



# Problem Gambling Screening Guide

*Guidelines for Integrating Gambling Screening and Assessment  
into Current Practice*

**A Toolkit for Behavioral Health Providers and Medical  
Professionals**



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE

The Maryland Center of Excellence  
on Problem Gambling

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## INTRODUCTION

The Maryland Center of Excellence on Problem Gambling (the Center) is committed to enhancing the expertise of behavioral health providers and medical professionals to address problem gambling and gambling disorder through increased screening, assessment, awareness, intervention, and treatment strategies. One of the Center's key initiatives is to bring attention to the impact gambling behaviors can have on one's recovery, health, and well-being.

Each year the Center recognizes Gambling Disorder Screening Day, an annual one-day event recognized on the second Tuesday in March, in collaboration with Problem Gambling Awareness Month. This Day was first promoted by the National Council on Problem Gambling and the Cambridge Health Alliance Division on Addiction to educate and support healthcare providers in screening for Gambling Disorder. Screening, although not a diagnosis, aids in identifying individuals who may need further assessment for potential gambling-related problems. The goal is to provide early detection and reduce the risk of disease, or to detect a potential problem sooner and offer the most effective treatment.

Although gambling problems are common among youth, negative harms due to gambling behaviors and the need for treatment often do not occur until adulthood. Therefore, this guide emphasizes screening and treatment for adults. We recognize there are higher prevalence rates of gambling among youth and by collaborating with community agencies, we can increase problem gambling treatment and prevention initiatives. The Center offers prevention strategies if your organization works with youth.

By promoting this screening guide, The Center will enhance healthcare providers' knowledge and awareness of the value of gambling screening. Therefore, more clients will be screened for gambling related problems, making them aware of the risks and referred to treatment, if needed.

We will continue to expand the information that is provided in this guide as research and awareness of the potential harms of gambling increases in Maryland.

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## ABOUT THIS GUIDE

The Center's mission is to promote healthy and informed choices regarding gambling. National research shows that most adults who gamble, do so responsibly; however, in the United States, an estimated 2 million adults (1%) will meet the criteria for severe gambling problems. Another 4-6 million adults (2-3%) are considered to have mild or moderate gambling problems, meaning they do not meet the full diagnostic criteria for gambling disorder, yet they are experiencing significant distress attributable to their gambling behavior.

NCPG estimates the national social cost of problem gambling is 7 billion dollars annually. These costs have an impact on the healthcare system, as persons with gambling-related problems are more likely to smoke, consume excessive amounts of caffeine, and have more emergency department visits. This guide will demonstrate the correlation of the risk factors to developing a gambling disorder to further the impact on the Social Determinants of Health.

The Center hopes this guide will serve as a comprehensive resource for Maryland's healthcare providers (Behavioral Health and Medical Professionals) to understand the importance of addressing problem gambling through evidenced based screening. This guide will provide recommendations for brief interventions and where to refer those seeking help in Maryland. Common misconceptions and concerns expressed by providers and how to dispel such myths are included. This guide will also illustrate how to incorporate gambling questions into a full biopsychosocial assessment.

## DEFINING GAMBLING

Gambling dates back to a time before written history. The Bible references the *casting of lots* to render an impartial, unbiased decision on important matters. In the United States, during the period of financial depression and following the Revolution, lotteries were a common means of obtaining large amounts of money and used to fund buildings at Harvard University and other Government projects. Today, State lotteries are the most common type of gambling in the country.

Defining gambling can be simple, but when it comes to identifying what is and is not a gambling activity – the lines can seem blurry. The definition of gambling is the act of risking something of value (money or property) on an activity that has an unknown outcome. Gambler's Anonymous defines gambling as any form of wagering, with or without money, on an outcome that is unknown. *Unknown Outcome* is the common denominator when it comes to defining gambling, yet many fail to recognize that Bingo, Raffle Tickets, or Day-Trading are forms of gambling.

When we begin to address gambling with those we serve, we must start with the definition and then provide examples. Many of the misconceptions about gambling begin by not understanding the full definition or the many forms that gambling encompasses. Many youth and adults also engage in online or video gaming. Within these virtual games are Loot Boxes which monetize free-play games. Loot boxes are available to purchase with real money to obtain a randomized prized to enhance the gamers play experience. These gamers are risking their money on an unknown outcome.

Another barrier to integrating gambling screening is a provider's belief that clients are unable to financially afford to engage in gambling activities. This conflict is often a lack of understanding of the various types of gambling and lends to the importance of going beyond asking persons the single question: "do you gamble?". Gambling does not only take place at a casino, and even then, there are games that are "affordable" within those establishments. Even more, this sheds light on the limited discussions surrounding financial wellness within healthcare settings. Here in Maryland, the majority of residents gamble via the Lottery where a ticket can cost as low as 50 cents. Yet, due to the limited research and so many new ways to gamble developing across the nation – persons could be engaging in gambling, and they may not even be aware.

In addition, providers lack awareness that clients are engaging in gambling activities and may not see the need for screening. Yet, this is part of the reason gambling addiction remains hidden; the absence of regular screening for gambling will continue to conceal the person in need of help. Persons with a gambling problem remain unseen as there is no physical toxicology screen that can be implemented for this addictive disorder, no risk of overdose, and the financial devastation all keep gambling disorder a hidden addiction.

**Examples of the Types of Gambling**

- Lottery
  - Scratch-offs
  - Morning, Mid-day, Evening drawings
- Casino Games
  - Electronic Gaming Machines (Slots, Poker)
  - Table Games (Poker, Roulette)
- Sports Betting
  - Fantasy Sports
  - Horse Racing
- Office Pools
- Church & Community fundraisers
  - Casino Night
  - Wheels of chance
- Bingo
- Raffles
- Dice or Card games
- Any wagering on an event or activity with an unknown outcome

## WHAT IS GAMBLING DISORDER

In 2013, the Diagnostic and Statistical Manual (DSM) 5 was released and changes to gambling disorder diagnosing were made. One such change was reclassifying and renaming Gambling Disorder as a Substance-Related and Addictive Disorder. Formally classified as an Impulse Control Disorder, Pathological Gambling, was classified with other diagnoses such as kleptomania. Gambling is now recognized as an addictive disorder by the behavioral health and medical community. It is the only non-substance addiction in this classification.

There are several reasons for this reclassification. Growing research reveals gambling disorder has common elements to substance use disorders. Some of the visible similarities include the devastating impact on families, preoccupation with the addictive behavior, and the financial consequences. Less obvious are the changes that happen in the brain. Brain imaging studies and neurochemical tests have shown that gambling activates the reward system in much the same ways as substances. In fact, in persons who gamble, dopamine (the feel-good neurotransmitter) is released not only when winning, but also when losing.

To diagnose a Gambling Disorder as mild, a minimum of four of the nine criteria must be met over a 12-month period; however, persons who meet subclinical criteria for a Gambling Disorder remain at risk. Those that meet 1-3 of the criteria do not meet the threshold for a formal diagnosis, yet their gambling behaviors could be causing significant distress. Moreover, some persons may only meet the criteria for a Gambling Disorder episodically, such as persons who only bet on seasonal sports. Included in this guide is the DSM 5 diagnostic criteria for Gambling Disorder (See APPENDIX A).

**Gambling Disorder Risk Factors**

Current research related to gambling and gambling disorder continue to indicate the following factors that increase one's susceptibility to problems arising related to gambling:

- ❖ Male
- ❖ An early big win
- ❖ Early age of starting gambling
- ❖ Adverse Childhood Experiences / Trauma
- ❖ Intimate Partner Violence / Domestic Violence
- ❖ History of risk-taking or impulsive behavior
- ❖ Having mistaken beliefs about the odds of winning
- ❖ History of substance use or other behavioral health disorder
- ❖ Family History of gambling problems or substance abuse
- ❖ Member of a disenfranchised/marginalized group or living in a disadvantaged neighborhood
- ❖ Proximity to or Working in a casino or other gambling venue

These are factors to consider when thinking about what makes someone more at-risk for developing a gambling disorder. The list above is not limited. In fact, women that develop a problem with gambling usually do so later in life.



## GAMBLING DISORDER AND SOCIAL DETERMINANTS OF HEALTH

The Social Determinants of Health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in the environment where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes. These wider set of forces and systems shape the conditions of daily life and contribute to wide health disparities and inequities. For example, people who do not have access to grocery stores with healthy foods are less likely to have good nutrition.

### Social Determinants of Health

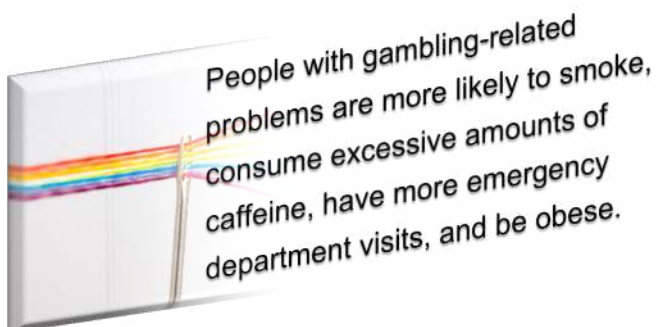


The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) recognize five categories that should be considered to determine the social aspects that influence health outcomes:

- 1. Economic Stability:** The connection between one's financial resources, income, and their health. Key factors include poverty, housing instability, and food insecurity.
- 2. Education Access and Quality:** The connection between one's education to health and wellbeing. Key factors include early childhood education, language and literacy, and high school graduation.
- 3. Social and Community Context:** The connection between the characteristics of the contexts where one lives, learns, works, and plays and their health and wellbeing. Key factors include discrimination, racism, incarceration, social cohesion, and civic participation.
- 4. Health Care Access and Quality:** The connection to one's understanding of health services and their own health. Key factors include health literacy, access to health care, and access to insurance.
- 5. Neighborhood and Built Environment:** The connection between where a person lives (housing, neighborhood, and environment) and their health and wellbeing. Key factors include access to foods that support healthy eating patterns, crime and violence, and quality of housing.

When considering the factors that relate to one's health outcomes the same factors contribute to gambling related problems or increase the susceptibility to having problems related to gambling. Persons living in poverty might see gambling as a financial solution to problems that may be related to the SDOH. It is not uncommon to hear a story related to someone gambling to keep their gas and electric running for the next month.

As more research is done, we will likely see correlations to the SDOH and the risk factors for problems related to gambling.



## SCREENING FOR GAMBLING

The Center encourages behavioral health providers and medical professionals to include an evidenced-based gambling screening as part of their regular screening and assessment process. It is important to note here that before asking any questions about gambling, the definition and examples of the types of gambling should be discussed with your clients. Asking simply if the client does or does not gamble makes room for interpretation from both the clients' and healthcare professionals' perspective. Casinos, since their arrival in Maryland, are often seen as the most common form of gambling, yet the Lottery is more accessible and is the most common form of gambling. With the roll out of legalized sports betting in Maryland, there will be even greater access to ways persons can gamble.

Many persons with lifetime gambling problems report they have never received treatment for this specific issue. However, those that have problems related to their gambling are usually in treatment for another behavioral health disorder, yet gambling problems go undetected. Research has shown that co-occurring behavioral health disorders are common amongst those with an identified gambling disorder. Primarily evident are Anxiety related disorders, specifically Post Traumatic Stress Disorder (PTSD), Personality disorders (cluster B), Affect disorders, and other substance use disorders. Furthermore, according to the DSM-5, up to 50% of those diagnosed with a gambling disorder have contemplated suicide; another 17% have attempted suicide. Given these statistics, it is critical to assess for gambling related problems, as they may contribute to a pre-existing behavioral health disorder.

Brief screening tools can be implemented at any phase of the treatment process. It is encouraged that gambling screens are incorporated into existing forms required for admission and repeated during treatment plan reviews or yearly physicals. The three brief evidenced-based gambling screening tools highlighted in this guide are described next and can be viewed at the end of this guide (See APPENDIX A, B, C). Later in this guide, incorporating gambling questions into a biopsychosocial assessment will be discussed.

**Lie-Bet Tool:**

The Lie-Bet questionnaire is a two-item tool that has been deemed valid and reliable for ruling out pathological gambling behaviors. If an individual answers yes to one or both questions on the Lie-Bet questionnaire, further assessment is indicated (See APPENDIX B).

**Brief Biosocial Gambling Screen:**

Is a three-question brief screening instrument that helps a person decide whether to seek a more formal evaluation or treatment for their gambling behavior. You can also use this with your clients to determine if a more comprehensive screen is necessary. This tool is developed by the Division on Addiction, Cambridge Health Alliance (See APPENDIX C).

**Problem Gambling Severity Index:**

An abbreviated version of the original tool called the Canadian Problem Gambling Index, it consists of nine items rather than 31. Clients can use it as a self-assessment tool, or it can be used as part of your regular screening process (See APPENDIX D).

## BRIEF INTERVENTIONS FOR GAMBLING

Once screening is completed, give feedback about the results. Become open-minded as you work to understand the client's perspective of their behavior. Engage in a conversation about the client's readiness to change, talk about the pros and cons of maintaining or abstaining from gambling.

Inform the person about safe limits regarding gambling, such as the amount of money used for gambling and the time spent participating in gambling activities. The Center has several free awareness materials that can be displayed in your offices and used to have a conversation about gambling.

Below is The Center's "Turtle Card", that gives examples of low and high-risk gambling on a business card. It can be used during a brief intervention or even as a tool for a group discussion.

### **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.



Screening is still the first step. If screened positive, and if the client is ready, further assessment is recommended. Next, we will discuss ways to incorporate gambling related questions into a biopsychosocial assessment. At the end of this guide, we will discuss resources for referral that include the Center's Certified Peer Recovery Specialists, Gambler's Anonymous, and information about the no cost treatment that is offered to Maryland individuals and their families that have problems with gambling.

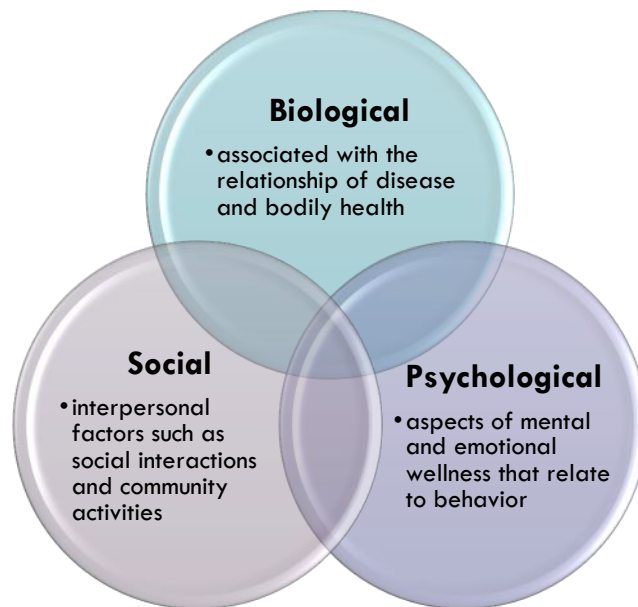
## INTEGRATING GAMBLING INTO A BIOPSYCHOSOCIAL ASSESSMENT

Biopsychosocial Assessments evaluate the biological, social, and psychological aspects that can be contributing to a problem or problems with a client. It is considered a holistic assessment, examining various aspects of a client's life, including culture, education and work history, family and marriage difficulties, and medical issues to better identify an individual's needs.

This in-depth assessment is primarily utilized by Behavioral Health providers; however, Medical Professionals should be aware of these aspects of the assessment. Furthermore, Healthcare systems are increasingly developing integrated models of care, incorporating teams of Peers, Physicians, Social Workers, Community Health Workers, Nurses, and other helping professionals to meet the full needs of the client for their best health.

This guide will discuss ways to incorporate gambling related questions into the following aspects of your assessment:

- Behavioral Health (Mental Health and Substance Use)
- Family History/ Cultural Traditions
- Support System/ Financial
- Employment/ Education
- Legal History
- Medical



## **Behavioral Health (Mental Health and Substance Use)**

Various research has shown that persons with mental health and substance use disorders develop problematic gambling behaviors at a high rate. The relationship of developing such co-occurring disorders could be bidirectional. For example, loss of money due to gambling may increase symptoms of depression; alternatively, persons who have depression may gamble as a form of escape from painful feelings.

Common mental health disorders that have been associated with problematic gambling include, but are not limited to Anxiety related disorders, Affect disorders and Personality disorders. Persons who have experienced trauma as a child or an adult are at an increased risk. Post-Traumatic Stress Disorder (PTSD) is also a common diagnosis amongst our first responders and military population who are more likely to be risk-takers.

Suicidal ideation is seen at a higher rate of those diagnosed with gambling disorder compared to the general population. Fifty percent of persons with a gambling disorder have contemplated suicide and approximately 17% have attempted suicide. Persons with problematic gambling may believe they are worth more dead than alive and seek ways to have their families benefit from life-insurance policies. Furthermore, the secret nature of suicide keeps gambling disorder a hidden addiction.

In this section of the assessment past and current treatment attempts are examined, including participation in 12-step recovery programs. Research has demonstrated that persons with lifetime gambling problems report receiving treatment for “something”, as mental health and substance use disorders are common amongst problem gamblers. The absence of regular screening continues to hide the person in need of help for a co-occurring problem

Lastly, participating in gambling activities can increase the likelihood of a relapse to substances or return of mental health symptoms. Gambling is seen as a socially acceptable, harmless activity and few people are aware of the potential for developing a gambling disorder. Persons with behavioral health disorders can view gambling activities or venues as a safe space to spend their time and money. The negative consequences of gambling can lead to a return of old patterns, such as using substances.



### **Family History/ Cultural Tradition**

As with other behavioral health disorders and medical diseases, family history has an impact on health outcomes. The risk of developing a gambling disorder increases if problematic or disordered gambling occurs in the family. Witnessing the behaviors associated with gambling activities in the household or amongst peers in the neighborhood leaves an impression on a developing mind.

Gambling occurs at higher rates within minority populations, who for cultural reasons may be less likely to seek treatment. Furthermore, those that have cultural values and beliefs that favor gambling such as those associated with "luck or fate" are more at risk. The forms of gambling that are favored by cultures differ and can include wagering on horses to card games.

Problems related to gambling not only impact the individual; families and friends of a person with a gambling disorder are also affected. Your client may be suffering from the financial consequences of their own or their significant others gambling behaviors. The Center recognizes that having conversations about gambling not only help to identify the individual with a problem but may assist in identifying the individual impacted by someone else's gambling.

### **Support System/ Financial**

Homelessness is a possible consequence of disordered gambling. Borrowing money from friends and family, taking out lines of credit, and receiving cash advances from student loans are all actions that those with a gambling disorder may use to sustain their behavior. Problematic gamblers can exhaust those they seek support from financially and emotionally. Lying is a sign of gambling disorder that undermines the relationship of supportive loved ones.

Financial destruction is a consequence of disordered gambling. Conversations about budgeting and fiscal responsibility remain sensitive and private. While there are services for assistance, the shame in asking for and receiving help vary by individual. Having a professional on staff that feels comfortable discussing financial health is recommended. Resources for financial restoration are given at the end of this guide. Additionally, the Center's Certified Peer Recovery Specialist have the ability to connect clients to the appropriate resources.



### **Employment/ Education**

Preoccupation with gambling is a symptom of gambling disorder. The inability to meet deadlines or always arriving late can be a sign of a problem that needs to be addressed. The problematic gambler is distracted by having to monitor the changing statistics, scores, or stock to ensure their next win, hoping to avoid a loss. The changes to the gambling landscape in Maryland will include access to gambling on-line. Increase in access to gambling activities will increase the risk of gambling related problems and limitations should be considered in educational and employment settings.

### **Legal History**

All States, except Utah allow some form of legalized gambling. Yet, the legal consequences of gambling go beyond underage gambling, illegal betting, or bookmaking. Theft, embezzlement, and fraud are commonly seen among those with a gambling disorder. Although "illegal acts" is no longer a diagnostic criterion for gambling disorder, those with problematic gambling seek solutions to continue their behavior, often with a confidence they will return the money.

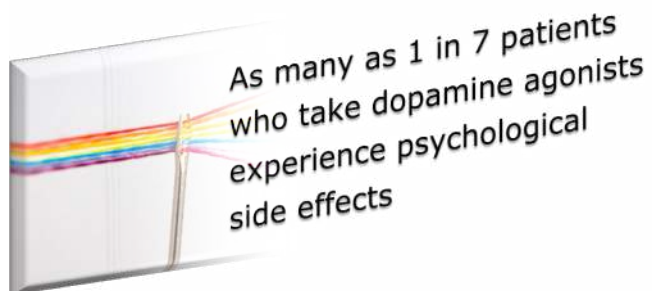
Understanding Joy: The Devastation of a Gambling Addiction, is a revealing documentary on the destructive nature of gambling addiction. Produced by the Center, this documentary tells the story of Joy, a 56-year-old mother who once held a job as a bookkeeper for a small business in Western Maryland. Joy shares her story with fellow inmates at the Maryland Correctional Institute for Women, serving a sentence for her second conviction of theft after stealing more than \$100,000 from her employer.

Temptation also lurks inside the prison, where inmates wager candy, shower gel, potato chips and other commissary items in illegal sports pools and other games. Studies indicate that the rate of problematic gambling is higher among prison inmates than the population at large. Additionally, researchers for the U.S. Department of Justice have found that inmates are three to five times more likely to develop a gambling problem.

## **Medical**

Mentioned earlier was the Social Determinants of Health (SDOH), the non-medical factors that contribute to health care costs. Questions related to the SDOH may be conducted in medical settings and should be considered here. As an example, persons who live near a casino, are at greater risk of developing problems related to gambling. The environment where the casino is located may increase the likelihood of violence in that neighborhood and decrease the access to healthy foods. A person's access to quality education could change because of the location of the casino forming new school districts. All scenarios can impact on one's health outcomes.

Furthermore, persons with problems gambling or a gambling disorder can spend hours at a time gambling. Of Marylanders, 35.3%, gamble for 1-2 hours at a time, 29% gamble for 3-5 hours and another 6% gamble for 6-12 hours. This form of distraction can cause lapses in taking life-sustaining medication, like for high blood pressure or diabetes, at the appropriate times. Additionally, the amount of money that is lost gambling will have an impact on a person's ability to afford their medications. Persons aged 55 and over, living on a fixed income, and retired are susceptible to negative harms due to gambling activities, thus impacting their finances in a negative way, consequently harming their health.



Questions concerning past and present medications are included in this part of the biopsychosocial assessment. Healthcare professionals should be aware that Dopamine agonists may lead to compulsive behavior such as gambling. Dopamine agonists are most often used to treat Parkinson's disease (e.g., Mirapex) and Restless Legs Syndrome (e.g., Requip) but are also prescribed for other conditions. Abilify, another dopamine agonist commonly used to treat schizophrenia, has also been found to increase gambling related behaviors.

## RESOURCES FOR HELP AND TREATMENT

### Center Resources

#### **Free Gambling Help and Treatment**

The Center works closely with stakeholders throughout the State, bringing together experts from a variety of disciplines. The Center, in partnership with The Maryland Department of Health's Behavioral Health Administration, manages the Maryland Problem Gambling Provider Referral Network Directory. This Directory lists those providers throughout Maryland who offer free counseling for gambling disorder, for both individuals and family members. You can find the Directory on the Center's websites as well as on the Maryland Alliance for Responsible Gambling's website; it is also utilized by the Maryland Problem Gambling Helpline staff (1-800-GAMBLER).



**1-800-GAMBLER**

Call or text TODAY! **1-800-426-2537**

#### **Certified Peer Recovery Specialists**

The Center also has on staff 5 Certified Peer Recovery Specialists that have lived experience with gambling addiction. Peers are available to provide individual support to the person with a gambling disorder and offer referrals to appropriate resources such as those listed below. The Center's Peers spread awareness of the Center's mission by providing gambling awareness presentations to psychoeducational groups often eliciting conversations about gambling activities they have been a part of or witnessed in their family. A regional map with their contact information is included (See APPENDIX E).

## **Self-Help Groups**

### **Gambler's Anonymous (GA)**

A fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from a gambling problem. The only requirement for membership is a desire to stop gambling.

- Main Website: <https://gamblersanonymous.org/ga/>
- Maryland Hotline Number: 855-2CALL-GA (855-222-5542)
- U.S. Meetings: <https://www.gamblersanonymous.org/ga/locations>
- Virtual Meetings: <https://www.gamblersanonymous.org/ga/virtual-meetings>
- **GA Maryland Intergroup**
  - Main Website: <https://dmvgamblinghelp.org/>
  - Email: MarylandIntergroup@gmail.com
  - Maryland Hotline: 888-520-8755
  - Learn more about Pressure Relief Groups by contacting:  
[MarylandMeeting@gmail.com](mailto:MarylandMeeting@gmail.com)

### **Gam-Anon**

A 12 Step self-help fellowship of men and women who have been affected by the gambling problem of another. All meetings are open to anyone who is affected by the gambling problem of a family member, loved one or friend.

- Main Website: <https://www.gam-anon.org/>
- Maryland Hotline Number: 888-230-1123
- Maryland Meetings: <https://www.gam-anon.org/meeting-directory/us-meeting-directory/maryland>
- U.S. Meetings: <https://www.gam-anon.org/meeting-directory/us-meeting-directory>
- Virtual Meetings: <https://www.gam-anon.org/meeting-directory/virtual-meetings>

## **SMART (Self-Management And Recovery Training) Recovery Meetings**

A global community of mutual-support groups. At meetings, participants help one another resolve problems with any addiction (to drugs or alcohol to gambling or over-eating). Using a science-based approach emphasizing self-empowerment and self-reliance. SMART can be used both as a stand-alone program or in combination with other recovery paths.

- Main Website: <https://www.smartrecovery.org/>
- U.S. Meetings: <https://meetings.smartrecovery.org/meetings/location/>
- Phone Number: 440-951-5357

## **Maryland Organizations**

### **Maryland Coalition of Families (MCF)**

A State-wide nonprofit dedicated to connecting, supporting, and empowering families who are experiencing behavioral health problems.

Family peer support is all about connecting families through shared experience. When someone you love has a behavioral health issue, it can be life-changing to hear from and talk with someone who has gone through similar experiences. Through family peer support, MCF helps families feel less isolated and help them to become their own advocates.

- Main Website: <https://www.mdcoalition.org/>
- For Gambling Help: <http://www.mdcoalition.org/who-we-help/problem-gambling/>
- Email: [help@mdcoalition.org](mailto:help@mdcoalition.org)
- Phone Number: 410-730-8267

### **National Alliance on Mental Illness (NAMI) - Maryland**

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. The NAMI organization operates at the national, state, and local level.

NAMI Maryland is the NAMI state organization in Maryland. NAMI Maryland provides educational resources and events, statewide outreach, advocacy, and affiliate organizational support.

Local NAMI affiliates in Maryland offer free peer support, education, and outreach programs, and engage mental health advocates in their communities.

- Main Website: <http://namimd.org/>
- NAMI Warm-Line: 1-877-878-2371
- Crisis Text Line - Text "NAMI" to 741741
- Phone Number: 410-884-8691
- Email: [info@namimd.org](mailto:info@namimd.org)

### **CASH (Creating Assets, Savings, and Hope) Campaign of Maryland**

Promotes economic advancement for low-to-moderate income individuals and families in Baltimore and across Maryland. CASH accomplishes its mission through operating a portfolio of direct service programs, building organizational and field capacity, and leading policy and advocacy initiatives to strengthen family economic stability.

- Main Website: <https://cashmd.org/>
- Phone Number: 410-528-8006
- Email: [info@cashmd.org](mailto:info@cashmd.org)

### **Consumer Credit Counseling Services of Maryland (CCCSMD)**

A certified nonprofit provider of budget, credit, and debt counseling. CCCSMD has helped thousands of people who are struggling to pay their bills sort through the confusion, create a realistic budget to achieve their goals, and start on the road to financial security.

The CASH Campaign provides direct services that help people achieve their financial goals. These programs include free tax preparation, financial education, financial coaching, public benefits screening, Money Power Day and more! We also work with organizations and their staffs through training or other technical assistance to help them deliver financial capability services to the people they serve.

- Main Website: <https://cccsmd.org/>
- Phone Number: 1-800-642-2227
- Email: [info@cccsmd.org](mailto:info@cccsmd.org)

### **Maryland Legal Aid (MLA)**

Provides life-changing civil legal assistance to eligible residents in every part of the State. As a private, non-profit law firm, MLA provides a full range of free civil legal services to low-income people statewide, in Baltimore City and in Maryland's 23 counties, from 12 office locations.

- Main Website: <https://www.mdlab.org/>
- Regional Contact information: <https://www.mdlab.org/contact-us/>

### **Maryland Center for Legal Assistance (MCLA)**

A wholly owned subsidiary of Maryland Legal Aid, the Maryland Center for Legal Assistance operates the District Court Help Resource Centers in Baltimore City, Glen Burnie, Upper Marlboro, and Salisbury and the Maryland Courts Help Centers in Annapolis and Frederick. The Maryland Courts Help Centers provides free limited legal services.

- Main Website: <https://www.mdcla.org/>
- Phone Number: (410) 260-1392

250 W. Pratt Street, Suite #1050 | Baltimore, MD 21201 | 667-214-2120

[www.MdProblemGambling.com](http://www.MdProblemGambling.com) | HELPLINE 1-800-GAMBLER

## Problem Gambling Screening Guide

Guidelines for Integrating Gambling Screening and Assessment into Current Practice  
A Toolkit for Behavioral Health Providers and Medical Professionals

### National Resources

#### **The National Council on Problem Gambling (NCPG)**

The organization was founded in 1972 by Msgr. Joseph A. Dunne and Dr. Robert Custer, among others. The Council established two principles that remain in effect today: that the organization would be the advocate for problem gamblers and their families, and that it would take no position for or against legalized gambling.

- Main Website: <https://www.ncpgambling.org/>
- Help by State: <https://www.ncpgambling.org/help-treatment/help-by-state/>
- Call or Text: 1-800-522-4700
- Chat Online: [ncpgambling.org/chat](https://www.ncpgambling.org/chat)

## APPENDIX A - DSM 5: GAMBLING DISORDER CRITERIA

The Maryland Center of Excellence  
on Problem GamblingDSM 5 The Gambling Disorder  
Substance-related and Addictive Disorder

## Diagnostic Criteria: 312.31 (F63.0)

- A. Persistent and recurrent 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:
1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
  2. Is restless or irritable when attempting to cut down or stop gambling
  3. Has made repeated unsuccessful efforts to control, cut back or stop gambling
  4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)
  5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed)
  6. After losing money gambling, often returns another day to get even ("chasing" one's losses)
  7. Lies to conceal the extent of involvement with gambling
  8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
  9. Relies on others to provide money to relieve desperate financial situations caused by gambling
- B. The gambling behavior is not better explained by a manic episode

## SPECIFY IF:

**Episodic:** Met 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**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.**Current Severity: MILD:** 4-5 criteria met.**MODERATE:** 6-7 criteria met.**SEVERE:** 8-9 criteria met.**SCORE:** 0= No problem    1-3 = "at risk"    Mild= 4-5    Moderate= 6-7    Severe= 8-9

Individuals presenting for treatment of gambling disorder typically have moderate to severe forms of the disorder. Up to half of the individuals in treatment for gambling disorder have suicidal ideation, and about 20% have attempted suicide.

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## APPENDIX B - LIE-BET

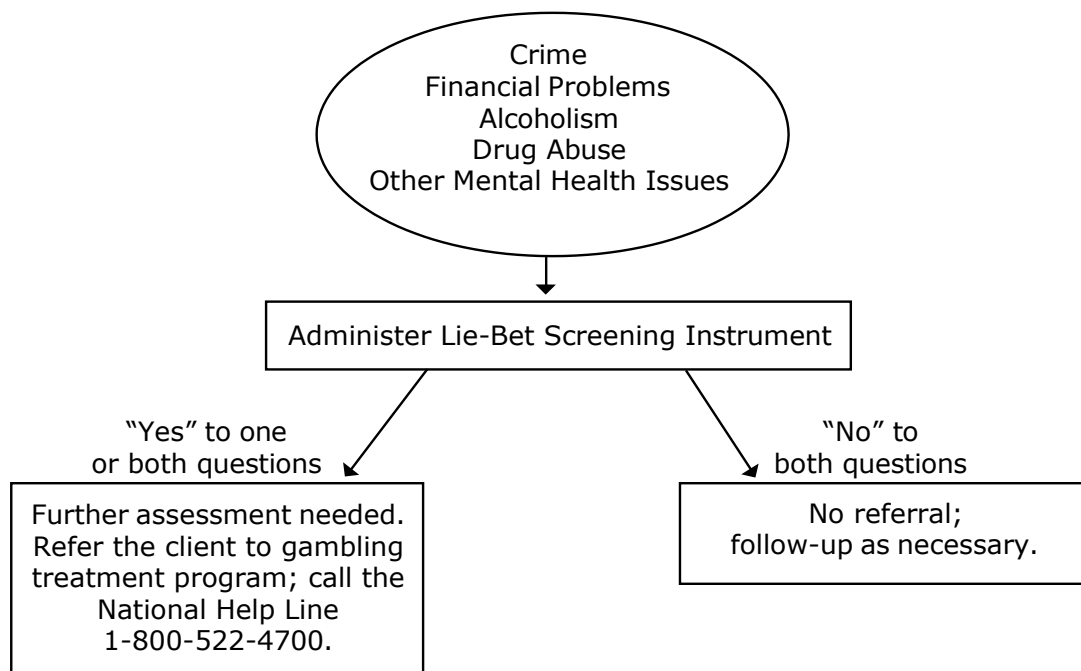
### LIE-BET TOOL TO RULE OUT PATHOLOGICAL GAMBLING

Historically, clinicians have indicated that another series of questions added to the intake process would be difficult to include. The instrument will be useful in clinical settings where clinicians have limited time and often are required to collect a great deal of information from each patient. A two-question survey will hopefully be met with less resistance and allow us to establish a “foot hold” within the intake process.

The Lie-Bet tool (Johnson et al., 1988) has been deemed valid and reliable for ruling out pathological gambling behaviors. The Lie-Bet’s two questions consistently differentiate between pathological gambling and nonproblem-gambling and are useful in screening to determine whether a longer tool (e.g., SOGS, DSM-IV) should be used in diagnostics.

#### Lie-Bet Screening Instrument

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



Reference: Johnson, E.E., Hamer, R., Nora, R.M., Tan, B., Eistenstein, N., & Englehart, C. (1988). The lie/bet questionnaire for screening pathological gamblers. *Psychological Reports*, 80, 83-88.

## APPENDIX C - BBGS

### Brief Biosocial Gambling Screen

#### Overview

Brief screens can help people decide whether to seek formal evaluation of their gambling behavior. The 3-item BBGS is based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders ([DSM-V](#)) criteria for **gambling disorder**.

#### 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

[www.icrg.org](http://www.icrg.org)

Call, Text 1-800-GAMBLER or chat

[www.divisiononaddiction.org](http://www.divisiononaddiction.org)[www.HelpMyGamblingProblem.org](http://www.HelpMyGamblingProblem.org)

## APPENDIX D - PGSI

### Problem Gambling Severity Index

This self-assessment is based on the Canadian Problem Gambling Index. It will give you a good idea of whether you need to take corrective action.

#### Thinking about the last 12 months...

1. Have you bet more than you could really afford to lose?  
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.
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?  
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.
3. When you gambled, did you go back another day to try to win back the money you lost?  
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.
4. Have you borrowed money or sold anything to get money to gamble?  
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.
5. Have you felt that you might have a problem with gambling?  
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.
6. Has gambling caused you any health problems, including stress or anxiety?  
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.
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?  
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.
8. Has your gambling caused any financial problems for you or your household?  
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.
9. Have you felt guilty about the way you gamble or what happens when you gamble?  
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

#### **TOTAL SCORE**

Total your score. The higher your score, the greater the risk that your gambling is a problem.

Score of 0 = Non-problem gambling.

Score of 1 or 2 = Low level of problems with few or no identified negative consequences.

Score of 3 to 7 = Moderate level of problems leading to some negative consequences.

Score of 8 or more = Problem gambling with negative consequences and a possible loss of control.

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

## APPENDIX E - PEER MAP



The Maryland Center of Excellence  
on Problem Gambling

### Peer Recovery Support Specialists

The Maryland Center of Excellence on Problem Gambling (the Center) offers Peer Recovery Support Specialists to help individuals seeking to limit, control or stop their gambling. The Center's Peers have lived experience with addiction and have been in recovery a minimum of two years. They are trained in how to assist those seeking help with gambling behaviors by providing access to treatment, connecting them to resources, and supporting them with encouragement during the recovery process.

The Center's Peer Recovery Support Program for problem gambling can assist your organization by:

- Connecting with existing peer support specialists located within your treatment delivery system
- Offering assistance with resources for those identified as having a gambling problem.



#### Eastern Shore

**Kenneth (Kenny) Crawford**, CPRS, CRC, Certified Peer Recovery Support Specialist  
Office: 667-214-2135; Cell: 443-717-1137; Email: [kenneth.crawford@som.umaryland.edu](mailto:kenneth.crawford@som.umaryland.edu)



#### Baltimore City

**James (Jim) Nowlin**, CPRS, Certified Peer Recovery Support Specialist  
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#### Northeast Central Maryland

**Kenneth (Ken) Wolfson**, CPRS, CRC, RPS, Certified Peer Recovery Support Specialist  
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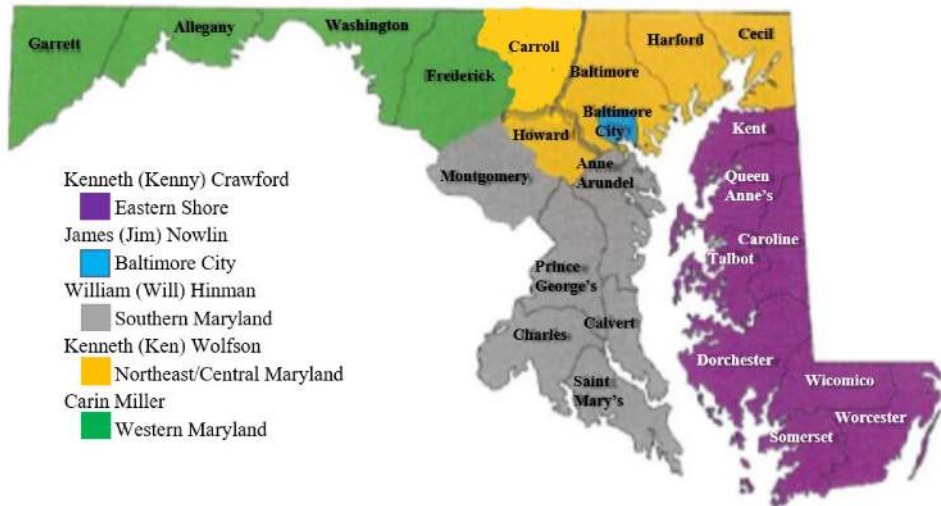
#### Southern Maryland

**William (Will) Hinman**, CPRS, CRC, Certified Peer Recovery Support Specialist  
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#### Western Maryland

**Carin Miller**, CPRS, CRC, Certified Peer Recovery Support Specialist  
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## APPENDIX F - TURTLE CARD

### **KEEP GAMBLING FUN AND PROBLEM FREE**



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

**View** gambling as entertainment, not as a way to make money.

**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. Consider seeking help if this is a concern.

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

**1-800-GAMBLER**

**[www.helpmygamblingproblem.org](http://www.helpmygamblingproblem.org)**

### **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.

**Maryland Problem Gambling Helpline – 1-800-GAMBLER**

## REFERENCES

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.)

American Society of Addiction Medicine (2013) *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* (3rd ed.)

Brain Facts.org – *Gambling Addiction and the Brain*: <https://www.brainfacts.org/diseases-and-disorders/addiction/2015/gambling-addiction-and-the-brain>

Baltimore Sun – *Inmates Face Problem Habit*:  
<https://www.baltimoresun.com/maryland/baltimore-city/bs-md-gamblers-in-prison-20140917-story.html>

Cambridge Health Alliance, Division on Addiction – *Information about Gambling Disorder*:  
<https://www.divisiononaddiction.org/outreach-resources/gdsd/toolkit/information/>

Centers for Disease Control and Prevention – *Social Determinants of Health: Know What Affect Health*: <https://www.cdc.gov/socialdeterminants/index.htm>

Gambling.Net – *Online gambling information*: <https://www.gambling.net/history/>

Healthline – *Parkinson's Drugs May Lead to Compulsive Gambling, Shopping, and Sex*:  
<https://www.healthline.com/health-news/parkinsons-drugs-may-lead-to-compulsive-gambling-102014#The-Tip-of-the-Iceberg>

History Channel – *Lotteries helped build libraries, roads and even Harvard*:  
<https://www.history.com/news/13-colonies-funding-lottery>

The Harvard Crimson – *Records Reveal Harvard Lottery to Bolster Early Building Funds -- Stoughton and Holworthy Owe Existence to Tickets*:  
<https://www.thecrimson.com/article/1927/3/15/records-reveal-harvard-lottery-to-bolster/>

National Center for Responsible Gaming – *The Evolving Definition of Pathological Gambling in the DSM-5*:  
[https://icrg.org/sites/default/files/uploads/docs/white\\_papers/ncrg\\_wpdsm5\\_may2013.pdf](https://icrg.org/sites/default/files/uploads/docs/white_papers/ncrg_wpdsm5_may2013.pdf)



## Problem Gambling Screening Guide

Guidelines for Integrating Gambling Screening and Assessment into Current Practice  
A Toolkit for Behavioral Health Providers and Medical Professionals

National Council on Problem Gambling – *FAQ and State Resources:*

<https://www.ncpgambling.org/help-treatment/faq/>

<https://www.ncpgambling.org/help-treatment/help-by-state/>

Responsible Gambling Council – *The Science Behind Gambling:*

<https://www.responsiblegambling.org/for-the-public/about-gambling/the-science-behind-gambling/>

SAMHSA Advisory – *Gambling Problems: An Introduction for Behavioral Health Services Providers:* <https://www.ncpgambling.org/wp-content/uploads/2014/04/Gambling-Addiction-An-Introduction-for-Behavioral-Health-Providers-SAMHSA-2014.pdf>

Statewide Gambling Prevalence in Maryland: 2020 – *Maryland Center of Excellence on Problem Gambling, University of Maryland Baltimore:*

<https://www.mdproblemgambling.com/wp-content/uploads/2022/07/Gambling-Prevalence-study-2020-FINAL.pdf>

U.S. Department of Health and Human Services: Healthy People 2030 – *What are Social Determinants of Health:* <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Wikipedia – *Cleromancy:* <https://en.wikipedia.org/wiki/Cleromancy>

World Health Organization – *Social Determinants of Health:* [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)





# WEAVING TOGETHER A BLANKET OF HOPE AND HELP



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE

The Maryland Center *of* Excellence  
*on* Problem Gambling