

National Council on Problem Gambling

SCREENING STANDARDS MANUAL

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NCPG
National Council on Problem Gambling

Screening Standards Manual

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RATIONALE FOR SCREENING FOR GAMBLING PROBLEMS

Co-Occurrence in Populations with Substance Use (SU) and Mental Health (MH) Disorders

Disordered gambling (DG) is highly associated with substance use disorders (Cowlshaw et al., 2015), mood disorders (Cowlshaw et al., 2016), psychotic disorders (Haydock et al., 2015), post-traumatic stress disorder (Parhami et al., 2014), intimate partner violence (Roberts et al., 2018) and suicide (APA, 2013; Karlsson & Hakansson, 2018). Prevalence estimates for lifetime gambling disorders within the United States range from 0.4% to 4.2% for the general population (Lorains et al., 2011). Among those with substance use disorders, the prevalence estimates of lifetime gambling disorder are substantially higher and range from 7% to 40% (Himelhoch et al., 2015) and in methadone maintenance treatment up to 52.7% (Weinstock et al., 2006; Himelhoch et al., 2016). Given the high prevalence of disordered gambling among those with substance use disorders, screening for gambling disorder in substance abuse treatment settings is strongly advisable. Additionally, the prevalence of gambling disorder has been found to be at least 2 to 4 times higher among individuals diagnosed with other mental health disorders than among the general population. Significantly, in one large national epidemiological study, it was found that while nearly 50% of individuals who met criteria for gambling disorder had received treatment for another mental health condition, 0% had received treatment for their gambling disorder

(Kessler et al., 2008). This clearly points to the need to implement effective screening for gambling disorder in all behavioral health settings.

Co-Occurrence in Primary Care

Both research and treatment-provider surveys have demonstrated that only a small percentage of individuals who experience gambling-related harms are likely to seek treatment. Furthermore, there is evidence that individuals who are at risk of developing problems with gambling, comprising 20-25% of the adult population (Morasco et al, 2006), are likely to experience increased levels of health-related problems and utilize healthcare services at higher rates than individuals who do not gamble, as well as those that gamble in low-risk ways. Even moderate levels of gambling, along with more severe levels of disordered gambling, have been associated with adverse health consequences and unhealthy lifestyle factors (Morasco et al., 2006; Black et al., 2013). Black et al. found that those at risk for problem gambling were more likely to avoid exercise, drink alcohol while pregnant, smoke a pack of cigarettes or more per day, drink five or more servings of caffeine a day, and watch 20 or more hours of television weekly. Individuals meeting the criteria for gambling disorder in this study were also less likely to have regular dental check-ups and were more likely to delay medical care for financial reasons. Additionally, the individuals with a gambling disorder were more likely to have at least one emergency room visit and at least one hospitalization for mental health reasons in the past year.

Since only a minority of those with a gambling disorder seek treatment, the early identification of those experiencing gambling-related harms is critical.

Evidence-Based Brief Screens

Several evidence-based brief screens have been developed over the years. The most used and validated screens are included in [Appendix A](#) and are all free to use and copy. These screens have been found to function comparably in clinical settings (Himelhoch et al., 2015, Dowling et al., 2019). Therefore,

criteria for choosing which screen to use may be based on a number of items that best fit your intake and screening process, with preference for the way items are worded (for example, the wording of the Brief Biosocial Gambling Screen seems less stigmatizing than that of some other screens), the ability of the screen to provide feedback on risk level, or whether the screen can be self-administered or needs to be done in an interview format.

Barriers and Clinical Issues with Screening

Clinical and administrative experience, as well as several recent research articles (Manning et al., 2020; Rodda et al., 2018), indicate provider and institutional barriers to effective screening for gambling disorder. One significant issue that often goes unrecognized is the limited endorsement by clients of screening items in actual clinical practice. While research studies indicated above report much higher rates of problem gambling in healthcare settings, in actual clinical practice, endorsement of screening items is much lower. This seems to suggest the lack of any substantial gambling problems in these populations with positivity rates in clinical practice generally falling within the 1–2% (rather than 20–50%) range, when in reality, problem gambling rates in this population are actually higher. These results may indicate a lack of awareness of gambling disorder as being a significant addictive/mental health issue on the part of both clients and providers, and such outcomes may reinforce the belief that gambling is not a significant issue in the populations being treated. Clients may be pre-contemplative about potential harmful impacts from gambling behavior and may view gambling as a solution, especially to financial problems. Additionally, clients may be reluctant to have another problem identified that would require further restrictions, treatment, or lifestyle changes.

Research has found that while providers may have a general awareness of gambling disorder (Rodda et al., 2018), they do not see problematic gambling as a priority to be addressed, compared to other competing issues, such as substance use or mental health problems. Providers reported skepticism that

screening for gambling problems would have any impact on engagement or treatment outcome. They also report a lack of confidence in their ability to adequately assess and manage gambling disorder as well as a lack of awareness of basic resources such as screening tools, feedback protocols, and referral sources (Manning et al., 2020; Rodda et al., 2018). There is often no additional funding for inclusion and integration of gambling disorder in practice and agency policies. Screening for gambling disorder is often not a required part of intake and assessment protocols.

The following sections will suggest strategies for effective screening, and address possible solutions to obstacles and barriers.

Gambling Screening, Brief Intervention and Referral to Treatment (G-SBIRT)

Few interventions are available to provide screening and brief intervention for gambling problems. Although many studies have demonstrated that brief interventions with individuals affected by gambling disorder are effective (Petry et al., 2008; Hodgins et al., 2009; Cunningham et al., 2009), these studies have not focused on identifying or providing brief interventions in actual primary care or clinical care settings. Research has suggested there are sizable clinician factors (Tolchard et al., 2007) and patient factors (Evans and Delfabbro, 2005; McMillan et al., 2004; Pulford et al., 2009; Tavares et al., 2002) that contribute to reluctance to address the topic of personal gambling activities. A model for a gambling specific version of SBIRT (Screening, Brief Intervention and Referral to Treatment) has been developed by the Maryland Center of Excellence on Problem Gambling (Heinlein et al., submitted), based on expert, patient and clinician input into the content and process feasibility of providing screening and intervention for risk of gambling disorder in primary care clinical settings. As stated above, this is important because evidence suggests that individuals who are at risk of developing problems with gambling are likely to experience more health-related problems than those engaging in lower-risk gambling or not gambling at all (Morasco et al., 2006).

Effective Screening Strategies for Behavioral Health Settings

Intake and Ongoing Screening and Gambling Disorder Integration

- 1) Evidence-based screening questions should be mandated and included in all initial intake processes (Rodda et al., 2018).
- 2) **Defining Gambling:** Prior to asking specific screening questions, a clear definition of gambling should be provided, along with concrete examples of gambling activities.
For example: “I would now like to ask you some questions about gambling activities. By gambling I mean any activity where you risk something of value, including money, on an event whose outcome is not guaranteed. Examples include playing the lottery, buying scratch-offs, playing bingo, playing casino games, playing slots or cards online, betting on sports, etc.” (See [Appendix B](#) for additional examples).
- 3) **Frequency:** After defining gambling, a gateway question should be included that asks about the frequency of a person’s gambling.
 - a. Guidelines for gambling frequency are not as well established as frequency and amount of alcohol consumption. One large national epidemiologic study utilized gambling at least five times a year or more as the cut-off to indicate adverse health consequences (Morasco

et al., 2006). Using this criterion, assessors might ask, “Have you gambled five times or more in the past year?”

- b. Or they may use a multiple-choice question such as, “How often do you gamble?”
 - Not at all
 - Once or twice a year
 - Once a month
 - Once a week
 - Daily?”

(with once a month or more being the cut-off). If someone meets or exceeds the gateway criteria, then the gambling-specific screening questions should be asked (See [Appendix B](#)).

4) Feedback for Clients: Provide feedback to clients on problem gambling screening questions (See [Appendix B](#)).

- a. Clients should be provided personalized feedback and information appropriate to their risk level regarding responsible gambling guidelines and problem gambling awareness.
 - i. Individuals who do not gamble can be given feedback on their low-risk status and provided with the perspective of gambling participation in the U.S. They should be provided with general responsible and problem gambling awareness materials.
 - ii. Individuals who gamble, but do so below the gateway question cut-off, can be given feedback about their low-risk status and informed that their gambling is consistent with that of most individuals who gamble for entertainment without any negative consequences. They should be provided with general responsibility and problem-gambling-awareness materials.

- iii. Individuals who gamble at rates above the gateway cut-off, but do not answer “yes” to any of the problem gambling screening items, should be given feedback regarding moderate-risk status. They should be provided with more detailed feedback regarding responsible gambling guidelines, warning signs and risk factors for problem gambling, and options for further assessment or counseling.
 - iv. Individuals who meet cut-off criteria and respond positively to one or more of the problem gambling screening items should receive feedback regarding being at high-risk status. They should be given the same information as moderate-risk individuals, along with a brief motivational handout addressing readiness for change, and offered a referral for counseling.
 - v. Individuals who meet criteria for a gambling disorder should receive feedback regarding the disorder, and be given a brief motivational handout addressing readiness for change and directly connected with counseling/treatment services whenever possible (feedback as described in Section iii).
- b. Specific materials such as cards, brochures, and information sheets should be available to everyone. Materials should include information that defines gambling, gives responsible gambling guidelines, risk factors for problem gambling, warning signs of problem gambling, and information about resources for help with problem gambling. Further self-assessment questionnaires, worksheets for setting goals for tackling gambling behaviors, and motivational assessments are also helpful. Examples are included in [Appendix C](#).

5) Integration of Problem Gambling (PG) Throughout Intake: In addition to the inclusion of specific screening questions about problem gambling, it is recommended that the impact of problem and disordered gambling on the client’s life be considered throughout the intake. The goal is to begin to

make gambling a part of the conversation and increase clients' curiosity about how gambling may be related to their recovery, health and well-being.

- a. **Recreation:** Consider asking about gambling as a recreational activity.
 - b. **Family History:** When asking about family history, it is recommended to include a history of gambling problems, along with a history of substance use (SU) and mental health (MH) disorders.
 - c. **Treatment or Addiction History:** Consider asking clients if they were ever treated for SU, MH or gambling problems, or if they have attended Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA) or Gamblers Anonymous (GA), etc.
 - d. **Finances:** If financial problems are identified on intake, it should be asked if gambling is related to problems or is viewed as a solution to financial problems. Counselors are encouraged to be creative in initial intakes and assessments regarding incorporating the role of gambling in a person's life into this process (see the National Council on Problem Gambling's Assessment Manual for more information).
- 6) **Training for Intake Counselors and Providers:** Provide problem-gambling-specific training and support for intake counselors and providers. A recent research study (Guilcher et al., 2019) found that social service providers rated staff skills and training about problem gambling, along with simple and understandable screening tools, were critical elements to developing an effective problem-gambling-screening process. Also, it is important to increase providers' awareness of the potential impact of gambling (at the full range of risk levels) on the comorbid SU, MH or other healthcare issues that providers and clients may view as a higher priority. Providers need to be trained to understand the interconnection of gambling with issues such as depression, anxiety, trauma, healthcare and substance use, and develop holistic strategies for addressing how gambling may impact overall healthcare and well-being.

- a. Recommended Training Content: It is extremely important to provide adequate training to intake counselors and other healthcare providers regarding the following topics:
 - i. Definition and scope of gambling and problem gambling
 - ii. Risk factors and groups disproportionately affected by gambling problems
 - iii. Level of risk, particularly in the population that the provider is working with
 - iv. The relationship of problem gambling to the primary issues that their clients are seeking help for
 - v. Guidelines for low risk/responsible gambling
 - vi. Characteristics and warning signs of at-risk and problem gambling
 - vii. How to respond to client's inquiry about why questions about gambling are being asked
 - viii. How to provide feedback on at-risk levels of gambling. Staff should also be provided with printed materials such as wallet cards, brochures and information sheets that can easily be given to clients
 - ix. Resources for further assessment and help with problem gambling.
 - b. A brief initial training of 1½–2 hours is recommended, with follow-up discussion and debrief.
 - c. Ongoing consultation and supervision need to be readily available to address any difficulties encountered, and to tailor process to realities of the provider's workplace.
- 7) **Ongoing Assessment:** Ongoing assessment is needed. It has consistently been observed that relatively low rates of problem gambling are acknowledged on initial intake, particularly in high-risk groups such as

those entering SU and MH treatment. The following practices have been found to be very promising in identifying problem gambling issues:

- a. Revisit gambling behaviors when updating treatment plans. Make sure specific questions about any increase or change in gambling activities are explicitly included in treatment plan update formats. Additionally, asking how a client is budgeting money that had previously been spent on alcohol or drugs can be used to explore increase in gambling activities. The evidence-based gambling screening items may also be asked again, for example, “Now that you have not been using heroin, what have you been doing for relaxation? Buying lottery tickets? Betting on sports? Etc.”
 - b. Another strategy that may be used is to have clients complete a screen such as the South Oaks Gambling Screen (SOGS) or the Problem Gambling Severity Index (PGSI) during a psychoeducation class on the impact of gambling on recovery. Often much higher percentages of clients acknowledge gambling problems (clinicians estimate approximately 10–15%) in this situation.
 - c. Another strategy that has been utilized in many agencies working towards becoming more competent in addressing problem gambling is for a trained problem-gambling counselor to provide education in an existing SU and MH group. This training should include the impact of gambling on recovery, helping clients to define the role of gambling in their lives and recoveries, establishing realistic and health/recovery promoting limits, and identifying risk factors and warning signs of problem gambling.
- 8) **Integration:** It is recommended that the issue of gambling and problem gambling be more thoroughly integrated into all aspects of programming in SU and MH settings so that gambling is an ongoing part of the conversation, presented in a non-judgmental manner and in a way that allows clients to come to their own conclusions about the role and impact of gambling in their lives.

- 9) **All Staff Training:** As with intake providers, it is important to provide ongoing training and support for all counselors regarding the impact of gambling and problem gambling on clients they have in treatment for other primary disorders, and to know of resources for further assessment and intervention for their clients.
- 10) **Funding:** Perhaps most importantly, funding must be provided for time, resources and training to effectively screen for and address gambling disorder in healthcare and behavioral health settings. The workload in primary healthcare and behavioral health settings is extremely high, with constantly increasing demands to address a broader range of healthcare needs. These realities cannot be ignored and must be respected. Providing funding and staffing resources to address additional workload and training demands is therefore essential to successfully developing and sustaining gambling-disorder-integrated programs and practices.

APPENDIX A:

Problem Gambling Screening Tools

BRIEF SCREENING TOOLS:

NODS CLiP - National Opinion Research Center (NORC), Loss of Control, Lying, and Preoccupation Screen (Toce- Gerstein et al., 2009)

This three-question brief screen, derived from the NODS (NORC DSM-IV Screen for Gambling Problems), is expected to be administered in less than 1 minute. It consists of the 3 NODS items that best identified individuals with problem gambling across eight separate community surveys. A response of “yes” to one or more of the three questions would indicate a problem with gambling and that further assessment would be recommended.

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?*

NODS-PERC – National Opinion Research Center (NORC), for Gambling Disorders, Preoccupation, Escape, Risked Relations, and Chasing Screen (Volberg et al., 2011)

The PERC is composed of the 4 NODS items that best identified problem gambling in a problem gambling treatment sample of individuals from substance use disorder and medical treatment settings. A response of “yes” to one or more of the four questions would indicate a problem with gambling and that further screening and assessment would be recommended.

NODS-PERC

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

Lie/Bet Tool (Johnson et al., 1997)

The Lie/Bet Questionnaire is a two-question screening tool for gambling disorder. The two questions were selected from the DSM-IV criteria because they were identified as the best predictors of gambling disorder. The instrument was created for use in clinical settings where clinicians have limited time and often are required to collect a great deal of information from each client upon intake. A “yes” response to either item results in a positive screen. The Lie/Bet Questionnaire is useful in determining if a longer screening tool or further assessment is appropriate.

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 Biosocial Gambling Screen (BBGS) (Gebauer et al., 2010)

The Brief Biosocial Gambling Screen (BBGS) was developed by the Division on Addiction at Cambridge Health Alliance and is based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for gambling disorder. Currently the BBGS is used for the National Screening Day during Problem Gambling Awareness Month. BBGS is a three-question brief screening instrument. One positive response indicates a more formal evaluation; treatment of gambling behavior may be warranted.

Brief Bio-Social Gambling Screen

- **Withdrawal:** During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?
- **Deceiving:** During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?
- **Bailout/Need Money:** During the past 12 months, did you have such financial trouble that you had to get help with living expenses from family, friends or welfare?

Problem Gambling Severity Index (PGSI) (Ferris & Wynn, 2001)

The PGSI was specifically developed for use among the general population rather than within a clinical context. The PGSI consists of nine items and each item is assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item are given the following scores:

- never = zero
- sometimes = one
- most of the time = two
- almost always = three

When scores for each item are added, a total score ranging from 0 to 27 is possible.

A PGSI score of 8 or more represents an individual experiencing gambling problems (this is the threshold recommended by the developers). The PGSI was also developed to give further information on sub-threshold individuals experiencing gambling problems. Scores between 3 and 7 represent ‘moderate risk’ gambling (individuals who gamble who experience a moderate level of problems leading to some negative consequences) and a score of 1 or 2 represents ‘low-risk’ gambling (individuals who gamble who experience a low level of problems, with few or no identified negative consequences). In contrast to the “all or nothing” scoring of some other brief screens, the PGSI allows for identifying a range of risk levels of problematic gambling behaviors, and in this way may be more useful in providing preventative feedback and strategies.

Brief Adolescent Gambling Screen (BAGS) (Stinchfield et al., 2017)

This is a brief screen for adolescents derived from the Canadian Adolescent Gambling Inventory (CAGI). The questionnaire is specifically formulated to measure adolescent gambling problems, as well as the psychological and social harms, financial consequences and loss of control related to gambling behavior. The tool went through two rounds of refinement testing on 2,400 students in secondary schools in Manitoba and Québec.

Brief Adolescent Gambling Screen (BAGS)

Each item is scored:

3 – Almost Always; 2 – Most of the time; 1 – Sometimes; 0 – Never.

Over the past 3 months, how often have you:

1. Skipped hanging out with friends who do not gamble/bet?
2. Felt that you might have a problem with gambling/betting?
3. Hidden your gambling/betting from your parents, other family members or teachers?

Based on the overall score from the three questions, a score of 4 or more is indicative of a high likelihood of gambling disorder.

DIAGNOSTIC SCREENING TOOLS

SOGS: South Oaks Gambling Screen (Lesieur & Blume, 1987)

The South Oaks Gambling Screen (SOGS) is a psychometric instrument, and is the most widely-used clinical screening instrument to assess the presence of pathological gambling (prior to DSM-5, gambling disorder was identified as pathological gambling). The SOGS is a 20-item questionnaire used as a self-rated screening instrument. It has been criticized for not being based on any DSM criteria, as including a preponderance of items focused on finances, and having high false positive rates. It includes an initial section that is not part of the criteria scoring that asks respondents to simply indicate the frequency of their gambling at a comprehensive range of gambling activities, which may help to define the scope of gambling activities that scored items refer to.

It may be self-administered or administered by interviewers.

*The SOGS is also available in Spanish.

The South Oaks Gambling Screen-Revised for Adolescents

(SOGS-RA) is a 12-item screening tool, which is one of the most widely-used measures of adolescent gambling. At the end of the screen are indicators, based on the individual's responses, that help guide where the gambling behavior resides on a continuum (from no past-year gambling to daily gambling).

NODS – National Opinion Research Center (NORC)

Diagnostic Screen for Gambling Disorders (Toce-Gerstein et al., 2009)

A 17-question screening that is answered by “yes” or “no” responses. The answer to a question determines whether the screener goes to the next question or skips to a different question. This results in not all 17 questions being put to each participant. The total number of “yes” responses equals a numbered score. The participant will receive a final score of 1–10. A score of 1–2 indicates an at-risk individual, 3–4 indicates subclinical problem

gambling, and a score of 5 or higher is thought to represent an individual as pathological, corresponding with the DSM-IV. The final score of a NODs screening is thought to be comparable with final scores of the South Oaks Gambling Screen (SOGS), even though both assessments categorize gambling disorders differently (Hodgins, 2004).

APPENDIX B:

Gambling SBIRT

Screen Example

(Heinlein et al, submitted)

The following questions are about gambling. By gambling, we mean when you bet or risk money or something of value on an event whose outcome is uncertain. For example, buying lottery tickets or scratch-offs, gambling at a casino, playing bingo, shooting dice, betting on sports, or playing keno.

Brief Biosocial Gambling Screen		
1. Have you ever gambled at least 5 times in any one year of your life?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Low Risk: An individual has answered "no" to all questions. - Provide individuals with their score, give feedback on their risk level and give literature regarding Gambling Disorder in case their behavior worsens or they have affected family/friends with whom they want to share.		
Moderate Risk: An individual has responded, "yes," to question 1, but has said "no" to all other questions. - Give the low risk intervention. Additionally, the clinician should discuss with the participant the continuum of gambling behaviors (e.g., recreational, at risk, problem, disorder), risk factors associated with moderate and problem gambling (e.g., medical issues), and guidelines to reduce risk for gambling problems.		
High Risk: An individual has responded, "yes" to question 1 <i>and</i> has said, "yes" to at least <i>one</i> other question. - Combine low and moderate risk intervention. Additionally, review risk factors for problem gambling and options for further assistance including self-help materials, referral for further evaluation and referral to Gambler's Anonymous or a recovery support specialist.		
www.ncrg.org	1-800-GAMBLER	www.divisononaddiction.org

APPENDIX C:

Examples of Screening Feedback Materials

Feedback for low-risk (Heinlein et al., submitted)

**MAKE A
CHANGE TODAY!**

S *Set*
L *Limits*
O *On*
T *Time &*
S *Spending*

Problem Gambling
You Could Be At Risk.

1-800-GAMBLER
24/7 Confidential Helpline
HelpMyGamblingProblem.org

Feedback for moderate risk brochure (Heinlein et al., submitted)

Who's at Risk?

Low Risk

"I only buy tickets a few times a year when the jackpot is over \$500 million."



Medium Risk

"I go to the casino once a month. I can afford to spend \$100, sometimes a bit more. I look forward to casino night all month and get kind of mad when I miss it."



High Risk

"I buy lottery tickets every time I get gas or stop by the corner store. I spend at least \$50 a week on tickets. We have money problems and my wife gets upset about the number of tickets I buy, so I hide them from her."



Consider

your own gambling. Can you relate to any of these experiences in the past 12 months?

- I feel moody when I try to cut down or stop gambling.
- I tried to stop gambling and could not.
- I used gambling to escape bad feelings.
- I went back to gamble to win back money
- I lost the day before.
- I lost or risked losing a job, relationship or schooling option.
- I felt the need to spend more money than usual.
- I spent a lot of time thinking about gambling.
- I had money problems because of gambling.
- I needed others to give me money to help me pay my gambling debts.

Did you say "yes" to any of the above? You may be more at risk for a gambling problem than others.

DON'T Gamble WITH YOUR Health

Gambling problems may lead to emotional problems, such as anxiety or depression.

Did you know that adults with a gambling problem are 2-3 times more likely to develop a major depressive disorder?

Gambling problems may also worsen physical health problems, such as: high blood pressure, stomach problems, headaches, heart problems, sleep problems.

Don't gamble with your health and

MAKE A CHANGE

to your gambling habits

TODAY!

APPENDIX C (cont.)

Feedback for high-risk worksheet (Heinlein et al., submitted)



Understanding Your Gambling

Should you think about changing your gambling habits?

Gambling can be fun. But for some, gambling can get out of control. Problem gambling can result in financial problems, legal problems, family conflicts, problems at work and stress. Gambling may also lead to emotional problems, such as anxiety or depression.

DID YOU KNOW?

Adults with a gambling problem are 2-3 times more likely to develop a major depressive disorder.

Gambling problems may also worsen physical health problems, such as: high blood pressure, stomach problems, headaches, heart problems, sleep problems.

NOT MOTIVATED	On a scale of 1-10, how ready are you to make a change to your gambling habits?										READY TO MAKE A CHANGE TODAY
	1	2	3	4	5	6	7	8	9	10	

If you are ready to **CHANGE** your gambling **HABITS** complete the back of the worksheet to make a plan.

Gambling Change Plan

I would like to
CHANGE
my gambling
HABITS
in the following ways:

Gamble Only Days Per Week/Month

Gamble Only Dollars Per Week/Month

I would like to call the help line to talk to someone about my gambling.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I would like to talk to a counselor to help me change my gambling.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I would like a referral to a counselor trained to understand problem gambling.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I would like to attend a Gambler's Anonymous meeting.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Others who can help me change my gambling are:

family members | friends | spiritual advisors | others

My follow-up plan is:

- 1 _____
- 2 _____
- 3 _____

If you would like additional help, please call:

1-800-GAMBLER or visit www.helpmygamblingproblem.com

REFERENCES:

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM 5*. American Psychiatric Publishing, Washington DC.
- Black DW, Shaw M, McCormick B, Allen J. (2013). Pathological gambling: relationship to obesity, self-reported chronic medical conditions, poor lifestyle choices, and impaired quality of life. *Compr Psychiatry*, 54, 97-104.
- Cowlshaw S, Hakes JK. (2015). Pathological and problem gambling in substance use treatment: results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). *Am J Addict*, 24, 467-74.
- Cowlshaw S, Hakes J, Dowling NA. (2016). Gambling problems in treatment for affective disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). *J Affect Disord*, 202, 110-114.
- Cunningham JA, Hodgins DC, Toneatto T, Rai A, Cordingley J. (2009). Pilot study of a personalized feedback intervention for problem gamblers. *Behav Ther*, 40, 219-224.
- Dowling NA, Butera CA, Merkouris SS, Youssef GJ, Rodda SN, Jackson AC. (2019). The reciprocal association between problem gambling and mental health symptoms/substance use: cross lagged path modelling of longitudinal cohort data. *J Clin Med*, 8, 1888.
- Evans L, Delfabbro PH. (2005). Motivators for change and barriers to help-seeking in Australian problem gamblers. *J Gambl Stud*, 21, 133-155.

- Ferris J, Wynne H. The Canadian Problem Gambling Index: Final report. 2001. Ottawa, ON, Canadian Centre on Substance Abuse.
- Haydock M, Cowlshaw S, Harvey C, Castle D. (2015) Prevalence and correlates of problem gambling in people with psychotic disorders. *Comp Psychiat*, 50, 122-129.
- Heinlein E, Rugle L, Potts W, Welsh C. (submitted) A within-subject pilot feasibility study of a gambling specific SBIRT intervention delivered in an urban HIV/primary clinic. *J Gambl Stud*.
- Himelhoch SS, Miles-McLean H, Medoff DR, Kreyenbuhl J, Rugle L, Baily-Kloch, Potts W, Welsh C, Brownly J. (2015). Evaluation of brief screens for gambling disorder in the substance use treatment setting. *Am J Addict*, 24, 460-466.
- Himelhoch, S, Miles-McLean H, Medoff D, Kreyenbuhl J, Rugle L, Brownley J, Bailey-Kloch M, Potts W, Welsh C. (2015). Twelve-month prevalence of DSM-5 Gambling Disorder and associated gambling behaviors among those attending methadone maintenance. *J Gambl Stud*, 32, 1-10.
- Hodgins DC, Currie SR, Currie G, Fick GH. (2009). Randomized trial of brief motivational treatments for pathological gamblers: More is not necessarily better. *J Consult Clin Psychol*, 77, 950-960.
- Karlsson AK, Hakansson A. (2018). Gambling disorder, increased mortality, suicidality and associated comorbidity: a longitudinal nationwide register study. *J Behav Addict*, 7, 1091- 1099.
- Kessler RC, Hwang I, LaBrie R, Petakhova M, Sampson NA, Winters KC, Shaffer HJ. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychol Med*, 38, 1351-1360.
- Lorains FK, Cowlshaw S, Thomas SA. (2011). Prevalence of comorbid disorders in problem and pathological gambling: Systematic review and meta-analysis of population surveys. *Addiction*, 106, 490–498.

- Manning V, Dowling NA, Rodda SN, Cheetham A, Lubman DI. (2020). An examination of clinician responses to problem gambling in community mental health services. *J Clin Med*, 9, 2075.
- McMillen J, Marshall D, Murphy L, Lorenzen S, Waugh B. Help-seeking by problem gamblers, friends and families: A focus on gender and cultural groups. 2004. Acton, ACT, Australia, ACT Gambling and Racing Commission.
- Morasco BJ, Pietrzak RH, Blanco C, Grant BF, Hasin D, Petry NM. (2006) Health problems and medical utilization associated with gambling disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychosom Med*, 68, 976-984.
- Parhami J, Mojtabai , Rosenthal RJ, Afifi TO, Fong TW. (2014). Gambling and the onset of comorbid mental disorders: a longitudinal study evaluating severity and specific symptoms. *J of Psychiatric Pract*, 20, 207-219.
- Petry NM, Weinstock J, Ledgerwood DM, Morasco B. (2008). A randomized trial of brief interventions for problem and pathological gamblers. *J Consult Clin Psychol*, 76, 318-328.
- Pulford J, Bellringer M, Abbott M, Clarke D, Hodgins D, Williams J. (2009). Barriers to help-seeking for a gambling problem: the experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. *J Gambl Stud*, 25, 33-48.
- Roberts A, Landon J, Sharmas S, Hakes J, Suomi A, Cowlshaw S. (2018). Gambling and physical intimate partner violence: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Am J Addict*, 27, 7-14.
- Rodda S, Manning V, Dowling NA, Lee S, Lubman DI (2018). Barriers and facilitators of screening for problem gambling: Perspectives of Australian mental health services. *J Gambl Stud*, 34, 307-320.

- Shaffer HJ, Hall MN. (2001). Updating and refining prevalence estimates of disordered gambling behaviour in the United States and Canada. *Can J Public Health, 92*, 168–192.
- Stinchfield R, Wynne H, Wiebe J, Tremblay J (2017). Development and psychometric evaluation of the Brief Adolescent Gambling Screen (BAGS). *Frontiers in Psychology, 8*, 2204.
- Tavares H, Martins S, Zilberman M, el-Guebaly N. (2002). Gamblers seeking treatment: Why haven't they come earlier? *Addictive Disorders & Their Treatment, 1*, 65-69.
- Toce-Gerstein M, Gerstein DR, Volberg RA (2009). The NODS-CLiP: A rapid screen for adult pathological and problem gambling. *J of Gambl Stud, 25*, 541-555.
- Tolchard B, Thomas L, Battersby M. (2007). GPs and problem gambling: can they help with identification and early intervention? *J of Gambl Stud, 23*, 499-506.
- Volberg RA, Munck IM, Petry NM (2011). A quick and simple screening method for pathological and problem gamblers in addiction programs and practices. *The Amer J on Addict, 20*, 220-227.
- Weinstock J, Blanco C, Petry NM. (2006). Health correlates of pathological gambling in a methadone maintenance clinic. *Exp Clin Psychopharmacol, 14*, 87.
- Winters KC, Stinchfield RD, Fulkerson J. (1993). Toward the development of an adolescent problem severity scale. *J of Gambl Stud, 9*, 63-84.