

Gambling Disorder and Co-Occurring Disorders

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A close-up photograph of a white flower, possibly a lily or daffodil, with long, thin petals and a yellow center. The flower is set against a dark, blurred background. The text "GOOD AFTERNOON" is overlaid in the upper right quadrant.

GOOD AFTERNOON

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.

Terms for Clarification



DSM 5:

Substance Related and Addictive Disorders

Gambling Disorder: *A Brief History*

- Gamblers Anonymous is started in 1957.
- Introduced in 1980 (DSM-3) as an impulse control disorder. **Pathological Gambling**, was alongside kleptomania and pyromania.
- In 2013, the American Psychiatric Association reclassified **Gambling Disorder** as a Substance Related & Addictive Disorder. It is currently the only non-substance disorder included.

Recreational Gambler:

Someone who can maintain control over amounts of time and money spent gambling; and does not experience any adverse effects from gambling.



Compulsive Gambler:

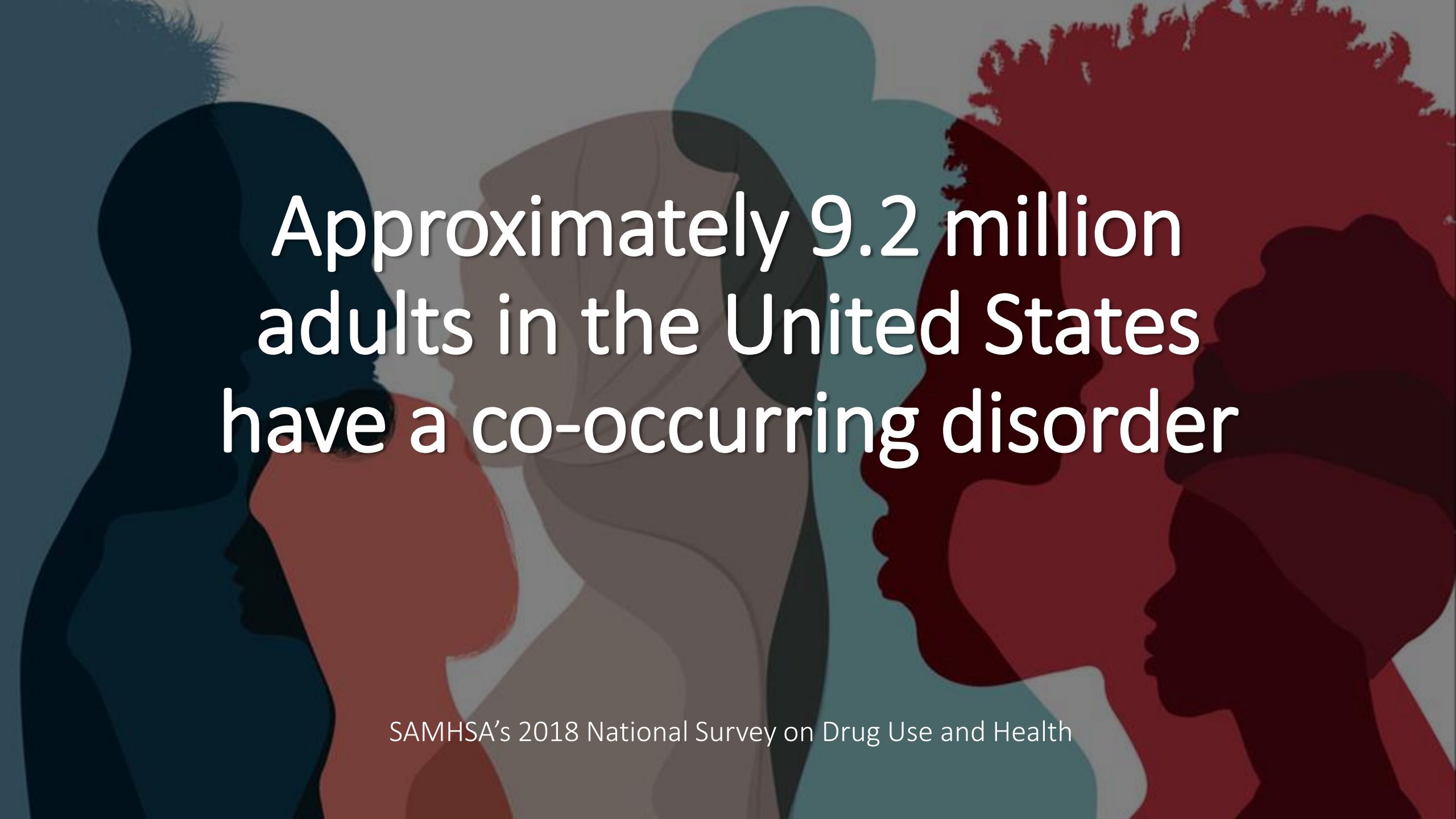
Terminology used in Gamblers Anonymous and commonly in non-clinical settings and contexts.

Problem Gambler:

Characterized by difficulties in limiting money and/or time spent on gambling (impaired control) which leads to adverse consequences for the gambler, others, or the community. (Neal, 2005). ***This has never been an official diagnostic category***

What Do You Think?

1. If you work with individuals whose Primary DX is a SUD, what do you suspect is the % of clients that meet criteria for another SUD or related disorder?
2. If you work with individuals whose Primary DX is a SUD, what do you suspect is the % of clients that meet criteria for a mental health disorder?
3. If you work with individuals whose Primary DX is a MHD, what do you suspect what is the % of clients who have more than one mental health disorder?
4. If you work with individuals whose Primary DX is a MHD, what do you suspect what is the % of clients who have a SUD or related disorder?
5. Have you ever discovered during treatment that a client has another diagnosis in addition to their primary diagnosis?



Approximately 9.2 million adults in the United States have a co-occurring disorder

SAMHSA's 2018 National Survey on Drug Use and Health



17 million U.S. adults
experienced both mental
illness and a substance use
disorder in 2020

National Survey on Drug Use and Health via NAMI.org

Did You Know...

- Nearly 30-50% 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 a 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 co-occurring substance use, depressive, anxiety, 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, e.g., alcohol, substances, sex, etc.
- **AD(H)D, 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 for gambling.

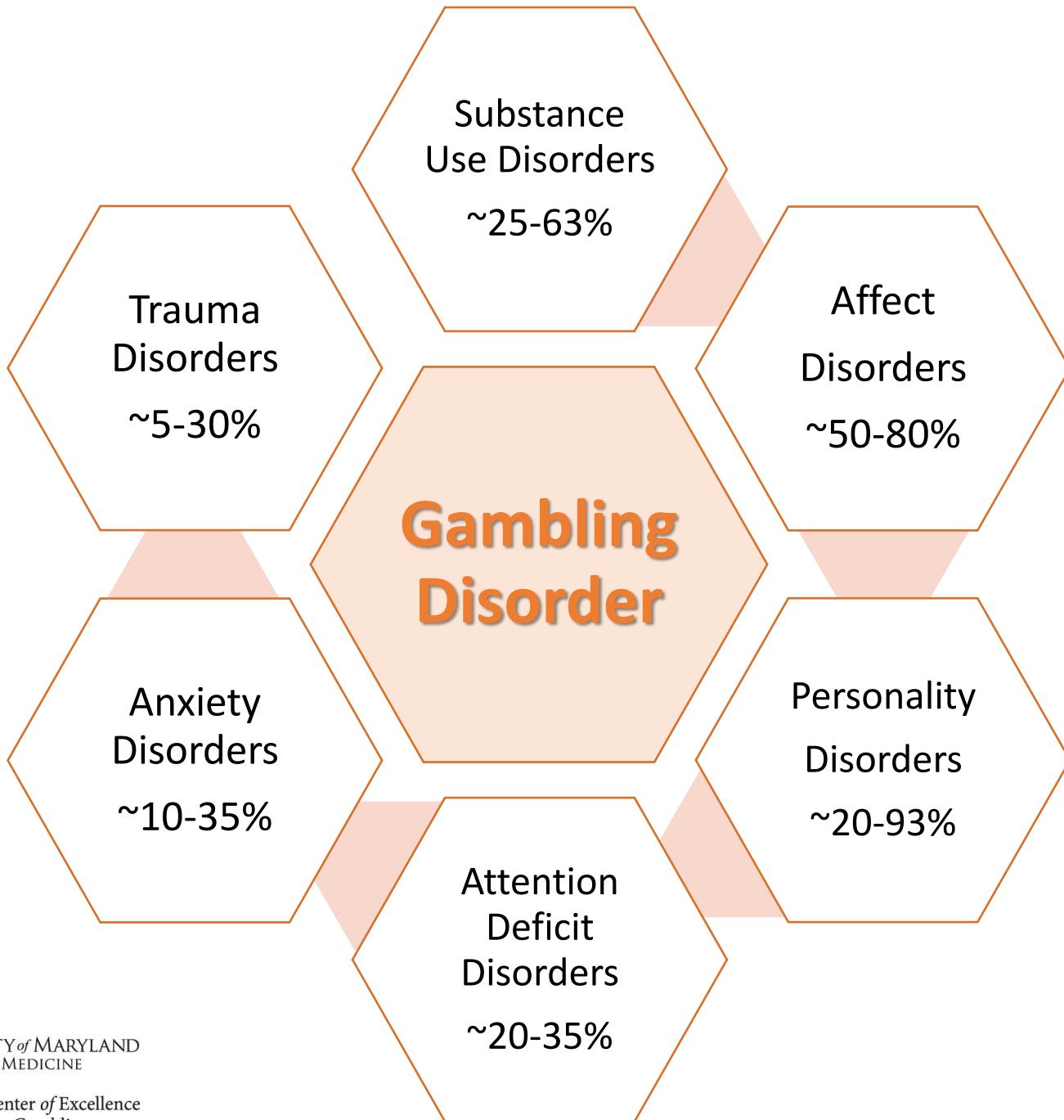
Gambling and Suicidality

- Per DSM 5, of those in treatment for a gambling disorder, up to **50% have had suicidal ideation.**
- PG often consider “accidents” as way for family to collect insurance.
 - “I am worth more dead than alive.”
- Understudied and under-recognized. The public, as well as providers (primary care, mental health, SUD etc.) recognize lethality of substance use overdoses and severe mental illness, but don’t think of gambling as life threatening.

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).



Psychiatric Comorbidities amongst persons with problematic gambling in treatment

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)



Gambling and Treatment

- Few people discussed gambling with their health provider
- Those with a DSM-5 Gambling Disorder were significantly more likely to discuss gambling with health provider compared to those without (12% vs. 2%)
- Although nearly half (49%) of those with lifetime problems gambling received treatment for mental health or substance abuse problems, none reported treatment for gambling problems

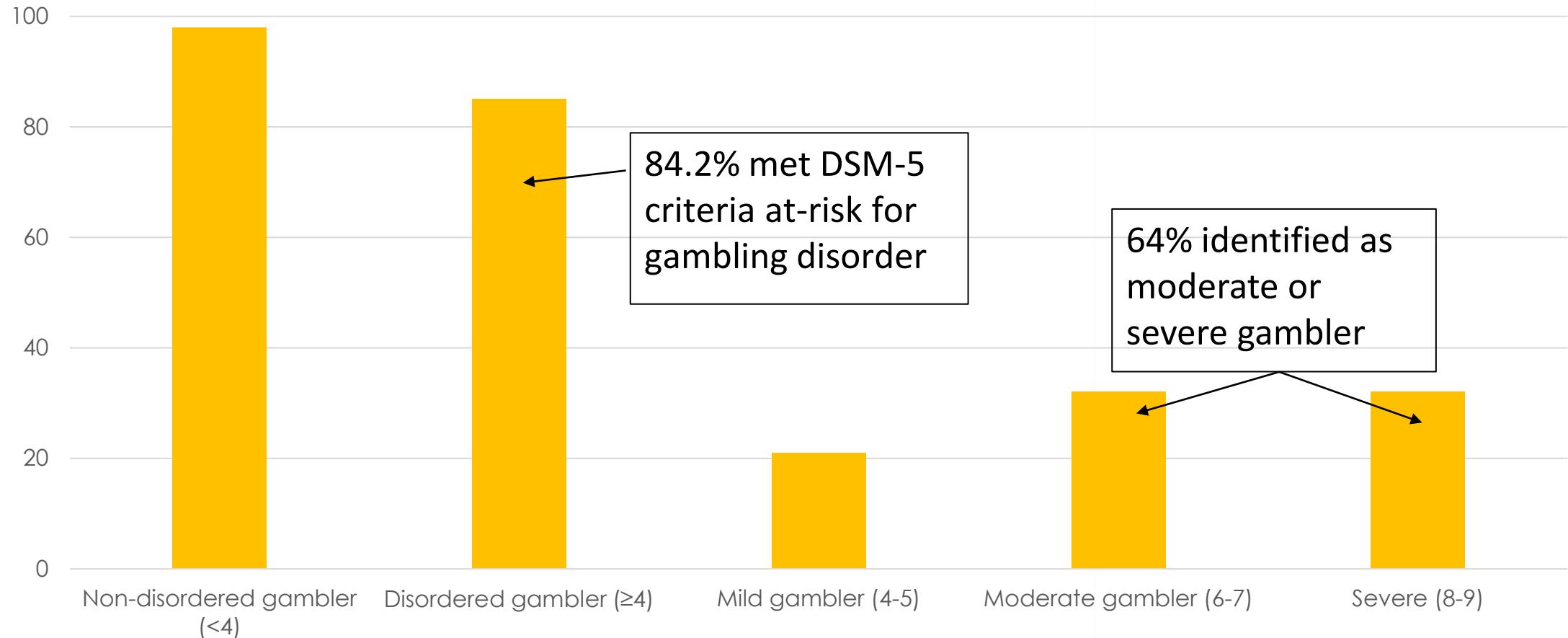


Which Comes First?

(Kessler et al, 2008)

Temporal Sequence (For those with GD and other disorder)				
Disorder	Prevalence of Disorder amg. GD	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

(Desai & Potenza, 2009)

- **19% of individuals** in treatment with diagnosis of schizophrenia or schizoaffective disorder met criteria for problematic gambling
- **PG associated with** depression, alcohol use problems, greater legal problems and **higher utilization of MH treatment** (*this associated with recreational gambling as well*)

Among adults diagnosed with psychotic disorders in an Australian sample

(Castle, 2015)

- 4% low risk gambling
- 6% moderate risk
- 6% disordered gambling

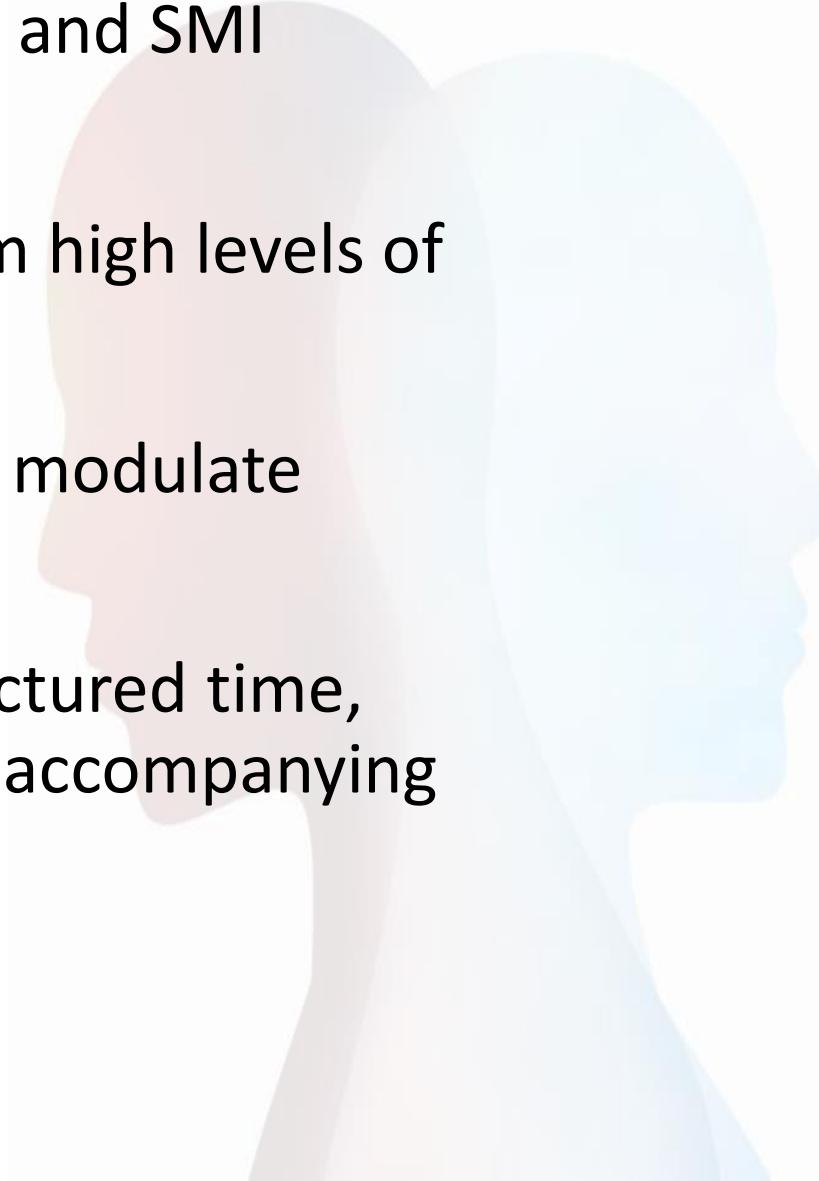
Serious Mental Illness and GD

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 decision making

Serious Mental Illness and GD

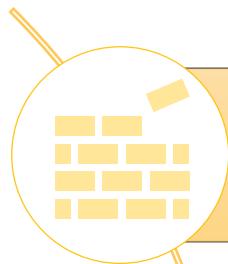
- Role of neurotransmitters implicated in both GD and SMI (serotonin, dopamine).
- Gambling activities may serve as distraction from high levels of distress.
- Participation in gambling motivated by desire to modulate affective states.
- Occupational deprivation – high levels of unstructured time, limited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



Serious Mental Illness and GD

- It is not about the Amount of Money gambled; rather it is about seeing yourself as normal and connecting with the rest of the population on equal footing.
- Gambling can provide a paradoxical sense of regulating emotions and pain (*similar to cutting*) and relief to intrusive thoughts.
- Offers a structure for daily life – Something to do with idle time.
- Gambling can provide an illusion of acceptance and belonging; feeling like a “safe” space for socialization and relief for loneliness or boredom.

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 develop a gambling disorder



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

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-Medication



Trauma and Stress 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 (In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental)
- Repeated or extreme exposure to aversive details of traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)

Post Traumatic Stress and Rates of Problem Gambling

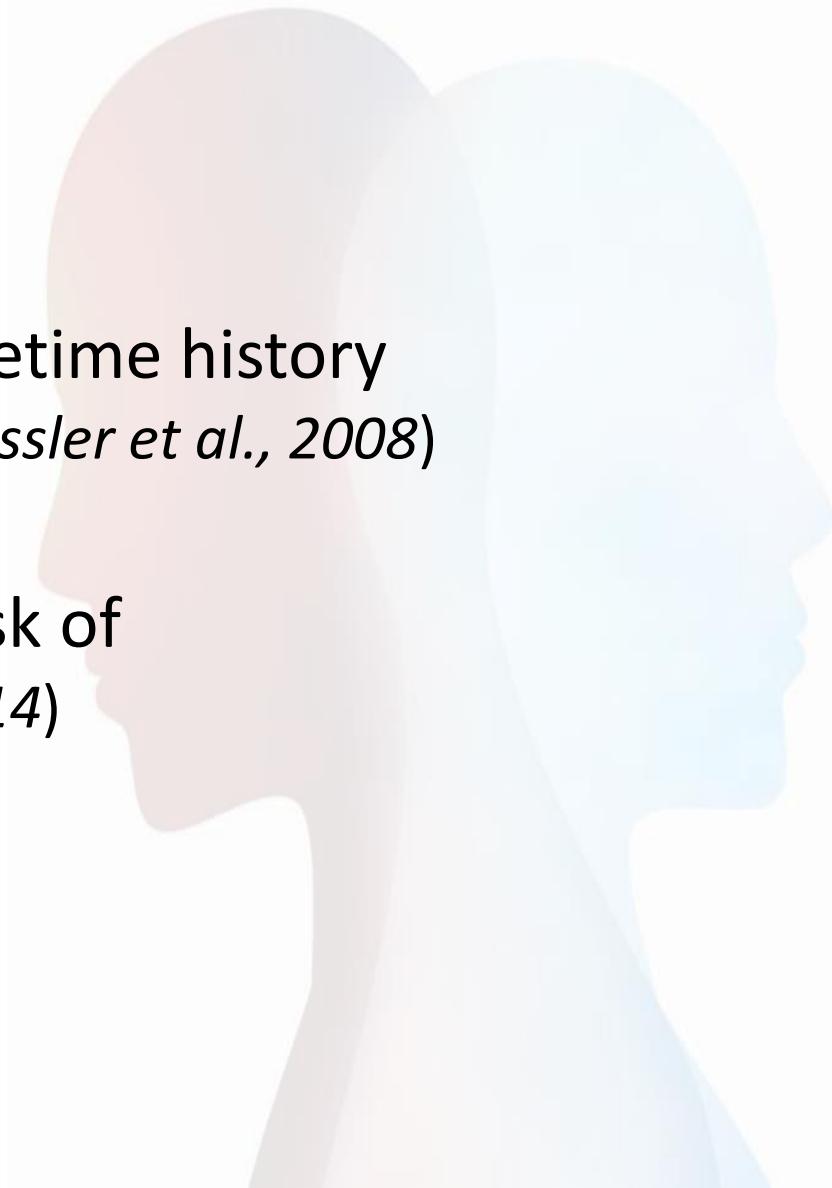
- In clinical and community samples of individuals with Gambling Disorder:
 - 17% (Westermeyer et al., 2005)
 - 34% (Ledgerwood and Petry, 2006)
 - 41% (Taylor and Sharpe, 2008)
 - 19% (Lederwood and Milosevic, 2015)
 - 24% (Toneatto & Pillai, 2016)



Post Traumatic Stress and Rates of Gambling

In (U.S.) nationally representative samples:

- Individuals with PG 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 other disorders. (*Parhami et al., 2014*)



Trauma and Gamblers

Petry et al., (2007)

149 Treatment seeking pathological gamblers from 7 States

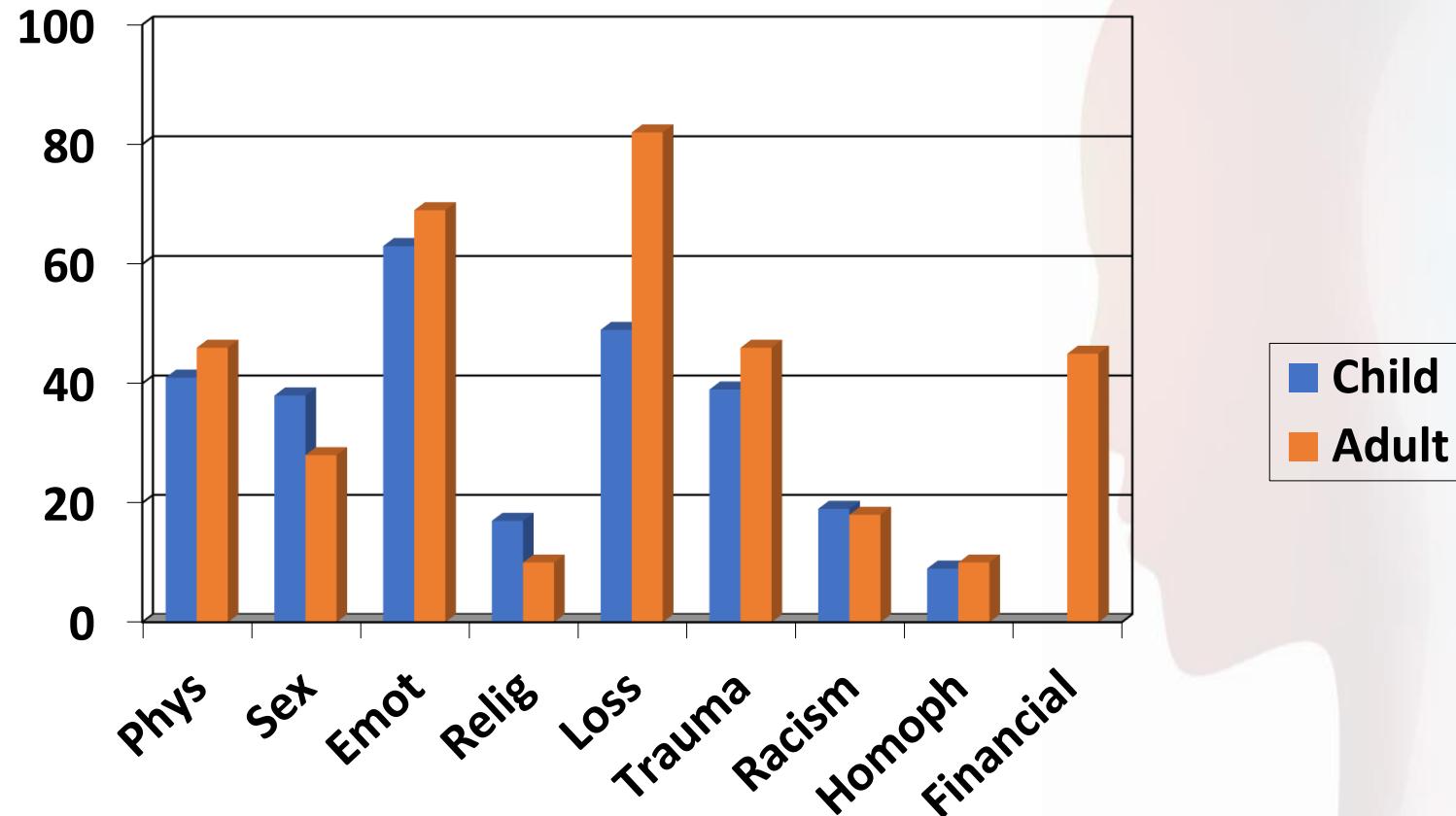
- Childhood traumatic events:
 - Women – 67.5%
 - Men – 51.4%
- Sexual abuse:
 - Women – 32.4%
 - Men – 16.7%

Childhood maltreatment is associated with age of onset
and severity of gambling problems

Trauma Histories: Female Problem Gamblers

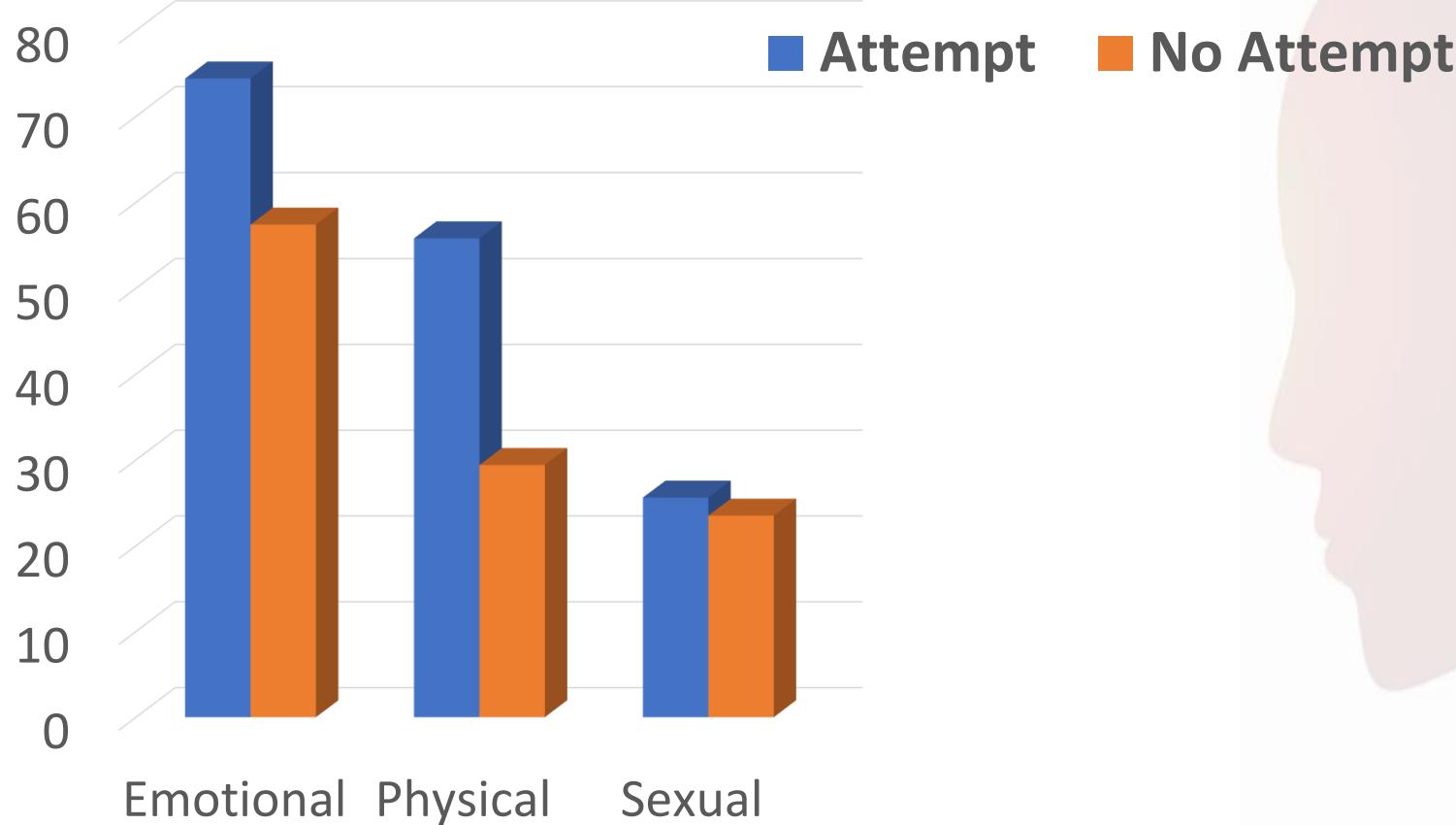
Boughten & Falenchuk, 2007

N=364



History of Trauma and Suicide Attempts Among Gamblers

(Kausch & Rugle, 2004)



Summary

(Kausch & Rugle, 2004)

- Higher levels of psychiatric distress 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

- Re-experiencing
- Increased arousal
 - sleep disturbance, irritability, poor concentration, restlessness)
- Numbing, absence of emotional response
- In a daze; on auto-pilot
- Derealization/Depersonalization
 - Nothing real, money, people, self, family
- “Brown” outs and dissociation



Trauma Informed Care



Safety



Trustworthiness & Transparency



Peer Support



Collaboration & Mutuality



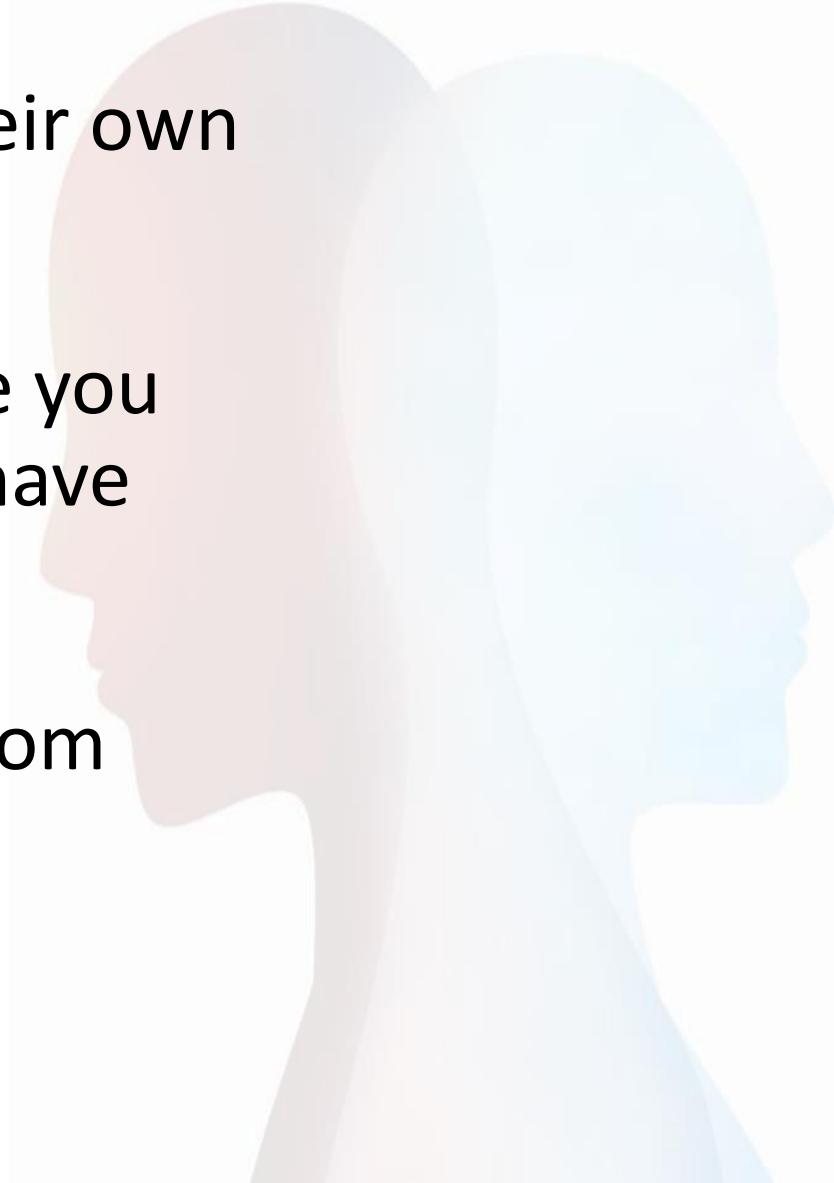
Empowerment Voice & Choice



Cultural, Historical, & Gender Issues

Treatment Guidelines

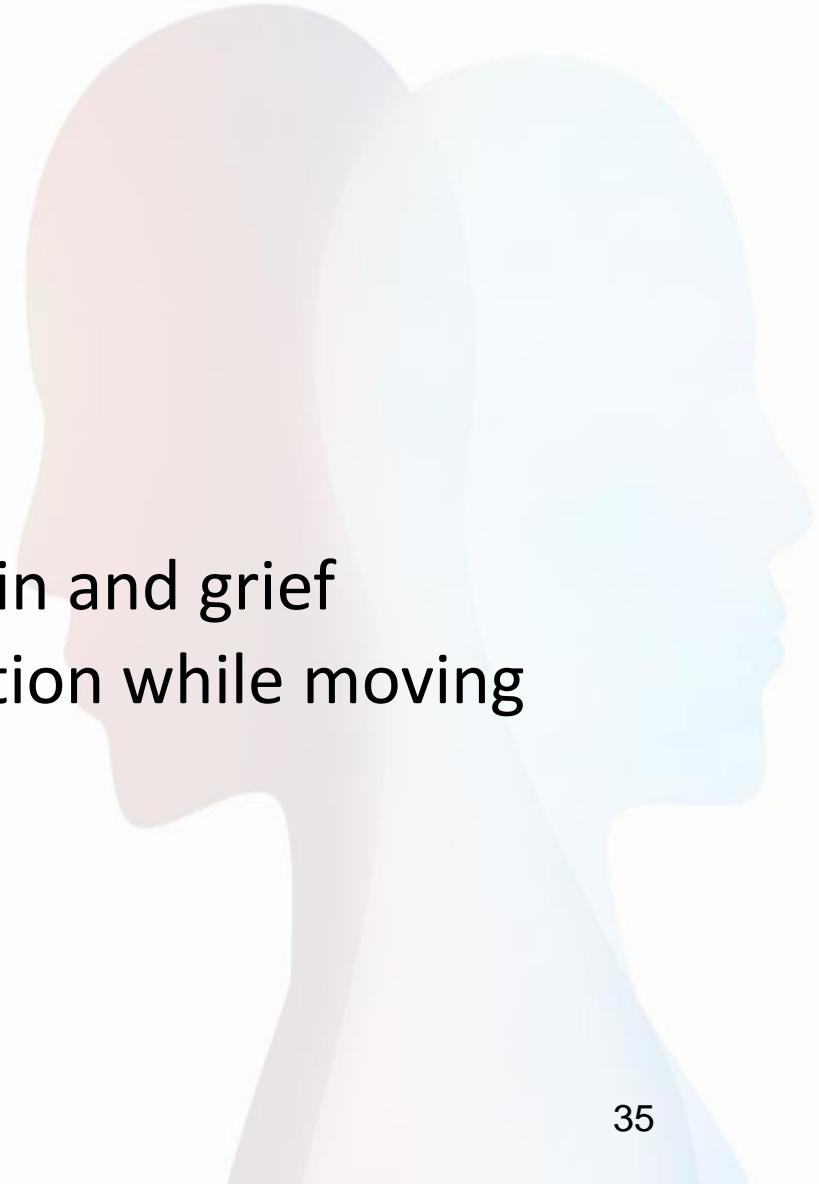
- Assume that clients are the experts on their own trauma and life experiences.
- No matter how much training or expertise you have, the client always knows what they have been through better than anyone.
- Create opportunities to listen and learn from their wisdom whenever possible.



Crisis and Avoidance

Counselor Challenge

- Support exposure
- Assist client in tolerating distress
- 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



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.

Create a Safe Space

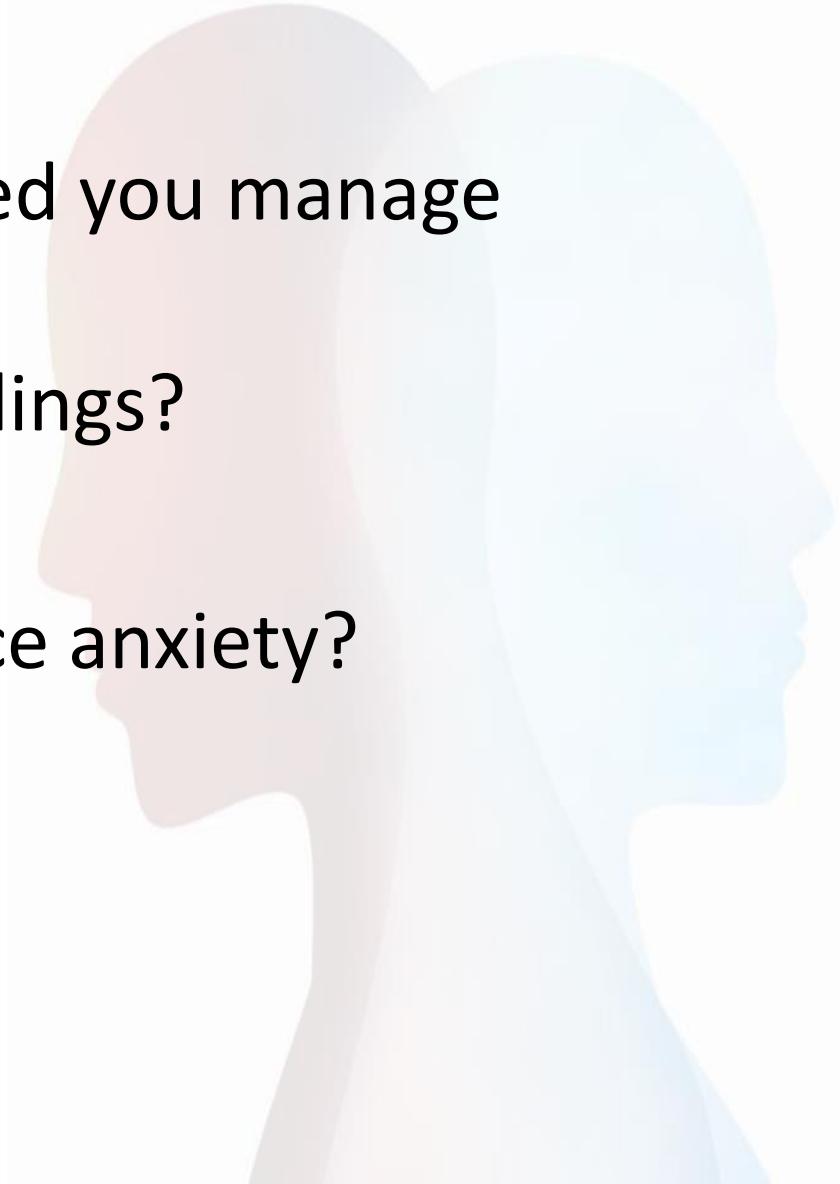
Consider developing a survey or other practice to learn more about your clients' preferences.

- Lights on, 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



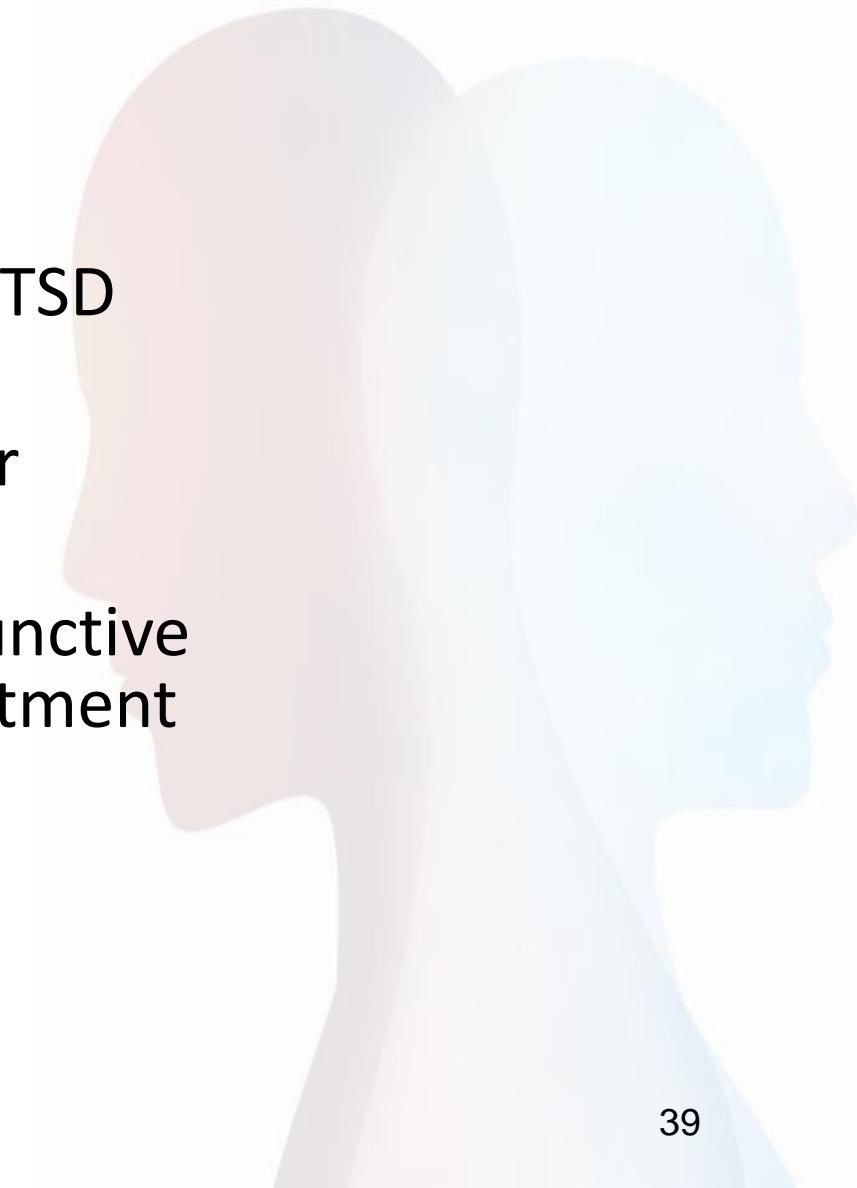
Connecting Gambling to Trauma Symptoms: Gambling as Solution to Trauma

- 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?
- What do you do if you have a nightmare?



Mindful Treatment Integration

- Integrated Treatment Program
- Multidisciplinary approach
- 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



Mindful Treatment Integration

- Co-occurring disorders may complicate disease management and treatment.
- A diagnosis of more than one condition, means that not only do you have different symptoms and triggers for each one, but you may also need different treatments plans to manage them.
- Certain conditions may also increase your risk of developing others.

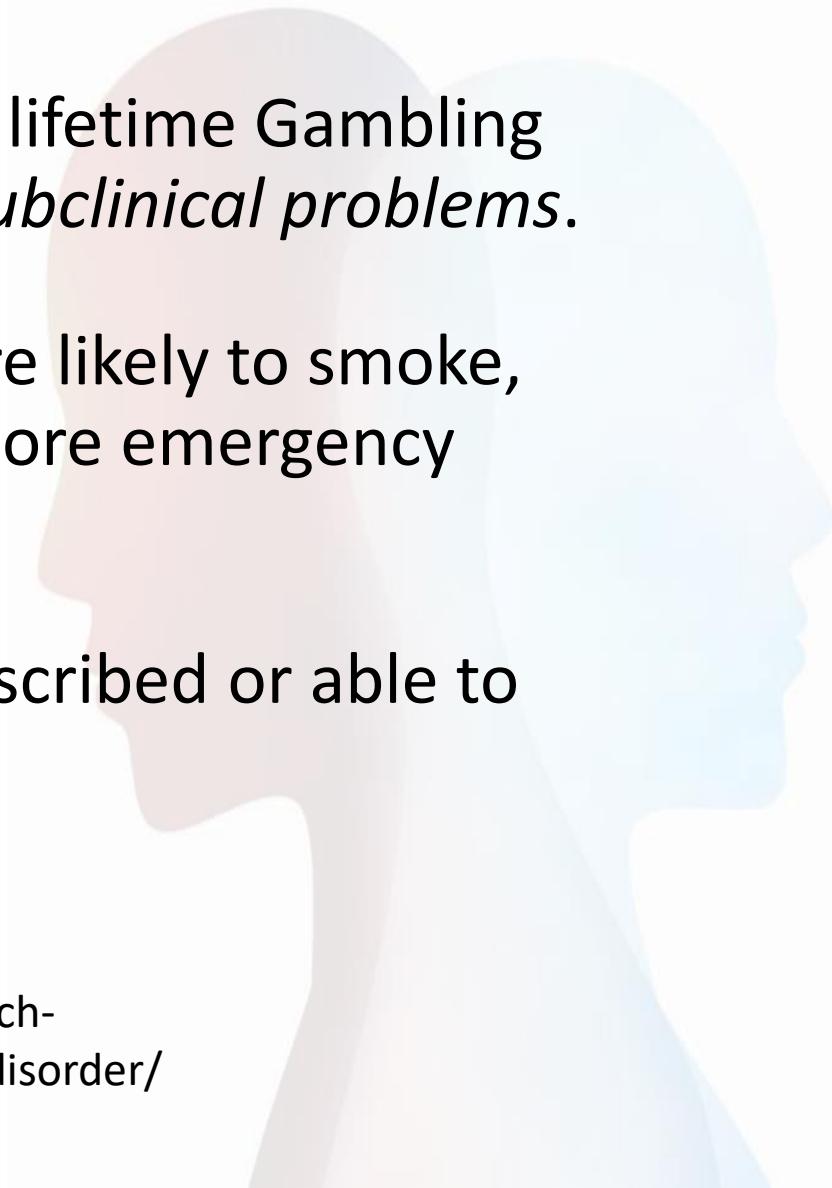


Gambling Disorder and Medication Concerns

- No proven medication to treat Gambling Disorder
- As many as 1 in 7 patients who take dopamine agonists experience psychological side effects like a decrease in impulse control related to gambling
- Dopamine agonists may lead to process addictions such as Gambling
 - most often used to treat Parkinson's disease (Mirapex) and Restless Legs Syndrome (Requip) but are also prescribed for other conditions.
 - Abilify, a dopamine agonist used to treat schizophrenia has also been found to increase compulsive behavior related to gambling

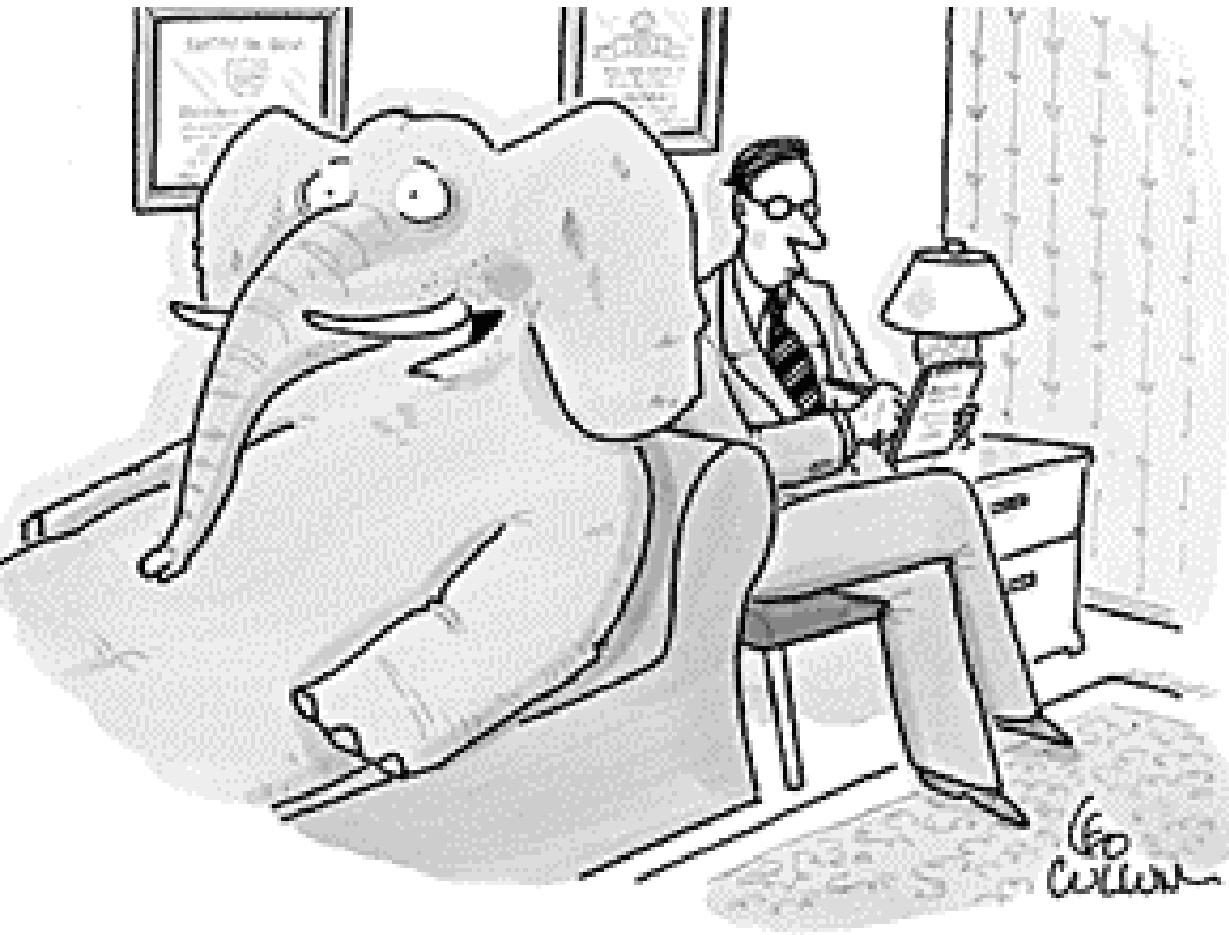
Gambling Disorder and Medical Concerns

- As many as 10% of primary care patients report lifetime Gambling Disorder, and an additional 5% report lifetime *subclinical problems*.
- People with gambling-related problems are more likely to smoke, consume excessive amounts of caffeine, have more emergency department visits, and be obese.
- Gamblers may not be taking medications as prescribed or able to afford their medications.



Need for Gambling Screening

- Many cases of Gambling Disorder go undetected, due to limited assessment for this problem.
- Screening can help identify individuals who need further assessment.



"I'm right there in the room, and no one even acknowledges me."



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on Problem Gambling

Need for Screening

- Gambling Disorder leads to financial, emotional, social, occupational, and physical harms.
- Individuals diagnosed with substance use or other mental disorders are at **higher risk** for developing a Gambling Disorder.
- Less than 10% of individuals with gambling disorders ever seek help.
- 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.

Risk Factors for Problem Gambling

- Male
- An early big win
- Early age of starting gambling
- **Adverse Childhood Events/Trauma**
- Hold mistaken beliefs about the odds of winning
- Have a history of risk-taking or impulsive behavior
- **History of substance use or other behavioral health disorder**
- **Family History of gambling problems**
- Proximity to or Working in a casino or other gambling venue
- **Member of a disenfranchised/marginalized group or living in a disadvantaged neighborhood**



Screening Tools for Gambling

Brief screens can help people decide whether to seek formal evaluation of their gambling behavior

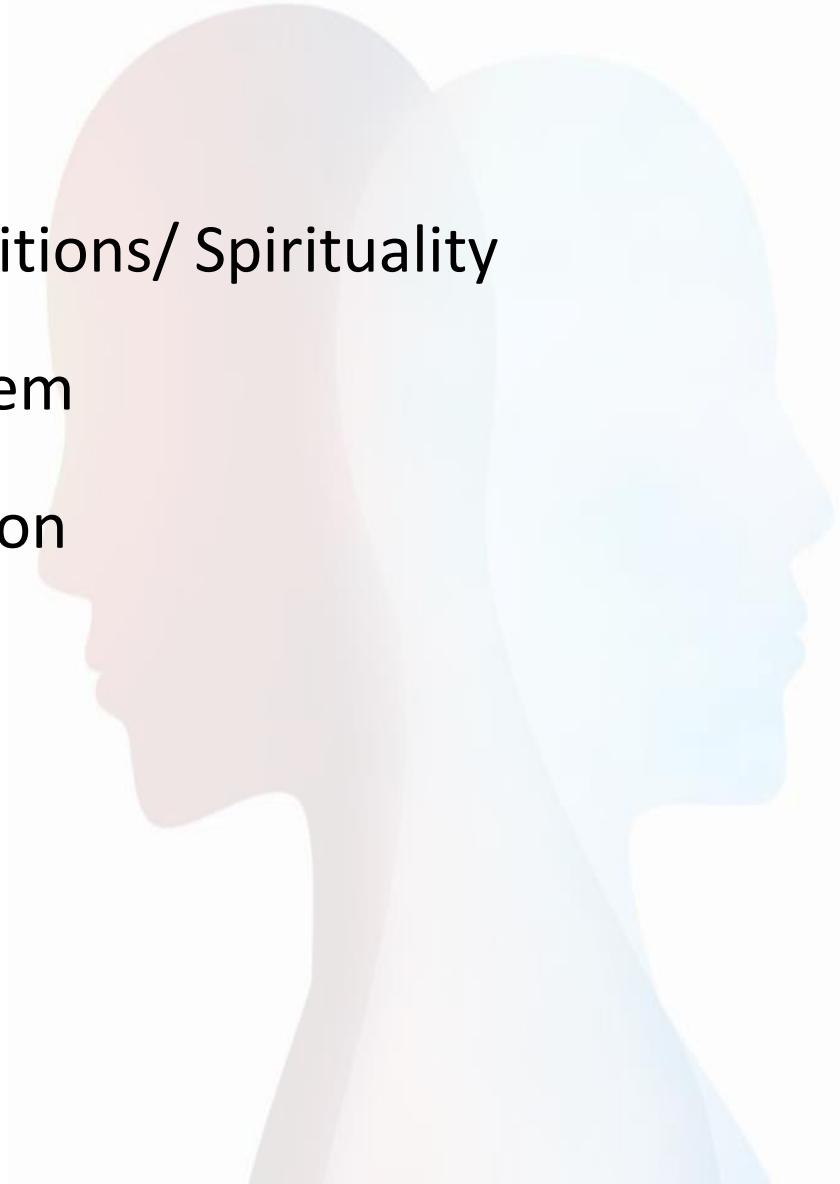


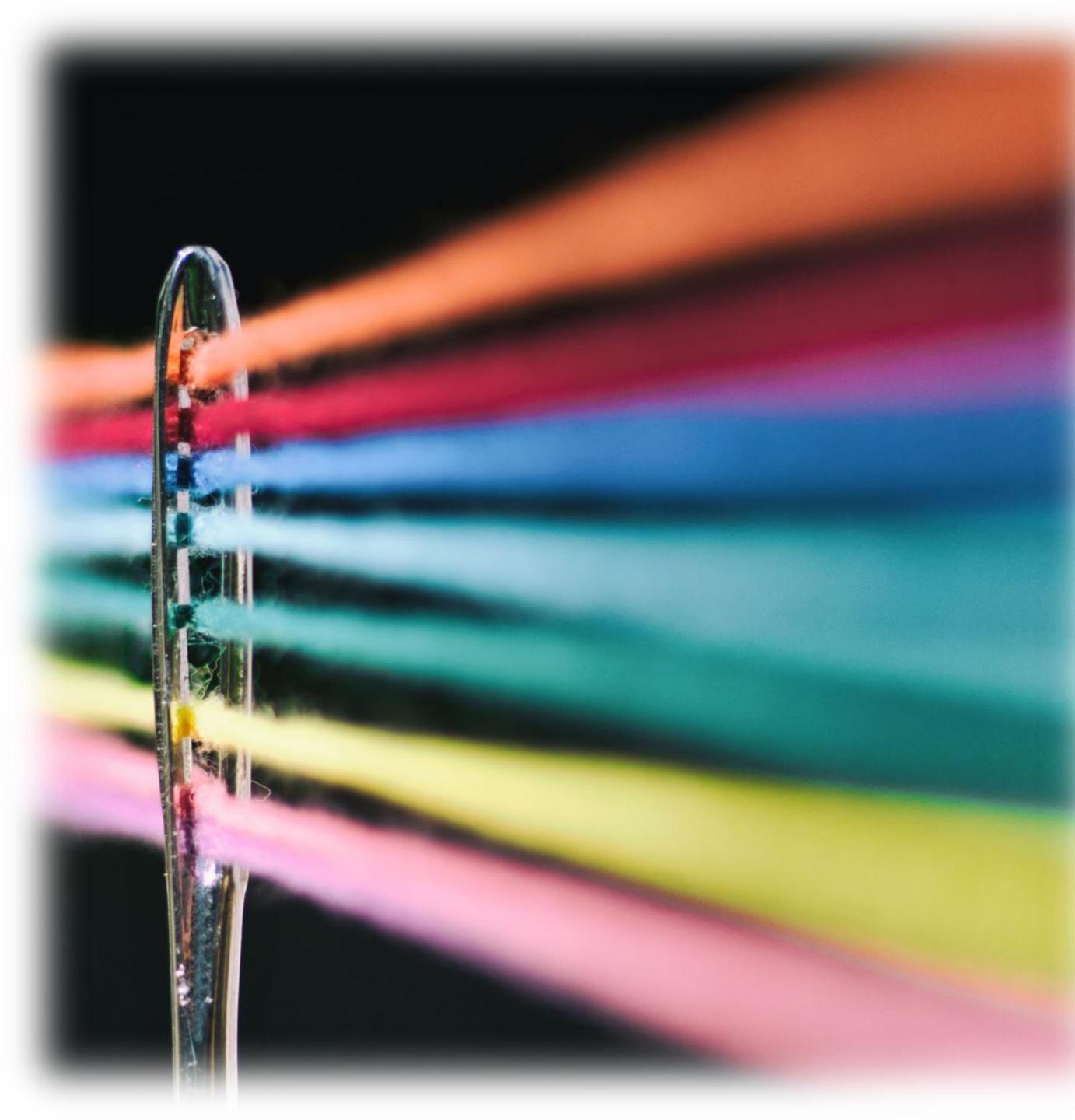
Examples:

- Lie/Bet
- Brief Biosocial Gambling Screen
- Problem Gambling Severity Index

Gambling Screening and Assessment Integrate into Practice

- Medical
- Work/ Education
- Substance Use
- Psychiatric
- Family History
- Cultural Traditions/ Spirituality
- Support system
- Living Situation
- Financial
- Legal





Problem Gambling Screening Guide

Guidelines for Integrating Gambling Screening
and Assessment into Current Practice

A Toolkit for Behavioral Health
Providers and Medical Professionals



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Gambling Screening and Assessment

Goals & Tasks

- Universal
- Engage and Motivate
- Raise Awareness and Reduce Stigma
- Convey Understanding of Gambling Problems
- Crisis Intervention/ Assess for Safety
- Make Diagnoses/ Identify Problem
- Assess Severity and Strengths
- Provide Hope and Preliminary Plan



Peer Support for Gambling

1-800-GAMBLER

Call/Text 24/7



Offer guidance and support to limit, stop or control gambling



Connecting help seekers to no cost treatment, 12-step meetings, credit counseling, etc.



Inspire hope and optimism navigating recovery goals



Advocate that recovery is possible by sharing their lived experience (1:1 or in psychoeducation groups)

Carry the Torch of Hope



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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