: Stigma may prevent self-referral; proactive outreach is needed.

Empowerment – A core principle of trauma-informed care that fosters autonomy, choice, and self-advocacy. Related terms: client-centered, strengths-based. Example: Allowing a client to select the order of therapy topics. Application: Increases engagement and reduces feelings of helplessness associated with trauma. Challenge: Over-empowerment without adequate support can overwhelm clients.

Engagement Strategies – Techniques used to build rapport and sustain participation in treatment. Related terms: motivational interviewing, outreach. Example: Offering flexible appointment times for clients who work night shifts at a casino. Application: Tailored engagement improves retention among trauma survivors. Challenge: High mobility of gambling populations can disrupt continuity.

Enmeshment – A relational pattern where boundaries between self and others become blurred, often seen in families with gambling or trauma histories. Related terms: codependence, family systems. Example: A spouse enables a partner's gambling to keep household peace. Application: Family therapy addresses enmeshment and promotes healthier boundaries. Challenge: Deep-rooted family dynamics resist quick change.

Environmental Triggers – Physical or contextual cues that activate gambling urges or trauma memories. Related terms: cue exposure, contextual conditioning. Example: The sound of slot machines in a mall. Application: Clients learn to identify and manage these triggers. Challenge: Triggers are often ubiquitous, requiring robust coping plans.

Ethical Decision-Making – A systematic process for resolving dilemmas that arise when trauma-informed principles conflict with other obligations. Related terms: professional standards, risk assessment. Example: Balancing confidentiality with a duty to warn when a client threatens self-harm. Application: Use of ethical frameworks guides appropriate action. Challenge: Ambiguities in law and policy can complicate decisions.

Evidence-Based Practice – Integration of the best research findings with clinical expertise and client values. Related terms: clinical guidelines, outcome measurement. Example: Applying CBT protocols that have demonstrated efficacy for gambling disorder. Application: Ensures interventions are scientifically sound while respecting trauma narratives. Challenge: Limited research specifically links trauma-informed methods to gambling outcomes, requiring ongoing evaluation.

**Exacerbation** – Worsening of symptoms or behaviors due to a triggering event. Related terms: relapse, crisis. Example: After a car accident, a client’s gambling frequency spikes. Application: Crisis plans anticipate exacerbation and outline rapid response steps. Challenge: Predicting triggers can be difficult; continuous monitoring is essential.

**External Locus of Control** – Belief that outcomes are determined by forces outside one’s influence, common in trauma survivors. Related terms: helplessness, fatalism. Example: “I can’t stop gambling because the odds are against me.” Application: Interventions aim to shift toward an internal locus through skill building. Challenge: Deep-seated beliefs may resist change without sustained effort.

**Family Systems Therapy** – An approach that views the individual’s problems within the context of family dynamics. Related terms: systemic therapy, relational patterns. Example: Exploring how a family’s gambling rituals reinforce trauma avoidance. Application: Addresses intergenerational transmission of both trauma and gambling behaviors. Challenge: Family members may be unwilling to participate or may themselves be traumatized.

**Financial Harm** – Economic consequences of gambling, often intensified by trauma-related impulsivity. Related terms: debt, bankruptcy, loss aversion. Example: A client depletes savings intended for medical expenses after a traumatic injury. Application: Financial counseling is integrated into trauma-informed care plans. Challenge: Shame around money loss can hinder open discussion.

**Flashback** – Intrusive, vivid re-experience of a past traumatic event, sometimes triggered by gambling cues. Related terms: PTSD, intrusive memory. Example: The clatter of chips evokes a battlefield memory for a veteran gambler. Application: Grounding techniques and safe exposure are used to manage flashbacks. Challenge: Flashbacks can lead to immediate gambling urges as a coping attempt.

**Fostering Resilience** – Building protective factors that enable individuals to recover from adversity. Related terms: post-traumatic growth, coping resources. Example: Encouraging participation in supportive peer groups for gamblers who have survived trauma. Application: Resilience training is woven into therapeutic modules. Challenge: Resilience is not a fixed trait; it fluctuates with life circumstances.

**Gender-Responsive Care** – Adjusting services to meet the distinct needs of different genders, acknowledging that trauma and gambling patterns differ. Related terms: women’s health, men’s health, LGBTQ+ inclusive care. Example: Providing a women-only gambling support group that addresses sexual trauma. Application: Increases relevance and safety for gender-specific experiences. Challenge: Avoiding stereotypes while still addressing genuine disparities.

**Guided Imagery** – A therapeutic technique that uses visualization to reduce stress and re-frame trauma narratives. Related terms: relaxation, mental rehearsal. Example: Imagining a calm beach while confronting gambling cravings. Application: Enhances self-regulation and creates alternative coping pathways. Challenge: Requires client willingness and may be less effective for those with severe dissociation.

**Harm Reduction** – Strategies that aim to lessen the negative consequences of gambling without requiring total abstinence. Related terms: safe gambling, moderated use. Example: Setting daily betting limits and using self-exclusion tools. Application: Aligns with trauma-informed respect for client autonomy. Challenge: Some clinicians view any gambling as unacceptable, creating tension.

**Health Literacy** – The ability to obtain, process, and understand health information, crucial for informed decision-making. Related terms: patient education, empowerment. Example: A client struggles to interpret odds and probability. Application: Clear, jargon-free materials improve comprehension of gambling risks and trauma impacts. Challenge: Low literacy may require additional teaching resources.

**Healing Narrative** – The story a client constructs about their trauma and recovery, influencing identity and behavior. Related terms: narrative therapy, meaning making. Example: Reframing gambling as a “survival strategy” that is now being replaced by healthier coping. Application: Collaborative storytelling empowers clients to rewrite maladaptive scripts. Challenge: Deeply entrenched narratives can be resistant to change.

**Helplessness** – A perceived lack of control, often emerging from chronic trauma, that fuels maladaptive coping such as gambling. Related terms: learned helplessness, powerlessness. Example: “No matter what I do, I can’t change my situation,” leading to gambling as an escape. Application: Empowerment interventions aim to restore agency. Challenge: Overcoming entrenched beliefs requires sustained support.

**High-Risk Gambling** – Betting behavior that significantly elevates the probability of harm, often linked to trauma triggers. Related terms: problem gambling, pathological gambling. Example: Betting large sums on sports after a traumatic breakup. Application: Risk assessment tools flag high-risk patterns for priority intervention. Challenge: Clients may downplay risk to protect self-image.

**Hyperarousal** – A state of heightened physiological alertness common in PTSD, which can increase impulsivity and gambling urges. Related terms: fight-or-flight, anxiety. Example: A client experiences racing heartbeats before entering a casino. Application: Relaxation training (e.g., progressive muscle relaxation) mitigates arousal. Challenge: Persistent hyperarousal may require medication alongside psychotherapy.

**Identity Reconstruction** – The process of redefining self-concept after trauma and addictive behaviors. Related terms: self-concept, role transition. Example: Moving from “gambler” to “survivor” after treatment. Application: Supports clients in building new, positive roles (e.g., mentor). Challenge: Loss of familiar identity can provoke grief, necessitating careful navigation.

**Impact Statement** – A documented account of how trauma and gambling have affected an individual’s life domains. Related terms: assessment, case formulation. Example: A client lists disruptions in work, relationships, and health. Application: Guides treatment planning and outcome tracking. Challenge: Clients may minimize impact due to shame.

**Impaired Insight** – Reduced awareness of one’s gambling severity or trauma symptoms, often a barrier to

treatment. Related terms: denial, anosognosia. Example: A client believes their gambling is “just a hobby.” Application: Motivational interviewing techniques help increase insight. Challenge: Insight may fluctuate, requiring repeated engagement.

**Informed Consent** – The process of providing clear information about treatment options, risks, and benefits, ensuring client autonomy. Related terms: disclosure, client rights. Example: Explaining the purpose of trauma-focused exposure therapy before starting. Application: Builds trust and respects trauma survivors’ need for control. Challenge: Complex concepts must be conveyed in understandable language.

**Integrated Care** – Coordinated delivery of mental health, addiction, and primary care services, often within a single setting. Related terms: collaborative treatment, multidisciplinary team. Example: A clinic where a psychiatrist, therapist, and financial counselor jointly manage a gambler with PTSD. Application: Reduces fragmentation and improves outcomes. Challenge: Institutional silos and funding streams can impede integration.

**Internal Locus of Control** – Belief that one’s actions directly influence outcomes, a protective factor in recovery. Related terms: self-efficacy, empowerment. Example: “I can choose not to gamble even when I feel stressed.” Application: Skill-building exercises bolster internal control. Challenge: Trauma can erode this belief, requiring gradual reinforcement.

**Intergenerational Trauma** – The transmission of trauma effects across generations, often through family dynamics and learned behaviors. Related terms: family legacy, epigenetics. Example: A child of a gambling parent develops anxiety and later adopts gambling as coping. Application: Family-focused interventions address patterns that perpetuate both trauma and gambling. Challenge: Breaking entrenched cycles takes time and may meet resistance.

**Intervention Fidelity** – The degree to which a therapeutic program is delivered as intended, ensuring effectiveness. Related terms: quality assurance, protocol adherence. Example: Monitoring therapist adherence to a CBT-Gambling protocol. Application: Regular supervision maintains fidelity while allowing flexibility for trauma considerations. Challenge: Strict fidelity may limit customization for complex trauma cases.

**Judgmental Attitude** – A stance that conveys blame or stigma, detrimental to trauma-informed engagement. Related terms: stigma, shame. Example: Saying “You should have known better” to a client who relapsed. Application: Training emphasizes neutral, compassionate language. Challenge: Implicit biases may surface unintentionally; ongoing self-reflection is required.

**Language Sensitivity** – Using terminology that respects the client’s experience and avoids re-traumatization. Related terms: person-first language, stigma reduction. Example: Saying “person with gambling disorder” instead of “gambler.” Application: Consistent use of respectful language promotes safety. Challenge: Institutional paperwork may default to stigmatizing terms.

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**Learning Theory** – The principle that behaviors, including gambling, are acquired through reinforcement and observation. Related terms: operant conditioning, social learning. Example: Winning a jackpot reinforces future betting. Application: Interventions modify reinforcement patterns (e.g., rewarding non-gambling activities). Challenge: Trauma may intensify reward sensitivity, complicating extinction.

**Legal Obligations** – Requirements imposed by law, such as mandatory reporting of certain disclosures. Related terms: duty to warn, confidentiality limits. Example: Reporting a client's intent to harm others after a gambling-related argument. Application: Policies outline steps to comply while preserving therapeutic alliance. Challenge: Balancing legal duties with client trust can be ethically complex.

**Loss Aversion** – The tendency to prefer avoiding losses over acquiring equivalent gains, influencing gambling decisions. Related terms: prospect theory, risk perception. Example: Continuing to gamble to "recover" a recent loss. Application: Cognitive interventions address irrational loss-chasing. Challenge: Strong aversion may fuel compulsive betting despite negative consequences.

**Mindfulness** – A practice of non-judgmental present-moment awareness, shown to reduce trauma symptoms and gambling cravings. Related terms: meditation, acceptance-based strategies. Example: A client uses a breathing exercise when urges arise. Application: Integrated into treatment plans as daily practice. Challenge: Some trauma survivors find mindfulness triggers dissociation; adaptations are needed.

**Motivational Interviewing (MI)** – A client-centered counseling style that enhances motivation to change by exploring ambivalence. Related terms: readiness to change, reflective listening. Example: Therapist asks, "What would be different in your life if gambling decreased?" Application: MI is effective for clients hesitant to address trauma. Challenge: Requires skillful facilitation to avoid pushing too quickly.

**Neuroplasticity** – The brain's ability to reorganize pathways in response to experience, underpinning recovery from trauma and addiction. Related terms: brain remodeling, learning. Example: Repeated coping skills practice strengthens prefrontal regulation of urges. Application: Emphasizes hope that change is possible even after severe trauma. Challenge: Misunderstanding neuroplasticity may lead to unrealistic expectations of rapid change.

**Non-Disclosure** – The act of withholding information about trauma or gambling, often due to fear of judgment. Related terms: secrecy, stigma. Example: A client never mentions a past assault during assessment. Application: Creating a safe space encourages disclosure over time. Challenge: Non-disclosure can impede accurate diagnosis and treatment planning.

**Normalization** – The process of framing gambling or trauma responses as understandable reactions, reducing shame. Related terms: validation, destigmatization. Example: Explaining that "craving" is a common brain response after trauma. Application: Helps clients accept their experiences as a first step toward change. Challenge: Over-normalization may minimize the seriousness of harmful behaviors.

Opioid-Substitution Therapy (OST) – While primarily for substance use, OST principles (e.g., gradual reduction, harm reduction) inform gambling interventions. Related terms: medication-assisted treatment, tapering. Example: Using a step-down approach for betting limits. Application: Demonstrates that gradual reduction can be effective for gambling. Challenge: Direct pharmacological analogues for gambling are limited.

Outcome Measurement – Systematic assessment of treatment effectiveness using validated tools (e.g., PGSI, PTSD Checklist). Related terms: metrics, evaluation. Example: Pre- and post-treatment scores track reduction in gambling frequency and trauma symptoms. Application: Data informs program improvement and funding decisions. Challenge: Clients may experience assessment fatigue; concise tools are preferred.

Over-Generalization – A cognitive distortion where a single event is applied to all aspects of life. Related terms: black-and-white thinking, catastrophizing. Example: “Because I lost once, I’ll always lose.” Application: Cognitive restructuring challenges this pattern. Challenge: Trauma can reinforce over-generalization as a protective narrative.

Peer Support – Assistance provided by individuals with lived experience of gambling addiction and trauma. Related terms: mutual aid, recovery community. Example: A survivor-led group shares coping strategies. Application: Peer mentors model resilience and reduce isolation. Challenge: Peer mentors need training to avoid re-traumatization.

Person-First Language – A linguistic approach that places the individual before the diagnosis (e.g., “person with gambling disorder”). Related terms: respectful terminology, stigma reduction. Example: Using “person experiencing gambling-related stress” in documentation. Application: Reinforces identity beyond the disorder. Challenge: Institutional templates may default to diagnostic labels.

Pharmacotherapy – Medication use to address co-occurring psychiatric symptoms (e.g., SSRIs for PTSD) that may indirectly reduce gambling urges. Related terms: psychopharmacology, medication management. Example: Prescribing sertraline to alleviate hyperarousal, decreasing impulsive betting. Application: Combined with psychotherapy for comprehensive care. Challenge: Limited FDA-approved meds for gambling; off-label use requires careful monitoring.

Powerlessness – A feeling of lacking control, often emerging from chronic trauma, that can drive addictive behaviors. Related terms: helplessness, loss of agency. Example: “I can’t stop gambling; it’s out of my hands.” Application: Empowerment exercises aim to restore perceived control. Challenge: Deep-rooted powerlessness may resist brief interventions.

Pre-Trauma Screening – Assessment conducted before exposure to high-risk gambling environments (e.g., new casino employees) to identify vulnerabilities. Related terms: risk assessment, preventive health. Example: Screening staff for prior trauma before assigning them to high-stress gaming floors. Application: Early identification enables support before escalation. Challenge: Privacy concerns may limit willingness to

disclose.

**Preparedness Planning** – Developing proactive strategies to manage potential trauma triggers linked to gambling. Related terms: safety plan, coping toolbox. Example: A client creates a list of non-gambling activities for times of stress. Application: Plans are reviewed regularly to adapt to changing circumstances. Challenge: Plans may be ignored during acute crises; reinforcement is needed.

**Processing Trauma** – Therapeutic work that helps individuals integrate traumatic memories into a coherent narrative. Related terms: exposure therapy, EMDR. Example: Guided recounting of a battlefield experience reduces intrusive thoughts. Application: Processing reduces reliance on gambling as avoidance. Challenge: Requires a stable therapeutic alliance and may be emotionally taxing.

**Psychological First Aid (PFA)** – Immediate support offered after a traumatic event to reduce acute distress. Related terms: crisis intervention, safety. Example: Providing calming techniques to a gambler after a casino robbery. Application: PFA stabilizes emotional state, paving the way for deeper work. Challenge: PFA must be brief; follow-up care is essential.

**Psychometric Tools** – Standardized instruments that measure trauma severity and gambling pathology. Related terms: assessment scales, reliability. Example: Using the PTSD Checklist-5 alongside the Problem Gambling Severity Index. Application: Enables tracking of symptom change over time. Challenge: Cultural bias in tools may affect accuracy.

**Recovery Orientation** – A framework that emphasizes hope, personal growth, and self-direction in treatment. Related terms: strengths-based, person-centered. Example: Celebrating small milestones like “one week without betting.” Application: Reinforces positive identity beyond trauma and addiction. Challenge: Balancing optimism with realistic appraisal of setbacks.

**Resilience-Based Intervention** – Programs that focus on building coping skills, social support, and optimism to buffer trauma effects. Related terms: protective factors, post-traumatic growth. Example: Workshops teaching problem-solving and stress-management for gamblers. Application: Enhances ability to withstand future triggers. Challenge: Resilience is not a panacea; ongoing support remains necessary.

**Risk Assessment** – Systematic evaluation of factors that increase the likelihood of gambling relapse or trauma re-experiencing. Related terms: safety planning, vulnerability analysis. Example: Identifying high-risk periods such as payday. Application: Guides allocation of resources and intensity of monitoring. Challenge: Dynamic risk may shift rapidly, requiring frequent reassessment.

**Safety Planning** – A concrete set of steps a client can follow when experiencing crisis, including coping strategies, emergency contacts, and safe environments. Related terms: crisis plan, rapid response. Example: A written plan that lists “call therapist at 5 pm,” “avoid casino lane,” and “use breathing exercise.” Application: Reduces impulsive gambling during trauma spikes. Challenge: Plans must be realistic and

rehearsed; otherwise they may be ignored.

**Self-Efficacy** – The belief in one’s capability to execute actions required for desired outcomes. Related terms: confidence, mastery. Example: “I can choose not to gamble even when stressed.” Application: Goal-setting and mastery experiences boost self-efficacy. Challenge: Traumatic experiences often undermine confidence, necessitating gradual skill building.

**Self-Exclusion** – A formal mechanism allowing individuals to ban themselves from gambling venues or online platforms. Related terms: protective barrier, regulatory tool. Example: Registering for a 12-month casino ban after a traumatic loss. Application: Provides a concrete safety net while other therapeutic work proceeds. Challenge: Enforcement varies; some clients circumvent restrictions.

**Self-Harm** – Deliberate injury to oneself, which may co-occur with gambling and trauma as a maladaptive coping method. Related terms: suicidal ideation, coping. Example: A client uses self-cutting to manage overwhelming gambling