



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE

---

# Problem Gambling: Screening, Brief Intervention and Referral to Treatment

Loreen Rugle, PhD, NCGC-II

Program Director

Maryland Center of Excellence on Problem Gambling

University of Maryland

[Lrugle@psych.umaryland.edu](mailto:Lrugle@psych.umaryland.edu)





# Overview

- Defining Terms
- DSM5 Changes
- Why Bother? Evidence on the impact of gambling
- Technology Transfer: Current Practices
- Developing a “GBIRT”



# Overview

- Defining Terms
- DSM5 Changes
- Why Bother? Evidence on the impact of gambling
- Technology Transfer: Current Practices
- Developing a “GBIRT”



# Survey

- What is your work setting?
  - Substance use disorder treatment program
  - Mental health disorder treatment program
  - Co-occurring disorder treatment program



# Survey

- What percentage of the current clients that you see have been identified as having a gambling problem?
  - a. 0%
  - b. 1 – 5%
  - c. 6 – 10%
  - d. 11 – 15%
  - e. 16% or more



# Survey

How many clients have you treated for a gambling disorder?

- a. None
- b. 1-10
- c. 11 – 50
- d. 51 – 100
- e. Over 100



## Defining Terms

***Gambling***: the act of risking something of value, including money and property, on an activity that has an uncertain outcome

***Gambling Disorder***: Current DSM5 diagnosis

***Pathological Gambling***: DSM- IV diagnosis

***Problem Gambling***: Characterized by difficulties in limiting money and/or time spent on gambling [impaired control] which leads to adverse consequences for the gambler, others, or for the community. (Neal, 2005).



***At Risk Gambler:*** someone who is at risk for becoming a problem or pathological gambler because:

- a) they evidence some adverse consequence(s) from gambling but no symptoms of loss of control; OR
- b) they evidence some symptoms of loss of control but no adverse consequences; OR
- c) they evidence some adverse consequences and loss of control, but not at a level sufficient to meet criteria for problem or pathological gambling; OR
- d) they have a gambling frequency and/or expenditure that is significantly above average (especially in the context of their employment status, income, and debt).

***Recreational Gambler :*** someone who is able to maintain control over amounts of time and money spent gambling and who does not experience any adverse effects from gambling.



# Diagnostic Changes DSMIV to DSM5

- DSM IV

Impulse Control Disorder



Kleptomania

Pyromania

Intermittent  
Explosive  
Disorder

Trichotillomania

Pathological  
Gambling

Impulse  
Control  
Disorder - NOS



- Reclassified under: Substance-Related and Addictive Disorders
- So far only “Non-Substance-Related Disorder included
- Renamed: Gambling Disorder



# Diagnostic Criteria

- A. Persistent and recurrent problematic gambling behavior ...as indicated by 4 or more in a 12 month period.
1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
  2. Is restless or irritable when attempting to cut down or stop gambling
  3. Has made repeated attempts to control, cut back, or stop gambling
  4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).



# Diagnostic Criteria

5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed)
  6. After losing money gambling, often returns another day to get even (“chasing one’s losses”)
  7. Lies to conceal the extent of involvement with gambling
  8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
  9. Relies on others to provide money to relieve desperate financial situations caused by gambling
- B. The gambling behavior is not better explained by a manic episode.



| Gambling Disorder 4/9   | Substance Use Disorder 2/11  |
|---|--|
| <ol style="list-style-type: none"><li>1. Tolerance</li><li>2. Withdrawal</li><li>3. Control</li><li>4. Preoccupation</li><li>5. Relieve</li><li>6. Chasing</li><li>7. Lying</li><li>8. Impact on life</li><li>9. Bailouts</li></ol> | <ol style="list-style-type: none"><li>1. Using more or longer than intend</li><li>2. Control</li><li>3. Time spent in obtaining/use substance</li><li>4. Craving or strong desire/urge</li><li>5. Failure to meet obligations</li><li>6. Continued use despite social or interpersonal problems</li><li>7. Important activities given up or reduced</li><li>8. Recurrent use in physical hazardous situations</li><li>9. Continued use despite phys and psych consequences</li><li>10. Tolerance<ol style="list-style-type: none"><li>a. Increasing amount - or</li><li>b. Diminished effect</li></ol></li><li>11. Withdrawal<ol style="list-style-type: none"><li>a. Withdrawal syndrome for alcohol - or</li><li>b. Alcohol taken to relieve or avoid withdrawal</li></ol></li></ol> |



# Why Bother Screening for Gambling Disorder?

- Evidence of high risk of gambling problems among individuals diagnosed with substance use and mental health disorders.
- Not addressing gambling issues decreases treatment effectiveness and adds to treatment costs
- Early intervention and treatment work!



# Co-Morbidity

- Per DSM5, those with gambling disorder have high rates of SUD's, depressive disorders, anxiety disorders and personality disorders.
- Up to nearly 1/3 of individuals in SUD treatment identified as problem gamblers (Ledgerwood et al, 2002)
- The more severe the past year SUD, the higher the prevalence of gambling problems (Rush et al, 2008)
- Individuals with lifetime history of mental health disorder had 2-3 times rate of problem gambling (Rush et al, 2008)



# OSAM Survey

- 27.6% gambled more when using alcohol or other drugs
- 16.7% used more alcohol or drugs when gambling
- 15.6% gambled to buy alcohol or drugs



# Co-Morbidity

## Connecticut Study

19% of individuals in treatment with diagnosis of schizophrenia or schizoaffective disorder met criteria for problem or pathological gambling

(Desai & Potenza, 2009)



# Effect on Cost and Treatment Outcome

- **Individuals with PG and SUD – double the rates of admission for detoxification and significantly greater admissions for psychiatric stabilization (Kaplan & Davis, 1997)**
- **Individuals in MAT with PG twice as likely to drop out early and more likely to have positive tox screens for cocaine. (Ledgerwood, 2002)**



# Effect on Cost and Treatment Outcome

- **For individuals diagnosed with serious mental health disorder, PG associated with depression, alcohol use problems, greater legal problems and higher utilization** of MH treatment (this associated with recreational gambling as well) (Desai & Potenza, 2009)



# Health Problems and Medical Utilization

Per DSM5, “Gambling disorder is associated with poor general health...Some specific medical diagnoses, such as tachycardia and angina are more common than in the general population.

- Gambling **even 5 times a year** (at risk) is associated with adverse health consequences, **increased medical utilization and health care costs.**
- At risk gamblers more likely to be diagnosed with hypertension, receive ER treatment, experienced severe injury, be obese, have history of mood or anxiety disorder, have an alcohol use disorder and nicotine dependence.
- **At risk group comprises 25% of the population.**
  - National Epidemiologic Survey on Alcohol and Related Conditions (Morasco et al, 2006)



# Intimate Partner Violence (IPV) and Problem Gambling

Study of 300 women, consecutive ER admissions (Muehlemann et al, 2002):

- 26% categorized as experiencing IPV
- IPV 10X as likely if partner was problem gambler
- IPV 6X as likely if partner was problem drinker
- IPV 50X as likely if partner was both

Study of 248 Problem Gamblers (43 women, 205 men) (Korman et al., 2008)

- 63% experienced past year assault, injury and/or sexual coercion
- 55.6% perpetrated IPV
- 59.7% victims of IPV

US Nat'l Comorbidity Survey Replication, N=3334 (Afifi et al., 2009)

Problem and Pathological Gambling (PPG) among those reporting IPV and Child Abuse

**Dating Violence: 5X rate of PPG**

**Severe Marital Violence: 40X rate of PPG**

**Severe Child Abuse: 2.5X rate of PPG**



# Why Bother

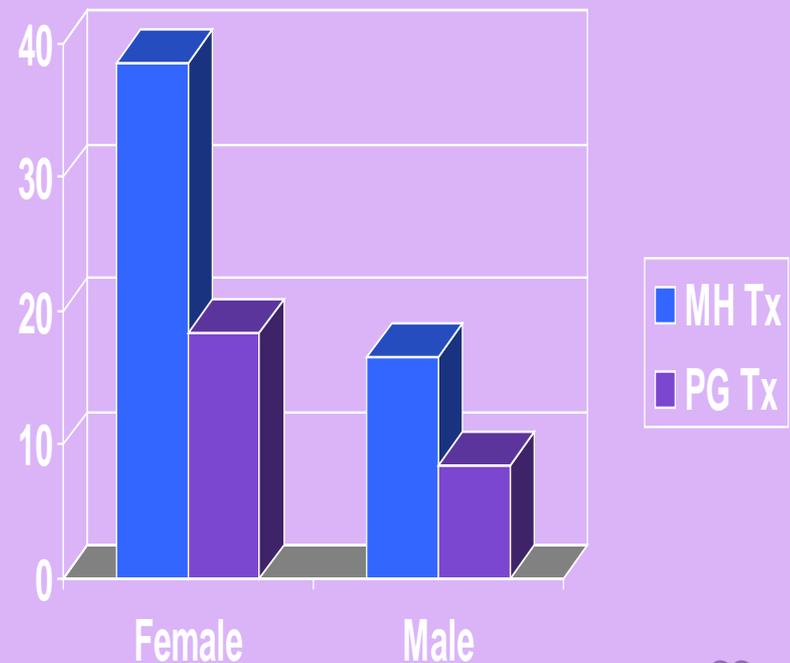


## Lifetime Co-morbidity

- Although nearly half (49%) of those with lifetime pathological gambling received treatment for mental health or substance abuse problems, none reported treatment for gambling problems

Kessler et al., 2008 (National Comorbidity Survey Replication)

CT PG Helpline Callers 2009 Report of Prior Treatment





# PG Screening

- Good News
  - South Oaks Gambling Screen (SOGS)
  - NORC DSM Screen for Gambling Problems (NODS)
  - GA 20 Questions
  - Lie/Bet
  - NODS-CLiP
  - NODS-PERC
  - Brief Biosocial Gambling Screen (BBGS)





# Screening Survey

Do you or your agency screen for gambling problems as part of screening or intake process?

yes

no

If yes which of the following are used:

- a. SOGS
- b. NODS
- c. NODS – CLiP or PERC
- d. BBGS
- e. Lie/Bet



# Lie Bet

Johnson, Hamer, Nora et al., 1997

- Have you ever felt the need to bet more and more money
- Have you ever had to lie to people important to you about how much you gambled



# NODS CLiP

Toce-Gerstein, Gerstein & Volberg, 2009

- Loss of Control: *Have you ever tried to stop, cut down, or control your gambling?*
- Lying: *Have you ever lied to family members, friends or others about how much you gamble or how much money you lost on gambling?*
- Preoccupation: *Have there been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences, or planning out future gambling ventures or bets?*



# The NODS-PERC

Volberg, Munck & Petry, 2008

| NODS 1  | Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets? |
|---------|--|
| NODS 8  | Have you ever gambled as a way to escape from personal problems?   |
| NODS 10 | Has there ever been a period when, if you lost money gambling one day, you would return another day to get even?   |
| NODS 14 | Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?   |



# Brief Biosocial Gambling Screen

Gebauer, LaBrie & Shaffer, 2010

- During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?
- During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?
- During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?



# Brief Problem Gambling Screen

Volberg & Williams, 2011

- In the past 12 months, would you say you have been preoccupied with gambling?
- In the past 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?
- In the past 12 months, have you often gambled longer, with more money or more frequently than you intended to?
- In the past 12 months, have you made attempts to either cut down, control or stop gambling
- In the past 12 months, have you borrowed money or sold anything to get money to gamble?



# PG Screening



- Bad News
  - Screens don't work well in clinical practice
  - Give illusion of addressing issue



# Typical Results of Use of Brief Screens

- What happens in actual clinical practice
- Use screen
- No one endorses items
- What does counselor think
  - None of my clients have any gambling problems
  - Don't care about the research, my clients are different
  - NIMBY (Not in my back yard or treatment program)



# Iowa Study

- Data collected by 4 SA Block Grant Agencies
- Baseline 368 Lie/Bet – 4 positives (1%)
- Follow-up 2 agencies switched to BBGS and 2 to NODS-CLiP
  - BBGS: 267 Screens – 6 positives (3%)
  - NODS CLiP: 89 screens – 3 positives (3%)



# Issues with Brief Screens

- Need to define what mean by gambling – list types of gambling
- Use Diagnostic Criteria
- Developed to screen for most severe gambling problems



# PG Screening





# Screening

- For example if you first ask someone how often they engage in specific forms of gambling –
  - How often do you:
    - Buy lottery tickets
    - Play cards for money
    - Play slot machines
    - Bet on sports
    - Etc.....
  - When you then ask the screening questions, people will endorse more problem gambling than if you just ask the screening questions.



# Screening

- Another issue is the way questions are addressed by counselors.
- Many factors including counselor workload, length of intake assessments, counselor priorities and counselor comfort with problem gambling all may contribute to minimizing importance of gambling questions.

# PG Screening: What often happens





# Motivation

- Individuals coming into treatment for a substance use or mental health disorder may have any or all of the following attitudes toward their gambling:
  - Never thought of it as a problem or potential problem
  - Believe it is a solution to their problems (emotional and or financial)
  - Realize it may be a problem, but don't want to think about giving up "all their fun."
  - Feel overwhelmed by dealing with just one problem, don't want to have to think about any others.



# Screening

- Client may not acknowledge in first interview either because they simply don't categorize these issues as problematic or because of shame and the desire to avoid talking about these issues



# PG Screening

Have you ever borrowed money to gamble, gambled more than you intended to, or lied about how much you gambled? Have you or someone else ever thought that gambling might be causing problems in your life?

It's bad enough I have to talk about my drug use, I'm not ready to deal with gambling

No





# Screening: Ideally

How often do you gamble? For example, buy lottery tickets, go to the casino, play cards with friends?

I don't really gamble, but I do buy lottery tickets a few times a week and my friends and I go to the casino to celebrate our birthdays.





# GBIRT Strategy to Consider

- NESARC utilized gambling 5 or more times in any one year as gatekeeper question followed by AUDADIS-IV 15 item problem gambling questionnaire.



# Possible Strategy

Adapted by Illinois SBIRT from DSM5, BBGS, and Elizabeth Hartney, PhD

For the purpose of the next questions, “gambling” means buying lottery tickets, gambling at a casino, playing cards or dice for money, betting on sports games, playing slot machines, video poker or other video gambling, gambling on the internet, betting on horses or dogs, playing bingo or keno.

During the past 12 months have you gambled 5 or more times? \_\_\_ Yes \_\_\_ No

If yes continue to next 3 questions ---



# Screening Strategy

## DURING THE PAST 12 MONTHS:

|   |     |    |  |
|---|-----|----|--|
| <b>1. Have you tried to hide how much you have gambled from your family or friends?</b>                                     | Yes | No |  |
| <b>2. Have you had to ask other people for money to help deal with financial problems that had been caused by gambling?</b> | Yes | No |  |
| <b>3. Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?</b>                    | Yes | No |  |

If yes to any of the above proceed to next 6 questions



**DURING THE PAST 12 MONTHS:**

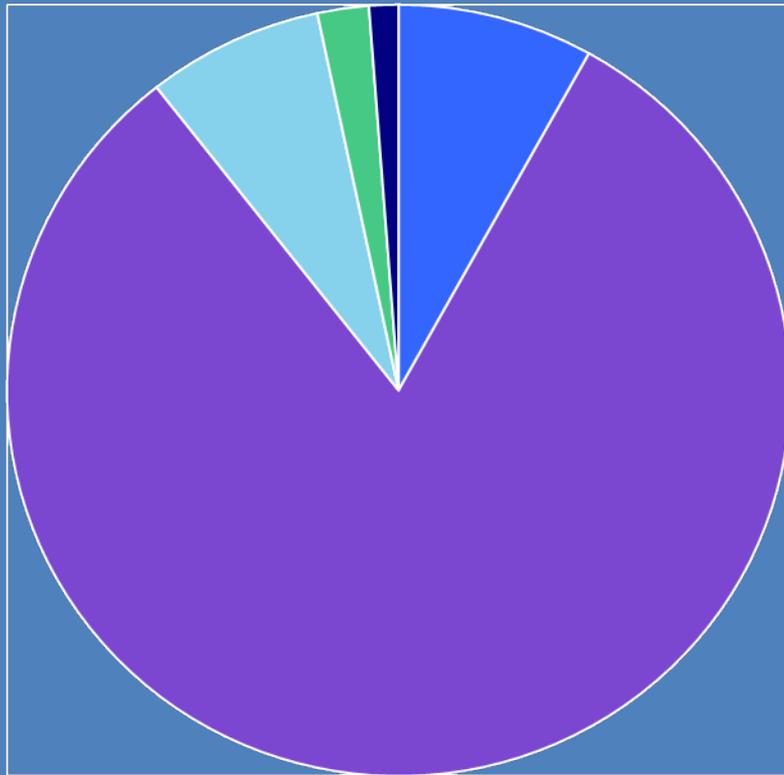
|   |            |           |
|---|------------|-----------|
| <b>4. Have you tried to cut down or stop your gambling?</b>   | <b>Yes</b> | <b>No</b> |
| <b>5. Have you increased your bet or how much you would spend, in order to feel the same kind of excitement as before?</b>                    | <b>Yes</b> | <b>No</b> |
| <b>6. Did you think about gambling even when you were not doing it? (Remembering past gambling experiences, or planning future gambling?)</b> | <b>Yes</b> | <b>No</b> |
| <b>7. Did you go to gamble when you were feeling down, stressed, angry or bored?</b>  | <b>Yes</b> | <b>No</b> |
| <b>8. Did you ever try to win back the money that you had recently lost?</b>  | <b>Yes</b> | <b>No</b> |
| <b>9. Has your gambling caused problems in your relationships or with work?</b>   | <b>Yes</b> | <b>No</b> |
| <b>Total "Yes" Responses</b>  |            |           |



## Brief Intervention

- A “yes” response to any of questions 1, 2, or 3 results in asking all the questions (4-9) and Gambling Brief Intervention.
- A “yes” response to a total of 4 questions (out of 9) results in a Gambling Brief Intervention and Referral to Gambling Treatment

# Brief Advice on Reducing Gambling (Petry, 2005)



|   |     |
|---|-----|
|  <b>No Gambling</b>     | 9%  |
|  <b>Social Gambling</b> | 82% |
|  <b>At Risk</b>         | 7%  |
|  <b>Problem</b>         | 1%  |
|  <b>Pathological</b>    | 1%  |

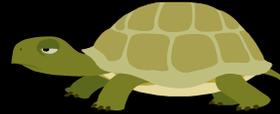


# Brief Advice on Reducing Gambling

- Feedback on personal gambling
- Define levels of gambling and gambling disorder
- Risk Factors for Problem Gambling/Gambling Disorder
- Four steps to reduce risk for gambling problems
  - Limit money
  - Limit time
  - Don't view gambling as way to make money
  - Spend time on other recreational activities



## KEEP GAMBLING FUN AND PROBLEM FREE



**Set a limit on how much time and money you will spend and stick to it**

**Learn how the games work and how much they cost to play**

**Balance gambling with other leisure activities**

If you gamble and spend more time and money than you can afford, a good strategy is to take a break and look at your gambling. Consider seeking help if this is a concern.

**Problem Gambling Helpline, Toll-Free, Confidential, 24/7**

**800-522-4700**



## Low Risk Gambling is Done:

As a form of recreation, not to make money or make up for previous losses.

With limits on time, frequency, and duration.

In a social setting with others not alone.

With money you can afford to lose.



## High Risk Gambling – Situations When You Are:

Coping with grief, loneliness, anger or depression.

Under financial pressure and stress.

Recovering from mental health or substance use disorders.

Using alcohol or other drugs.

Under legal age to gamble.



# Perspective Change: Disordered Gambling Integration (DiGIn)

- Addressing gambling and gambling problems for individuals presenting with a primary concern of a substance use or mental health disorder is not just about making a diagnosis or finding cases of pathological gambling.
- Rather this approach involves assuring that the impact of gambling on mental health and substance use recovery is an ongoing topic of conversation in treatment, recovery and prevention settings.



# Assessing Impact on Recovery

- Beyond diagnosis and labeling
- Integrate gambling throughout the assessment in addition to specific screening items
- In what ways does gambling support or detract from mental health or substance abuse recovery?
- In what ways does gambling support or detract from life goals?



# Integrated Assessment

- Incorporating into existing assessments
- How might you ask questions related to gambling in each of these sections of your intake or assessment?
  - Medical
  - Financial
  - Family History
  - Substance Use
  - Psychiatric
  - Recreation



# Integrated Assessment

- The key to this approach is to raise the issue of gambling and its role in your client's recovery in multiple contexts and repeatedly over time.
- Also it is key to include the topic of gambling in a non-judgmental or labeling manner, in order to minimize defensiveness or resistance.



## Case

- Charles is a 34 year old male in medication assisted treatment program. Has been abstinent from opiates on methadone x 4 months. Reports significant cocaine cravings X 1 month. In initial assessment reported only occasional purchase of lottery tickets. In recent group discussion stated he has been buying \$100 worth of lottery tickets per week rather than buying crack with that money.



# Remember

- Even though individuals in recovery from substance use and mental health disorders are at higher risk for gambling problems, this does not mean that gambling always has a negative impact on someone's recovery
- It is our job to help our clients be aware of and evaluate the risks as well as benefits that gambling can bring to their recovery, and to assist them in making the best informed decisions regarding the role of gambling in their lives and recoveries.



UNIVERSITY *of* MARYLAND  
SCHOOL OF MEDICINE

---

# Questions and Comments



# Thank You!



**Anyone can slay a dragon, he told me, but try  
waking up every morning and loving the  
world all over again.**

**That's what takes a real hero.**