

Gambling Disorder: Fundamentals for Healthcare Professionals

Maryland Center *of Excellence on* Problem Gambling

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Mission Statement

The Maryland Center of Excellence on Problem Gambling promotes **healthy and informed choices** regarding gambling and problem gambling through various key initiatives and partnerships.

The Center works closely with appropriate state stakeholders and brings together experts from a variety of disciplines including psychiatry, medicine, epidemiology, social work, and law.

Key Initiatives and Resources

- **Public Awareness:** Campaigns through social media, TV, radio, public service announcements, community outreach, public awareness materials and lending library
- **Prevention Programs:** Targeted to the full age continuum and to diverse populations and at-risk groups
- **Public Policy:** To provide information regarding strategies to address the impact of gambling on Public Health within Maryland
- **Research:** To provide evidence-based data on public health aspects of gambling disorders and evaluate and develop evidence-based strategies for prevention and intervention

Key Initiatives and Resources

- **Free Training:** On problem gambling awareness, prevention and intervention strategies with CEUs
- **Provider Referral Directory:** To provide technical assistance to the health care and behavioral health care providers in Maryland to enhance capacity to address the issue of problem gambling amongst Maryland residents at No Cost.
- **Peer Recovery Support:** To assist individuals dealing with at risk and problem gambling connect with recovery resources within Maryland and to remove any barriers to recovery
- **Helpline:** Maryland Problem Gambling Helpline **1-800-GAMBLER**

Learning Objectives

At the end of the training attendees should know and understand...

- The scope of problematic gambling and how to recognize when gambling is becoming problematic.
- Effective screening and assessment for gambling with tools for brief interventions using motivational interviewing.
- The DSM-5 diagnostic criteria for Gambling Disorder, specifiers, and severity.
- Role of SBIRT and the Social Determinants of Health (SDOH) related to gambling.
- The impact gambling behaviors can have on the family and the individual's overall health.

Warm Up – Gratitude Practice

Gratitude Meditation

Helps Build Resilience

Good for Our Health – Physical and Mental Health

Primes Us to See the Good in Ourselves/Our Life and in Others

Quiets the Negativity Bias & The Inner Critic

Enhances Coping Skills

Promotes Happiness – Life Satisfaction

Gratitude

BE GLAD

Grateful

Learn

Achieve

Delight

Question for the Audience:

What category of helping professional do you fit into?

- a. Administrator or other Support Role
- b. Certified Peer Recovery Specialist or Community Health Worker
- c. Addictions Counselor
- d. LCSW-C
- e. LCPC
- f. Psychologist
- g. Psychiatrist
- h. Other Medical Professional

Introductions

Think about it...

Have you ever played in a game that you weren't trying to win?

What was your very first gambling experience?

What was your most recent gambling experience?

Have there ever been any family traditions or rituals that include gambling?

Do you know anyone who gambles seriously or may have issues related to problem gambling?

Defining Gambling



Gambling is the wagering of something of value on an event with an uncertain outcome with the intent of winning something else of value.

“Gambling can be defined as a monetary transaction between two parties based on the outcome of an uncertain event.”

(Walker, Schellink, & Anjoul, 2010)

“Any betting or wagering for self or others, whether for money or not, no matter how slight or insignificant, where the outcome is uncertain or depends upon chance or ‘skill,’ constitutes gambling.”

(Gamblers Anonymous, 1994)

“Gambling is a risk-taking activity that involves subjective excitement (Boyd, 1976) and physiological arousal” (Anderson & Brown, 1984).

Gambling Terms



Most Used Terms

Gambling
Disorder

Pathological
Gambling

Compulsive
Gambling

Problem
Gambling

Recreational Gambler:

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

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***

Compulsive Gambler:

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



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 DSM-5 diagnosis

Pathological Gambling: DSM-IV diagnosis

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

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)

Defining Terms

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).
(Neal, 2005)

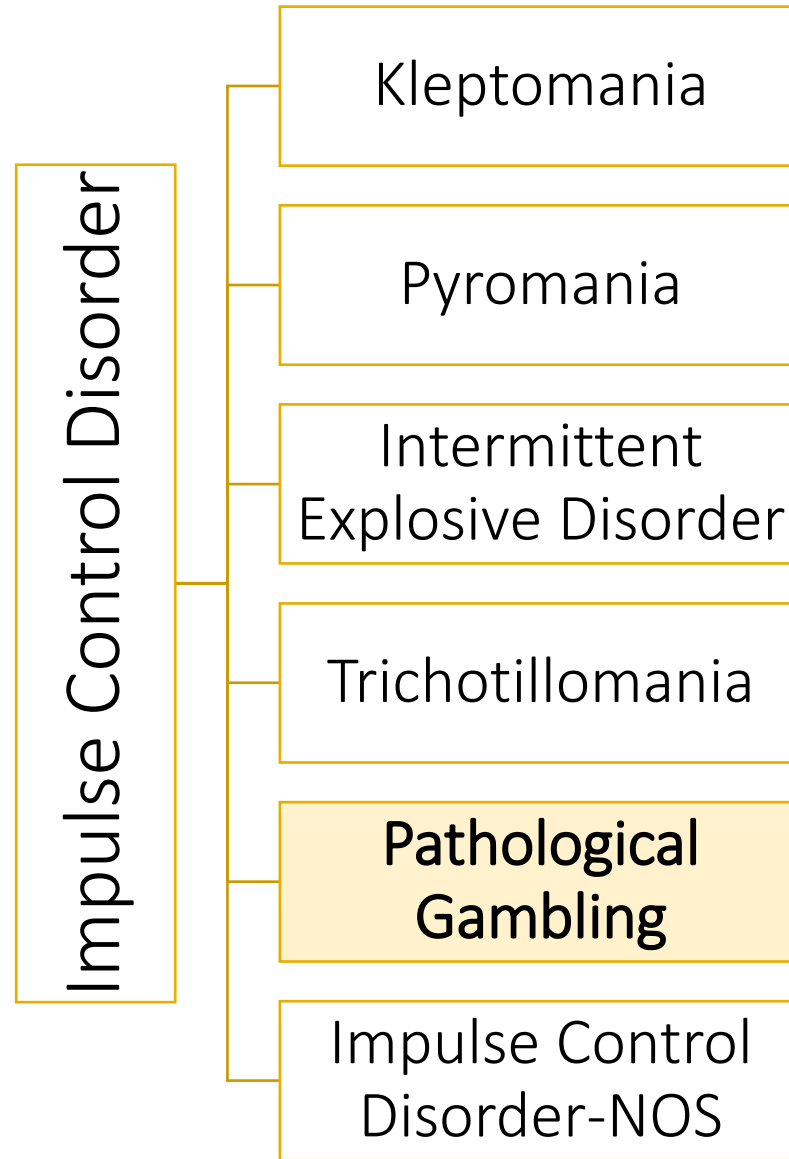
recreational gambler: Someone who is able to maintain control over amounts of time and money spent gambling and who does not experience any adverse effects from gambling.

Problem Gambling is defined as:
gambling behavior that results in *any* harmful
effects to the gambler, his or her family,
significant others, friends, co-workers, etc.”

Committee on the Social and Economic
Impact of Pathological Gambling, 1999

Impulse Control Disorders

**DSM-IV (1994)
Classification**



“Most individuals experiencing pathological gambling say that they are seeking an **aroused, euphoric state** that the gambling gives them, appearing more exhilarating than the money wagered.

Increasingly larger bets, or greater risks, may be needed to continue to produce the desired level of excitement.”

(DSM-IV-TR)



Dr. Richard Rosenthal (1992) states that pathological gambling is a progressive disorder characterized by:

a continuous or periodic loss of control over gambling behavior

a preoccupation with gambling and with obtaining money with which to gamble

irrational thinking

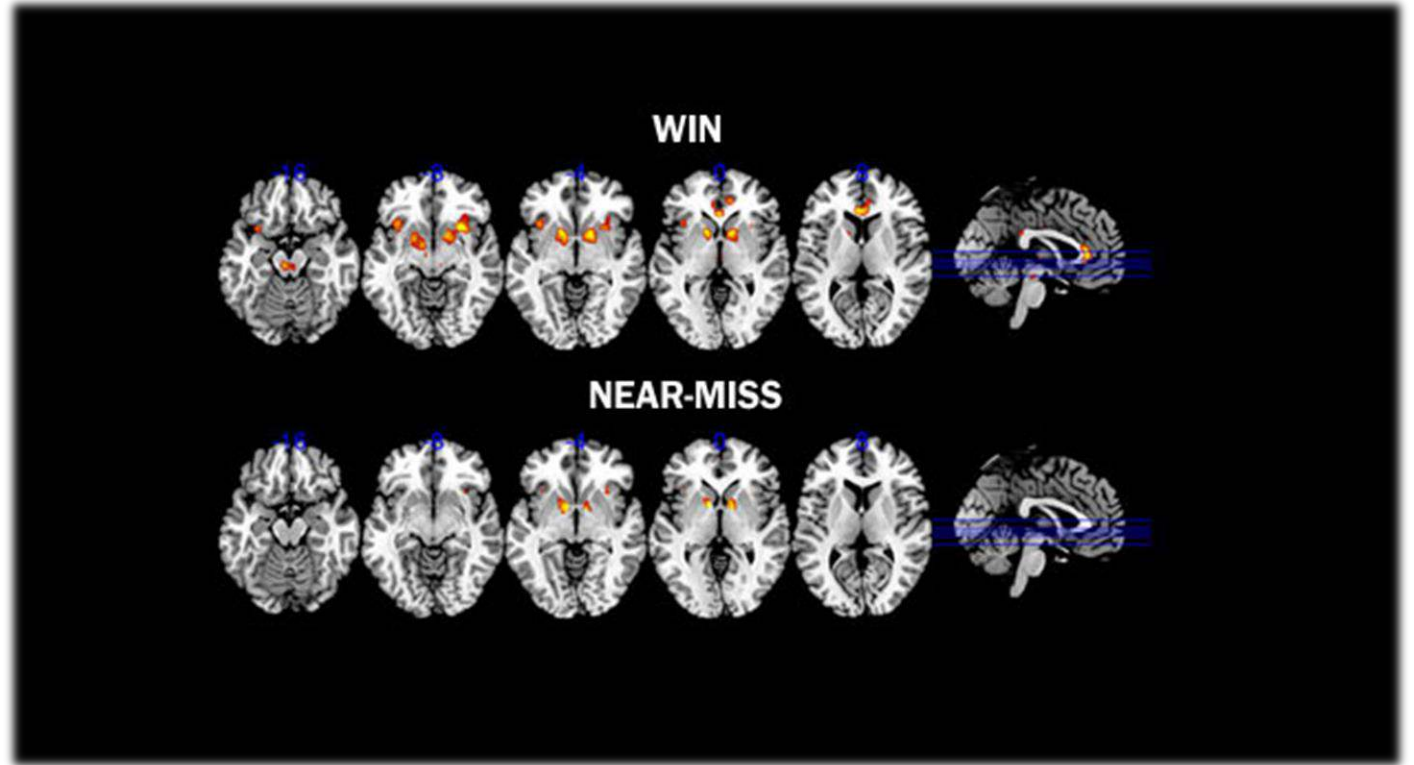
a continuation of the behavior despite adverse consequences

History of Gambling Diagnosis

- Problem gambling was first recognized as a disorder in 1980 by the American Psychiatric Association (APA) in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- Although the APA placed problem gambling in the impulse control disorder section of the DSM-IV, the diagnostic criteria are actually very similar to substance use disorders' diagnostic criteria and share several signs and symptoms found in SUDs, such as tolerance and withdrawal. In addition, neuroimaging studies suggest similarities between problem gambling and SUDs.
- For these and other reasons, the APA placed gambling disorder as the first non-substance disorder in the DSM-5.

Gambling and the Brain

Courtesy, with permission: Luke Clark



Players who almost win a game of chance have similar brain activity in reward pathways to those who actually win.

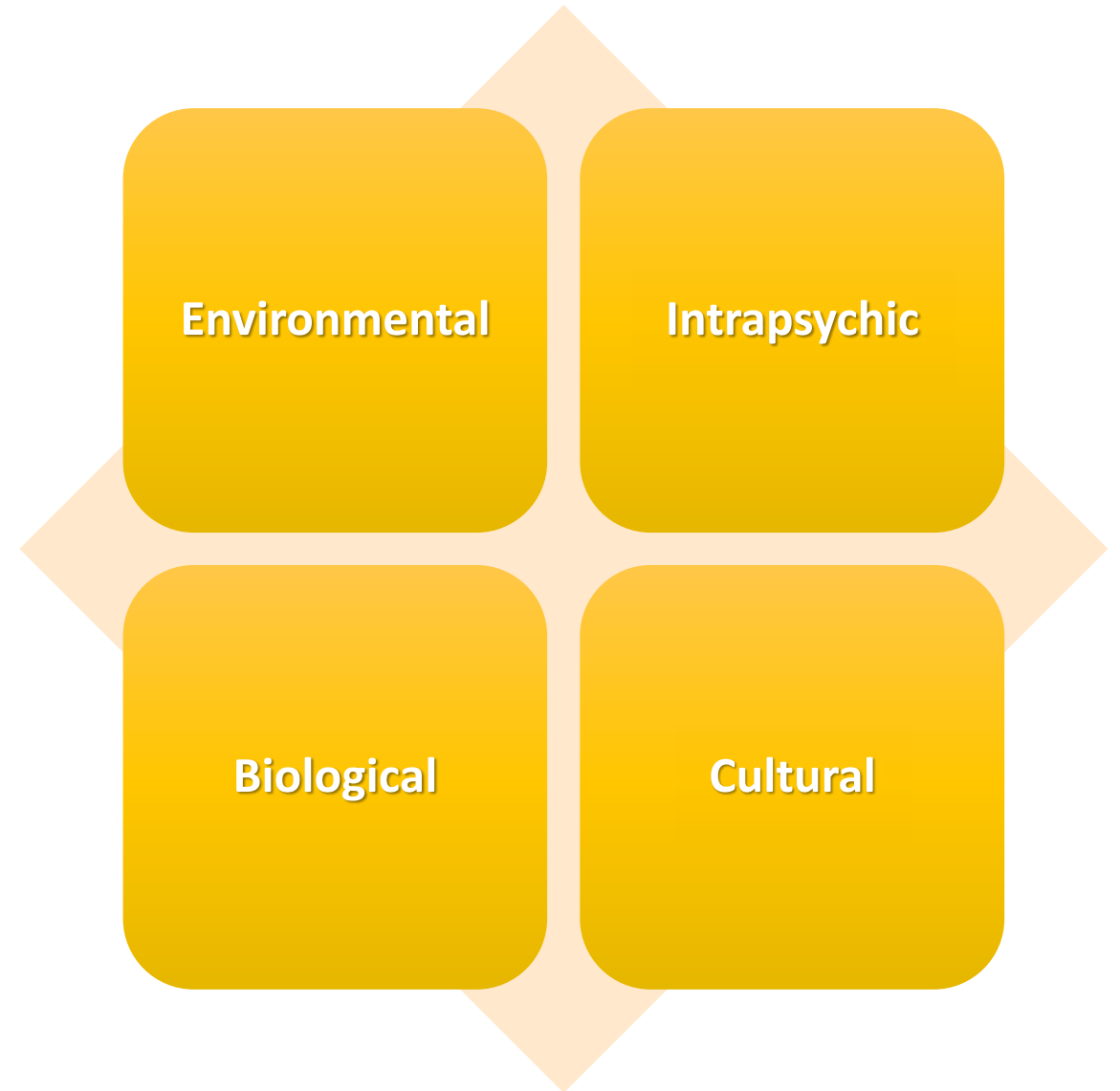
Problem and/or Disordered Gambling is difficult to define.

- Definitions could include an element of **risk**, which usually involves money.
- Other factors include elevation of mood to **excitement state**, which usually accomplishes a level of **escape** and involves an “**action**” state of mind.

Therefore, it is not just the risk of money or the desire to win.

“The fundamental premise is that disordered gambling represents the outcome of a complex matrix of environmental, intrapsychic, biological, and cultural factors.”

(Richard, Blaszczynski, & Nower, 2013)



A grayscale photograph of a stack of several books. A pair of dark-rimmed glasses is resting on the top book. The background is a blurred view of a library or bookstore with many bookshelves filled with books. The overall tone is academic and intellectual.

Gray Areas: ***What Is and Isn't Gambling?***

Gray Areas

- Investing (*may include real estate, stock market, business, cryptocurrency, retirement funds*)
- Fantasy sports
- Small sports bets
- Wagering amongst friends

Blurred Lines

(Tira & Jackson, 2015)

Gaming: when gambling is included within a video game

Culture: when gambling is part of family or cultural traditions

Community: when gambling is seen to benefit the community, as in raffles or lottery, gambling

Legality: when laws dictate what is legal and illegal gambling, legal forms may appear as games “with prizes”

Examples of Gambling

- Bingo
- Sports betting
- Lottery tickets
- Scratch tickets
- Games found in a casino (slots, cards, dice)
- Card and domino games when played for money
- Games of skill for consideration (pool, darts, shuffleboard, golf)
- Lottery video terminals (VLT)
- Online poker, gin-rummy, etc.
- Horse racing/dog racing
- Cock fighting/dog fighting
- Stock/commodity market
- Fantasy sports
- Loot Boxes
- Social gaming
- E-sports



Internet Gaming Disorder

is identified in Section III as a condition warranting more clinical research and experience before it might be considered for inclusion in the DSM as a formal disorder

Internet Gaming Disorder

- The studies suggest that when these individuals are engrossed in Internet games, certain pathways in their brains are triggered in the same direct and intense way that a drug addict's brain is affected by a particular substance. **The gaming prompts a neurological response that influences feelings of pleasure and reward, and the result, in the extreme, is manifested as addictive behavior.**
- Further research will determine if the same patterns of excessive online gaming are detected using the proposed criteria. At this time, the criteria for this condition are limited to Internet gaming and do not include general use of the Internet, online gambling or social media.

Understanding Gambling



Excitement

Economics
(to win money)

Entertainment

Escape
(to forget about their
problems and relieve
stress for a while)

Ego
(the person's pride or
reputation is on the line)

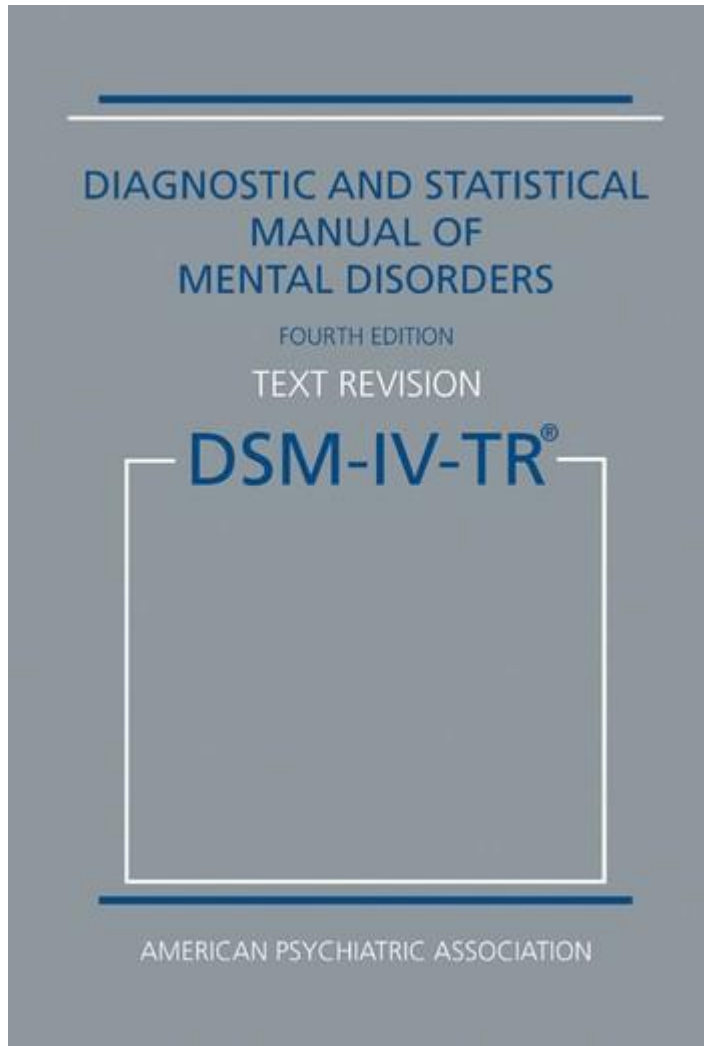
**Why do
people
gamble?**

Responsible gambling is:

- Gambling that is fun, entertaining, and recreational.
- Sticking to limits regarding time and money; not spending more than you can afford to lose.
- Gambling that *does not cause problems* at home, on the job, legally or financially.
- Gambling that *does not take the place of personal relationships*.
- Gambling that *does not become an obsession*.

Gambling may be a problem when...

- *It is not fun, recreational, or entertaining; when you must win.*
- *When gambling is seen as a financial solution, chances are, there is a problem.*



Pathological Gambling

Disorder Class: Impulse-Control Disorders

- Persistent and recurrent maladaptive gambling behavior as indicated by **five** (or more) of the following:

VS. DSM-5:

- Persistent and recurrent problematic gambling behavior **leading to clinically significant impairment or distress**, as indicated by the individual exhibiting **four** (or more) of the following **in a 12-month period**:

DSM-5 Gambling Disorder Criteria

In order to diagnose for a gambling disorder, the client must have **4 or more of the diagnostic criteria** and the criteria has existed for **12 months or longer** and the gambling criteria is **not due to a manic episode**.

Added Specifiers and Levels of Severity

Gambling Disorder

DSM-5 Disorder Class: Substance-Related and Addictive Disorders

1. is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble) **VS**
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).
2. needs to gamble with increasing amounts of money in order to achieve the desired excitement **SAME**
3. has repeated unsuccessful efforts to control, cut back, or stop gambling **SAME**

Gambling Disorder

DSM-5 Disorder Class: Substance-Related and Addictive Disorders

- 4. is restless or irritable when attempting to cut down or stop gambling **SAME**
- 5. gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression) **VS**
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) **SAME**

Gambling Disorder

DSM-5 Disorder Class: Substance-Related and Addictive Disorders

7. lies to family members, therapist, or others to conceal the extent of involvement with gambling **SAME**
8. has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling **REMOVED**
9. has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling **SAME**
10. relies on others to provide money to relieve a desperate financial situation caused by gambling **SAME**

Gambling Disorder

DSM-5 Disorder Class: Substance-Related and Addictive Disorders

Rule out: The gambling behavior is not better explained by a manic episode. **SAME**

DSM 5 Criteria/Specifiers: (NEW)

- **Episodic:** Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.
- **Persistent:** Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

Gambling Disorder

DSM-5 Disorder Class: Substance-Related and Addictive Disorders

Specify if:

- **In early remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.
- **In sustained remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:

- Mild: 4–5 criteria met
- Moderate: 6–7 criteria met
- Severe: 8–9 criteria met

**At-Risk: 1-3
criteria met**

Levels of Risk and Addictive Potential



American Society of Addiction Medicine (ASAM)

Defines Addiction as a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

Addictive Behaviors

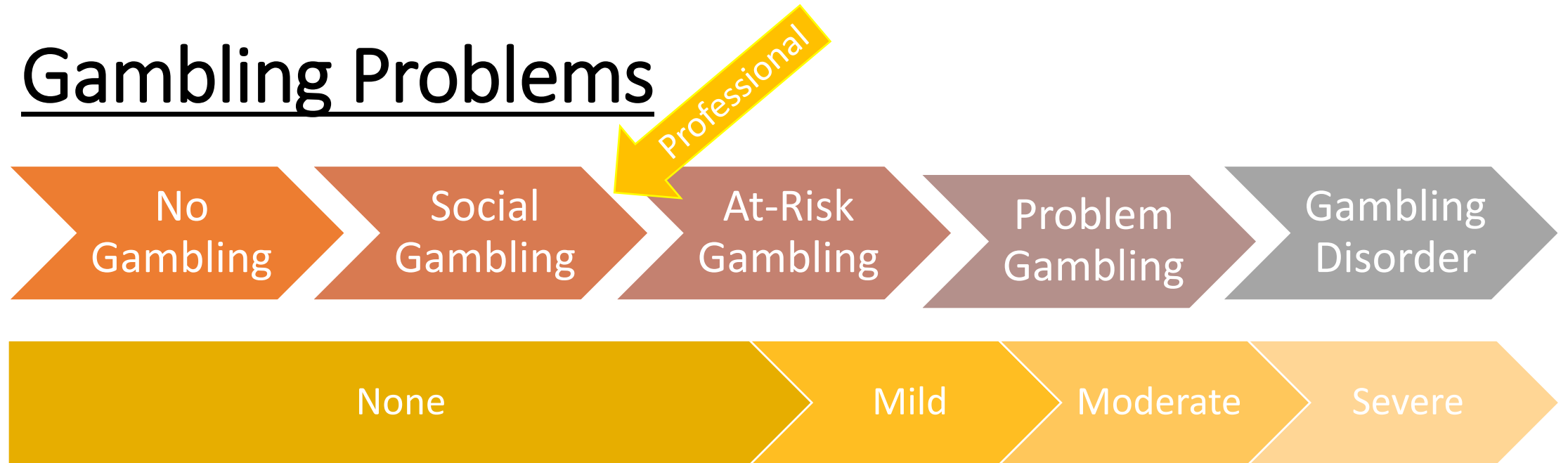
DSM-5 Classification

- Within the DSM-5 “Substance-Related and Addictive Disorders” chapter, a new category of addictive behaviors was added.
- **Gambling Disorder** is the only diagnosable addictive behavior listed.

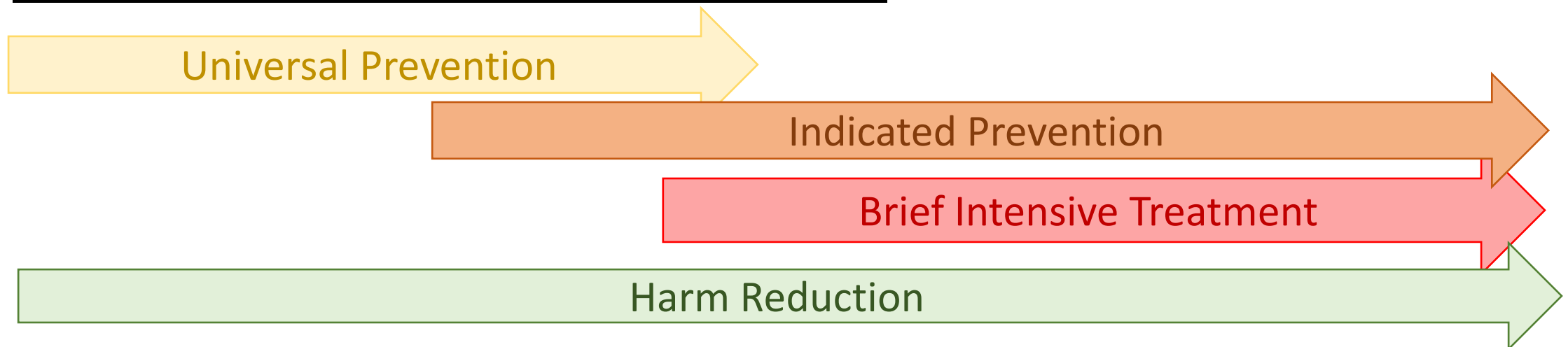
Q: Does someone who gambles a lot have gambling disorder?

A: Not necessarily. Many people who gamble frequently are simply people who enjoy gambling as entertainment.
Usually, people have a predetermined amount of money that they will use for gambling. They gamble for fun and don't chase the illusion of the big win.

Gambling Problems

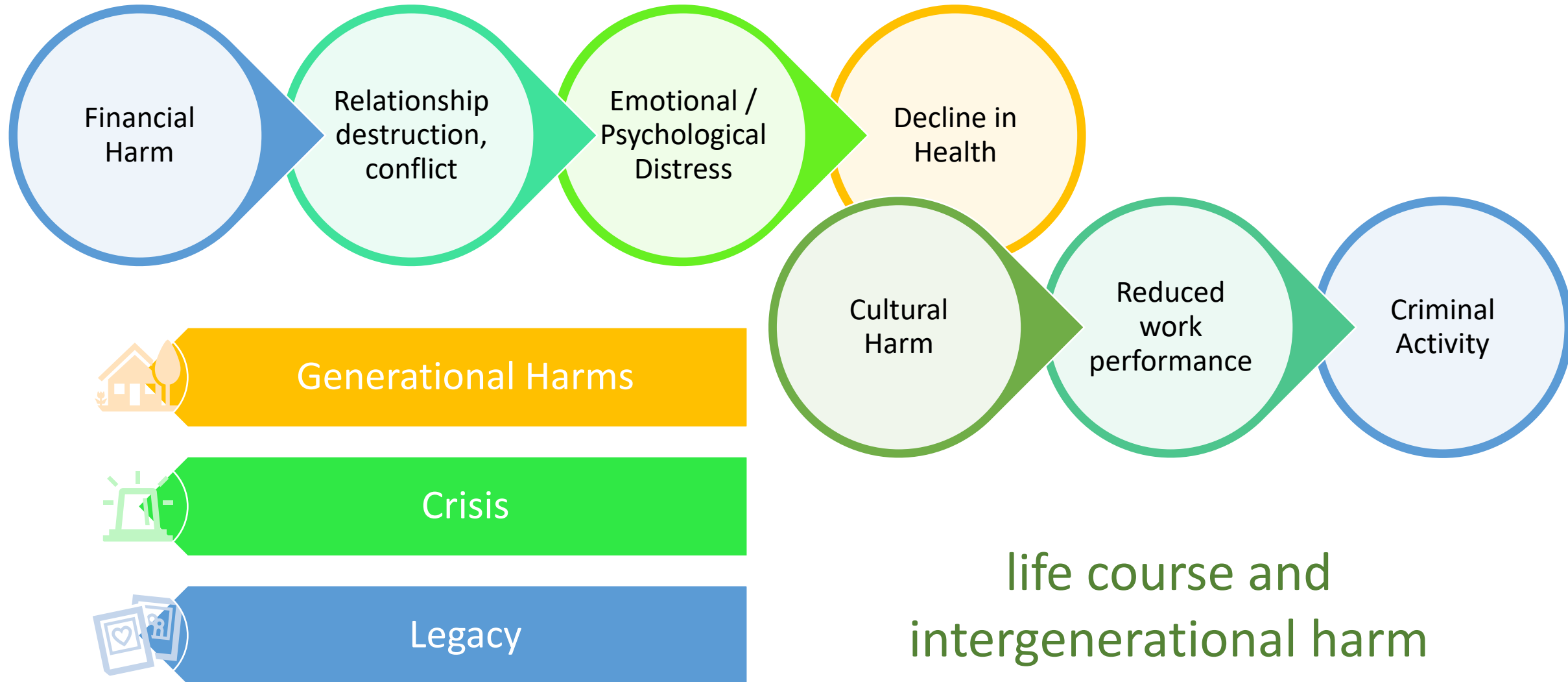


Public Health Interventions



Dimensions of Harm

Langham, Thorne, Browne, Donaldson, & Rockloff, 2015



Financial and Legal Issues

FINANCIAL DIFFICULTIES

Money issues are the most common reason people seek treatment: addressing financial problems should be an integral part of treatment.

LEGAL PROBLEMS

Nearly 25% of people who gambled pathologically had committed at least one illegal gambling-related act, such as writing bad checks, stealing, and unauthorized use of credit cards.

(Ledgerwood, Weinstock, Morasco, & Petry, 2007)

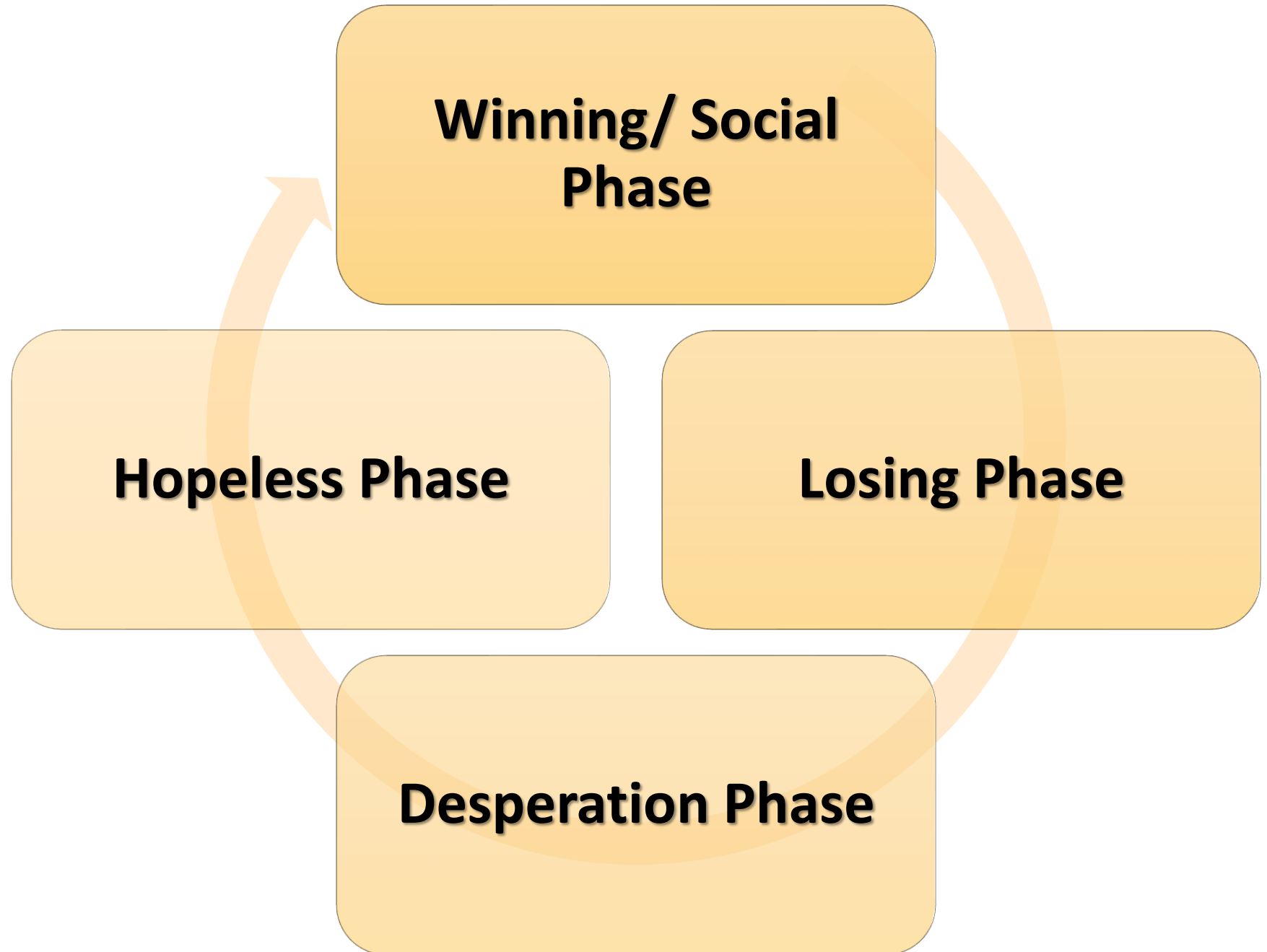
Gambling: Effects on the Brain

Serves as an escape from issues, problems, grief, trauma, depression and anxiety.

Produces a trance-like state of awareness

Loss of time and spatial awareness

The Four Phases of Gambling Disorder



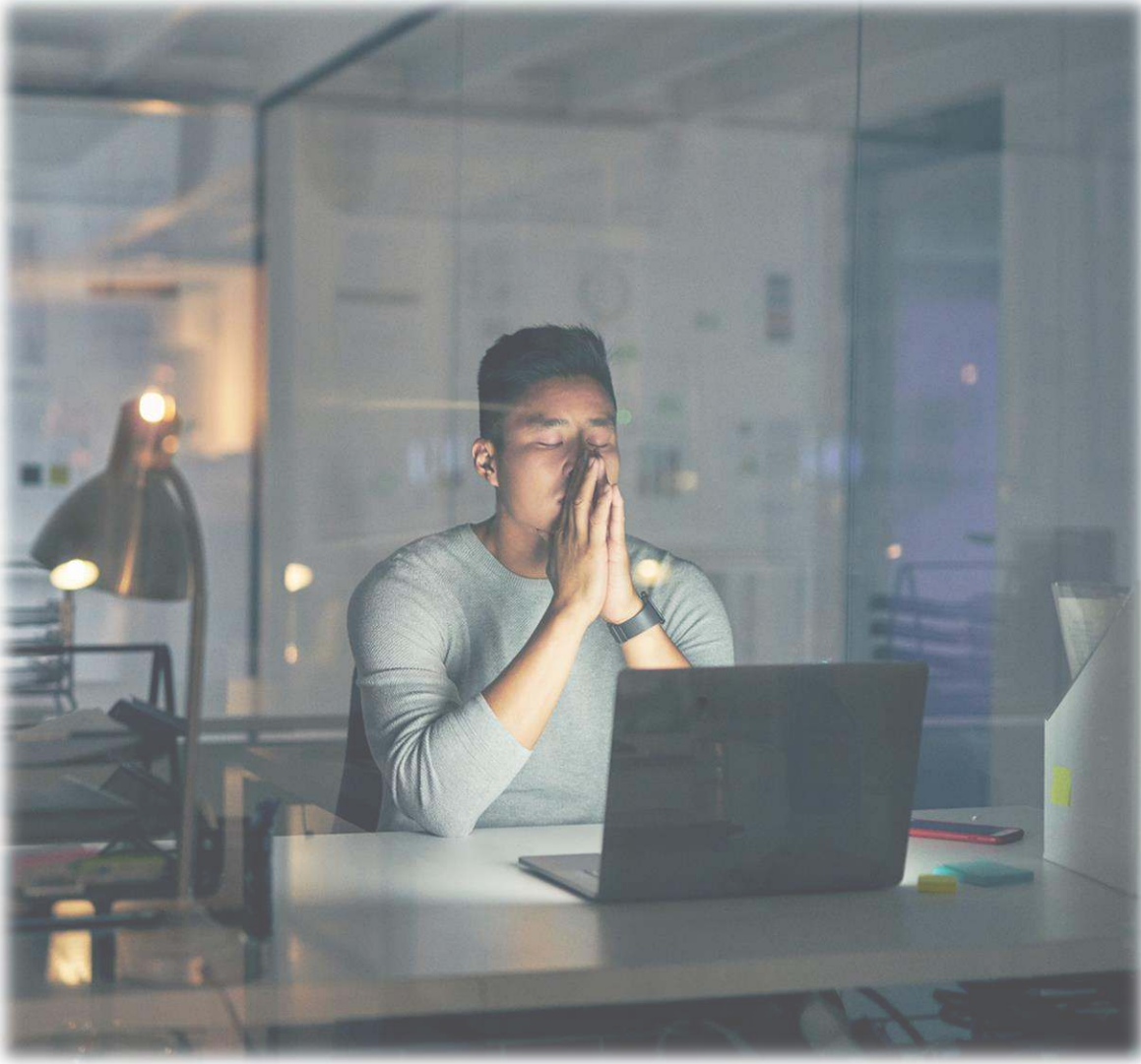
Winning/Social Phase

- The winning/social phase starts with gambling as recreation and can include a **big win**, leading to excitement and a positive view of gambling.
- People affected by gambling disorder believe they have a **special talent** for gambling and that the winning will continue.
- They begin spending **greater amounts of time and money** on gambling.



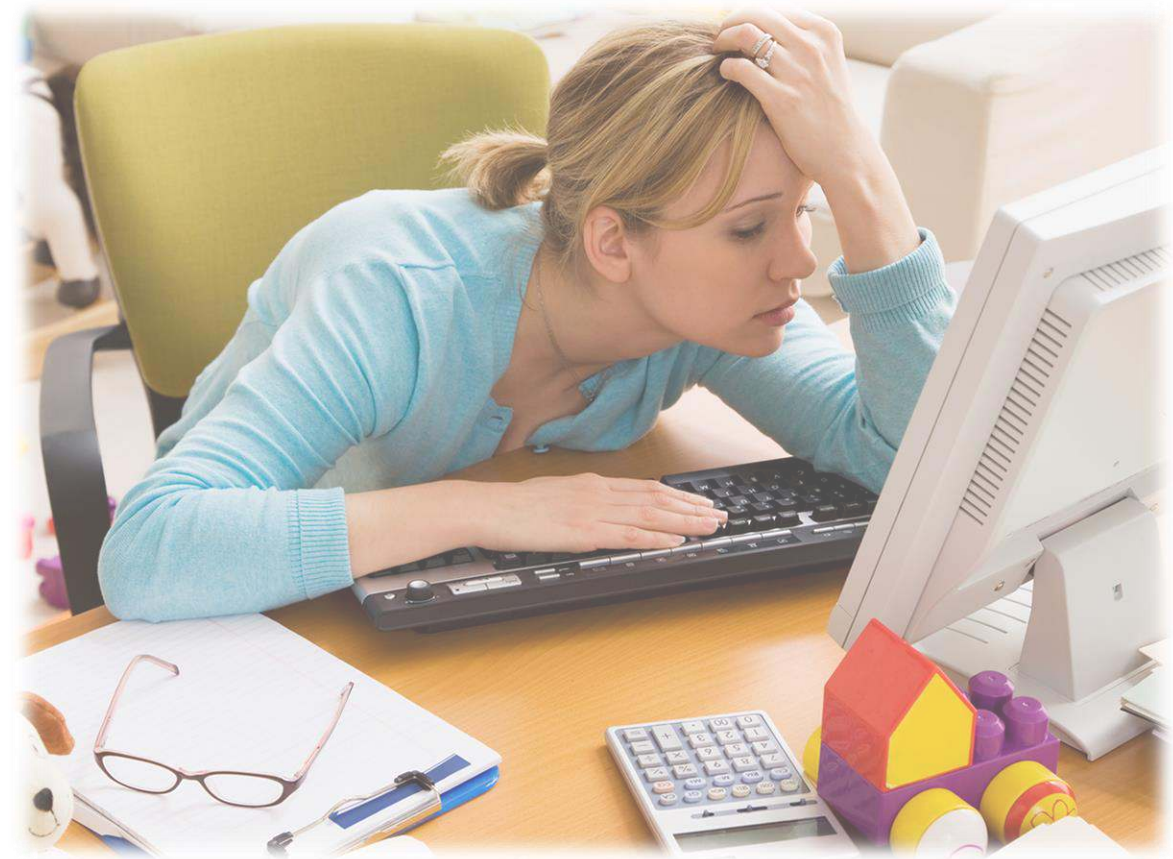
Losing Phase

- People affected by gambling disorder become more and more **preoccupied** with gambling.
- They start to **gamble alone, borrow money, skip work, lie to family and friends, and default on debts.**
- They also begin to **“chase”** their losses.



Desperation Phase

- People affected by gambling disorder **lose all control** over their gambling.
- They **feel ashamed and guilty** after gambling, but they can't stop.
- They may **cheat or steal** to finance their addiction.
- The **consequences** of the gambling disorder—the addictive gambling — catch up with them: they may lose their jobs, get divorced, or get arrested.
- They may consider or attempt **suicide**.

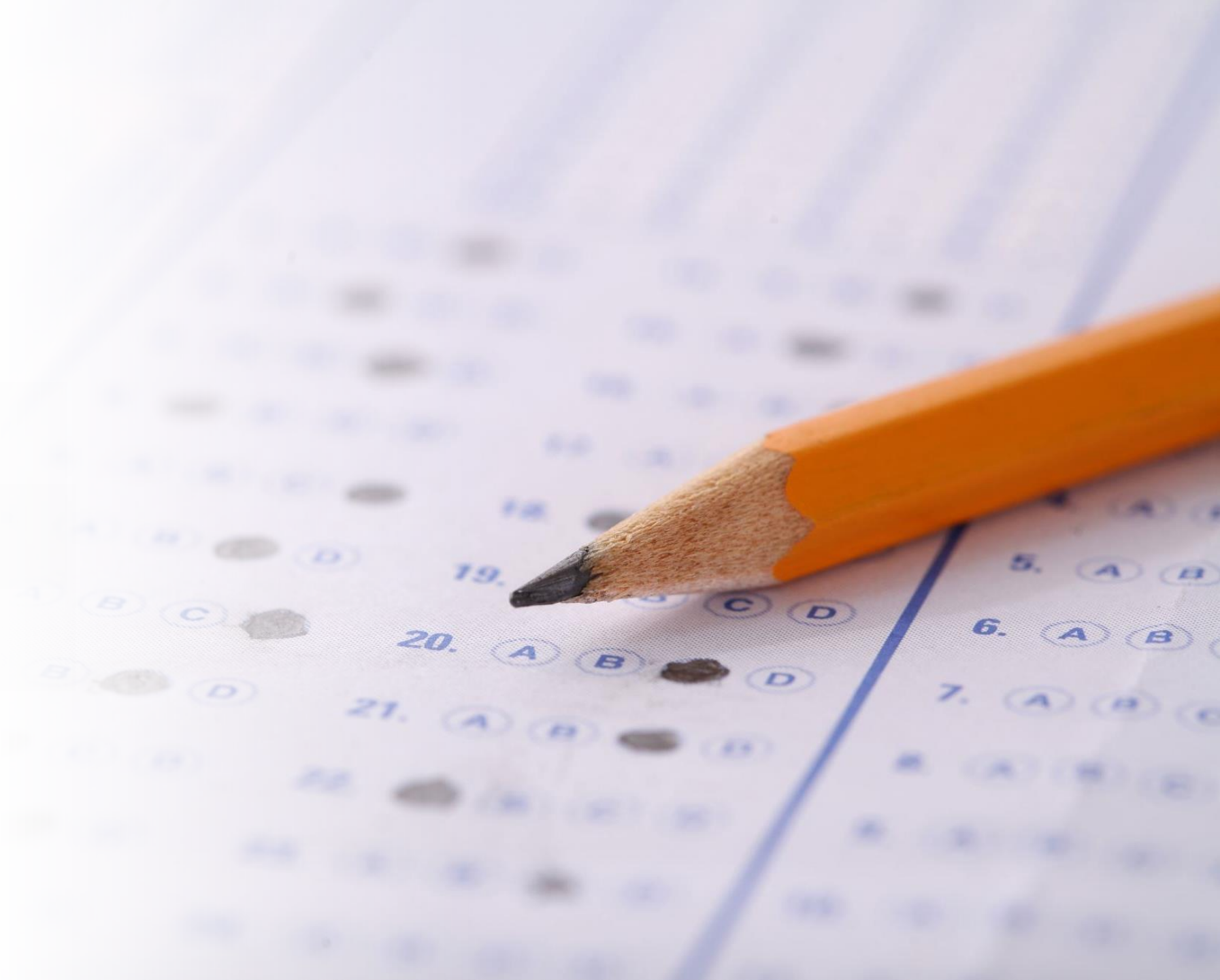


Hopeless/Helpless Phase

- In the hopeless/helpless phase, the person affected by gambling disorder hits “rock bottom.”
- They don’t believe that anyone cares or that help is possible.
- Often, they don’t even care if they live or die.
- They may abuse drugs and alcohol to numb the pain.



Gambling Screening



Question for the Audience:

What percentage of your cases do you think have a gambling problem or a gambling disorder?

- a. Less than 10%
- b. 25%-50%
- c. 50%-75%
- d. 75%-100%

Q: Why screen for gambling disorder?

A:

- Evidence of high-risk of gambling problems among individuals diagnosed with substance use and mental health disorders.
- Gambling disorder may lead 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.
- Many cases of gambling disorder go undetected, because of limited assessment for this problem.

Early intervention and treatment work!

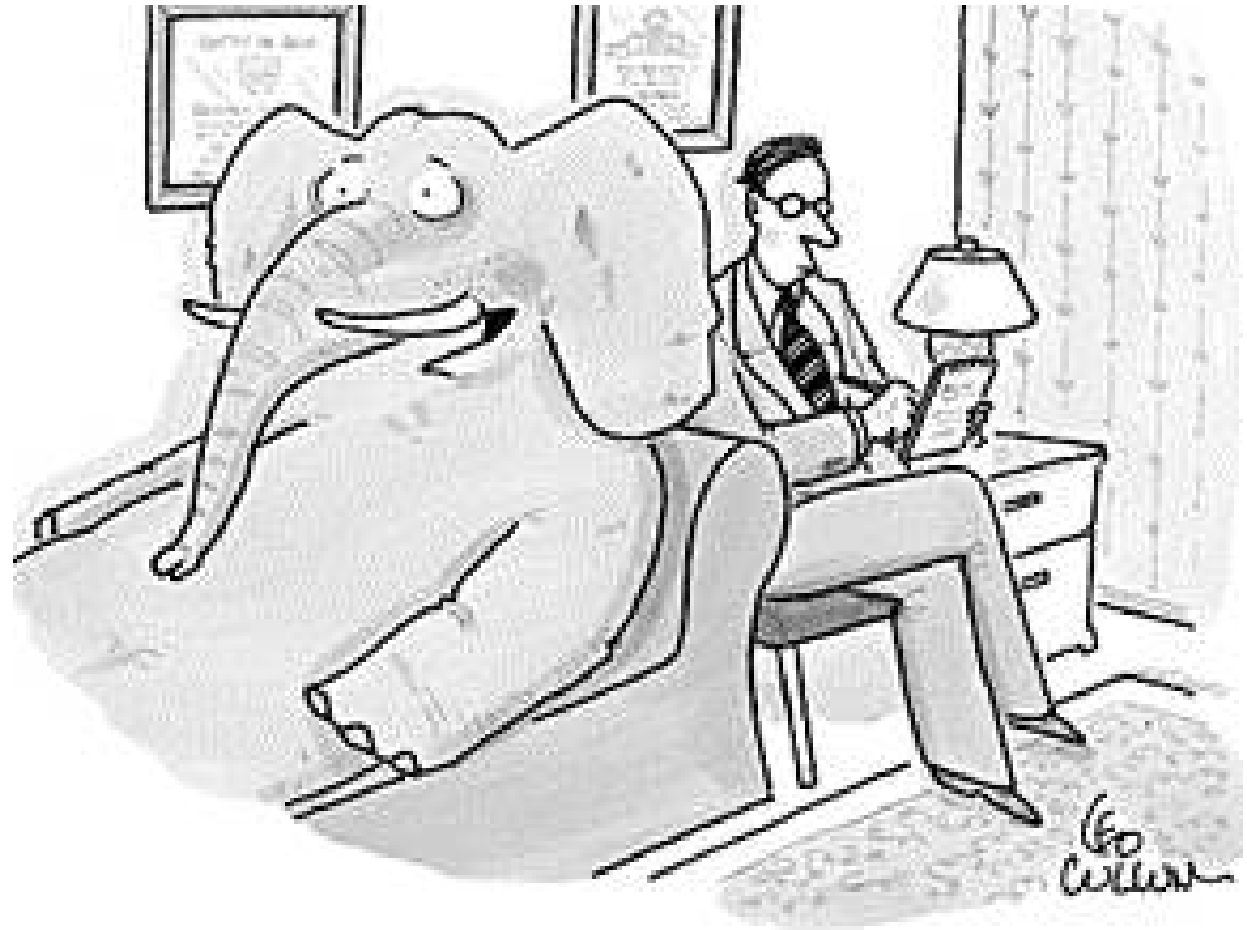
Question for the Audience:

As a clinician, do you use gambling screens as part of your intake process?

- a. Yes
- b. No
- c. Sometimes

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."

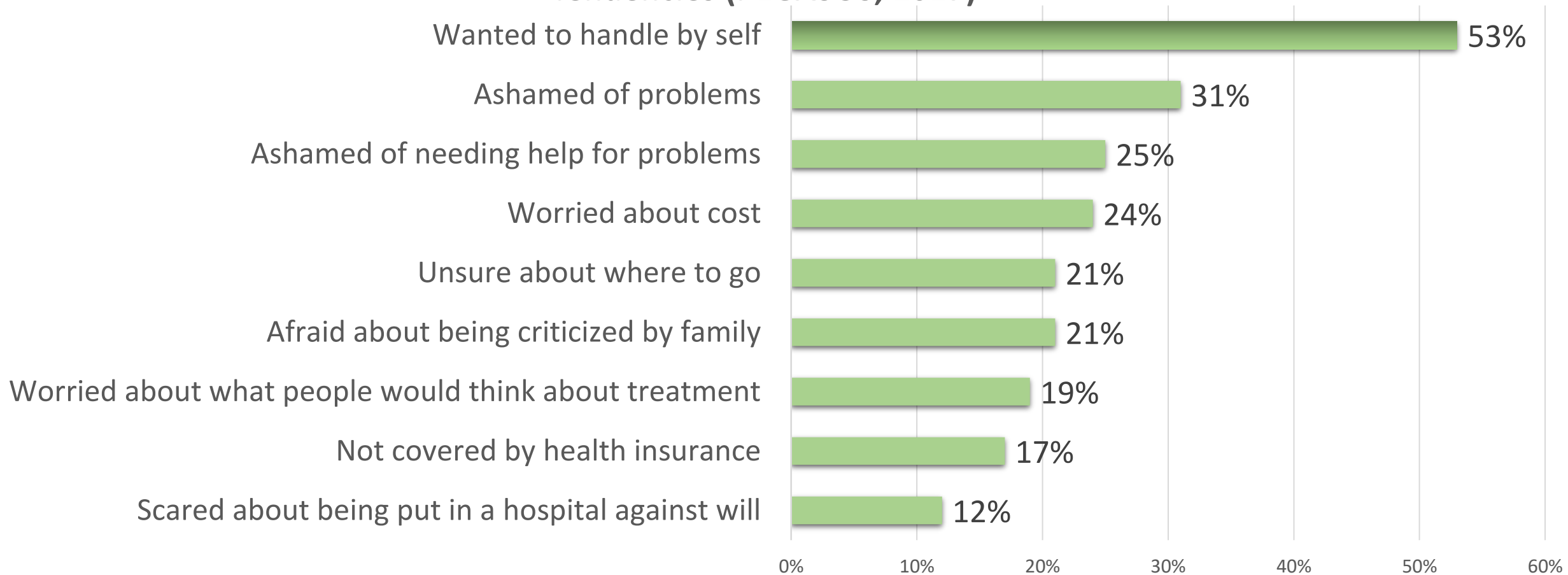
Gambling and the Need for Screening

- Few people discussed gambling with their health provider.
- Less than 10% of individuals with gambling disorders ever seek help.
- 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.



Barriers to Seeking Treatment

Some Barriers of Seeking Treatment Among People with Disordered Gambling Tendencies (PEGASUS, 2017)



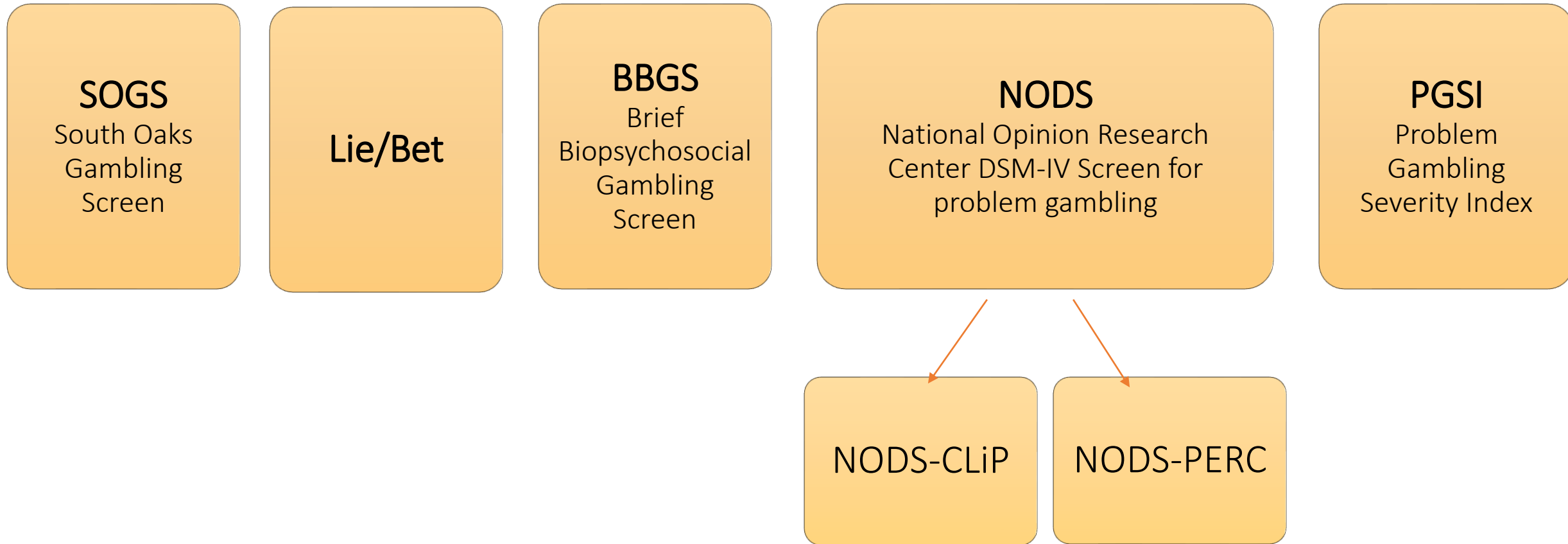
Barriers to Seeking Treatment

- Despite negative consequences, few with a gambling problem seek professional help—**only 1 in 10 seek treatment.**
 - Low awareness of professional help services
 - Denial of problem severity
 - Cultural barriers and lack of multicultural, low-cost services
 - Shame, stigma, reduced self-esteem
- Ongoing education and promotion of help services required to increase awareness.

Q: Why address gambling problems in SUD and MH programs?

- A:**
- Individuals with substance use and mental health disorders are at higher risk for having a gambling problem.
 - Gambling (even at moderate levels) may have an adverse impact on treatment outcome.
 - Unaddressed gambling and gambling problems are likely to add to treatment costs and service utilization.

Screening Tools



South Oaks Gambling Screen

Please indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: “Not at All,” “Less than Once a Week,” or “Once a Week or More.”

- a. Played cards for money
- b. Bet on horses, dogs, or other animals (at OTB, the track or with a bookie)
- c. Bet on sport (parlay cards, with bookie)
- d. Played dice games, including craps, over and under or other dice games
- e. Went to casinos (legal or otherwise)
- f. Played the numbers or bet on lotteries
- g. Played bingo
- h. Played the stock and/or commodities market
- i. Played slot machines, poker machines, or other gambling machines
- j. Bowled, shot pool, played golf, or some other game of skill for money
- k. Played pull tabs or “paper” games other than lotteries
- l. Some form of gambling not listed above (please specify: _____)

South Oaks Gambling Screen

- Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost? ___ Never ___ Yes, less than half the time I lost ___ Yes, most of the time
- Do you feel you have ever had a problem with betting or money gambling?
___ No ___ Yes ___ Yes, in the past, but not now
- Did you ever gamble more than you intended to? ___ Yes ___ No
- Have people criticized your betting or told you that you had a problem, regardless of whether or not you thought it was true? ___ Yes ___ No
- Have you ever felt guilty about the way you gamble, or what happens when you gamble?
___ Yes ___ No
- Have you ever felt like you would like to stop betting money on gambling, but didn't think you could? ___ Yes ___ No

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?

Pre-occupation

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?

Brief Biosocial Gambling Screen - BBGS

Scoring: A “yes” response to any single item indicates potential gambling-related problems and the need for additional evaluation.

1. During the past 12 months, have you become restless irritable or anxious when trying to stop/cut down on gambling? ☐ Yes ☐ No
2. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled? ☐ Yes ☐ No
3. 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? ☐ Yes ☐ No

Determine Prevalence of Problem Gambling and Pilot Use of BBGS

Study Sample

- 100 randomly selected patients in an urban primary care clinic

Gold Standard

- DSM-5 Diagnostic Criteria

Screening Instrument

- BBGS Gebauer, LaBrie, Shaffer, (2010)

Prevalence

(more than four DSM-5 criteria)

12 %

Prevalence Study Conclusions

Gambling appears to be highly prevalent in this clinic sample

Predictors of gambling are associated with substance use and impulsivity

BBGS appears to be an effective screening tool

Differences between Performance of Brief Screens in Research Protocols vs. Actual Clinical Practice

- Very **low positive rates** in clinical practice
- Not wanting **another problem in record**
- **Lack of understanding** of what included as a gambling activity
- Not wanting to deal with **secondary/shameful behavior**
- **Not ready** to give up gambling
- Viewing gambling as a **solution** not a problem
- **Clinician factors**

Question for the Audience:

Do you introject gambling related issues or topics into the conversation while working with clients?

- a. Yes
- b. No

Barriers for Integrating Gambling Screening

Statements from Providers

- “Gambling is not a problem for our clients”
- “We already ask clients if they gamble, most say no”
- “We do not want to add another form”
- “If they have a gambling problem, they will tell us”
- “I will mention it to the other counselors”
- “I find gambling enjoyable, it is not dangerous”
- “Our clients can not afford to gamble”

Screening Best Practices

- Include brief screen on intake (and don't expect much).
- Use subtle questions about gambling activities.
- Be creative.
- Repeat screen after relationship and trust established.
(At treatment plan updates?)
- Conduct screen in conjunction with psychoeducation on impact of gambling on recovery/problem gambling.



SBIRT

Screening, Brief Intervention and Referral to Treatment: SBIRT

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with addictive disorders, as well as those who are at risk of developing these disorders.

By initiating a conversation and providing information, health care providers can **normalize the conversation** and help patients identify risky use early and make choices that lead to better health. (*Motivational Interviewing Techniques*)

Aims to address drug overdose deaths, health disparity outcomes, and healthcare costs – **What about Gambling?**

Screening, Brief Intervention & Referral to Treatment: SBIRT



SCREENING: universal screening to assess everyone for levels of risk regarding **addictive disorders** with validated screening tools.



BRIEF INTERVENTION: motivational and awareness raising brief intervention for those who screen as at-risk or problem gamblers. Research shows that brief interventions are most effective among persons with less severe problems: low-risk gamblers.



REFERRAL to TREATMENT: referral to specialty care for those screening as moderate and high-risk gamblers in need of further evaluation and treatment.

Note about Screening...

It is important to remember that a positive screen does not constitute a diagnosis.

Even if the screen suggests a high probability of problematic gambling behavior, further assessment or interventions are recommended.

What is SBIRT?

Screening

- Application of a simple test to determine if a patient is at risk for or may have a gambling disorder

Brief Intervention

- Explanation of screening results
- Information on responsible gambling
- Assessment of readiness to change
- Advice on change

Referral to Treatment

- Patients with positive results on a screening may be referred to resources for further assessment and/or counseling or self-help resources

What are the key elements for a successful SBIRT intervention?

Screening Questionnaire

- Short
- Reliable
- Valid
- Interpretable

Brief Intervention

- Awareness raising
- Motivational
- Implementable

Referral to Treatment

- Specialty treatment available
- Further assessment

Problem Gambling Severity Index

Thinking about the last 12 months, answer the following questions with the response: **0 Never. 1 Sometimes. 2 Most of the time. 3 Almost always.**

1. Have you bet more than you could really afford to lose?
2. Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?
3. When you gambled, did you go back another day to try to win back the money you lost?
4. Have you borrowed money or sold anything to get money to gamble?
5. Have you felt that you might have a problem with gambling?
6. Has gambling caused you any health problems, including stress or anxiety?
7. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
8. Has your gambling caused any financial problems for you or your household?
9. Have you felt guilty about the way you gamble or what happens when you gamble?

Problem Gambling Severity Index

TOTAL SCORE

Score of 0 = Non-problem gambling.

Score of 1 or 2 = **Low Risk:** with few problems or no identified negative consequences.

Score of 3 to 7 = **Moderate Risk:** problems leading to some negative consequences.

Score of 8 or more = **High Risk:** problems gambling with negative consequences and a possible loss of control.

Ferris, J., & Wynne, H. (2001). The Canadian problem gambling index: Canadian Centre on Substance Abuse.

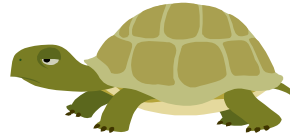
Brief Interventions



- Give feedback about screening results
 - Try to understand the persons view on their behavior
 - Ask about pros and cons, use a decisional balance chart
- Inform the person about safe limits and offer suggestions about change.
 - Review the risks/ consequences of maintaining the behavior
- Enhance Motivation towards change
 - Assess their readiness and/or confidence to change
- Negotiate goals and strategies for change: Next Steps

Low Risk Gambling is Done:

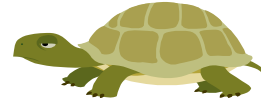
- ✓ As a form of recreation, not to make money or make up for previous losses.
- ✓ With limits on time, frequency, and duration.
- ✓ In a social setting with others not alone.
- ✓ With money you can afford to lose.



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.

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 practices.

Consider seeking help if this is a concern.

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

1-800-GAMBLER

or

www.helpmygamblingproblem.org

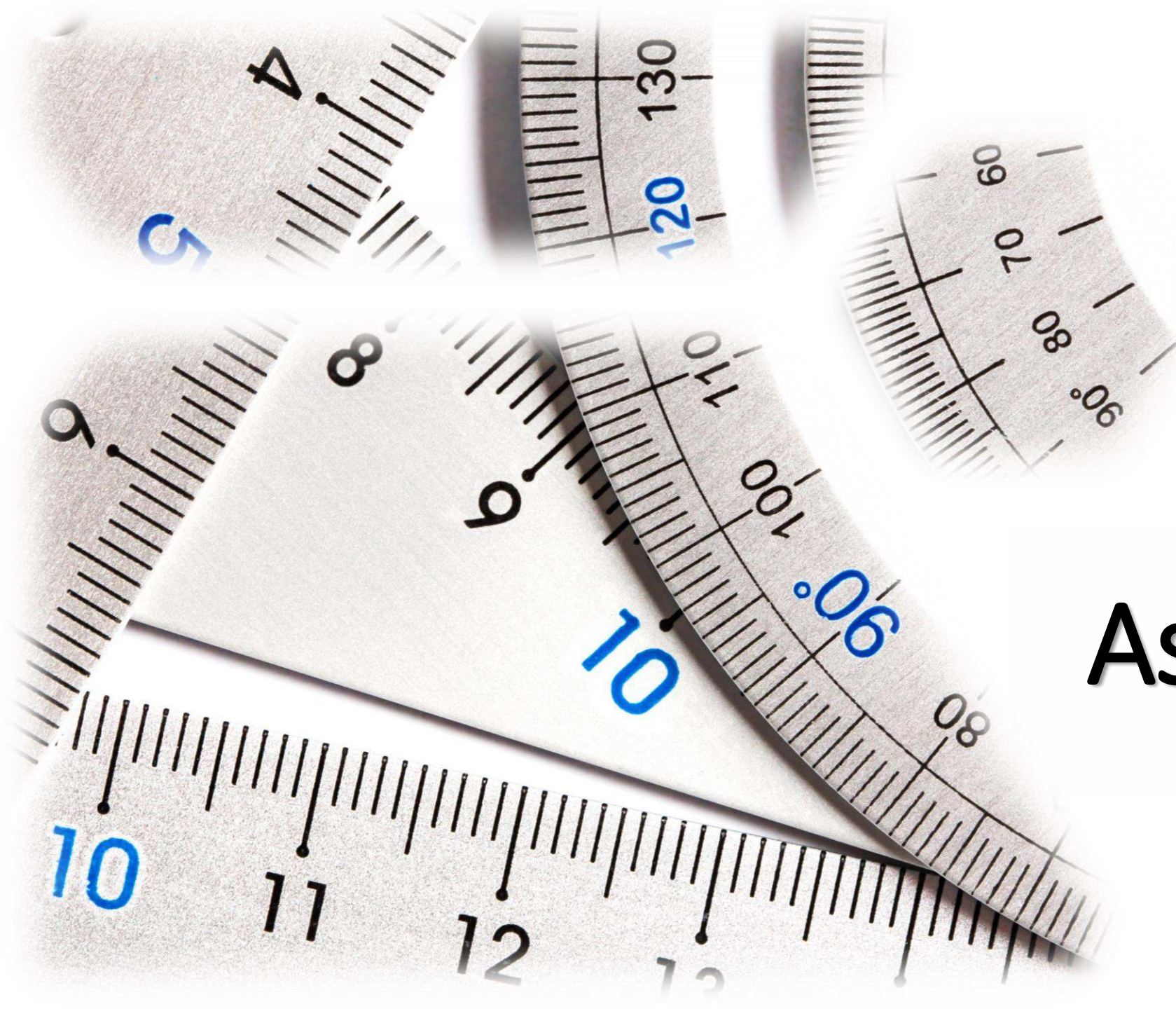
Referral to Treatment

- Self Support Groups:
 - Gamblers Anonymous
 - SMART Recovery
 - NAMI
- Maryland:
 - Provider Referral Network Directory: No Cost Treatment
 - Free Clinical Trainings
 - Peer Support (*Center & MCF*)
- Local Health Department
- NCPG for State Gambling Resources





15 Minute Break



Assessments

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

Assessment Components

gambling history/
severity

strengths

psychopathology/
distress

personality traits

copmg skills

dissociation

cognitive

family
environment

spirituality

financial

Assessment Outline

Gambling History

Benefits of Gambling

Strengths

Costs of Gambling

Medical Evaluation

Psychosocial History

Spiritual History

Cultural Identity Issues

- First remembered bet
- Largest bet/most in one day
 - Last bet
 - Types of gambling
- How learned about gambling

Assessment Outline

Gambling History

Benefits of Gambling

Strengths

Costs of Gambling

Medical Evaluation

Psychosocial History

Spiritual History

Cultural Identity Issues

- What do you (did you) *get out* of gambling?
- What part has gambling played in your life?
- When do you gamble?
- How do you feel while gambling? Before? After?
- Extent of involvement in fantasy/dream world

Assessment Outline

Gambling History

Benefits of Gambling

Strengths

Costs of Gambling

Medical Evaluation

Psychosocial History

Spiritual History

Cultural Identity Issues

- What strengths/skills have you used to cope with gambling problems?
- Which have worked best?
- What strengths/skills have you used in other areas or times in your life?

Assessment Outline

Gambling History

Benefits of Gambling

Strengths

Costs of Gambling

Medical Evaluation

Psychosocial History

Spiritual History

Cultural Identity Issues

- Financial
 - Legal
 - Material
- Family/relationship
 - Employment
- Physical/medical
- Mental/cognitive
 - Emotional
- Shame and guilt

Assessment Outline

Gambling History

Benefits of Gambling

Strengths

Costs of Gambling

Medical Evaluation

Psychosocial History

Spiritual History

Cultural Identity Issues

HISTORY AND PHYSICAL

- Regular doctor check-ups
- Adherence to medications
- Sleep hygiene
- Suicide ideation/past attempts
- Medical history/ treatment
- Medical traumas

IMPACT OF GAMBLING ON:

- Sleep
- Nutrition
- Physical activity
- Stress-related health issues
- Medication affordability

Assessment Outline

Gambling History

Benefits of Gambling

Strengths

Costs of Gambling

Medical Evaluation

Psychosocial History

Spiritual History

Cultural Identity Issues

CO- OCCURRING DISORDERS

- Depression
- Anxiety
- Substance use disorder (past/present)
- PTSD
- ADD/ADHD
- Personality

TRAUMA

- Any traumatic experiences? (physical, sexual, emotional, environmental)
- Level of awareness of trauma
- Permission to work on trauma

Assessment Outline

Gambling History

Benefits of Gambling

Strengths

Costs of Gambling

Medical Evaluation

Psychosocial History

Spiritual History

Cultural Identity Issues

- School
 - Academic performance
 - Athletic/sports involvement
 - Other interests/activities
- Employment/military
- Friends
- Intimate relationships
- Lying/ Omissions
- Accomplishments/success
- Competitiveness
- Authority/legal problems
- Hobbies/leisure activities

Assessment Outline

Gambling History

Benefits of Gambling

Strengths

Costs of Gambling

Medical Evaluation

Psychosocial History

Spiritual History

Cultural Identity Issues

- Involvement with formal religious groups/ practices/ beliefs
- Relationship with higher power or philosophy or faith
 - Value system
 - Meaning in life
 - Feelings of connection

Assessment Outline

Gambling History

Benefits of Gambling

Strengths

Costs of Gambling

Medical Evaluation

Psychosocial History

Spiritual History

Cultural Identity Issues

- Family culture
- Generational culture
- Neighborhood culture
 - Ethnic culture
- Casinos vs. terminals vs. sports
 - Traditional vs. digital
- Culture-specific gambling games
- Feelings of community connectedness

Scope of Problem Gambling



International Scope of Gambling



Internationally the legal gambling market estimated to be over a \$400 billion industry

152 countries worldwide have gambling properties that include casinos, horse tracks, dog tracks, and/or cruise ships

Scope of Gambling in the United States

In the United States, gambling is legal in **48 states** in some capacity.

Only Utah and Hawaii have a 100% ban on it. However, social poker games in private residences are allowed in Hawaii.

Legal Gambling revenue is an estimated \$130 Billion industry in the U.S.

(American Gaming Association, NASPL, NIGC)



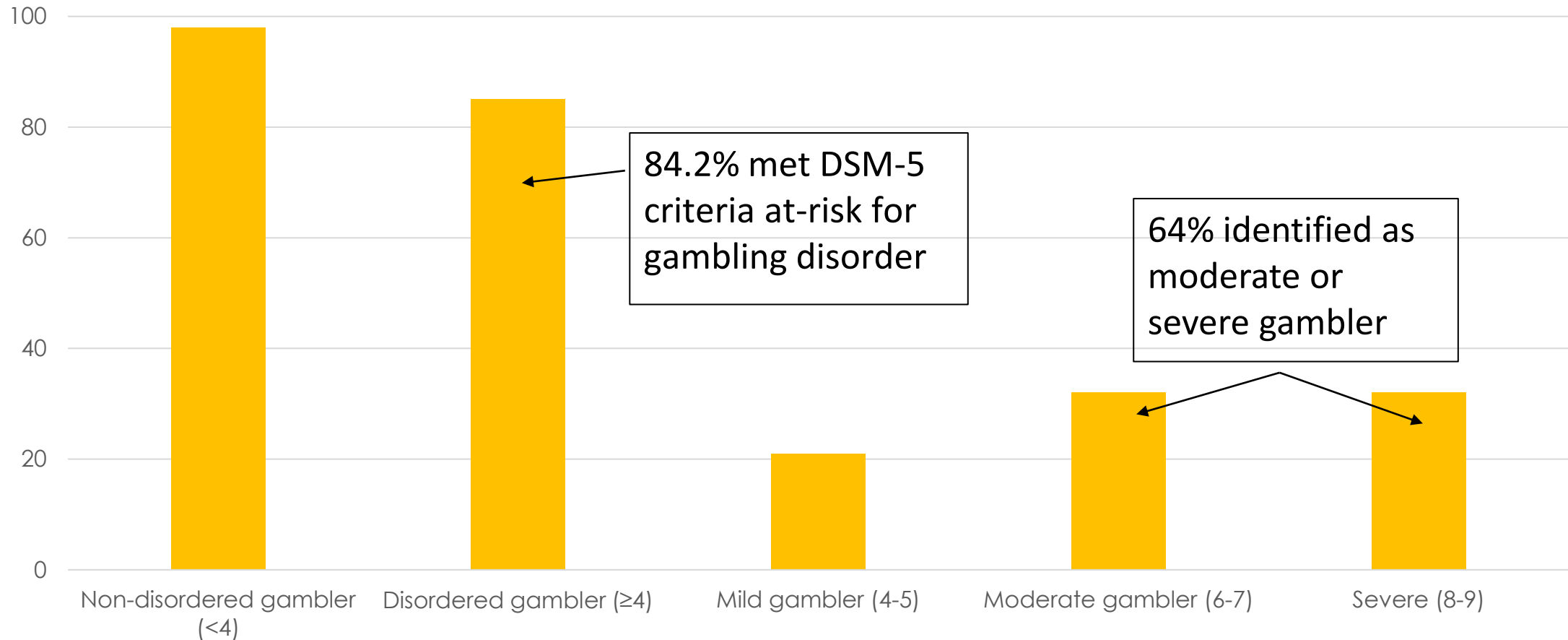
Comparison to Substance Use

(Past Year Use/Participation among Adults in the US)

Gambling	79.6%
Alcohol	67.6%
Smoked Tobacco	28.7%
Marijuana	11.2%

(Barnes, Welte, Tidwell, & Hoffman, 2015)

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



Prevalence of Substance Use Disorders and Gambling Disorder

2019 National Survey on Drug Use and Health

Problem gambling presents less than alcohol use disorder and equal to or greater than other substance disorders.

	<u>12 years + up</u>	<u>26 years + up</u>
Alcohol Use Disorder	5.3%	5.1%
Cannabis	1.8	1.0
Gambling	1.9%	<i>(18+ y/o, Welte et al, 2015)</i>
Opioid	0.6	0.6
Methamphetamine	0.4	0.4
Cocaine	0.1	0.3

Adolescent Involvement in Addictive Behaviors

(Gupta & Derevensky, 1998)

Total Use				Weekly Use		
	<i>Grade 7</i>	<i>Grade 9</i>	<i>Grade 11</i>	<i>Grade 7</i>	<i>Grade 9</i>	<i>Grade 11</i>
Alcohol	36.8%	62.2%	79.8%	7.4%	14.0%	20.2%
Drugs	3.5%	13.4%	26.5%	2.7%	2.1%	9.0%
Cigarettes	18.2%	34.5%	48.4%	7.0%	16.1%	31.4%
Gambling	79.1%	78.9%	83.4%	30.4%	37.4%	37.1%

What percentage of adults have gambling problems?

Worldwide

(Calado & Griffiths, 2016)

Overall, 0.1–5.8% met diagnostic criteria in the past year.

North America 0.2–5.0%

Asia 0.5–5.8%

Oceania 0.4–0.7%

Europe 0.1–3.4%

Africa (*only South Africa*) 4.8%

In the U.S.

(Welte, Barnes, Tidwell, Hoffman, & Wieczorek, 2015)

0.1–1.9% gambling disorder

0.5–5.5% problem gambling

What percentage of youth have gambling problems?

Worldwide

(Calado & Griffiths, 2016)

Overall, 0.2–5.6% met diagnostic criteria in the past year.

North America 2.1–2.6%

Asia (*only Hong Kong*) 0.9%

Oceania 0.2–4.4%

Europe 0.2–12.3%

In the U.S.

(Welte, Barnes, Tidwell, & Hoffman, 2008)

0.4% gambling disorder

2.2% problem gambling

Greater numbers of electronic gambling devices (EGDs) are associated with higher problem gambling prevalence rates.

Type of EGD: high event frequency, immediate rewards

Venue: casino, bars/restaurants, convenient stores

Alcohol: linked to sale of alcoholic beverages

Problem Gambling and Ethnicity

DSM-5

- Higher rates of problem gambling among **Americans of African descent** than Americans of European descent
- Rates for **Hispanic Americans** are similar to European Americans in some studies and higher in others
- Similar conflicting research for **Asian Americans**
- Higher prevalence rates among **indigenous populations**
- In general, the **most disenfranchised group** within a region will have a higher rate of problem gambling.

Problem Gambling and Ethnicity

- Reviews of prevalence studies worldwide
- Higher rates of problem gambling among minority ethnic groups
- More recent immigrants are likely to have higher rates of problem gambling

Problem Gambling among U.S. Veterans



- U.S. veterans have been found to have elevated rates of problems with gambling compared to non-veterans. (Westermeyer et al., 2013)
- A national survey of U.S. veterans found that approximately 2.2% screened positive for at-risk or pathological gambling. (Stefanovics, Potenza, & Pietrzak, 2017)
- 4.2% of Iraq/Afghanistan veterans exhibit at-risk or probable pathological gambling. (Whiting et al., 2016)
- 8.1% of active military personnel exhibit lifetime problem gambling. (Bray et al., 1999)

Risk factors: National and International Studies

- male
- disadvantaged neighborhoods and marginalized groups
 - youth, unemployed, male members of ethnic minorities, lower SES, lower education
- proximity to casino
- history of substance use or mental health disorder
- single or divorced
- early age of gambling
- big win



(Welte, Barnes, Wieczorek, Tidwell, & Parker 2002);
(National Opinion Research Center [NORC], 1999);
(Barnes et al., 2013).; (NORC, 1999).

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



Gender Differences



- Men still have higher rates of problem gambling than women.
- Nearly equal numbers of women and men seek treatment for gambling problems.
- Women are still under-represented in Gamblers Anonymous.
- Men start earlier. Women progress more quickly.
- LGBTQ+ understudied

Shared Risk Factors

(CDC, 2013)

Ecological Level:	Shared Risk Factors: <i>Mental Health, Substance Abuse, & Gambling</i>
Society	<ul style="list-style-type: none">• Residential instability• Low income, poverty
Community	<ul style="list-style-type: none">• Living in high stress neighborhoods
Relationship	<ul style="list-style-type: none">• Experience childhood trauma• Intimate partner violence
Individual	<ul style="list-style-type: none">• Initiation of behavior at early age• Serious illness, chronic medical condition• Active duty or retired military

Problem and disordered gambling prevalence rates are higher for:



casino employees



college students



people of lower socioeconomic status



men, but women are catching up



prison populations



ethnic minority groups



those with mental health and substance abuse problems



veterans with PTSD



Those that have problems gambling can be male, female, young, old, wealthy, poor, white or persons of color.



Enjoy Lunch!



Adam

- Adam is a 36-year-old newly married cisgender white American male. He is a successful self-employed entrepreneur. Out of his company's revenue he draws 200k per year.
- Adam began gambling as a source of entertainment and fun approximately two years ago. Recently Adam experienced heavy losses and soon found himself in deep debt. He started chasing his losses and taking funds from his company as a “quick way to fix” the problem.
- Adam felt stressed. To relieve stress Adam began drinking four to six shots of alcohol nightly. His continued use worried his new bride and affected their relationship.
- Adam confessed about his problem gambling to his wife. He told her about the money taken from the company and how he depleted their dream house savings. Adam and his wife agreed that he should see a therapist.

YOUR THOUGHTS

- What are you noticing about this case?
- What treatment is most appropriate right now?
- What are your next steps?
- What does the client want to do?

More about Adam

- Adam presented to treatment with gambling, alcohol and stress.
- Comprehensive Psychosocial Evaluation:
 - Gambling: 15 years old – Online Poker (Stopped 10 days before entering therapy)
 - Alcohol: 23 years old – After 8pm nightly (Stopped 5 days before entering therapy)
 - Stress: 10 years – on going
- Denies SI ideation and attempts.
- BA degree in Industrial Engineering
- Good relationship with parents
- Loving relationship with wife
- Denies Legal issues past and present
- In good health

More about Adam

What does Adam want to do?

Adams' goals:

1. Stop online gambling
2. Change his relationship with alcohol

Adams' Hopes:

1. Gain tools and coping skills
2. Learn reason for gambling
3. Make good decisions

What are your Next Steps?

Engaging Clients with Problem/ Gambling Disorder



Engaging Clients with Gambling Disorder

Provider focus: The intake begins the assessment process. It is the most important of all services.

The caller is the anchor.

What is their first priority?

Client's fears, conflicts, and crises
define the first interactions.

If the client **believes** you can help, that you do not
judge them and that you care,
they will begin to allow you to help.

Begin with the client's strengths, aspirations, and goals.



Lessons Learned

Engagement begins at first phone call, at the reception desk, in the waiting room...

Intake forms and requirements: what do they have to do with gambling issues, what do they have to do with client priorities?

How Do Clients Enter Treatment?

“treatment agencies are not considered points of intervention, but merely **last resorts** when all other possibilities have been exhausted.”

(Evans & Delfabbro, 2005)



The background features a grey gradient with vibrant, swirling ink splashes in shades of blue and pink. The text is centered within a white rectangular frame.

Problem Gambling and its Effects

Co-occurring Disorders:

Health – Trauma – Domestic Violence

“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 Co-Occurring Disorders



Gambling and Co-Occurring Disorders

- Per DSM-5, those with gambling disorder have high rates of SUDs, depressive disorders, anxiety disorders, and personality disorders.
- Nearly one third to half of individuals in SUD treatment were identified as having a gambling problem (Himmelhoch et al., 2016).
- 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 the rate of problem gambling (Rush, et al., 2008).

Data from the National Comorbidity Replication Survey estimate that:

- 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).

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 Health Issues



Sue Ann

- Sue Ann has always enjoyed going to the casino. She has typically gone a couple of times a month and enjoys playing poker and blackjack. She has almost always been able to stick to her limits.
- Recently, she has been going several times a week, spending more money than she knows she can afford. She just can't seem to stop herself. She has recently been diagnosed with restless leg syndrome and started on medication.

YOUR THOUGHTS

- What are you noticing about this case?
- What are your next steps?
- What does the client want to do?

Gambling and Medical Problems

Per DSM-5:

“Gambling disorder is associated with poor general health... Some specific medical diagnoses, such as **tachycardia** (*irregular heartbeat*) and **angina** (*tightness in chest*) are more common than in the general population.”

Health Problems and Medical Utilization with Gambling Disorders

- 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.**

(Morasco, vom Eigen, & Petry, 2006)

Health Problems and Medical Utilization with Gambling Disorders

- 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.

<https://www.divisiononaddiction.org/outreach-resources/gdsd/toolkit/why-screen-for-gambling-disorder/>

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

Associated Health Issues with Problem Gambling

Sleep Disorders

- Linked to depression, stress, headaches, insomnia, and anxiety
- REM sleep disruption (may be associated with exposure to alcohol, nicotine, or medications prescribed for depression/anxiety)

Heart Disease

- Presenting symptoms of heart disease, high blood pressure, angina, and tachycardia, can be exacerbated by gambling and stress

Digestive Ailments

- Malnutrition, obesity, heartburn, dehydration, and ulcers

Health Habits

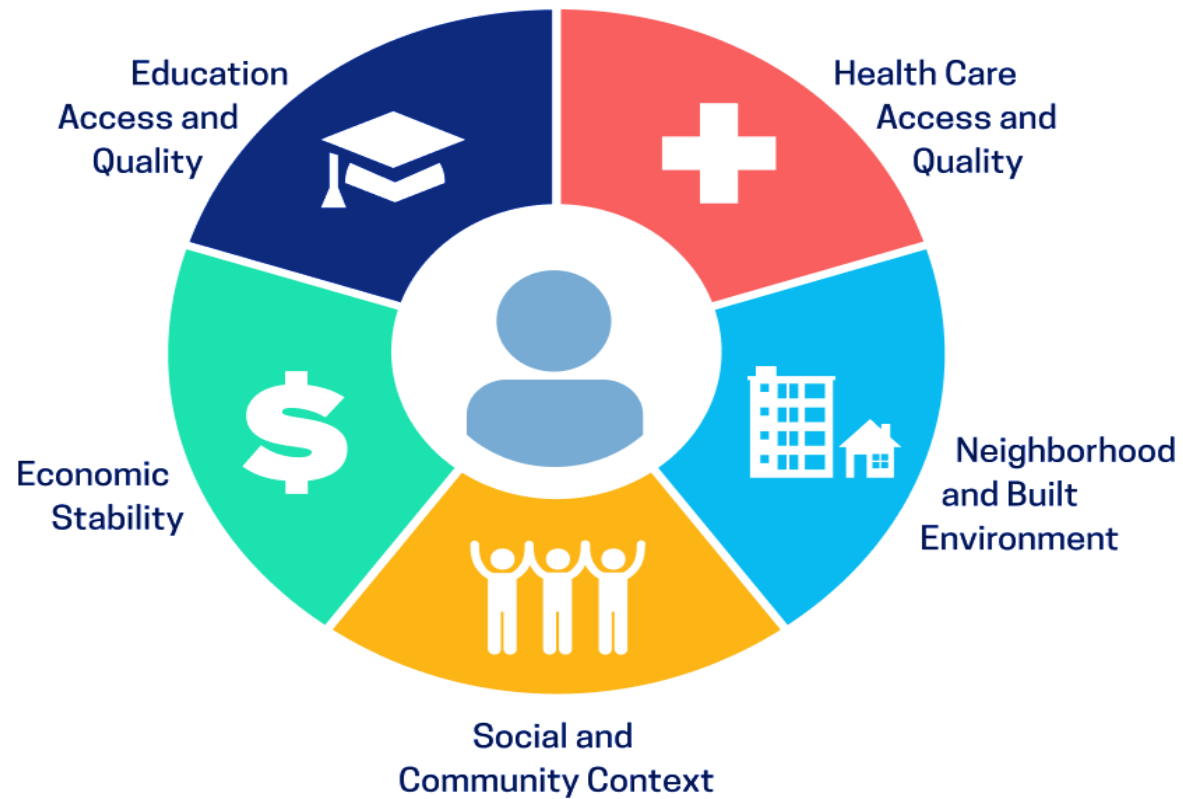
(Black, Shaw, McCormick, & Allen, 2013)

Problem Gambling Subjects:

- Smoke \geq 1ppd
- Drink \geq 5 servings of caffeine/day
- Watch \geq 20 hrs TV/week
- Visit the ER more
- Less likely to have regular dental care
- More likely to postpone medical care due to financial problems
- Have higher body mass index and are more likely to be obese
- Have poorer self-perception of health

Severity of gambling positively correlated with # of medical problems

Social Determinants of Health



<https://health.gov/healthypeople/priority-areas/social-determinants-health>

Social Determinants of Health (SDOH)

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition.

Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills



How does Gambling Impact upon the Social Determinants of Health and Vice Versa?

- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context
- Economic Stability

Incorporate gambling questions in screening for SDOH.

Domestic Violence



DV and IPV

What's the Difference?

Domestic Violence (DV)

can occur between a parent and child, siblings, or even roommates.

Intimate Partner Violence (IPV)

can only occur between romantic partners who may or may not be living together.

Family Violence

- A study by the National Institutes of Health found that **80%** of people who reported being the victims of domestic violence by their partner said that the partner had a problem such as compulsive gambling or alcohol abuse.
- **Children of those with a gambling problem** are **2 to 3 times** more likely to be abused by a parent than their peers.

Study of 300 women, consecutive ER admissions
(Muellemann et al., 2002)

26% categorized as experiencing IPV.

IPV 10X as likely if partner has a gambling problem • IPV 6X as likely if partner has a drinking problem • IPV 50X as likely if partner has both

Study of 248 Adults with a Gambling Problem
(Korman et al., 2008)

43 women, 205 men

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

Presence of lifetime substance use disorder + anger problems increased likelihood of IPV

PPG among those reporting IPV and Child Abuse
(Afifi, Brownridge, MacMillan, & Sareen, 2010)

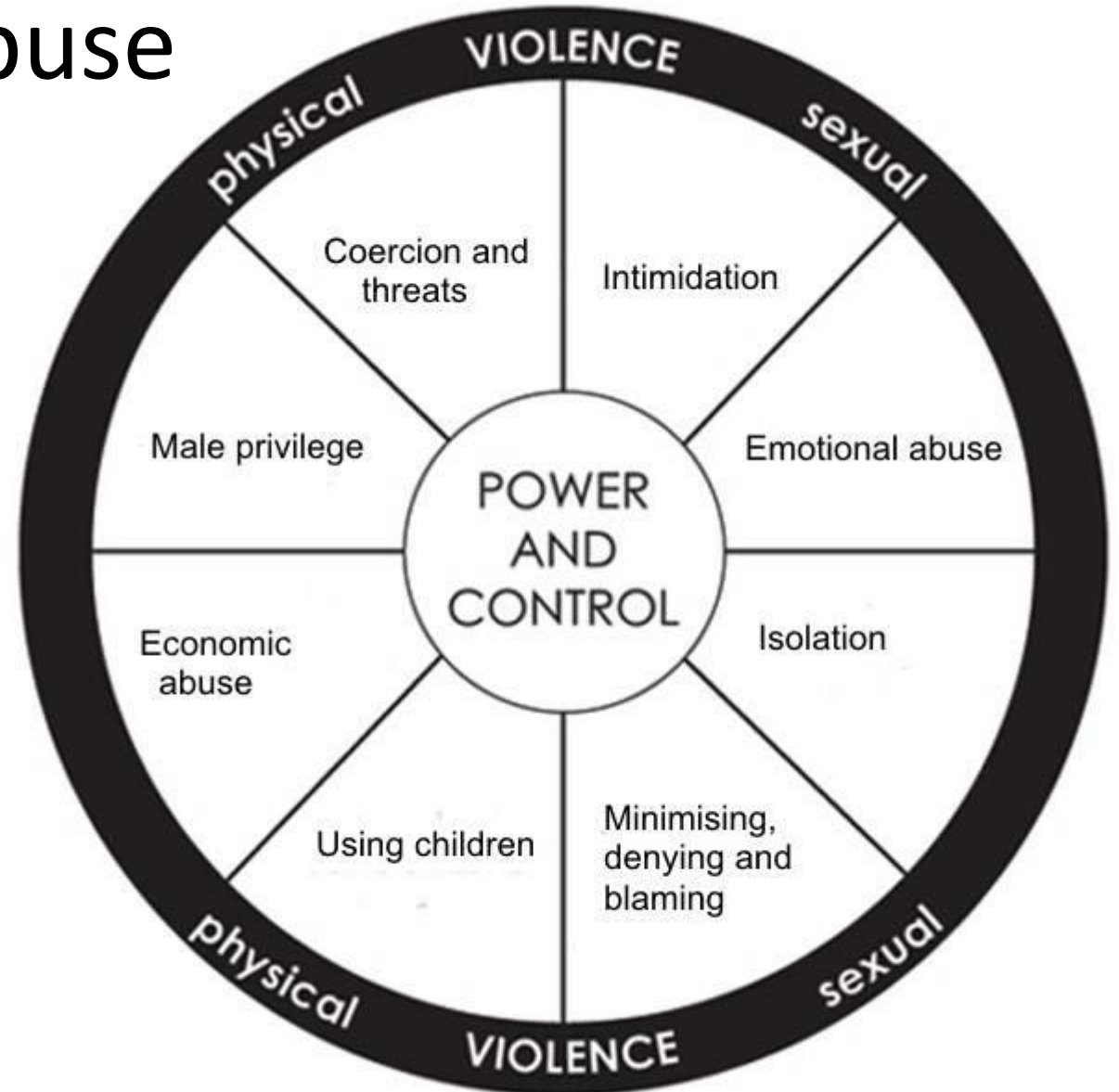
US National Comorbidity Survey Replication, $n = 3334$

Dating Violence: 5X rate of PPG • Severe Marital Violence: 40X rate of PPG • Severe Child Abuse: 2.5X rate of PPG

Intimate Partner Violence and Problem Gambling

Economic/ Financial Abuse

- An abuser's actions can plummet a survivor into poverty
- Finances can be a way to control their partner:
 - Ruining Credit and Employment opportunities.
 - Limited access to assets or set on an allowance.
 - Missing personal possessions.
 - Unexplained lack of money or inability to maintain homelife.
 - Unexplained withdrawal of funds from accounts or discovering new accounts.



Power and control wheel adapted from the Duluth Model:

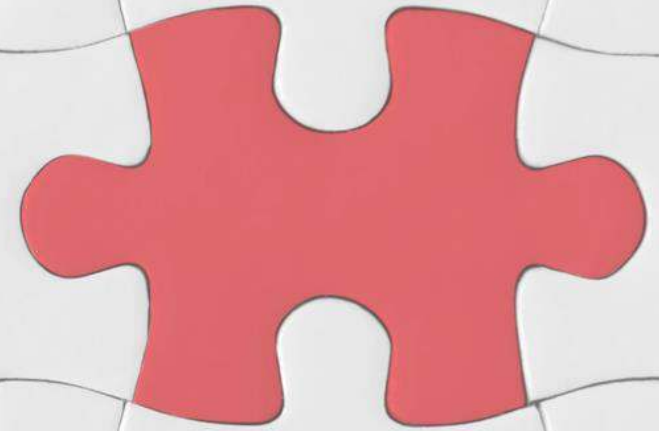
<https://www.norfolk.gov.uk/safety/domestic-abuse/what-is-domestic-abuse/power-and-control-wheel>

Gambling and Domestic Violence

- DV is a pattern of behavior in which one intimate partner uses physical violence, coercion, threats, intimidation, isolation and emotional, sexual, economic, or other forms of abuse to control and change the behavior of the other partner.
- 25-50% of spouses of compulsive gamblers have been abused.
(National Research Council, 1999)

*For many women, gambling venues are
a sanctuary from violence and a method of escape.*

Gambling and the Relationship to Trauma



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

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)

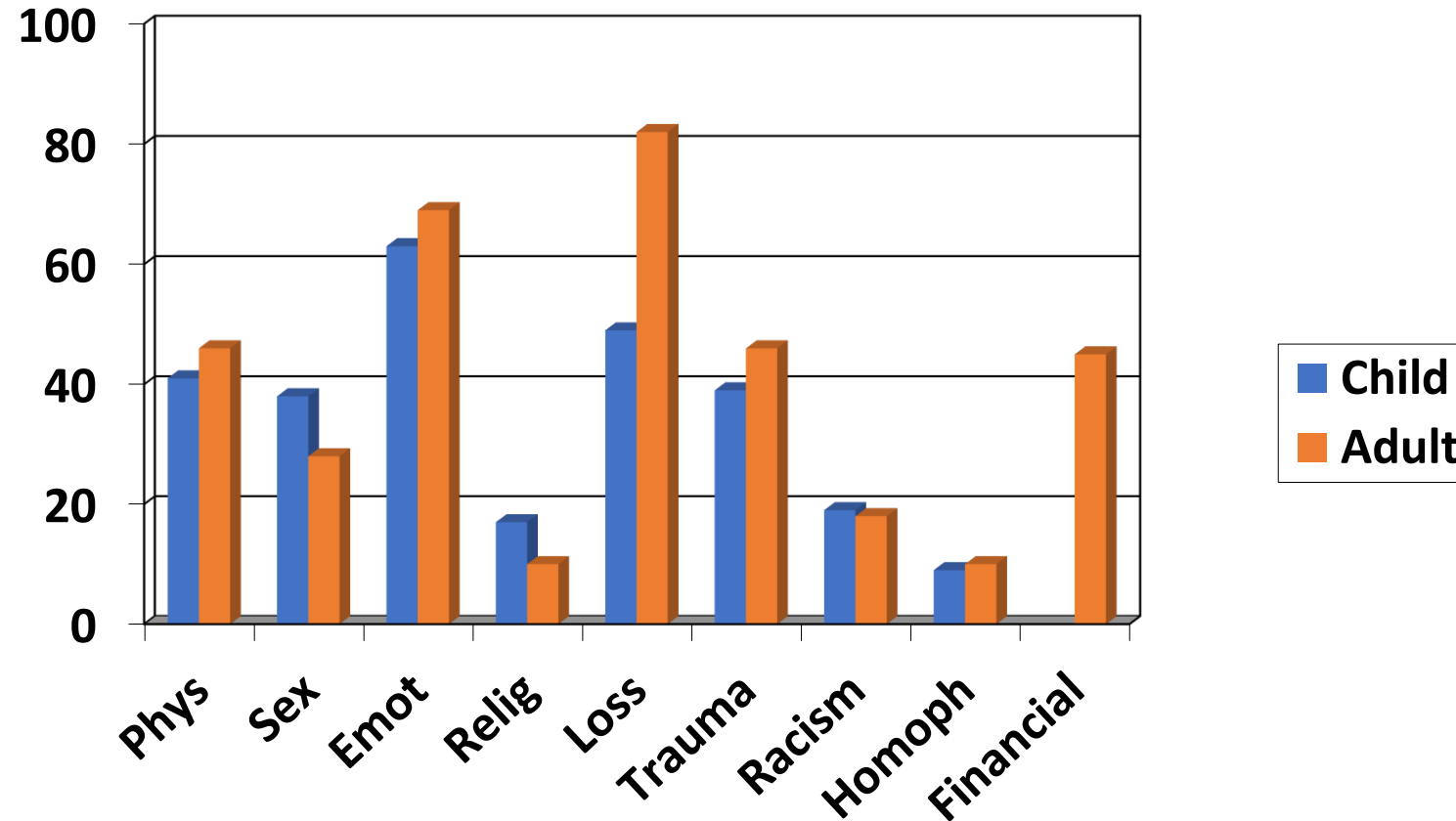
- Individuals with GD or PTSD are at greater risk of developing other disorders.

(Parhami et al., 2014)

Trauma Histories: Female Problem Gamblers

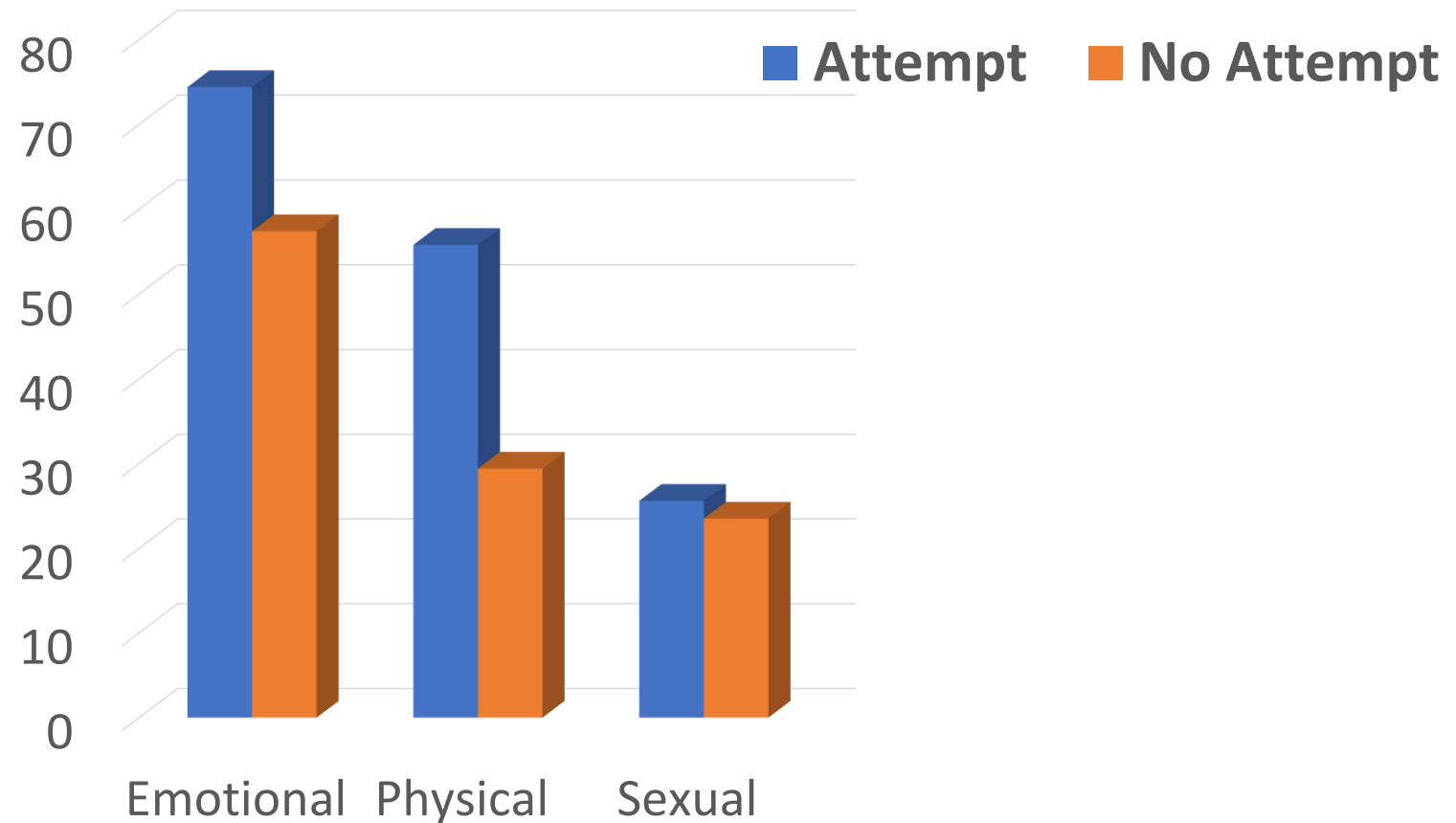
Boughten & Falenchuk, 2007

N=364



History of Trauma and Suicide Attempts Among Gamblers

(Kausch & Rugle, 2004)



Summary:

History of Trauma and Suicide Attempts Among Gamblers

(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

Childhood Trauma and Problem Gambling

- Men with gambling addictions are more likely than their peers to have **endured childhood traumas** like physical abuse or violence at home.
- Compared with men who rarely if ever placed wagers, the men with an addiction to gambling were more than twice as likely to have **witnessed violence at home** or to have experienced physical abuse or assault growing up. They were also more than three times as likely to have suffered a serious or life-threatening injury as kids.
- About 10% of those who have compulsive or problem gambling also experienced **physical abuse** or assaults as children.

This doesn't mean, however, that every person with a traumatic childhood will grow up to become a compulsive gambler.

(Roberts, Sharmana, Coid, Murphy, Bowden-Jones, Cowlshawe, et al., 2017)

Gambling and Suicidality

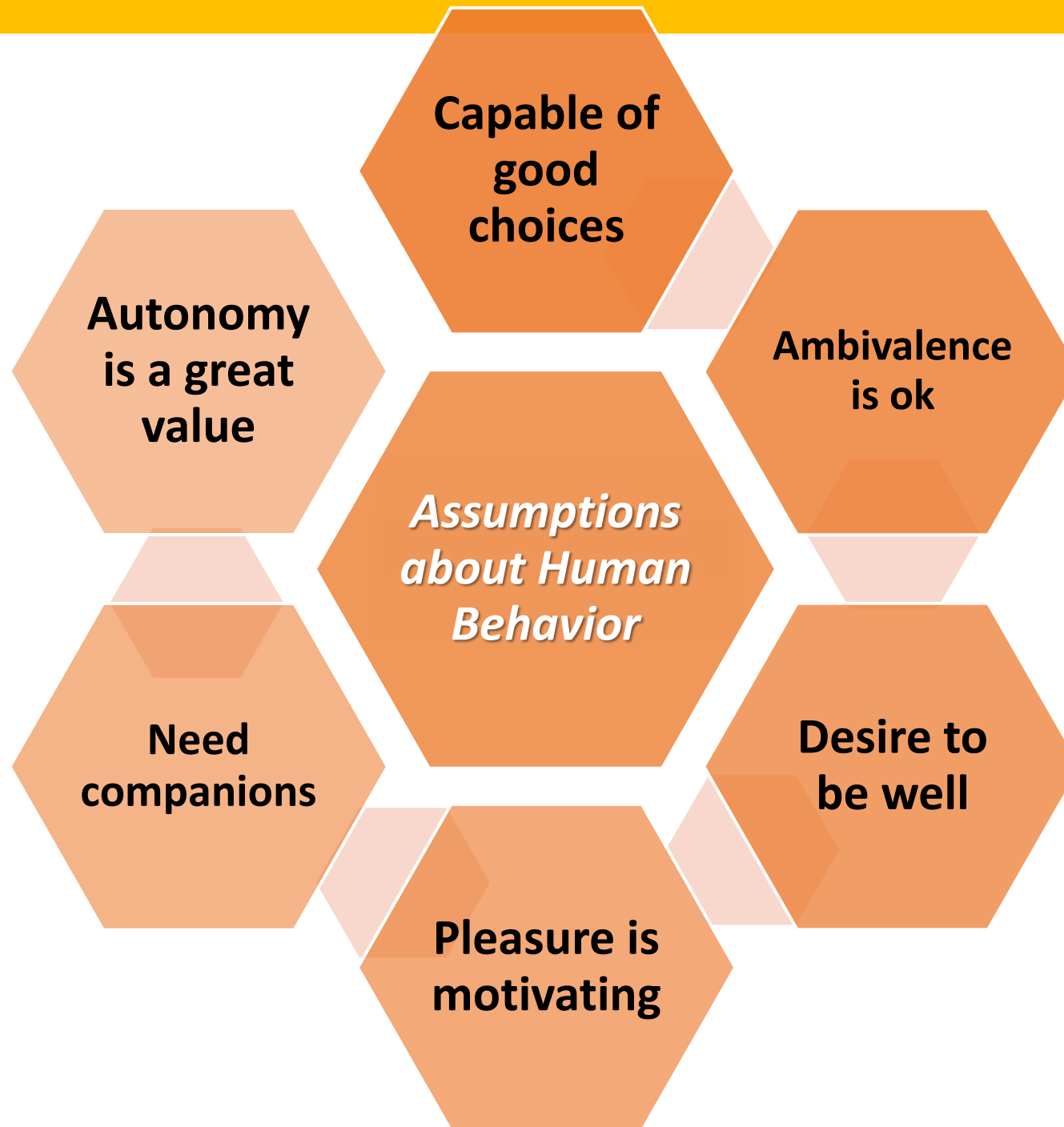
- Per DSM 5, of those in treatment for a gambling disorder, up to **50%** have had suicidal ideation; an estimated **15-20%** have attempted suicide.
- PG often consider “accidents” as way for family to collect insurance.
 - “I am worth more dead than alive.”
- **Understudied and under-recognized.** 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.



15 Minute Break

Treatment Planning and Goal Setting





Mindful Treatment Integration

- Integrated Treatment Program
- Multidisciplinary approach
- Collaborative, concurrent problem gambling with SUD or MH treatment
- Primary SUD or MH treatment with complementary and/or intermittent problem gambling treatment
- Primary problem gambling treatment with adjunctive SUD or MH treatment followed by primary SUD or MH treatment
- Avoid Ping-Pong Treatment

Integration of Gambling into Care

- 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 problematic 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.

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.

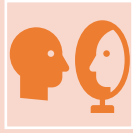
Prioritizing Recovery: Where to Begin

- **Immediate life threat and safety** (crisis intervention vs. recovery planning)
- **Stabilization** and obstacles to psychosocial treatment

WHAT WILL ENGAGE AND MOTIVATE?

- Do we view the world through the client's eyes?
- What does the client want most?
- How can we help client to utilize strengths?

Client Centered Recovery Goals



Every person is the best expert on themselves



We are our own best teacher



Important to let ourselves be slow learners

What is your goal for this session?

CLIENT

- Hope
- Answers
- Solutions
- Relief
- Appease family
- Court ordered

COUNSELOR

- Get intake completed
- Do initial treatment plan
- Get paperwork done
- Make diagnosis
- Get to know client
- Provide hope

Stages of Change



Maintenance

Sustained behavior change

Action

Practices the desired behavior

Preparation

Intent upon taking action

Contemplation

Aware of the problem and of the desired behavior change, no commitment to action

Precontemplation

Unaware of the problem

Stages of Change

Relapse or Lapse



- Return to old patterns or behaviors
- Opportunity to learn about new triggers and ways of coping
- Can occur during **Preparation, Action, or Maintenance**
 - Hope that a person has developed resiliency, a support system and other coping mechanisms so that they can avoid the **Relapse** stage or get through it quickly

Providing Feedback and Enhancing Motivation: Provide Affirmation

COUNSELOR

- I can see from your response during your assessment that you were being honest and open. That shows how motivated you are to work on your recovery.
- Some of your responses about gambling suggest that gambling may have a negative effect on your recovery, and I'd like to give you some feedback and information that we can talk about. How does that sound to you?

Providing Feedback and Enhancing Motivation

CLIENT

- OK, I guess. I never really thought much about my gambling. My drinking has always been the problem that seems to get me into trouble.

COUNSELOR

- That's great. I appreciate your willingness to talk about an area that you haven't thought about before and look at how it might affect your recovery.

Addressing Ambivalence

COUNSELOR

- I think it is good that you can see both sides of what gambling is about for you. You do have fun gambling, but you can see that it also interferes with your goal of not drinking.

CLIENT

- Yeah, I just always thought it was something fun to do. I didn't really look at the connection to my drinking.

Gambling Screening and Assessment: Integrate into Practice

Decisional Balance Guide

Pros of Gambling

- Excitement
- Perks/ Comps
- Distraction/Escape



Cons of Gambling

- Loss of time and money
- Anxiety/Depression
- Family conflicts

Pros of **Not** Gambling

- Better communication
- Finances improve
- Keep employment



Cons of **Not** Gambling

- Boredom
- Missing out on wins
- Face reality

Cost–Benefit Analysis

BENEFITS

- Fun
- Relaxation
- Camaraderie
- Win money

COSTS

- Drink at games
- Wife sometimes upset at time away and coming home drunk
- Borrow money

Pre-contemplation to Contemplation

COUNSELOR

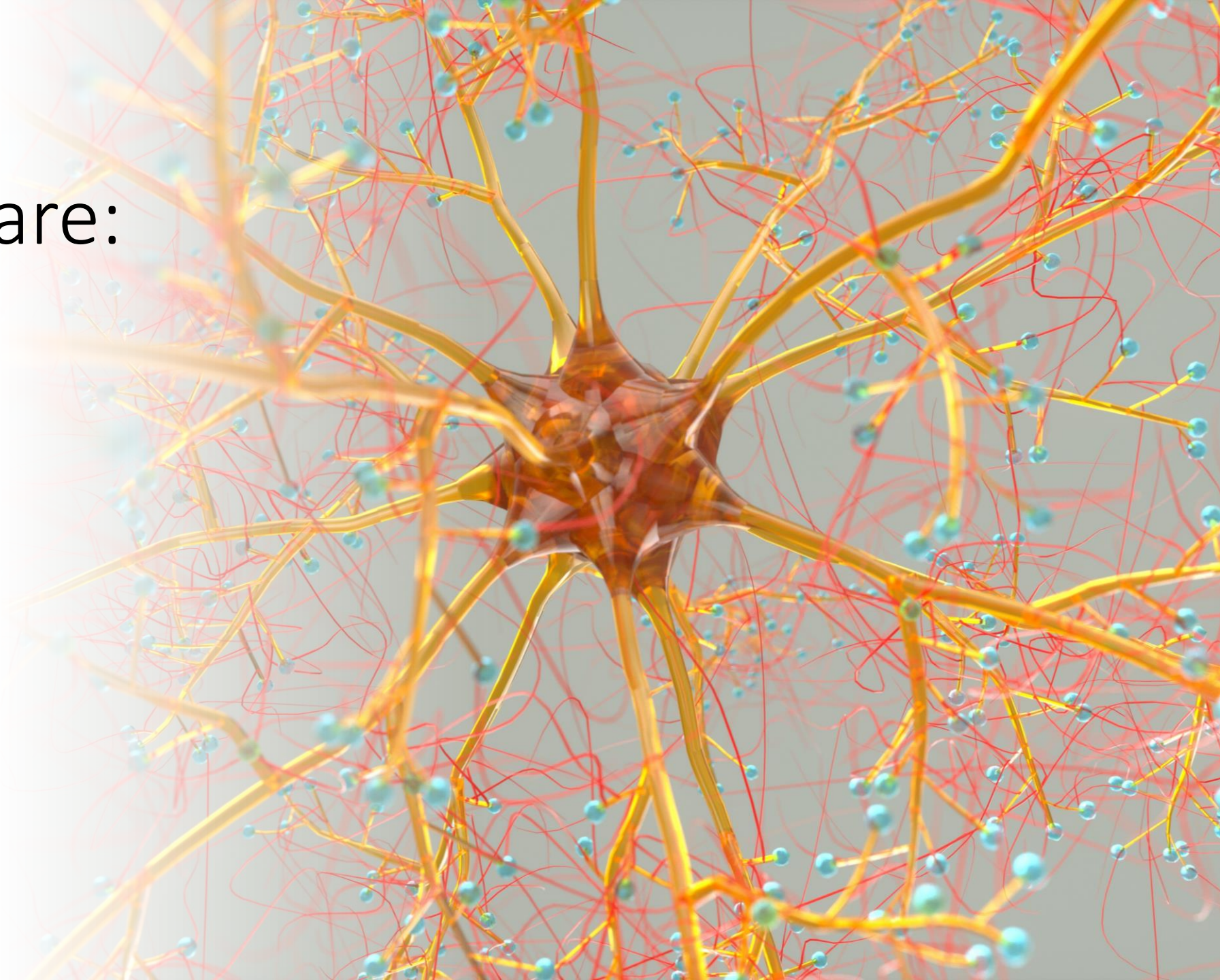
- You did a great job of looking clearly at the things you enjoy about gambling and that you see as benefits as well as some of the downside or costs of gambling. What do you make of that?

CLIENT

- Yeah, I think I see what you are getting at. Gambling is fun, but it always seems to lead to drinking. I know how drinking is messing me up, but I never thought about the gambling.

Levels of Care:

American
Society of
Addiction
Medicine
Criteria



Question for the Audience:

Are you or your program part of the Cost-Free Treatment for problem gamblers and their concerned others?

- a. Yes
- b. No
- c. I am not sure

ASAM Criteria for Problem Gambling

(Mee-Lee, 2013)

We have moved away from one size fits all treatment.

All are part providing care to those with a gambling problem and their families.

- Total lifelong abstinence
- Reduced number of relapses
- Reduced negative consequences
- The use of harm reduction

QUESTIONS LIKE:

- What is best care?
- Who provides best care?
- What are acceptable outcomes?

Problem Gambling & Recovery Planning: ASAM Criteria

- Treat the person not the reimbursement.
- Is treatment at your agency about the program or the patient?
- Assessment tools for individualized treatment.
- Practice guidelines that direct placement and treatment: flexible, evidence-based, stage appropriate, culturally sensitive.

Problem Gambling & Recovery Planning: ASAM Criteria, 2013

ADULT LEVELS OF CARE

Level 0.5
Early Intervention

Level 1
Outpatient Services

Level 2.1
Intensive Outpatient
(IOP)

Level 2.5
Partial Hospitalization
(PHP)

Level 3.1
Clinically Managed Low-
Intensity Residential

Level 3.3
Clinically Managed
Population-Specific High-
Intensity Residential

Level 3.5
Clinically Managed High-
Intensity Residential

Level 3.7
Medically Monitored
Intensive Inpatient

Level 4
Medically Managed
Intensive Inpatient

OTP
Opioid Treatment Program
(Level 1)

Problem Gambling & Recovery Planning: ASAM Criteria

SIX DIMENSIONS (+1)

1. Acute intoxication/withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use or continued problem potential
6. Recovery/living environment
7. Financial (added for disordered gambling)

Levels of Care & Triage Dimensions

	Early (Brief) Intervention	Standard Outpatient	IOP/Partial Hospitalization	Residential	Inpatient
Acute Intoxication/ Withdrawal					
Biomedical					
Emotional/Behavioral/ Cognitive					
Readiness to Change					
Relapse/Continuing Gambling Potential					
Financial					
Recovery Environment					

Jose

- Jose is in recovery from alcohol and cocaine dependence. Since he has been clean from substances, he has been able to pay bills with money left over. He was never very good managing money, tending to spend on whatever caught his attention.
- After buying groceries he started buying lottery tickets with any change he had. One time he won \$500 and felt a rush like he used to get when using. The next day he could hardly wait to go back to the store to buy some tickets.
- He began going to the convenient store on the corner of his street more often, especially when he felt bored at night (when he used to drink and get high). He became more focused on numbers throughout the day anticipating which numbers would be “lucky” to play that day.
- He would lie to his girlfriend about just going out to get some cigarettes in order to get more tickets. His girlfriend started getting upset because he didn’t have money to go to movies or concerts, and she thought he was using again. When he didn’t have money to buy tickets, he would become irritable and easily frustrated.
- He began making up stories to borrow money from co-workers to get more money for playing the lottery. His job for UPS made it easy to stop and buy tickets during the day, but he was starting to get into trouble for running late with deliveries and his boss wasn’t accepting his excuses about running into traffic.

YOUR THOUGHTS

- What are you noticing about this case?
- What treatment is most appropriate right now?
- What are your next steps?
- What does the client want to do?

SMART Goals



SMART Goals



Specific



Measurable



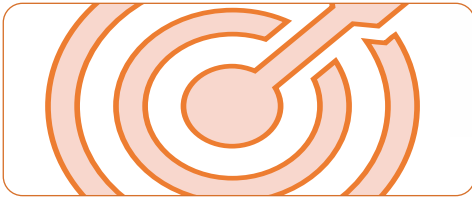
Attainable



Relevant

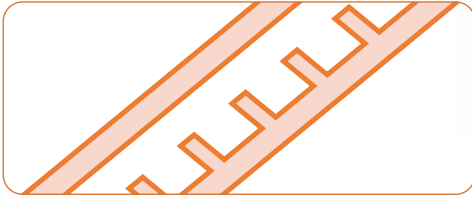


Time-Bound



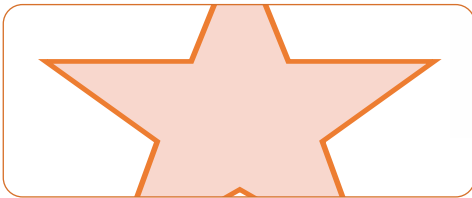
Specific

- Clearly identify the goal



Measurable

- Define the goal in measurable terms so you can see your progress



Attainable

- Choose goals that are realistic and manageable



Relevant

- Make sure the goal is important to you



Time-bound

- Define the time frame during which you will achieve the goal

Goal Setting



Follows from strength-based approach



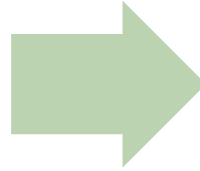
Process of collaboration and partnering



Prioritize a few key areas

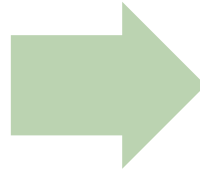
Things I Would Like to be Different

Describe the nature of the problem or difficulty.



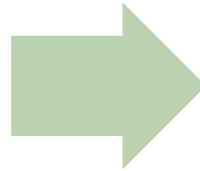
How have you been coping?

I am in debt.



Go to casino. Buy lottery tickets.
Don't spend much.

I am bored with poker games
with friends.



Play in casino tournaments.

My wife spends too much.



Arguing, trying to set a budget.

Common Goals

- Pay off debt
- I want to keep my marriage
- I don't want to lose my family
- I want my family off my back
- I want hope
- I want recognition, respect
- I want to win back the money I've lost
- I want to keep my job
- I want to keep my home
- I want to solve my financial problems
- I want to stop hurting the people I love
- I want to stay out of jail
- I want to control my gambling
- I want to get relief from . . .
- I want something to do
- I want something for me
- I want to feel safe
- I want to have fun
- I don't want to be alone

Goal Exploration

Possible Problems?

Possible Solutions?

I will win at poker and lose
it back on slots.
I won't win at poker, or I
will win and keep gambling
till I lose it back and more.

Call a friend when going to a
casino and set limits on time.
Take limited money and leave
ATM card at home.

Scott

- Scott is a 45-year-old, married, male, US post office mail carrier. He has no children. His wife works part-time out of their home as a beautician.
- Scott has enjoyed playing poker since he was a teenager and has always played at least weekly with a group of friends. Recently, he has been bored with friendly games and wants to play in casino tournaments that are more competitive and exciting.
- Has been entering tournaments and has lost a good bit of money but thinks he has been getting better. His wife is very upset about the gambling losses as well as his time spent gambling. She misses the fun they used to have together. They argue about his gambling and her spending.

YOUR THOUGHTS

- What are you noticing about this case?
- What treatment is most appropriate right now?
- What are your next steps?
- What does the client want to do?

Practice SMART Goal Setting:

Goal:	<u>Specific:</u> Explain exactly what you want to accomplish.	<u>Measurable:</u> How will you measure your progress <i>during and/or after?</i>	<u>Attainable:</u> Is it realistic & manageable to accomplish this goal?	<u>Relevant:</u> Why is it important to you to achieve this goal?	<u>Time-Bound:</u> When do you want to accomplish this?

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)

Raise Awareness

Let's come together and commit to doing our part to reduce the **STIGMA** of Gambling Disorder, Substance Use Disorders, and Mental Health Issues.

Suffering with any of these issues is not...

A sign of weakness.

A moral failing.

Doesn't mean that the individual doesn't love the people that are harmed

Doesn't mean that the person "just doesn't care"



Problem Gambling Screening Guide

Guidelines for Integrating Gambling Screening
and Assessment into Current Practice

A Toolkit for Behavioral Health
Providers and Medical Professionals



GAMBLING RESOURCES

Gambling Helpline: 1-800-GAMBLER

National Council on Problem Gambling

<https://www.ncpgambling.org/>

Gamblers Anonymous

<https://www.gamblersanonymous.org/ga/locations>

Gam-Anon

<https://gam-anon.org/>

Gam-Ban

<https://gamban.com/>

Consumer Financial Protection Bureau:

<https://www.consumerfinance.gov/>

National Suicide Prevention Lifeline:

<https://988lifeline.org/>

1-800-273-8255 or **988**



MARYLAND RESOURCES

Gambling Helpline: 1-800-GAMBLER

Maryland Legal Aid:

<https://www.mdlab.org/>

Consumer Credit Counseling Services of Maryland:

www.cccsmd.org

Maryland Coalition of Families:

<https://www.mdcoalition.org/who-we-help/problem-gambling/>

Maryland Center of Excellence on Problem Gambling:

- mdproblemgambling.com
- helpmygamblingproblem.org
- asiangamblingsos.org
- militarygamblesafe.org

Local GA Meetings:

<http://dmvgamblinghelp.org/>

Maryland 211, press 1: Crisis Hotline

The Maryland Center of
Excellence on Problem Gambling

The background of the image is a dense, overlapping collage of numerous small, rectangular sticky notes. These notes are in various colors including yellow, orange, pink, blue, and light green. Each note has the words "thank you" written on it in a black, casual, handwritten-style font. The notes are scattered across the entire frame, creating a textured and cheerful background.

Questions
or
Comments