

INTEGRATING GAMBLING SCREENING AND ASSESSMENT INTO CLINICAL PRACTICE

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HOUSEKEEPING NOTES

- Due to the number of attendees on today's conference, we will keep the audience muted
 - We do encourage your participation and interaction. Use the "Question" function in the control box to the right
- An automatic link will be sent to your email in approximately one-hour after the webinar concludes
- Once you complete the Evaluation Quiz, the Certificate of Attendance will be emailed to you from the Center within 5-7 business days
- NO partial CEUs will be awarded for this program:
 - Please stay logged onto your computer or mobile device for the full length of the webinar.
- We invite you to join us for our next webinar: Friday, May 5, 2023 "*Gambling With Your Life: Suicide and Gambling Disorder*" presented by our Program Director, Mary Drexler
- Please email Davene Hinton at Training@mdproblemgambling.com if you have any questions regarding the Center's training programs

LEARNING OBJECTIVES:

- ❖ Emphasize the importance of integrating gambling screening tools into your practice, with examples of brief screens and intervention tips
- ❖ How to incorporate questions related to gambling into a biopsychosocial assessment, considering DSM criteria
- ❖ Reflections for referral using the ASAM Dimensions

The background of the entire slide is a dense field of dark grey umbrellas. In the center-right area, one umbrella is a bright yellow, standing out from the rest. The umbrellas are arranged in a pattern that recedes into the distance, creating a sense of depth.

Why Screen for Gambling?

***YOU MAY ALREADY
KNOW SOMEONE THAT
GAMBLES***

WHY SCREEN FOR GAMBLING?

You may already
know someone that
gambles

- Approximately 85% of U.S. adults have gambled at least once in their lives; 60% in the past year.
- Gambling Disorder affects about 1% of the general population, and subclinical past year gambling-related problems affect 2 – 3% of the general population.
- An estimated 6% of American college students struggle with gambling related problems
- The likelihood of developing gambling disorder increases 23xs for people affected by alcohol use disorders

Gambling in Maryland

2020 Survey of Maryland Adults (18+)

Approximately **82%** of Marylanders had participated in **two or more** types of gambling in the past month

In Maryland **30-44-year-olds** had the highest proportion of monthly gamblers: **34.1%**

Problem & Disordered Gamblers by Gender:

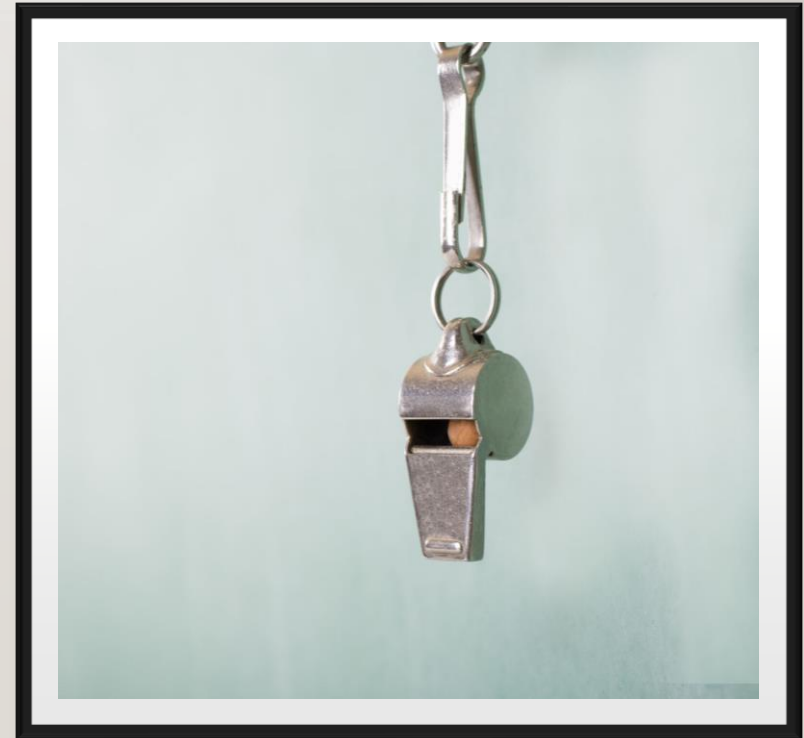
***Male: 10.6%** ***Female: 6.9%**

Education Level of Disordered Gamblers

- **37.8%** Elementary School
- **16%** Some High School
- **9.8%** High School or GED
- **8.1%** Less than 2yrs College
- **10.2%** Associates or Other Degree
- **8%** Bachelor's Degree
- **7.5%** Masters Degree
- **7.2%** Postgrad Degree

AS SPORTS BETTING EXPANDS, THE RISK OF GAMBLING RELATED PROBLEMS DOES AS WELL

- Between 2018 and 2021, NCPG estimates that the risk of gambling addiction grew by 30%.
- NCPG has also seen significant increases in calls, texts and chats to the National Problem Gambling Helpline, ***roughly a 45% increase in calls between 2021 and 2022.***



WHY SCREEN FOR GAMBLING?

Gambling Disorder leads to financial, emotional, social, occupational, and physical harms. NCPG estimates the annual national social cost of problem gambling are \$7 billion.

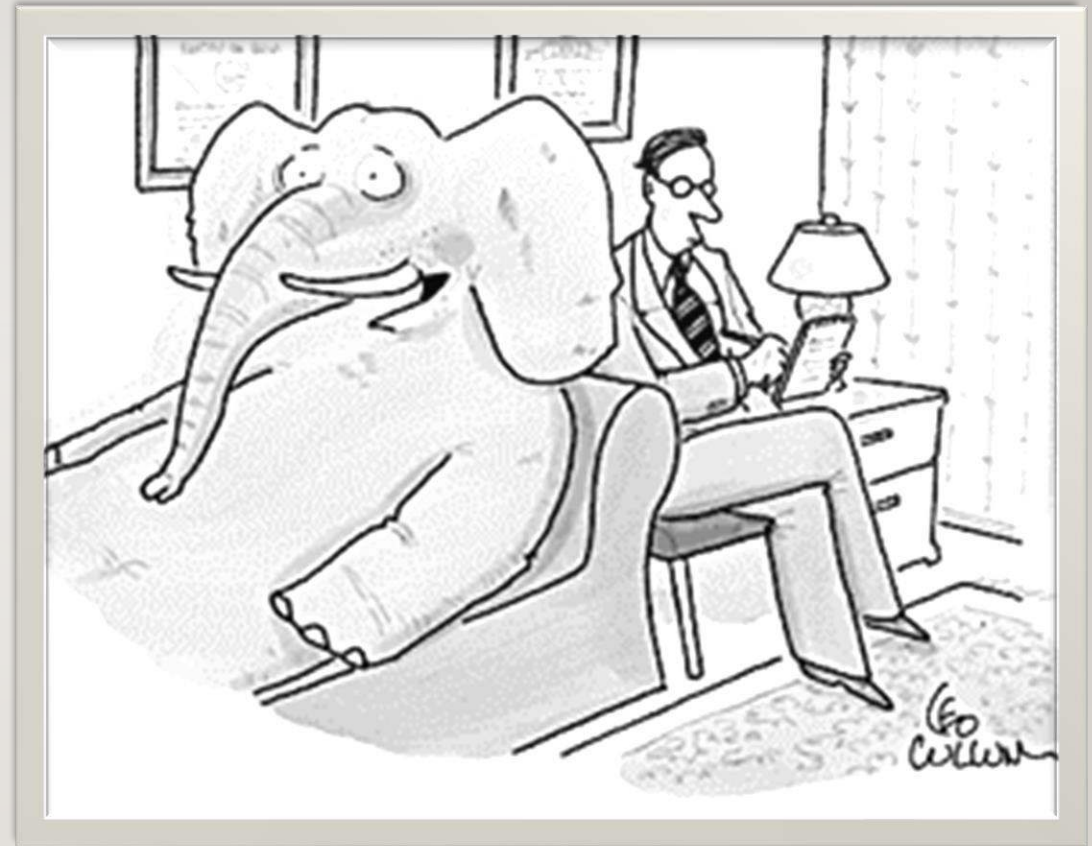
Individuals diagnosed with substance use or other mental health disorders are at higher risk for Gambling Disorder.

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.

Why Screen for Gambling?

- 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.”

WHO MIGHT SCREEN FOR GAMBLING?

- Addiction service providers
- Mental Health service providers
- Medical professionals
 - *Physicians*
 - *Nurses Practitioners*
 - *Nurses*
 - *Geriatricians*
 - *Pediatricians*
- Care Managers
- Community Health Workers
- Employee Assistance Providers
- Veteran Services
- Educators
- Youth community leaders
- Financial Planners
- Credit Counselors
- Friends and Family

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”

Barriers for Integrating Gambling Screening

Healthcare or helping professionals may be unfamiliar with Gambling as a potential problem

Underrecognized as an Addictive Disorder that impacts major life areas

Limited research on Gambling Disorder

Financial discussions with clients can be difficult

Gambling Screening: What Often Happens

I can save time on these Gambling questions... That's not why they're here anyway

You've never lied about gambling or wanted to spend more money on it, have you?

No, that's not a problem

Phew!
Nobody cares about gambling here!



Increase knowledge of the impact gambling can have on an individual and their immediate circle.

Mental Health providers may be surprised to learn about the relationship between gambling and suicidal ideations/ attempts.

Residential Programs are reminded that recreational activities, such as card playing, can attract gambling.

Medical Professionals have less awareness of the impact gamblers have on the healthcare system.

Current medications may produce side effects that decrease impulse control related to gambling.

Ways to Engage Organizations and Providers to Screen for Gambling

Gambling Screening: What Ideally Happens

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

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



BEFORE YOU SCREEN: *DEFINE GAMBLING*



Have you ever risked something of value, including money, on an unknown outcome?



Have you ever placed bets with friends or at an establishment?

Give examples of the *Types of Gambling*:

- Lottery or Scratch offs
- Bingo
- Raffle
- Keno
- Pull Tabs
- Stock Market: Day Trading or Digital Currency
- Casino (slot machines, table games)
- Loot Boxes or Skin Trading
- Card or Dice games, played for money
- *Can you think of other forms of gambling?*

WHEN AND WHERE TO SCREEN FOR GAMBLING

- During intake with other screening forms
 - At the Doctors office
 - At the Therapists office
 - At the Pharmacy
 - At the Local Clinic
 - At the School Guidance Counselors office
- During treatment plan reviews
- During regular medical check ups
- In the comfort of your own home via self-assessments
 - ***Gambler's Anonymous 20-Questions***
 - ***Brief evidenced-based screening tools***



START THE CONVERSATION



Tips for Integrating Gambling into Current Paradigms

- Universal Screening, not only suspected individuals
- Reduce stigma, give permission to talk about gambling
- Listen non-judgmentally, begin to move towards change
- Make connections between gambling and other major life areas
- Have gambling conversations a part of ongoing psychoeducation
- Reassure them you are willing to help, provide support or counseling
- Not diagnostic, repeat as rapport builds

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.

SCREENING TOOLS FOR GAMBLING

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

Examples:

- Lie/Bet
- BBGS
- PGSI



LIE-BET SCREENING TOOL

- 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?

SCORE: Yes, to one or more of the questions, further assessment is recommended

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

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.

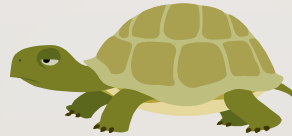
BRIEF INTERVENTIONS



- 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.

PROMOTE RESPONSIBLE PLAY

❖ Money

- Never borrow money to gamble.
- Don't gamble money you can't afford to lose.

❖ Know the Game

- Make sure you understand the odds and house edge.

❖ Team Up

- Consider teaming up with a friend to help each other stick to your personal betting plan.

❖ Make a Plan

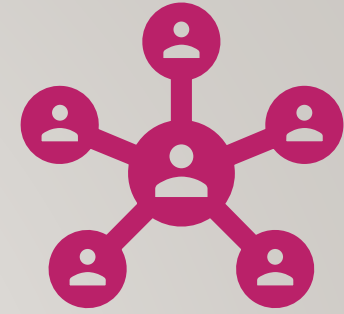
- Know how much you're willing to lose and how long you want to play – set limits of time and money.
- Set a timer on your phone to keep track of time spent betting.

❖ Promote Exclusion Programs

❖ Mobile Bettors:

- Set deposit limits, loss limits, and wager limits on daily, weekly, monthly maximum amounts.

REFERRAL TO TREATMENT



- Self-Help Support Groups:
 - Gamblers Anonymous (12-steps)
 - SMART Recovery
 - National Alliance on Mental Illness (NAMI)
- Local Health Department
- Professional therapy or counseling
- NCPG for State Gambling Resources
- Maryland Center of Excellence on Problem Gambling:
 - No Cost Treatment
 - Peer Support
 - 24-7 Helpline: 1-800-GAMBLER
 - Call, Text or Chat

MARYLAND'S NO COST TREATMENT

If you or any member of your family is struggling with gambling addiction, help and counseling is available for Maryland residents at **no cost** regardless of insurance coverage or ability to pay.

The Maryland Department of Health Behavioral Health Administration, in collaboration with Optum Maryland, will reimburse providers and private practitioners for providing therapeutic gambling services to Maryland individuals and their loved ones struggling with gambling disorder.

MARYLAND LOTTERY & GAMING CONTROL COMMISSION'S VOLUNTARY EXCLUSION PROGRAM (VEP)


- A Program for individuals who wish to **ban themselves** from Maryland casinos, the Maryland Lottery, and/or Bingo Halls (*Instant Bingo Machines at Instant Bingo Facilities with 10 or more machines*) and **NOW Sports Betting and Daily Fantasy Sports**
- The individual will also be removed from all direct marketing mailing lists within 45 days of the voluntary exclusion.
- After a minimum of two years, you must **request removal** from the list from the Gaming Commission in accordance with Code of Maryland Regulations 36.01.03.05.
- In partnership with the Maryland Lottery, the Center connects those seeking to remove themselves from the VEP with a dedicated and trained therapist.
 - *Counseling is Free to Maryland residents.*
- Maryland Lottery & Gaming Control makes **final decision** about removal from the VEP list.

THE AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) CRITERIA CONSIDERATIONS FOR REFERRAL

- The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of adult and adolescent individuals with ***addiction and co-occurring conditions***.
- ASAM uses a multidimensional holistic assessment of an individual for service and treatment planning across all services and levels of care.
- Assists in treatment placement considering five broad levels of care based on the degree of direct medical management provided, structure, safety and security provided, and the intensity of treatment services provided.

ASAM'S MULTIDIMENSIONAL ASSESSMENT

Explores an individual's past and current experiences in each dimension




1. Acute intoxication and/or withdrawal



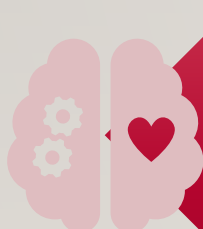
4. Readiness to change



2. Biomedical conditions and complications



5. Relapse, continued use, or continued problem potential



3. Emotional, behavioral, or cognitive conditions and complications



6. Recovery/living environment

USING THE ASAM CRITERIA AS A GUIDE PRACTITIONERS CAN:

- Support an individual from assessment to treatment
- Help individuals better understand how risks, strengths, skills and resources in one life area can affect another
- Work with an individual to determine their goals, helping them to become active participants in their own care
- Decide where to focus treatment and services
- ***Determine intensity and frequency of service needed***

ASAM CONTINUUM OF CARE



ASAM LEVELS OF CARE

USING THE SIX-DIMENSION ASSESSMENT

- **Level 0.5 Early intervention** can consist of assessment and education for people at risk of developing a substance use disorder. The goal of .5 services is to intervene before a person develops a substance use disorder.
- **Level 1 Outpatient treatment** consists of treatment for substance use that is less than 9 hours a week.
- **Level 2.1 Intensive Outpatient** services consisting of at least 9 and no more than 20 hours per week of treatment
- **Level 2.5 Partial Hospitalization**, which is at least 20 hours a week but is less than 24-hour care. This level of care provides structure, and daily oversight for people who need daily monitoring, but not 24/7 care.
- **Level 3.1 Clinically Managed low-intensity residential treatment.** This level consists of a setting, such as a group home, where people live. However, treatment is only required to be 5 hours per week.
- **Level 3.3 Clinically Managed high-intensity and population-specific services.** These programs are targeted for providing treatment designed to move at a slower pace, for people with cognitive functioning issues, including people with traumatic brain injuries, the elderly, or people with developmental disabilities.
- **Level 3.5 Clinically Managed residential services.** These services are designed for people with serious psychological or social issues who need 24-hour oversight and are at risk of imminent harm.
- **Level 3.7 Medically Managed high-intensity inpatient treatment.** These services are for people who need intensive medical or psychological monitoring in a 24-hour setting but do not need daily physician interaction.
- **Level 4** provides 24-hour nursing care and daily physician visits. People in this level of care need daily physician monitoring, along with 24-hour oversight.

BIOPSYCHOSOCIAL ASSESSMENT

Biological

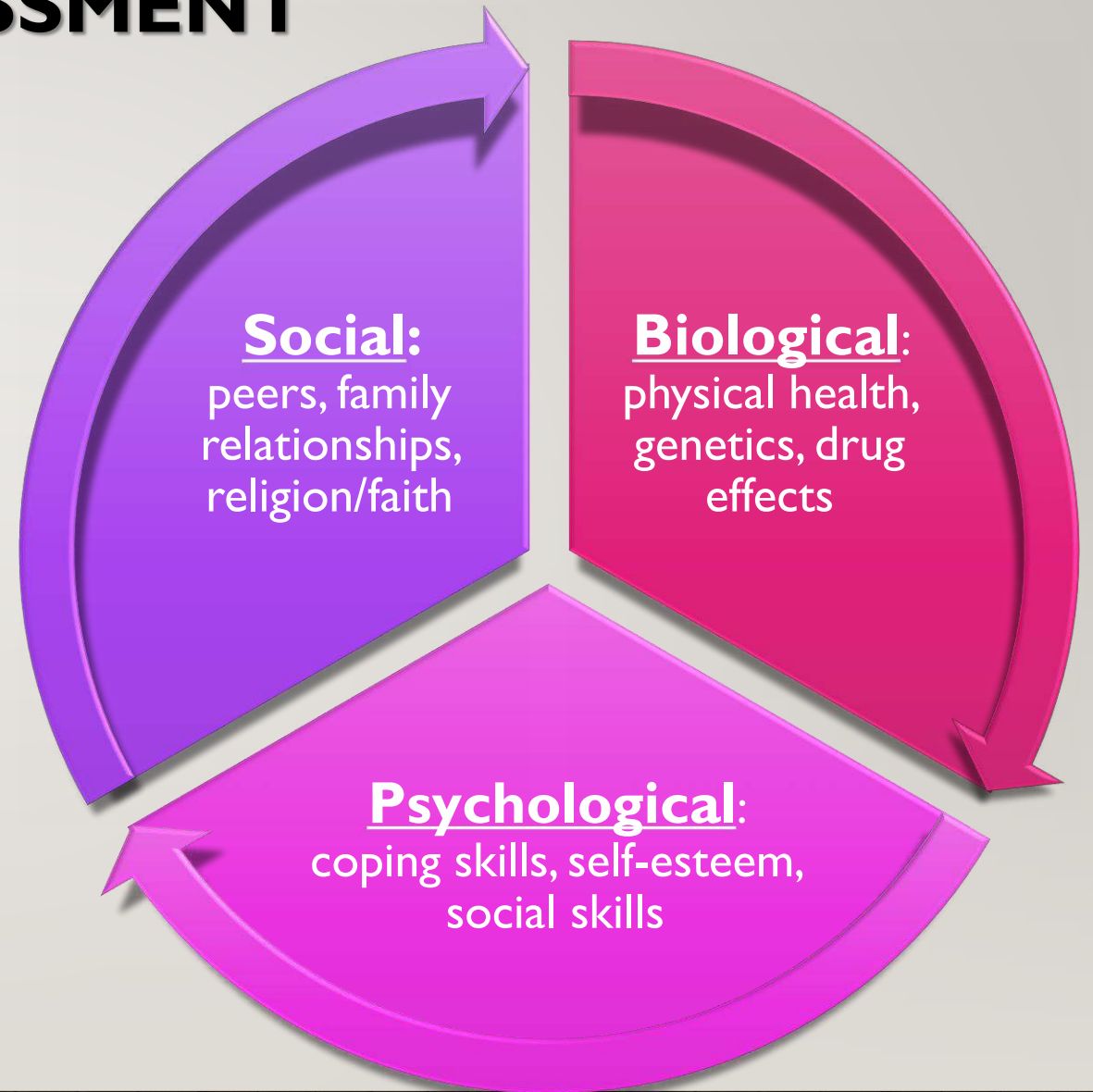
- associated with the relationship of disease and bodily health

Psychological

- aspects of mental and emotional wellness that relate to behavior

Social

- interpersonal factors such as social interactions and community activities



BIOPSYCHOSOCIAL ASSESSMENT



Medical



Legal



Family History &
Cultural Traditions



Employment & Education



Support System



Substance Use &
Mental Health



Living Situation



Financial



BIOPSYCHOSOCIAL ASSESSMENTS: MEDICAL

- As many as 1 in 7 patients who take dopamine agonists experience psychological side effects
- 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 is often used to treat schizophrenia has also been found to increase compulsive behavior related to gambling



BIOPSYCHOSOCIAL ASSESSMENTS: MEDICAL

- 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.

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

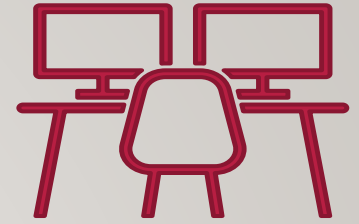


How does Gambling Impact upon the Social Determinants of Health and Vice Versa?

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

Incorporate gambling related questions into screening for **SDOH**.

BIOPSYCHOSOCIAL ASSESSMENTS: EMPLOYMENT & EDUCATION



- Have you ever missed work or school to engage in gambling activities?
- Have you ever borrowed money with the intention to use it for work or school related expenses and found yourself instead, placing bets with that money?
- Negative impact on work/school performance.
- Have you ever been reprimanded at work or school for missing deadlines?
 - Appearing distracted
 - Unable to complete tasks on time
 - Often on their phone or on desktop checking statistics/odds/stock market

BIOPSYCHOSOCIAL ASSESSMENTS: FINANCIAL, SUPPORT SYSTEM, LIVING SITUATION



- Filed bankruptcy
- Bailouts from family/friends
- Ask for loans/ to borrow money
- Taken out cash advances
- Borrowed against retirement or life insurance policies
- Borrowed against college fund or student loans



- Behind on bills, ignores calls from creditors
- Gamble to pay bills
- Ability to pay current bills and understand financial planning
- Become homeless and/or cannot afford to live alone



BIOPSYCHOSOCIAL ASSESSMENTS: LEGAL



Ever been arrested for:

- Theft
- Embezzlement
- Domestic Violence
- Assaults
- VEP violation
- Illegal bookmaking/gambling

Gambling while incarcerated?

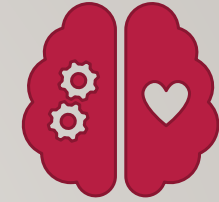
U.S. Department of Justice has found that inmates are three to five times more likely to develop gambling problems.

BIOPSYCHOSOCIAL ASSESSMENTS: FAMILY & CULTURE



- Did gambling activities occur in your childhood household?
- Do you know of a family member that had a problem with gambling?
- Did/Do gambling activities occur in your community?
- Who managed the money in your childhood household?
- What were you taught about money during your childhood, adolescences and adulthood?
- Are there familial superstitions or beliefs pertaining to lucky numbers, colors, days of the week etc.?

BIOPSYCHOSOCIAL ASSESSMENTS: MENTAL HEALTH AND SUBSTANCE USE



- Stress factors
 - Coping Skills
 - Social supports
- Trauma history
 - Sexual/Physical/Emotional Abuse
 - Adverse Childhood Experiences (ACES)
 - Domestic/Intimate Partner Violence
- Family history of MH, SUD, or Gambling disorders
- Personal history
 - Treatment attempts for MH or SUD
 - Ever attend a 12-step meeting?
 - Personality disorders (cluster B)
 - Suicidal ideation/ attempts

GAMBLING DISORDER: DSM 5

Persistent and recurrent gambling behavior leading to **clinically significant impairment or distress** exhibited by **4 or more of the following** in a **12-month** period and *not better explained by a manic episode*.

- Lies to conceal the extent of involvement with gambling.
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- Relies on others to provide money to relieve desperate financial situations caused by gambling.
- Often gambles when feeling distressed.
- Is often preoccupied with gambling.
- Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- Is restless or irritable when attempting to cut down or stop gambling.
- Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
- After losing money gambling, often returns another day to get even ("chasing" one's losses)

HOW TO INTEGRATE GAMBLING SCREENING AND ASSESSMENT INTO CLINICAL PRACTICE

- Recognize the need for gambling screening for all individuals
- Use of evidenced based screening tools for gambling and repeat regardless of baseline scores
- Incorporate questions about gambling behavior into a biopsychosocial assessment
- Have gambling related conversations as part of psychoeducation groups
- Engage in clinical supervision or case consultation with other providers



GAMBLING RESOURCES

GAMBLING HELPLINE: I-800-GAMBLER

Gam-Ban

<https://gamban.com/>

Bet Blocker:

<https://betblocker.org/>

True Link:

<https://www.truelinkfinancial.com/>

National Suicide Prevention Lifeline:

<https://988lifeline.org/>

I-800-273-8255 or 988

National Council on Problem Gambling

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

Gamblers Anonymous

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

Gam-Anon

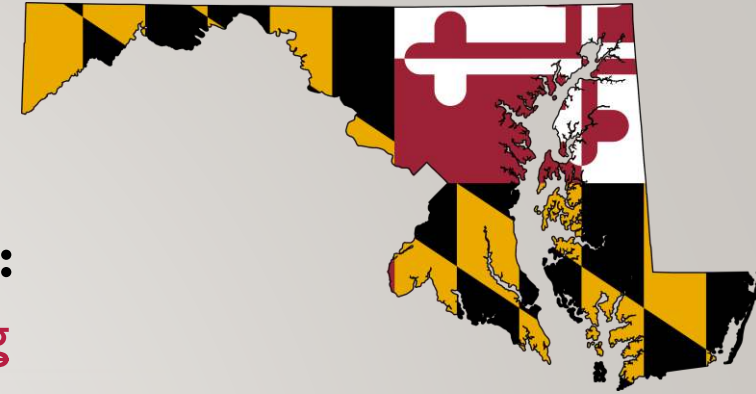
<https://gam-anon.org/>

SMART Recovery

<https://www.smartrecovery.org/gambling-addiction/>

MARYLAND RESOURCES

Gambling Helpline: 1-800-GAMBLER



Maryland Center of Excellence on Problem Gambling:

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

Maryland Coalition of Families:

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

Local GA Meetings:

<http://dmvgamblinghelp.org>

Maryland 211, press 1: Crisis Hotline

Maryland Legal Aid:

<https://www.mdlab.org>

Maryland Volunteer Lawyers Service

<https://mvllaw.org/>

Consumer Credit Counseling Services of Maryland:

www.cccsmd.org

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

<https://cashmd.org>

Ways the Center Provides you Support



Free!

- Free Gambling Related Trainings with CEUs
- Free Case Consultation Calls 4xs a month on Zoom
- Free Peer Support: 1:1 and Group Presentations
- Free Treatment for Maryland Residents
- Free Awareness Materials for your lobby or offices



Problem Gambling Screening Guide

Guidelines for Integrating Gambling Screening
and Assessment into Current Practice

A Toolkit for Behavioral Health
Providers and Medical Professionals

QUOTES

“A wise man changes his mind;
a fool never does” ~ Proverb

“Any change, even a change for
the better, is always accompanied
by discomfort” ~ Arnold Bennett

“The great aim of education is not
knowledge, **but action**”
~ Herbert Spencer



QUESTIONS

I-800-GAMBLER

CALL/TEXT/CHAT 24-7

FREE AND CONFIDENTIAL

Thank
You

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