

Gambling Disorder and Co-occurring Disorders

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Learning Objectives

- Identify the impact of gambling among individuals diagnosed with psychiatric illnesses
- Identify at least three commonly perceived benefits of gambling for individuals with psychological disorders.
- Identify treatment approaches to address gambling problems among those with psychiatric conditions.

What Do You Think

1. If you work with SUD as the Primary DX, what do you suspect the percentage to be of clients with more than 1 SUD or RD?
2. If you work with SUD as a Primary DX, what do you suspect the percentage to be of clients with a co-occurring mental health diagnosis?
3. If you work MI as the Primary DX, what is the percentage of clients who have more than one DX?
4. If you work with MI as the Primary DX, what do you think percentage of clients who have a SUD.
5. Have you ever discovered during treatment that a client has SUD or GD?

Did You Know...

- Nearly one third to half of individuals in SUD treatment were identified as having a gambling problem
- The more severe the past-year SUD, the higher the prevalence of gambling problems
- Individuals with lifetime history of a mental health disorder had 2–3 times the rate of problem gambling
- Per DSM-5, those with gambling disorder have high rates of SUDs, depressive disorders, anxiety disorders, and personality disorders

Co-occurring Disorders with Gambling Disorders

- **Co-occurring disorders**, dual diagnosis, and cross addictions are high among disordered gamblers presenting for care, i.e., alcohol, drugs, sex, etc.
- **ADD, PTSD, and Substance Use Disorders** seem unusually common to the problem gambling population.
- **Affect disorders**: depression, anxiety, and bipolar disorder are major concerns.
- **Suicide attempt** rates have been reported as high as 15-20% of those who present for care.

Co-Occurring Disorders with Gambling Disorder

Data from the National Comorbidity Study indicates

- 96% of individuals with gambling disorder have one or more co-occurring psychiatric disorders.
- More than 60% of individuals with gambling disorder have at least three psychiatric disorders.
- Studies have also found that people with gambling disorders had very high rates of personality disorders (more than 60 percent), mood disorders (almost 50 percent) and anxiety disorders (more than 40 percent)

Co-Occurring Disorders with Gambling Disorder

- It is rare to observe a disordered gambler without a comorbid condition, and it is often the comorbid condition that ultimately leads the individual to treatment.

(Afifi, Cox, & Sareen, 2006)

Impact of Co-Occurring Disorders

Hodgins & el-Guebaly (2010)

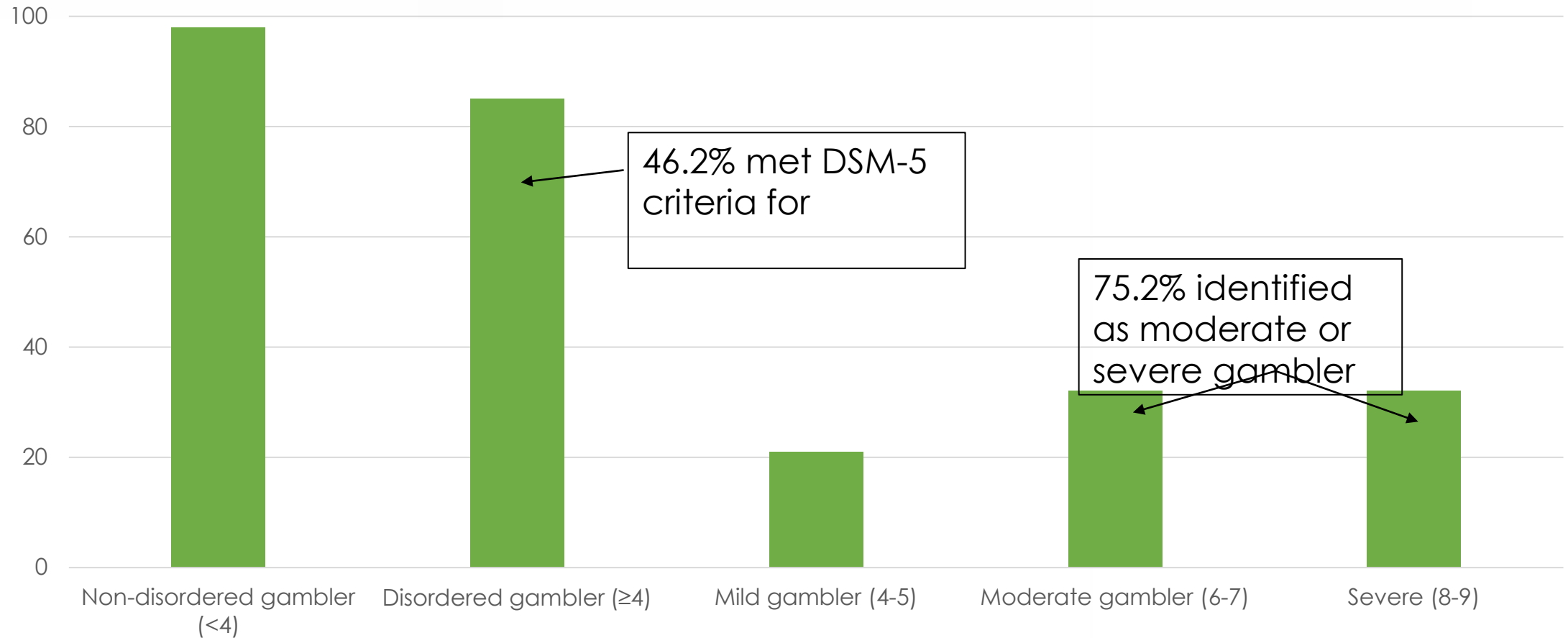
- 5 Year Follow-up of 101 subjects with GD who recently quit
- Complex combination of factors related to positive treatment outcome including problem gambling severity, treatment involvement, substance use and mood disorder

| Disorder | During Study | Lifetime |
|----------------------|--------------|----------|
| Mood Disorder | 51% | 72% |
| Alcohol Use Disorder | 62% | 79% |
| Drug Use Disorder | 16% | 55% |

Which Comes First?(Kessler et al, 2008)

| Disorder | Prevalence of Disorder amg. GD | Temporal Sequence (For those with GD and other disorder) | | |
|------------------------------|--------------------------------------|---|----------------------|--------------------|
| | | GD First | Other Disorder First | Onset at same time |
| Any mood disorder | 55.6% | 23.1% | 64.1% | 11.7% |
| Any anxiety disorder | 60.3% | 13.4% | 82.1% | 4.5% |
| Any impulse control disorder | 42.3% | 0% | 100% | 0% |
| Any substance use disorder | 42.3% | 36.2% | 57.4% | 6.4% |

Percent of Clients in SUD Treatment Meeting DSM-5 Gambling Disorder Criteria



Serious Mental Illness and GD

Impact on Treatment and Recovery of Serious Mental Illness

- **19% of individuals** in treatment with diagnosis of schizophrenia or schizoaffective disorder met criteria for problem or gambling disorder
- **GD 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)

Among adults diagnosed with psychotic disorders in an Australian sample:

- 4% low risk gambling
- 6% moderate risk
- 6% disordered gambling (Castle, 2015)

Serious Mental Illness and GD

- People who suffer with schizophrenia/schizoaffective disorder may be particularly vulnerable to experiencing gambling related problems for several reasons:
 - Cognitive disturbances may make it difficult to control gambling or to appreciate risks and negative consequences
 - PGs vs. RG's preferred strategic games. Delusions, hallucinations, disorganized thinking may impair ability to play these games
 - Those with negative symptoms (social isolation, emotional withdrawal, lack of motivation) less likely to be RG's and PG's
 - Both disorders involve impaired impulse control

Serious Mental Illness and GD

- Role of neurotransmitters implicated in both GD and SMI (serotonin, dopamine)
- Gambling activities may serve as distraction from high levels of distress
- Participation in gambling motivated by desire to modulate affective states
- Occupational deprivation – high levels of unstructured time, limited engagement in meaningful occupations, accompanying boredom and social isolation

Co-occurring Disorders with Gambling Disorders



A sequential addiction pattern is common: A person with a history of alcohol disorder—even with many years of recovery—can develop a gambling problem.



Those in recovery from a substance use disorder may “switch addictions” to problem gambling.



For some in recovery, gambling may seem like harm reduction compared to their substance use disorder



Gambling can represent an attempt to self-medicate or to escape negative mood states.

TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling), SAMHSA, CSAT

Need for Screening

Lifetime Co-morbidity

- Although nearly half (49%) of those with lifetime gambling disorder received treatment for mental health or substance abuse problems, **none** reported treatment for gambling problems
- DSM-IV PG is comparatively rare, seriously impairing, and undertreated disorder whose symptoms typically start during early adulthood and is frequently secondary to other mental health or substance disorders that are associated with both PG onset and persistence.

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

Co-occurring Disorders with Gambling Disorders

Gambling Disorder clients develop dysfunctional and self-destructive patterns of behaviors, cognitions, and emotions due to the perceived benefits of gambling which include:

- Thrill Seeking/Risk Taking
- Coping/Emotional Intolerance
- Self-soothing/Numbing
- Escape/Negative Reinforcement
- Stress Relief
- Self-Medicating



Trauma and Stressor Related Disorders: PTSD

- Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
 - Direct experience
 - Witnessing event in person as it occurred to others
 - Learning that the traumatic event occurred to a close family member or friend (event must have been violent or accidental)
 - Repeated or extreme exposure to aversive details of traumatic event(s)

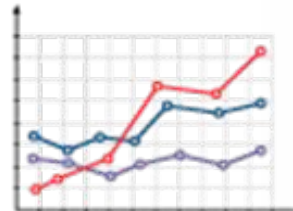
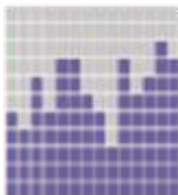
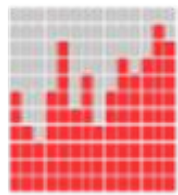
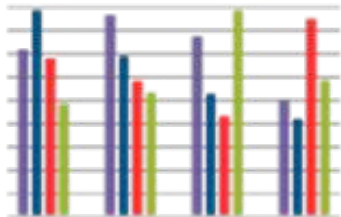
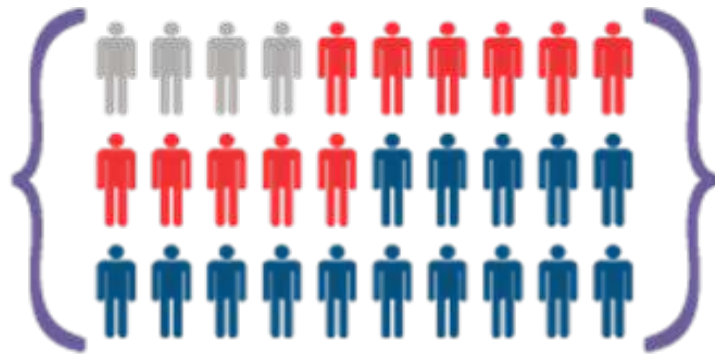
Post Traumatic Stress and Rates of Problem Gambling

- In clinical and community samples of individuals with Gambling Disorder:
 - 17% (Westermeyer et al., 2005)
 - 19% (Lederwood and Milosevic, 2015)
 - 24% (Toneatto & Pillai, 2016)
 - 34% (Ledgerwood and Petry, 2006)
 - 41% (Taylor and Sharpe, 2008)



Post Traumatic Stress and Rates of Problem Gambling

- In (U.S.) nationally representative samples:
 - Individuals with GD report higher levels of lifetime history of PTSD (up to 14.8% lifetime prevalence; Kessler et al., 2008)
 - Individuals with GD or PTSD are at greater risk of developing the other disorders (Parhami et al., 2014)



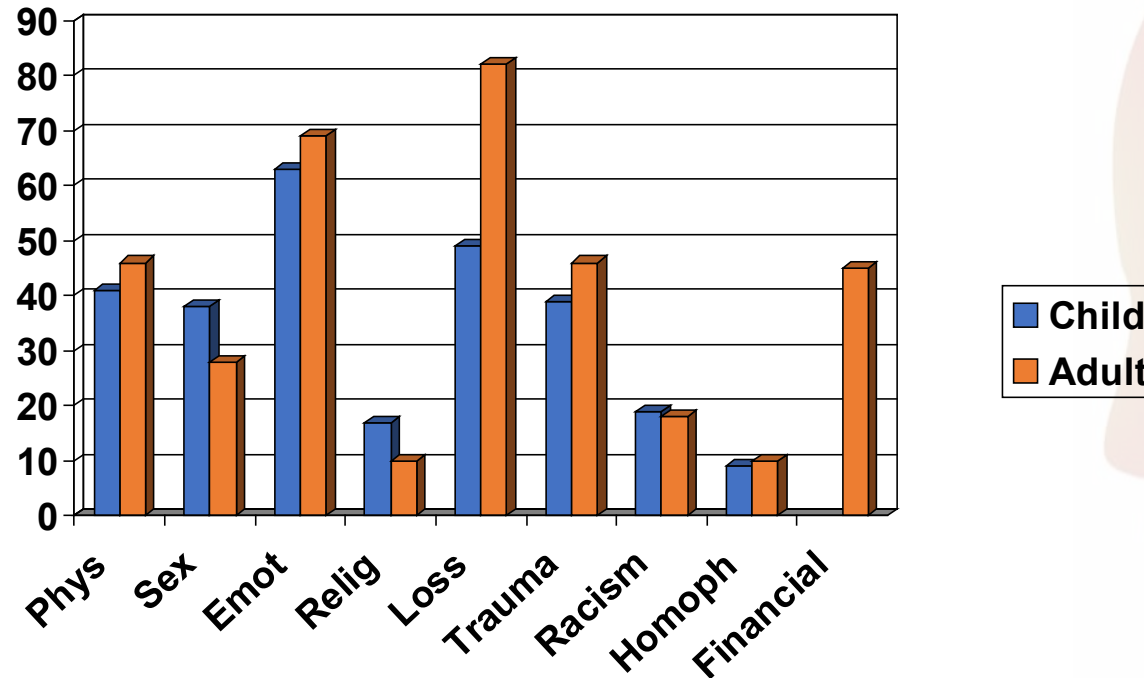
Trauma and Gamblers

- Petry et al., (2007)
- 149 Treatment seeking pathological gamblers from 7 states
- Childhood traumatic events:
 - Women - 67.5%; Men - 51.4%
- Sexual abuse
 - Women – 32.4%; Men – 16.7%
- Childhood maltreatment associated with age of onset and severity of gambling problems

Trauma Histories: Female Problem Gamblers

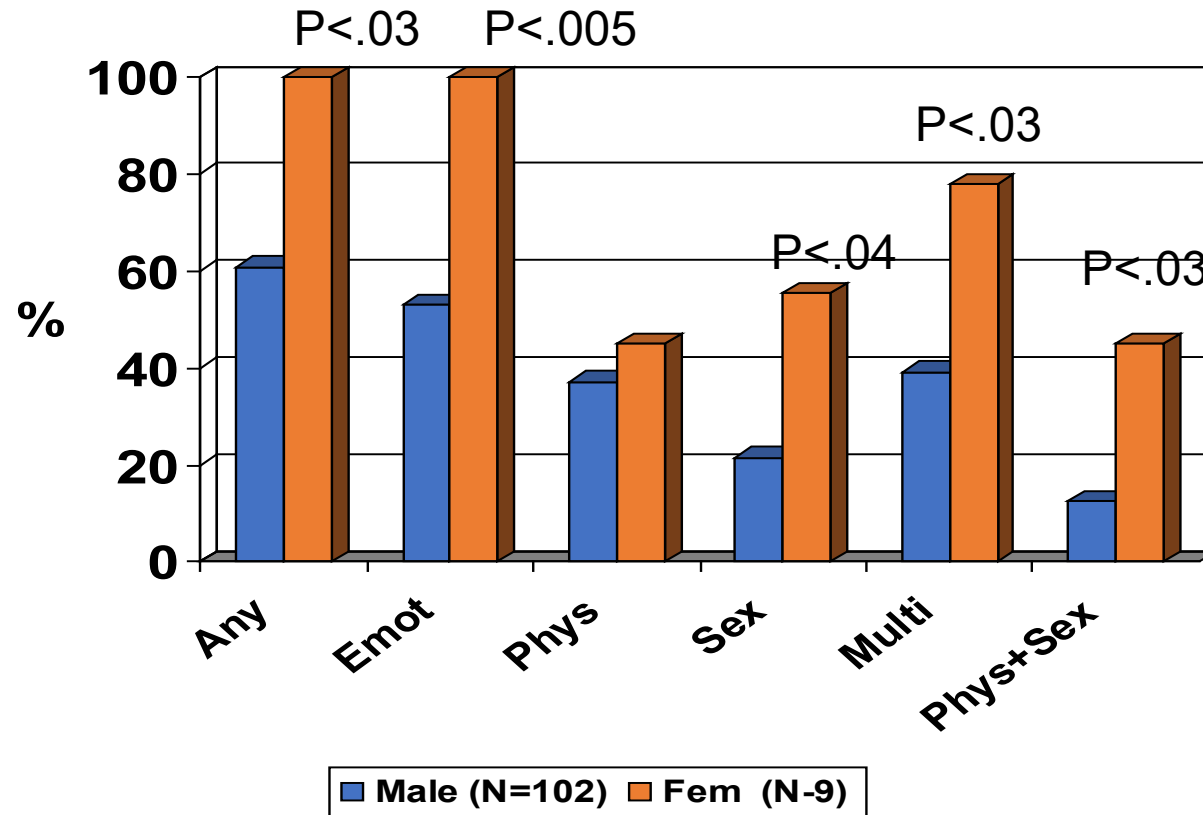
Boughten & Falenchuk, 2007

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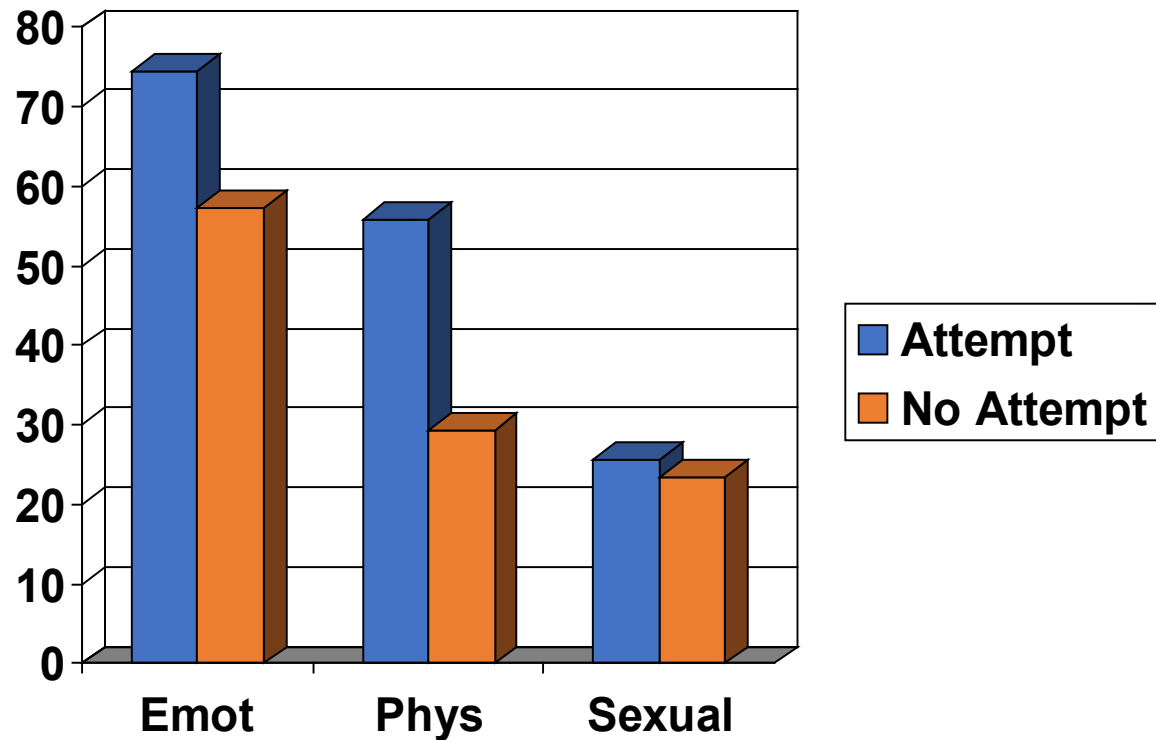
Gender and Trauma History

(Kausch & Rugle, 2004)



History of Trauma and Suicide Attempts

(Kausch & Rugle, 2004)



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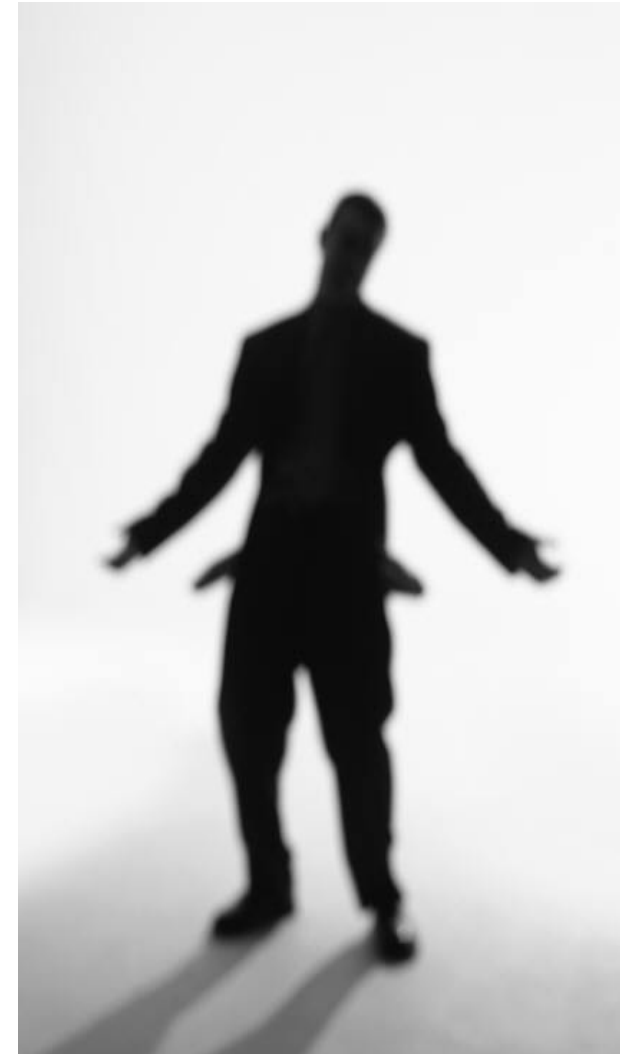
Summary

(Kausch & Rugle, 2004)

- Higher levels of psychiatric distress (ASI) among gamblers with trauma histories
- High rates of lifetime trauma among treatment-seeking pathological gamblers
- Very high rates of trauma among small sample of female gamblers
- Trauma may likely to be under-reported
- Higher rates of substance dependence among gamblers with physical trauma histories
- Higher rates of attempted suicide among gamblers with emotional and physical trauma histories

Problem Gambling and Trauma Symptoms

- Gambling losses as traumatic events
 - Reexperiencing
 - Increased arousal (sleep disturbance, irritability, poor concentration, restlessness)
 - Numbing, absence of emotional responsiveness
 - In a daze, on auto-pilot
 - Derealization/Depersonalization – Nothing real, money, people, self, family
 - “Brown” outs and dissociation



Trauma Informed Care

- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

SAMHSA TIP 57



Treatment Guidelines

- Assume that clients are the experts on their own trauma and life experiences.
- No matter how much training or expertise you have, the client always knows what they have been through better than anyone.
- Create opportunities to listen and learn from their wisdom whenever possible.

Treatment Guidelines

- Research shows high rates of trauma experiences among those with GD.
- Your work implementing mindfulness techniques may bring some of these conditions to the surface, always emphasize that the individual is in control of their experience.
- Be aware of strategies for grounding, centering, stabilizing and creating safety.

Crisis and Avoidance

- Counselor Challenge
 - Support exposure
 - Assist client in tolerating affect
 - Help client understand patterns
 - Relate trauma to gambling
 - Help create hope in client that can survive pain and grief
 - Understand and accept client's affective reaction while moving toward more stable coping

Create a Safe Space

- Create a safe space. Consider developing a survey or other rubric to learn more about your clients' preferences.
 - Lights, dim lights, lights off –
 - Eyes closed or open
 - Colors that might be triggering
 - Music and sounds (even quiet)
 - Postures or positions for relaxation/yoga
 - Breathing as a trigger
 - Always have a place to go for safety



Connecting Gambling to Trauma Symptoms: Gambling as Solution to Trauma

- You have survived trauma, what has helped you manage this experience?
- What has helped you live with painful feelings?
- How do you manage your stress today?
- What activities help you feel safe or reduce anxiety?
Gambling?
- What do you do if you have a nightmare?



Mindful Treatment Integration

- Integrated Dual Disorder Treatment Program
- Collaborative, concurrent problem gambling/ PTSD treatment
- Primary PTSD treatment with adjunctive and/or intermittent problem gambling treatment
- Primary problem gambling treatment with adjunctive PTSD treatment followed by primary PTSD treatment
- Avoid Ping-Pong Treatment

Carry the Torch of Hope

(Lange & Rugle, 2016)



This work....

Exhilarating
And exhausting

Drives me up a wall
And opens doors I never imagined

Lays bare a wide range of emotions
Yet leaves me feeling numb beyond belief

Provides tremendous satisfaction
And leaves me feeling profoundly helpless

Evokes genuine empathy
And provokes a fearsome intolerance within me

Puts me in touch with deep suffering
And points me toward greater wholeness

Brings me face to face with many poverties
And enriches me encounter by encounter

Renews my hope
And leaves me grasping for faith

Enables me to envision a future
But with no ability to control it

Breaks me apart emotionally
And breaks me open spiritually

Leaves me wounded
And heals me

---Ken Kraybill



PEACE

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