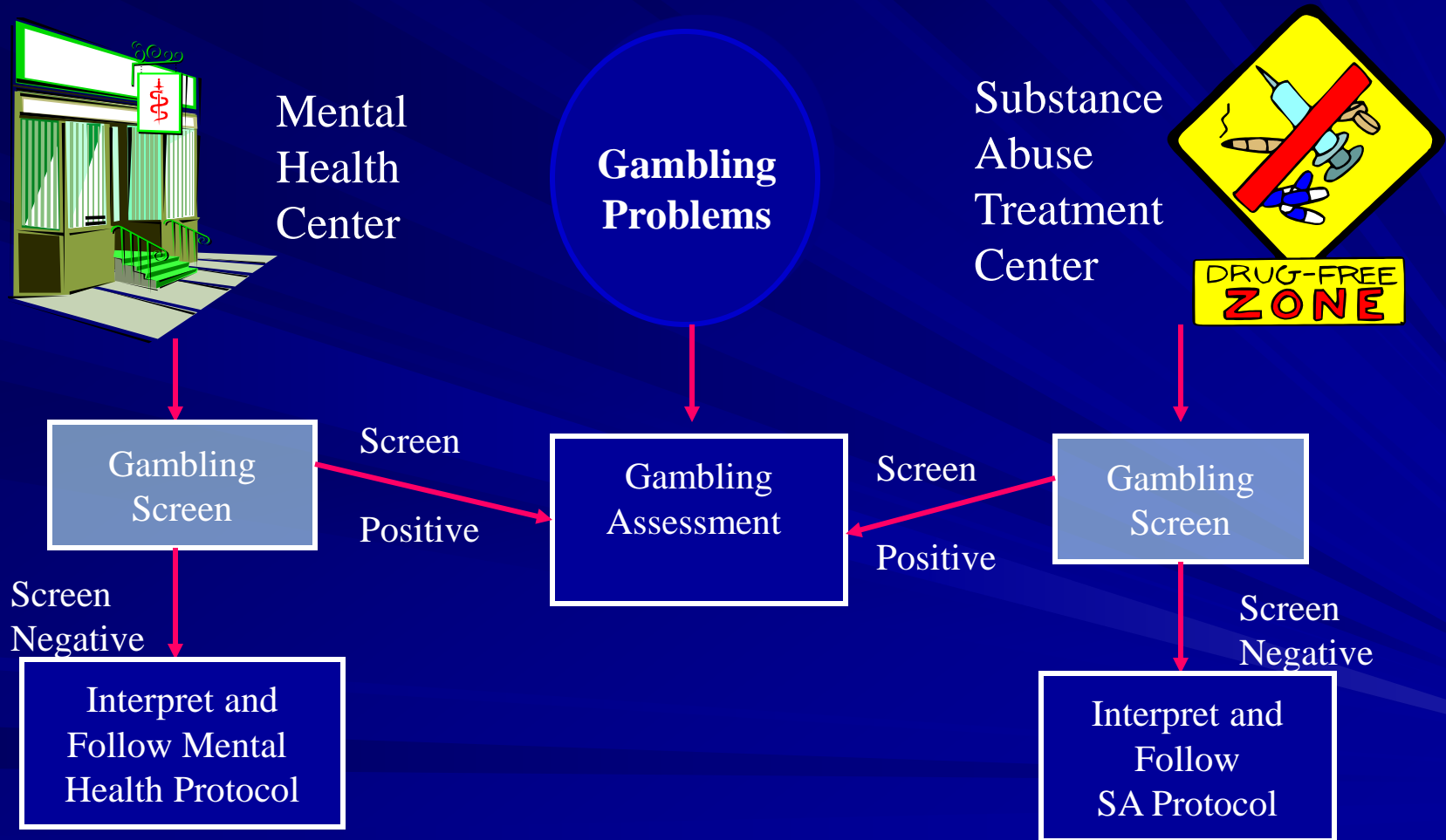




# Beyond Don't Ask, Don't Tell: Effective Strategies to Screen for Gambling Problems and Assess the Impact of Gambling on Recovery, Health and Well-Being

Loreen Rugle, Ph.D., NCGCII

# Substance Abuse, Mental Health and Problem Gambling



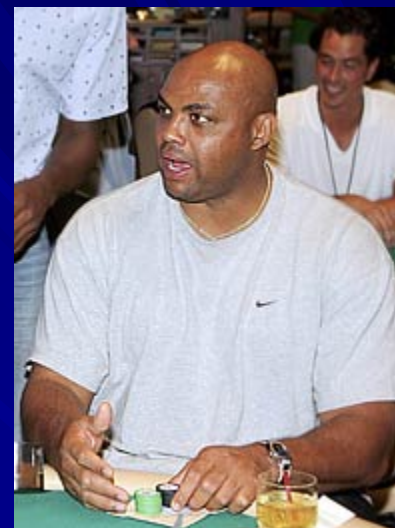
“You know one if you see one” ---

Director of Substance Abuse Treatment  
Program, Detroit VA

# What does a gambler look like?







XBP-905410 - © - Andrew Rubtsov

# What does a Gambler Look Like?

- Twilight Zone - The Fever
- Two for the Money GA Scene



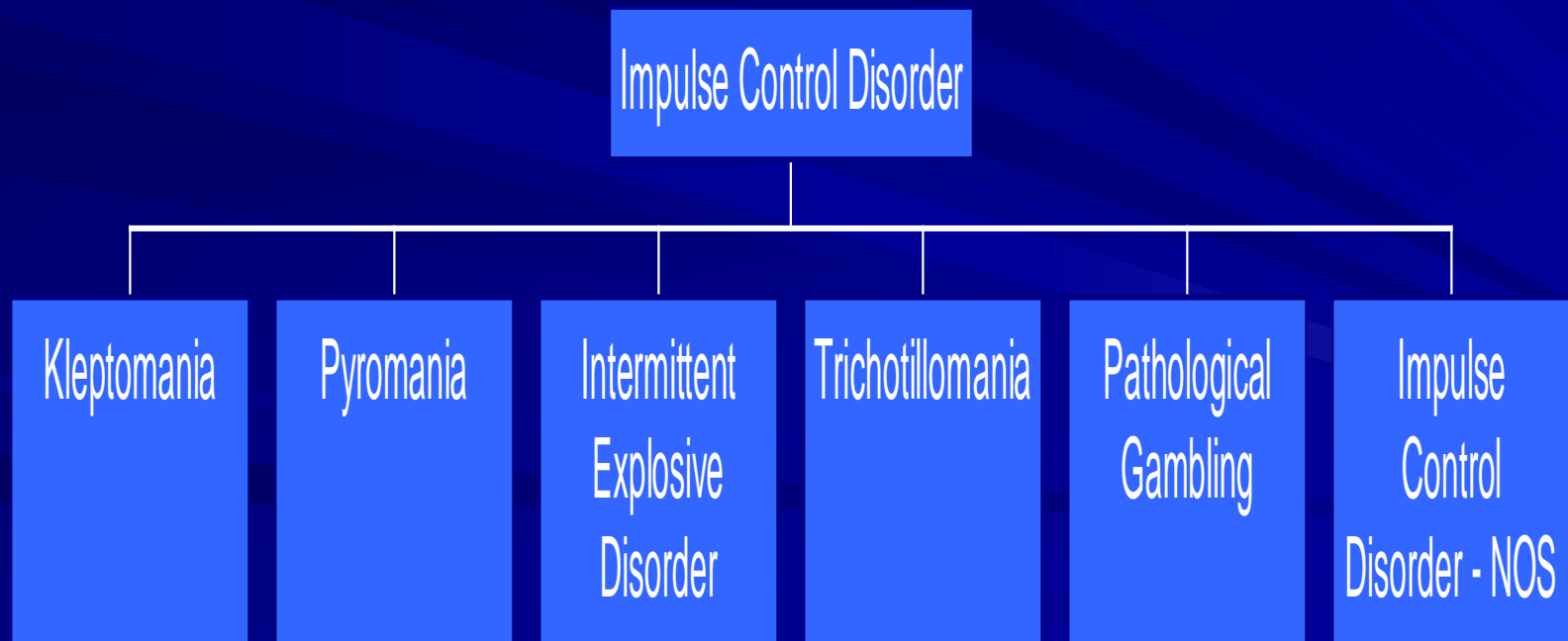
# Overview

- DSM5 Changes
- Why Bother? Evidence on the impact of gambling
- Technology Transfer: Current Practices
- Assessment and Developing a “GBIRT”

# Diagnostic Changes DSMIV to DSM5



## ■ DSM IV





# DSM 5

---

- Reclassified under: Substance-Related and Addictive Disorders
- So far only “Non-Substance-Related Disorder” included
- Renamed: Gambling Disorder

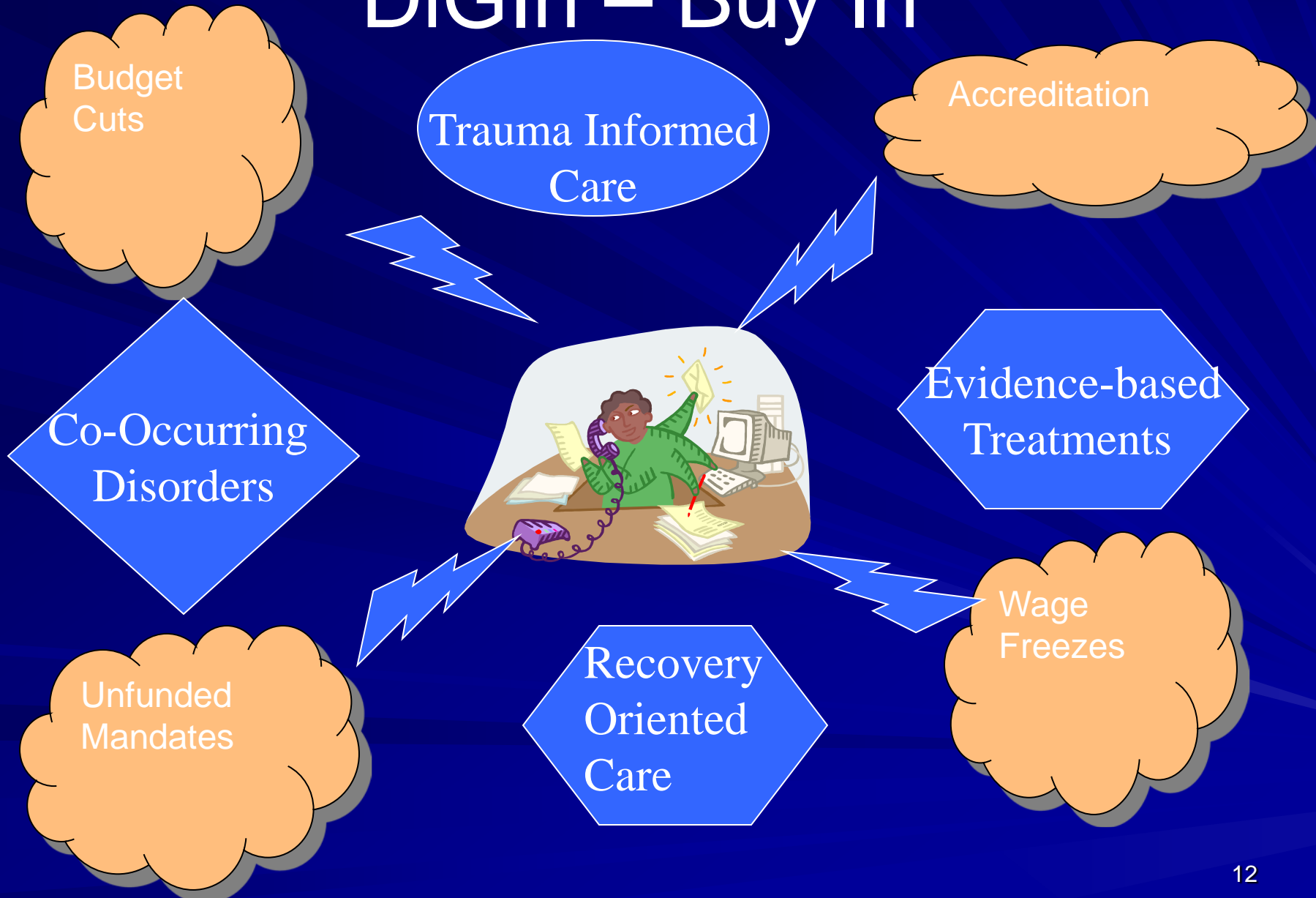
# Why the Change?

- High rates of co-morbidity
- Similar symptom presentation
- Genetic and Neurophysiological Research
  - Twin studies
  - Runs in families
  - Brain Imaging
  - Activates reward systems similar to drugs of abuse

# Why the Change?

- Comparable treatment strategies both behaviorally and pharmacologically
- Placement – help to improve recognition of disorder – particularly among higher risk groups.

# DiGIn – Buy In



# So Why Bother

- Evidence of high risk of gambling problems among individuals diagnosed with substance use and mental health disorders.
- Not addressing gambling issues decreases treatment effectiveness and adds to treatment costs
- Early intervention and treatment work!



# Co-Morbidity

- Per DSM5, those with gambling disorder have high rates of SUD's, depressive disorders, anxiety disorders and personality disorders.
- Up to nearly 1/3 of individuals in SUD treatment identified as problem gamblers (Ledgerwood et al, 2002)
- 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 rate of problem gambling (Rush et al, 2008)

# OSAM Survey

- 27.6% gambled more when using alcohol or other drugs
- 16.7% used more alcohol or drugs when gambling
- 15.6% gambled to buy alcohol or drugs

# Co-Morbidity

## Connecticut Study

19% of individuals in treatment with diagnosis of schizophrenia or schizoaffective disorder met criteria for problem or pathological gambling

(Desai & Potenza, 2009)

# Effect on Cost and Treatment Outcome

- **Individuals with PG and SUD – double the rates of admission for detoxification and significantly greater admissions for psychiatric stabilization (Kaplan & Davis, 1997)**
- **Individuals in MAT with PG twice as likely to drop out early and more likely to have positive tox screens for cocaine. (Ledgerwood, 2002)**

# Effect on Cost and Treatment Outcome

- For individuals diagnosed with serious mental health disorder, PG associated with depression, alcohol use problems, greater legal problems and higher utilization of MH treatment (this associated with recreational gambling as well) (Desai & Potenza, 2009)



# Health Problems and Medical Utilization

Per DSM5, “Gambling disorder is associated with poor general health...Some specific medical diagnoses, such as tachycardia and angina are more common than in the general population.

- 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.**
  - National Epidemiologic Survey on Alcohol and Related Conditions (Morasco et al, 2006)

# Intimate Partner Violence (IPV) and Problem Gambling

Study of 300 women, consecutive ER admissions (Muehlemann et al, 2002):

- **26%** categorized as experiencing IPV
- **IPV 10X** as likely if partner was problem gambler
- **IPV 6X** as likely if partner was problem drinker
- **IPV 50X** as likely if partner was both

Study of 248 Problem Gamblers (43 women, 205 men) (Korman et al., 2008)

- **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**

US Nat'l Comorbidity Survey Replication, N=3334 (Afifi et al., 2009)

Problem and Pathological Gambling (PPG) among those reporting IPV and Child Abuse

**Dating Violence: 5X rate of PPG**

**Severe Marital Violence: 40X rate of PPG**

**Severe Child Abuse: 2.5X rate of PPG**



# Why Bother

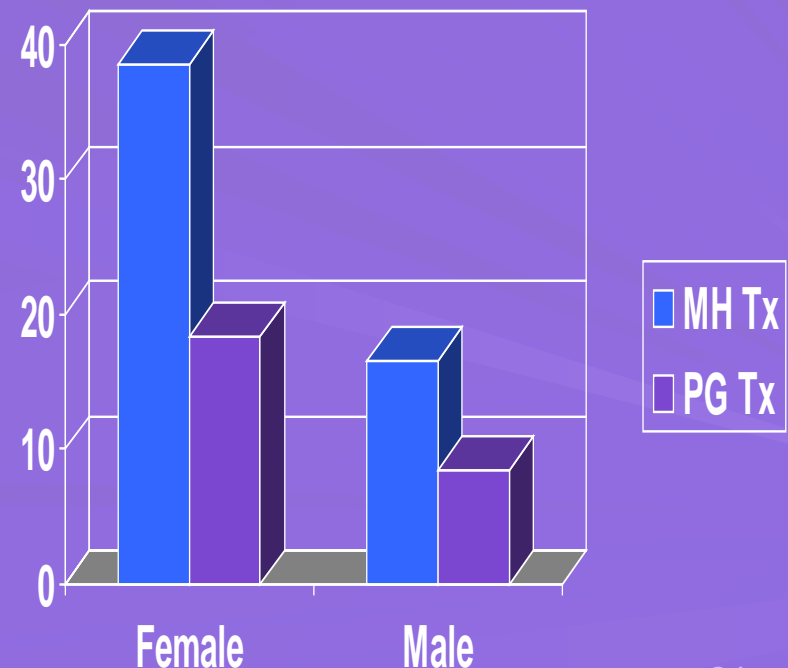


## Lifetime Co-morbidity

- Although nearly half (49%) of those with lifetime pathological gambling received treatment for mental health or substance abuse problems, none reported treatment for gambling problems

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

## CT PG Helpline Callers 2009 Report of Prior Treatment



# Why address gambling problems in SUD and MH programs: Summary

- Gambling may become a sequential addiction for individuals recovering from a substance use disorder
- Gambling can be a relapse risk factor
- Gambling and problem gambling may exacerbate psychiatric symptoms
- Relationship violence and child abuse are related to problem gambling and severely aggravated if substance use is involved.

# Effect on Cost and Treatment Outcome

- **Individuals with PG and SUD – double the rates of admission for detoxification and significantly greater admissions for psychiatric stabilization (Kaplan & Davis, 1997)**
- **Individuals in MAT with PG twice as likely to drop out early and more likely to have positive tox screens for cocaine. (Ledgerwood, 2002)**



# Effect on Cost and Treatment Outcome

- For individuals diagnosed with serious mental health disorder, PG associated with depression, alcohol use problems, greater legal problems and higher utilization of MH treatment (this associated with recreational gambling as well) (Desai & Potenza, 2009)

# Health Problems and Medical Utilization

Per DSM5, “Gambling disorder is associated with poor general health...Some specific medical diagnoses, such as tachycardia and angina are more common than in the general population.

- 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.**
  - National Epidemiologic Survey on Alcohol and Related Conditions (Morasco et al, 2006)

# Intimate Partner Violence (IPV) and Problem Gambling

Study of 300 women, consecutive ER admissions (Muehlemann et al, 2002):

- **26%** categorized as experiencing IPV
- **IPV 10X** as likely if partner was problem gambler
- **IPV 6X** as likely if partner was problem drinker
- **IPV 50X** as likely if partner was both

Study of 248 Problem Gamblers (43 women, 205 men) (Korman et al., 2008)

- **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**

US Nat'l Comorbidity Survey Replication, N=3334 (Afifi et al., 2009)

Problem and Pathological Gambling (PPG) among those reporting IPV and Child Abuse

**Dating Violence: 5X rate of PPG**

**Severe Marital Violence: 40X rate of PPG**

**Severe Child Abuse: 2.5X rate of PPG**



# Why Bother

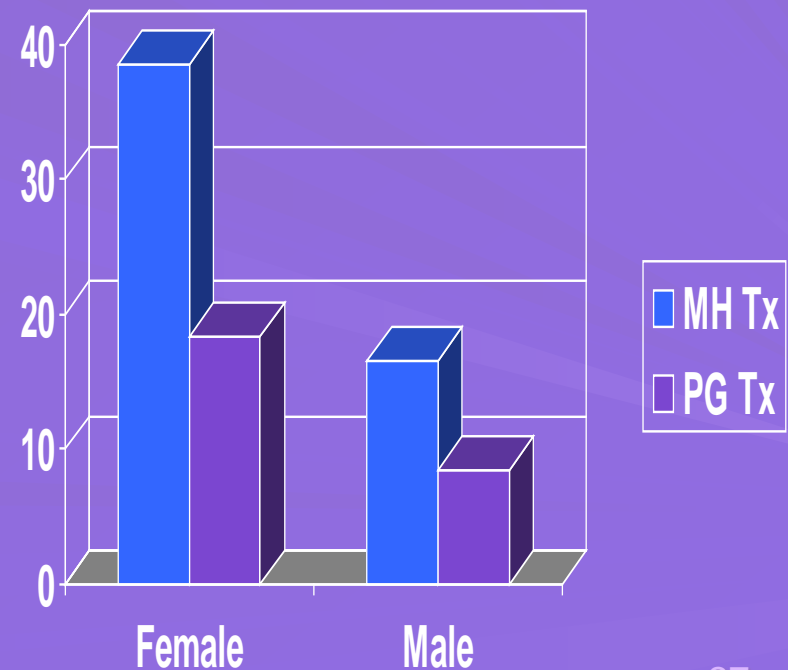


## Lifetime Co-morbidity

- Although nearly half (49%) of those with lifetime pathological gambling received treatment for mental health or substance abuse problems, none reported treatment for gambling problems

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

## CT PG Helpline Callers 2009 Report of Prior Treatment



# PG Screening

- Good News
  - Lie/Bet
  - NODS-CLiP
  - NODS-PERC
  - Brief Biosocial Gambling Screen (BBGS)
  - SOGS





# The NODS-PERC

NODS 1	Have there ever 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?
NODS 8	Have you ever gambled as a way to escape from personal problems?
NODS 10	Has there ever been a period when, if you lost money gambling one day, you would return another day to get even?
NODS 14	Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?

# Lie Bet

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

# Brief Bio-social Gambling Screen (BBGS)

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 that you had to get help from family or friends?

☐ Yes

☐ No

■ **BBGS Scoring:** Answering 'Yes' to one or more questions indicates likely pathological gambling.

■ **Source:** Gebauer, L., LaBrie, R. A., & Shaffer, H. J. (2010). Optimizing DSM-IV classification accuracy: A brief bio-social screen for gambling disorders among the general household population. *Canadian Journal of Psychiatry*, 55(2), 82-90

# NODS CLiP

- 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?*
- Preoccupation: *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?*

# PG Screening

## ■ Bad News

- Screens don't work in clinical practice
- Give illusion of addressing issue





# Typical Results of Use of Brief Screens

- What happens in actual clinical practice
- Use screen
- No one endorses items
- What does counselor think
  - None of my clients have any gambling problems
  - Don't care about the research, my clients are different
  - NIMBY (Not in my back yard or treatment program)

# Motivation

- Individuals coming into treatment for a substance use or mental health disorder may have any or all of the following attitudes toward their gambling:
  - Never thought of it as a problem or potential problem
  - Believe it is a solution to their problems (emotional and or financial)
  - Realize it may be a problem, but don't want to think about giving up "all their fun."
  - Feel overwhelmed by dealing with just one problem, don't want to have to think about any others.

# Screening

- Client may not acknowledge in first interview either because they simply don't categorize these issues as problematic or because of shame and the desire to avoid talking about these issues

# PG Screening



# Iowa Study

- Data collected by 4 SA Block Grant Agencies
- Baseline 368 Lie/Bet – 4 positives (1%)
- Follow-up 2 agencies switched to BBGS and 2 to NODS-CLiP
  - BBGS: 267 Screens – 6 positives (3%)
  - NODS CLiP: 89 screens – 3 positives (3%)

# PG Screening

Have you ever borrowed money to gamble, gambled more than you intended to, or lied about how much you gambled? Have you or someone else ever thought that gambling might be causing problems in your life?

It's bad enough I have to talk about my drug use, I'm not ready to deal with gambling!

No





# Screening

- Another issue is the way questions are addressed by counselors.
- Many factors including counselor workload, length of intake assessments, counselor priorities and counselor comfort with problem gambling all may contribute to minimizing importance of gambling questions.

“If you really feel like you have to  
take a drink – go gamble”

---

AA Sponsor

# PG Screening: What often happens



# Screening

- For example if you first ask someone how often they engage in specific forms of gambling –
  - How often do you:
    - Buy lottery tickets
    - Play cards for money
    - Play slot machines
    - Bet on sports
    - Etc.....
  - When you then ask the screening questions, people will endorse more problem gambling than if you just ask the screening questions.

# Screening: Ideally

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

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.



# Perspective Change: Disordered Gambling Integration (DiGIn)

- 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 pathological 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.



# Assessing Impact on Recovery

- Beyond diagnosis and labeling
- Integrate gambling throughout the assessment in addition to specific screening items
- In what ways does gambling support or detract from mental health or substance abuse recovery?
- In what ways does gambling support or detract from life goals?

# Integrated Assessment

- The key to this approach is to raise the issue of gambling and its role in your client's recovery in multiple contexts and repeatedly over time.
- Also it is key to include the topic of gambling in a non-judgmental or labeling manner, in order to minimize defensiveness or resistance.

# Integrated Assessment

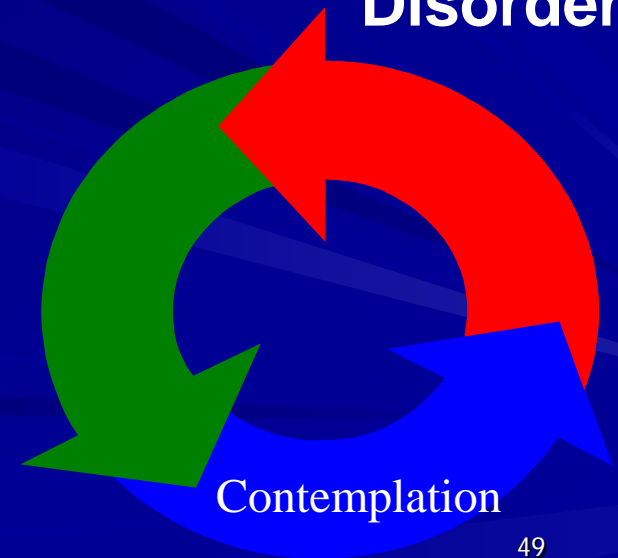
- Incorporating into existing assessments
- How might you ask questions related to gambling in each of these sections of your intake or assessment?
  - Medical
  - Financial
  - Family History
  - Substance Use
  - Psychiatric
  - Recreation

# Case Examples: Stages of Change and Motivation

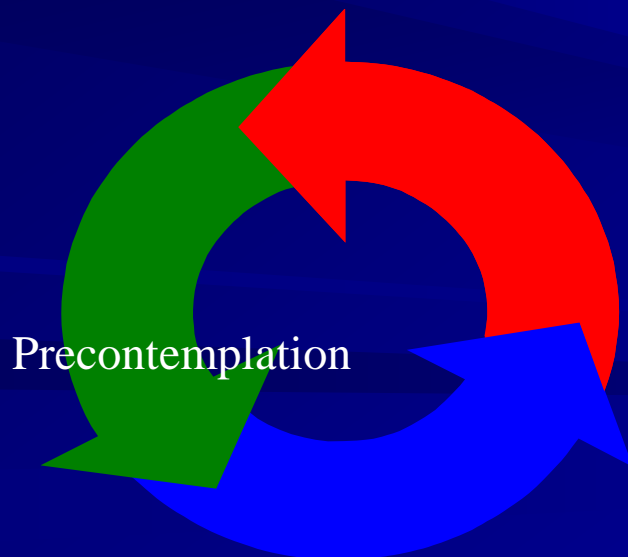
**Substance Use Disorder**



**Mental Health Disorder**



**Problem Gambling**



# Assessment

- What is impact of gambling on recovery, health, well-being?
- What is motivation regarding gambling?
- Does client meet diagnostic criteria?

# Case 1

- Jessie is a 57 year old female, presents due to marijuana use. Lives with adult daughter and her 3 children (X2 yrs). Grandson told teacher about her marijuana use and teacher reported to DCF. Significant conflict with daughter about house cleaning and child rearing. Reported on intake that she plays bingo 4-5 x per week. Takes her 82 year old mother. Feels it is a good way to get out of house and avoid conflict with daughter. Stated she spent \$5000 in past 6 months.



## Case 2

- Charles is a 34 year old male in medication assisted treatment program. Has been abstinent from opiates on methadone x 4 months. Reports significant cocaine cravings X 1 month. In initial assessment reported only occasional purchase of lottery tickets. In recent group discussion stated he has been buying \$100 worth of lottery tickets per week rather than buying crack with that money. Acknowledges that he has other responsibilities – child support, etc. – that he could be using money for.

# Case 3

- Linda is 42 year old female. On intake did not report any concerns about gambling. However, during group discussion, she was very quiet and did not make eye contact after viewing video on family consequences of gambling. When asked about her reaction, she acknowledged that her boyfriend with whom she is living, becomes abusive when he loses gambling or when they fight about money. She has been playing the lottery as she thinks winning will be the only way she can get enough money to leave this abusive situation.

# Case 4

- Mary is a 64 year old, widow who has been treated for depression since her husband died. She and her husband enjoyed going to the casino together and she feels some relief from her depression when she goes to the casino. She has been going to the casino more frequently recently, at times staying all night which she feels is helpful because she has had such difficulty sleeping. She does not want to stop going to the casino, but her children have commented on her spending so much time there and even missing family events, she as her granddaughter's basketball games and concerts.

# Case 5

- Jose is a 27 year old male in early 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 has never been 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 when using. The next day he could hardly wait to go back to the store to buy some tickets. He has begun going to the convenient store on the corner of his street more often, especially when he feels bored at night (when he used to drink and get high). He has become more focused on numbers throughout the day anticipating which numbers would be “lucky” to play that day. He has lied to his girlfriend about just going out to get some cigarettes in order to get more tickets. His girlfriend has begun to be upset because he doesn’t have money to go to movies or concerts and she thought he was using again. When he didn’t have money to buy lottery tickets, he is starting to get irritable and easily frustrated. His job for UPS makes it easy to stop and buy tickets during the day, but he is starting to get into trouble for running late with deliveries and his boss isn’t accepting his excuses about running into traffic. He doesn’t see why everyone is getting so upset. He isn’t using and he feels he is doing pretty well.

# Issues with Brief Screens

- Use Diagnostic Criteria
- Developed to screen for most severe gambling problems
- Need to define what mean by gambling – list types of gambling
- While work in research, do not work as well in clinical practice.



# Strategies to Consider

- Median U.S. frequency of gambling is 12 times a year. That is half of adults gamble less than once a month. (Welte, personal communication)
- NESARC utilized gambling 5 or more times in any one year as gatekeeper question followed by AUDADIS-IV 15 item problem gambling questionnaire.



# Possible Strategy

For the purpose of the next questions, “gambling” means buying lottery tickets, gambling at a casino, playing cards or dice for money, betting on sports games, playing slot machines, video poker or other video gambling, gambling on the internet, betting on horses or dogs, playing bingo or keno.

During the past 12 months have you gambled 5 or more times? \_\_\_\_ Yes \_\_\_\_ No

If yes continue to next 3 questions ---

# Screening Strategy

## DURING THE PAST 12 MONTHS:

1. Have you tried to hide how much you have gambled from your family or friends?	Yes	No	
2. Have you had to ask other people for money to help deal with financial problems that had been caused by gambling?	Yes	No	
3. Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?	Yes	No	

If yes to any of the above proceed to next 6 questions

**DURING THE PAST 12 MONTHS:**

<b>4. Have you tried to cut down or stop your gambling?</b>	<b>Yes</b>	<b>No</b>
<b>5. Have you increased your bet or how much you would spend, in order to feel the same kind of excitement as before?</b>	<b>Yes</b>	<b>No</b>
<b>6. Did you think about gambling even when you were not doing it? (Remembering past gambling experiences, or planning future gambling?)</b>	<b>Yes</b>	<b>No</b>
<b>7. Did you go to gamble when you were feeling down, stressed, angry or bored?</b>	<b>Yes</b>	<b>No</b>
<b>8. Did you ever try to win back the money that you had recently lost?</b>	<b>Yes</b>	<b>No</b>
<b>9. Has your gambling caused problems in your relationships or with work?</b>	<b>Yes</b>	<b>No</b>
<b>Total “Yes” Responses</b>		

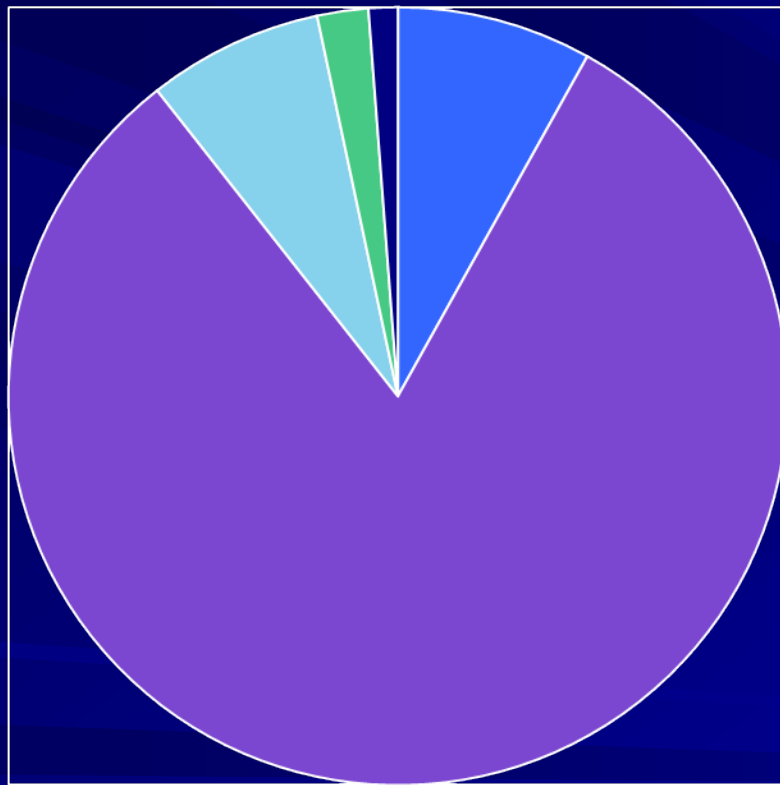
# Brief Intervention

- A “yes” response to any of questions 1, 2, or 3 results in asking all the questions (4-9) and Gambling Brief Intervention.
- A “yes” response to a total of 4 questions (out of 9) results in a Gambling Brief Intervention and Referral to Gambling Treatment

# Brief Problem Gambling Interventions Work

- Evidence based problem gambling interventions
  - 10 min Brief Advice on Reducing Gambling
  - Feedback on irrational gambling thoughts
  - One session MI
  - Self-help manuals

# Brief Advice on Reducing Gambling (Petry, 2005)



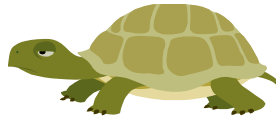
■ No Gambling	9%
■ Social Gambling	82%
■ At Risk	7%
■ Problem	1%
■ Pathological	1%



# Brief Advice on Reducing Gambling

- Feedback on personal gambling
- Define levels of gambling and gambling disorder
- Risk Factors for Problem Gambling/Gambling Disorder
- Four steps to reduce risk for gambling problems
  - Limit money
  - Limit time
  - Don't view gambling as way to make money
  - Spend time on other recreational activities

# 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.

Consider seeking help if this is a concern.

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

**860-346-6238 or**

**[www.ct.gov/dmhas/problemgambling](http://www.ct.gov/dmhas/problemgambling)**

## **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.

Problem Gambling Services, CT State Dept. of Mental Health and Addiction Services

# Remember

- Even though individuals in recovery from substance use and mental health disorders are at higher risk for gambling problems, this does not mean that gambling always has a negative impact on someone's recovery
- It is our job to help our clients be aware of and evaluate the risks as well as benefits that gambling can bring to their recovery, and to assist them in making the best informed decisions regarding the role of gambling in their lives and recoveries.

# Thank You



Anyone can slay a dragon, he told me, but  
try waking up every morning and  
loving the world all over again.  
That's what takes a real hero.

