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EXCELLENCE on PROBLEM GAMBLING

Strategies for Starting the Conversation: Developing and Implementing a Problem Gambling SBIRT

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ACKNOWLEDGEMENTS

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- **TEAM**
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Objectives

- Understand the SBIRT model
- Understand the rationale for a gambling SBIRT including relevant research and clinical findings
- Understand and be able to implement effective strategies for administering a problem gambling SBIRT



Why Bother Screening for Gambling Disorder?

- **Evidence of high risk of gambling problems among individuals diagnosed with substance use, mental health and medical problems.**
- **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.
- One-third (Ledgerwood et al, 2002) to nearly 50% (Himmelhoch et al, 2015) of individuals in SUD treatment identified as problem gamblers
- 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)
- Higher rates of medical problems among those with at risk and problem gambling (this group may be 25% of adults)



Problem Gambling

- In 2015, 10.8% of people aged 12 or older (23 million) who needed substance use disorder treatment received treatment at a specialty facility
- In 2016, one quarter of one percent (.25%) of people (14,375) who needed gambling disorder treatment received treatment at a publicly funded specialty facility.

Association of Problem Gambling Service Administrators, 2017

PREVALENCE OF PROBLEM GAMBLING IN MEDICAL TREATMENT SETTING

AUTHOR (PUB. YEAR)	INSTRUMENT	SAMPLE	LIFETIME PREVALENCE
Pasternack (1999)	SOGS	1,394	6.2%
Morosaco (2006)	SOGS	574	10.6%
Westermeyer (2013)	C-DIS4	1,999	10.7%



Health Habits

Black et al, 2013

- Problem Gambling Subjects:
 - Smoke \geq 1ppd
 - Drink \geq 5 servings of caffeine/day
 - Watch \geq 20 hrs TV/week
 - More ER visits
 - Less likely to have regular dental care
 - More likely to postpone medical care due to financial problems
 - Have higher Body Mass Index and be obese
 - Have poorer self-perception of health
 - Severity of gambling positively correlated with # of medical problems

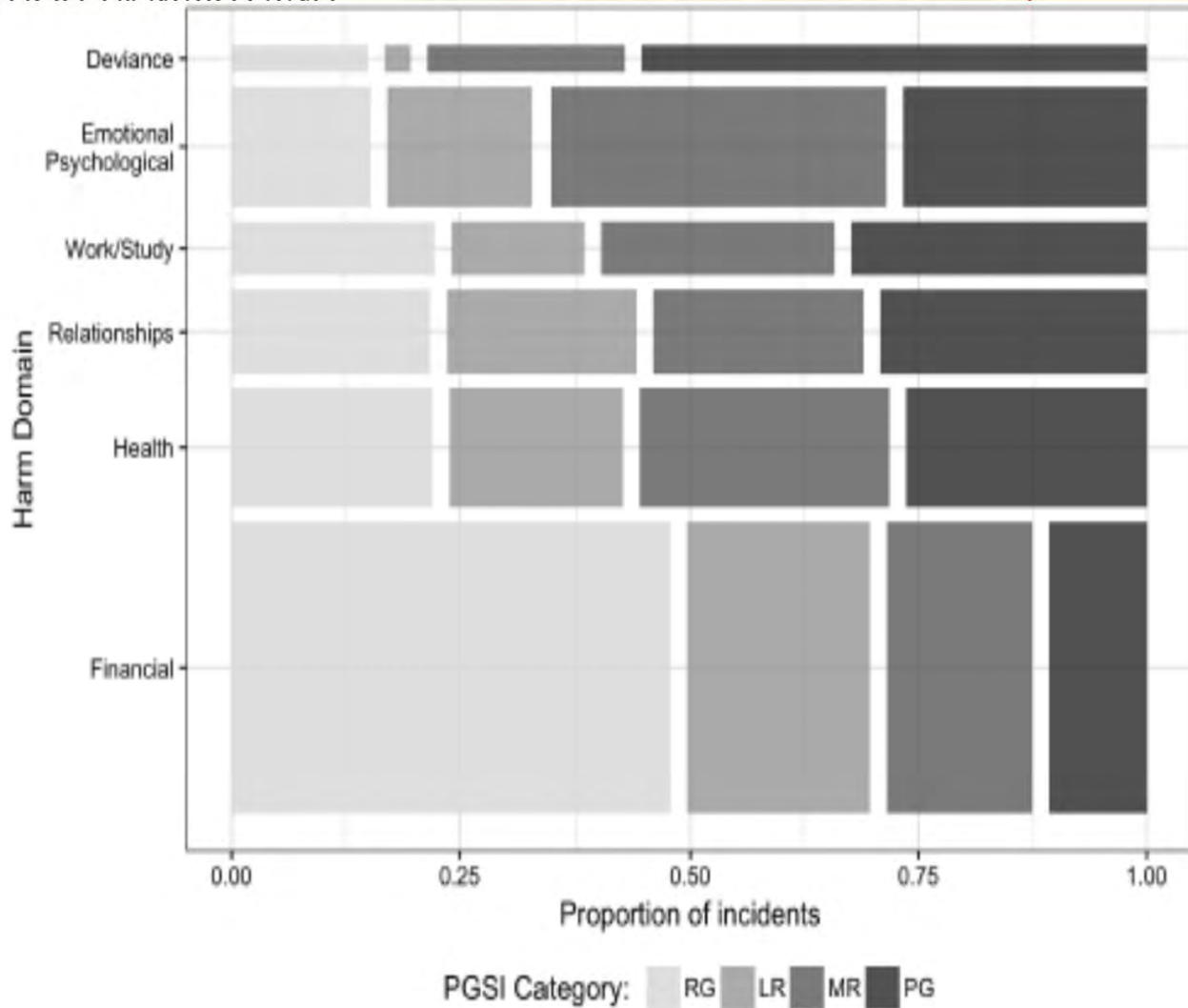


Figure 4. Mosaic plot of the proportion of harms arising from PGSI categories, by harm domain



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“You know one if you see one” ---

Director of Substance Abuse Treatment Program, Detroit

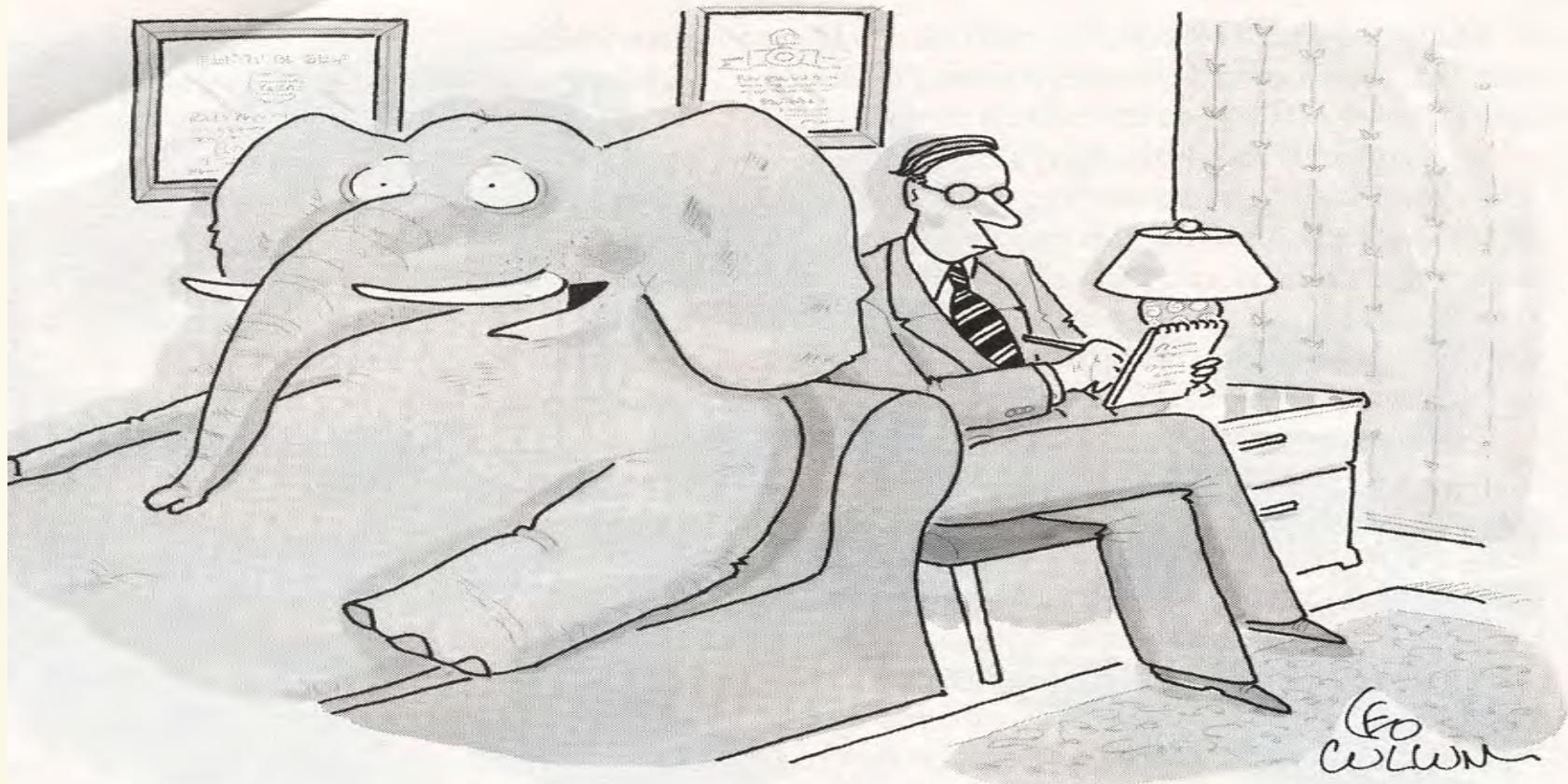
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Defining Gambling



"I'm right there in the room, and no one even acknowledges me."



What is SBIRT?

Screening

Application of a simple Test to determine if a Patient is at risk for or may have a gambling disorder

Brief Intervention

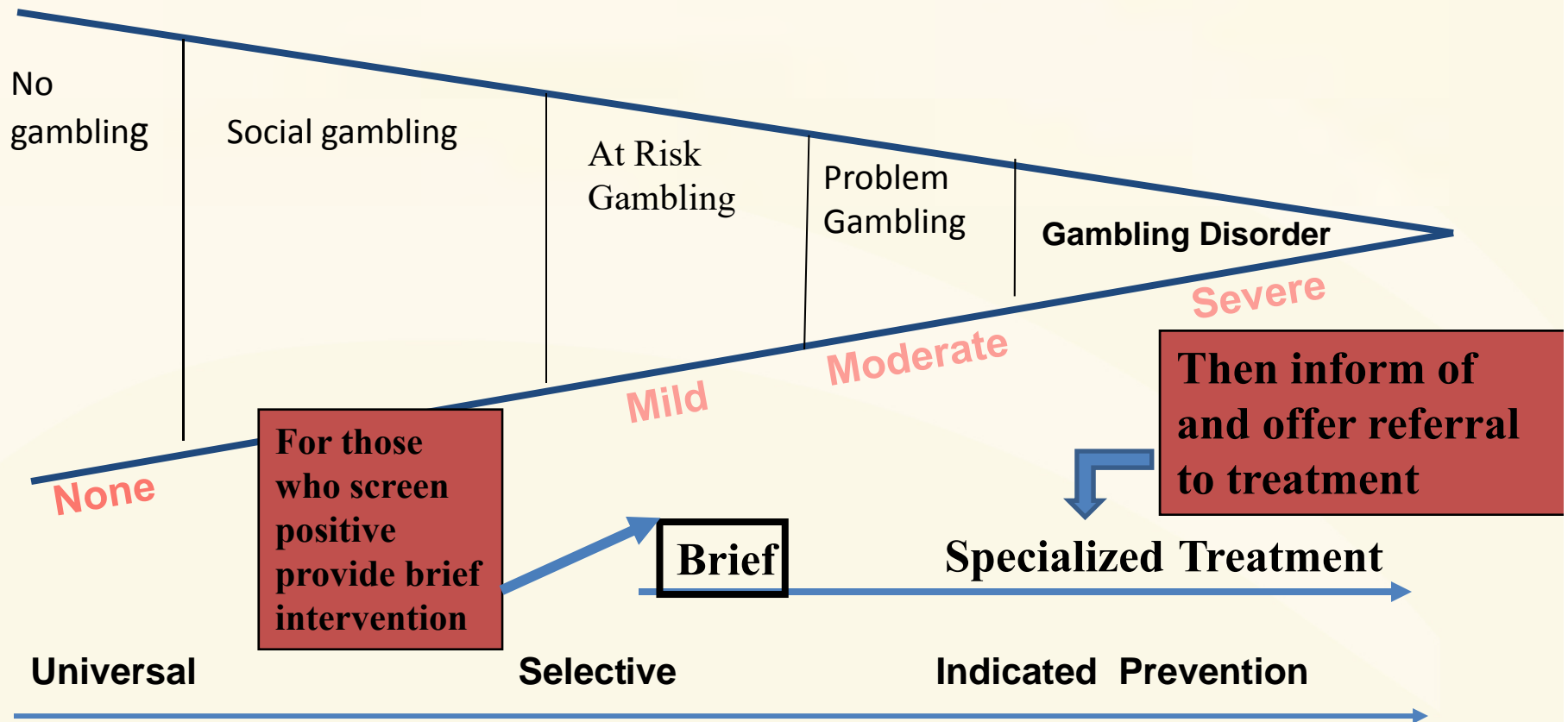
Explanation of screening results, information on responsible gambling, assessment of readiness to change, advice on change

Referral to Treatment

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

It is important to remember that a positive screen does not constitute a diagnosis, even if the screen suggests a high probability of problematic gambling behavior.

IOM Conceptualization and Problem Gambling Public Health Interventions





WHAT ARE THE KEY ELEMENTS FOR A SUCCESSFUL SBIRT INTERVENTION?

- **Screening Questionnaire**
 - Short, Reliable, Valid & Interpretable
- **Brief Intervention**
 - Acceptable & Implementable
- **Referral to Treatment**
 - Specialty treatment available



PG Screening

- Good News
 - Lie/Bet
 - BBGS
 - NODS-CLiP
 - NODS-PERC
 - Problem Gambling Severity Index
 - SOGS
 - SOGS-RA



DETERMINE PREVALENCE OF PROBLEM GAMBLING AND PILOT USE OF BBGS

- **Study Sample:**
 - 100 randomly selected patients in an urban clinic
- **Gold Standard**
 - DSM 5 Diagnostic Criteria
- **Screening Instrument**
 - BBGS

PREVALENCE (>4 DSM 5 CRITERIA)

12 %



DEMOGRAPHIC CHARACTERISTICS

CHARACTERISTIC	SAMPLE (N=100)	DSM5 POSITIVE FOR GAMBLING (N=12)	DSM5 NEGATIVE FOR GAMBLING (N=88)
Age (n=99)	53	53	54
Male	56.0%	75.0%	53.4%
HS or >	60.0%	33.3%	63.6%
Single	63.0%	66.7%	62.5%
Unemployed or disabled	80.0%	91.7%	78.4%

HISTORY OF SUBSTANCE USE

CHARACTERISTIC	SAMPLE (N=100)	DSM5 POSITIVE FOR GAMBLING (N=12)	DSM5 NEGATIVE FOR GAMBLING (N=88)
Used Tobacco	54.0%	66.7%	52.3%
Used MJ*	17.2%	41.7%	13.8%
Used heroin*	3.0%	25.0%	0.0%
Used crack	4.0%	16.7%	2.3%
Used alcohol	39.0%	66.7%	35.2%

* Significance at $p < 0.05$ as determined by a Fisher's exact test

GAMBLING BEHAVIORS

CHARACTERISTIC	SAMPLE (N=100)	DSM5 POSITIVE FOR GAMBLING (N=12)	DSM5 NEGATIVE FOR GAMBLING (N=88)
Gambled (at all) *	45.0%	100.0%	37.5%
Played card games*	33.3%	75.0%	18.2%
Bet sports games*	20.0%	41.7%	12.1%
Played dice*	13.3%	41.7%	3.0%
Scratch offs	66.7%	75.0%	63.6%
Lottery tickets	75.6%	66.7%	78.8%

* Significance at $p < 0.05$ as determined by a Fisher's exact test



PREVALENCE STUDY CONCLUSIONS

- Gambling appears to be highly prevalent in this clinic sample
- Predictors of gambling are associated with substance use and impulsivity
- BBGS appears to be an effective screening tool



FIRST DEFINE GAMBLING

- The following questions are about gambling. By gambling, we mean when you **bet or risk money or something of value** so that you can win or gain money or something else of value. For example, buying lottery tickets or scratch-offs, gambling at a casino, playing bingo, shooting dice, betting on sports, or playing keno.



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WHAT IS “STANDARD” GAMBLING?



WHAT IS 38 grams of alcohol?





Brief Biosocial Gambling Screen

1. Have you ever gambled at least 5 times in any one year of your life?

YES NO

2. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?

YES NO

3. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?

YES 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?

YES 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 have 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 *and* has said, "yes" to at least *one* 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.



WHAT ARE THE KEY ELEMENTS FOR A SUCCESSFUL SBIRT INTERVENTION?

- **Screening Questionnaire**
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STUDY AIM 1: DEVELOPING SBIRT INTERVENTION FOR GAMBLING

- **Part 1: Adapt SBIRT Intervention**
- **Part 2: Expert Panel Review & Advice**
- **Part 3: Qualitative Interviews**
 - Gamblers (n=6)
 - Non-gamblers (n=6)
 - Primary care clinicians (n=6)



ASPECTS OF BRIEF INTERVENTION

- Motivational interviewing
- Personalized feedback
- Simple strategies for decreasing gambling
- Not meant to substitute for treatment
- Less than 10 minutes



RISK STRATIFICATION

RISK LEVEL	GAMBLED 5 TIMES IN ONE YEAR?	1 OR MORE ON BBGS
LOW	NO	NO
MEDIUM	YES	NO
HIGH	YES	YES



Risk Levels for Gambling Disorder and Brief Interventions

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 *and* has said “yes” to at least *one* 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 Gamblers Anonymous or a recovery support specialist.

MATERIALS WERE ITERATIVELY ADAPTED

- **Patients wanted materials that were:**
 - Easy to read
 - Relatable
 - Eye catching
- **Clinicians recommended:**
 - MI elements for those screening high risk



LOW RISK FOR GAMBLING

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



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MEDIUM RISK FOR GAMBLING

What is Gambling?

When you bet or risk money or something of value, to win money or something of value. This can include, but is not limited to, casino games, keno, slot machines, sports, horse racing, lottery tickets and even bingo.

Gambling can be fun. But for some, gambling can get out of control. Problem gambling can result in:

- Financial Problems
- Legal Problems
- Family Conflicts
- Stress
- Problems at Work
- Emotional Problems

Gambling AND YOUR Health

We Can Help

1-800-GAMBLER

24/7 Confidential Helpline
HelpMyGamblingProblem.org



Gambling AND YOUR Health



**Are You Suffering
from Problem Gambling?**

1-800-GAMBLER



MEDIUM RISK FOR GAMBLING

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!

HIGH RISK FOR GAMBLING



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.

On a scale of 1-10, how ready are you to make a change to your gambling habits?

NOT MOTIVATED	1	2	3	4	5	6	7	8	9	10	READY TO MAKE A CHANGE TODAY
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If you are ready to **CHANGE** your gambling **HABITS** complete the back of the worksheet to make a plan.



HIGH RISK FOR GAMBLING

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 No

I would like to talk to a counselor to help me change my gambling. Yes No

I would like a referral to a counselor trained to understand problem gambling. Yes No

I would like to attend a Gambler's Anonymous meeting. Yes No

Others who can help me change my gambling are:

My follow-up plan is:
1 _____
2 _____
3 _____

If you would like additional help, please call:
1-800-GAMBLER or visit www.helpmygamblingproblem.com



AIM 1 CONCLUSIONS

- **Participants, Clinicians and the Expert Panel found the final materials to be:**
 - Easy to read
 - Useful
 - Helpful

STUDY AIM 2: PILOT FEASIBILITY STUDY

- **Design:**
 - Train 3 clinicians to deliver intervention
 - Evaluate the clinicians use of the SBIRT intervention on 15 participants
- **Outcome:**
 - Evaluate feasibility of utilizing SBIRT intervention and preliminarily monitor clinician fidelity



CLINICIAN CHARACTERISTICS

CHARACTERISTIC	SAMPLE (N=3)
Male	100.0%
African-American	33.3%
NP	33.3%
MD	66.7%

PARTICIPANT CHARACTERISTICS

CHARACTERISTIC	SAMPLE (N=15)
Male	60.0%
African-American	86.7%
HS or >	73.3%
Single	73.3%
Unemployed or disabled	60.0%
Stable Housing	86.7%
CAGE positive	33.3%

PARTICIPANT CHARACTERISTICS

CHARACTERISTIC	SAMPLE (N=15)
Male	60.0%
African-American	86.7%
HS or >	73.3%
Single	73.3%
Unemployed or disabled	60.0%
Stable Housing	86.7%
CAGE positive	33.3%



RISK STRATIFICATION

RISK STRATIFICATION	SAMPLE (N=15)
Low	40.0%
Medium	46.6%
High	13.3%



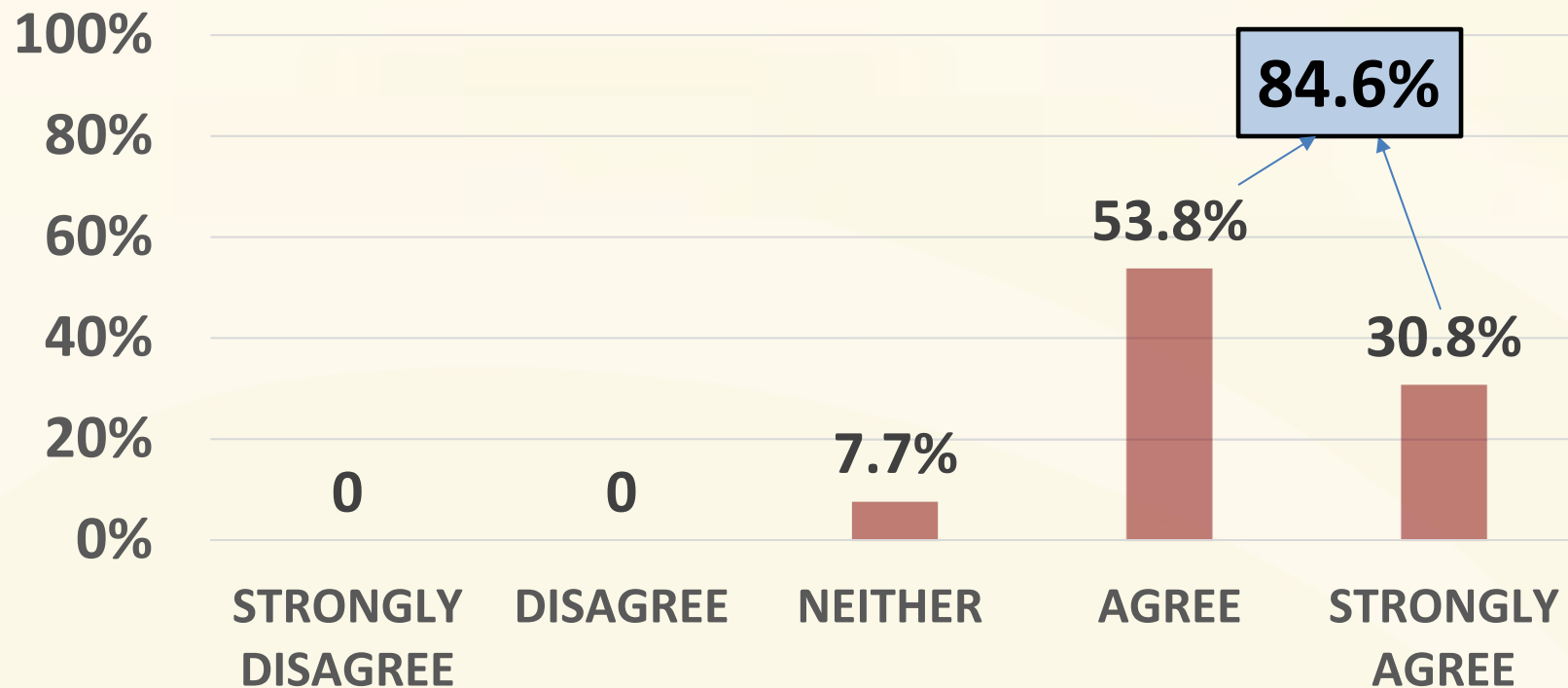
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PARTICIPANT FEEDBACK

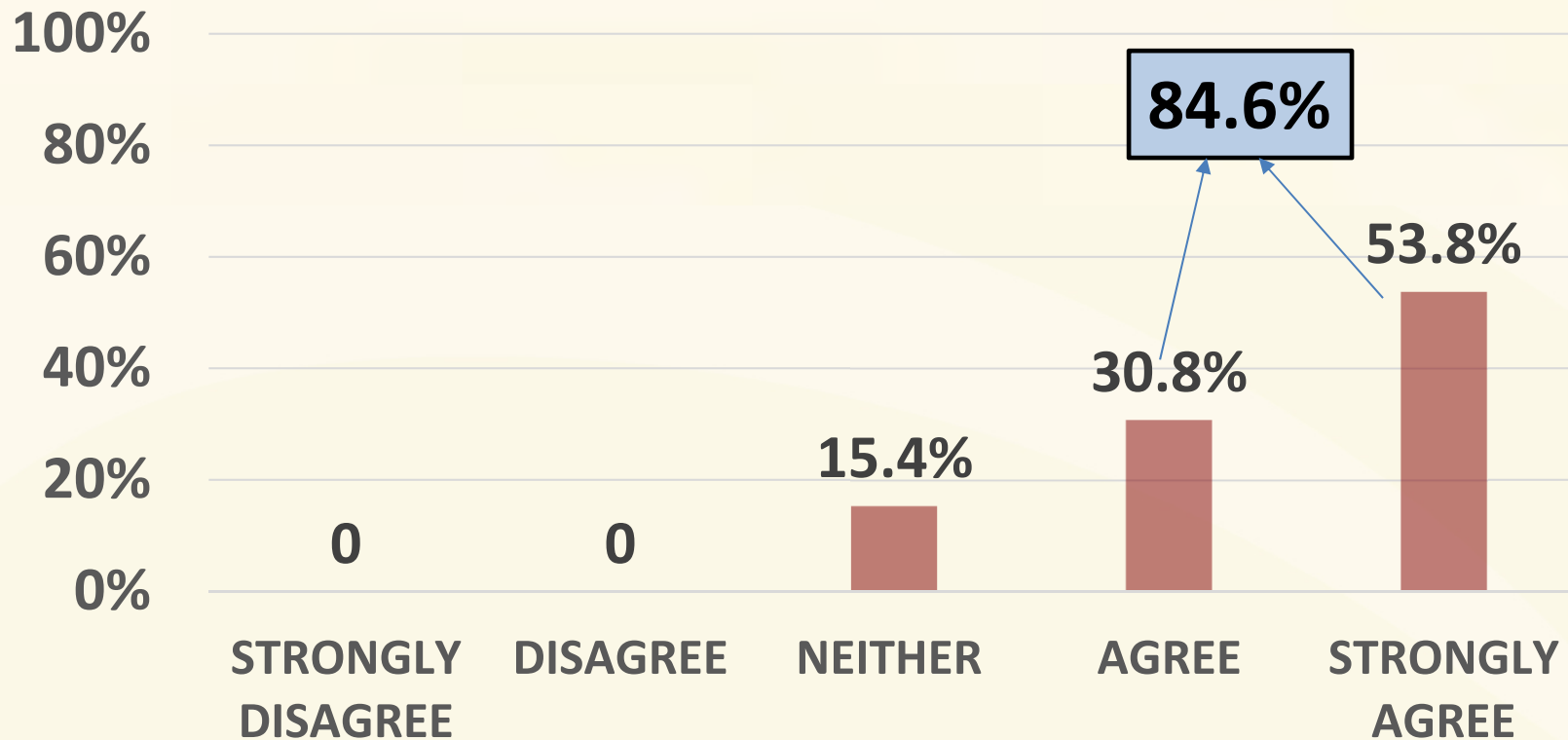


BETTER UNDERSTAND GAMBLING BEHAVIOR AFTER THE INTERVENTION?



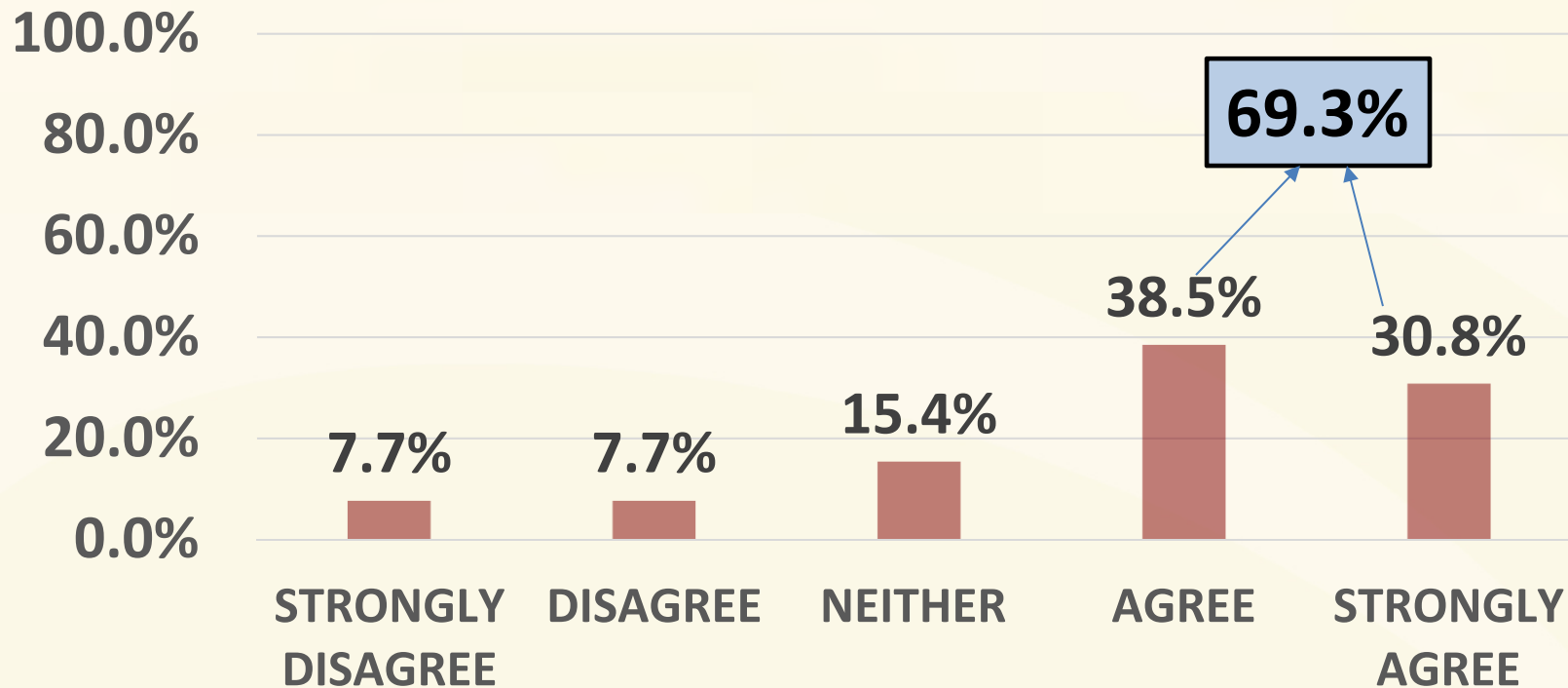


IT WAS HELPFUL FOR ME TO LEARN ABOUT MY GAMBLING BEHAVIORS?



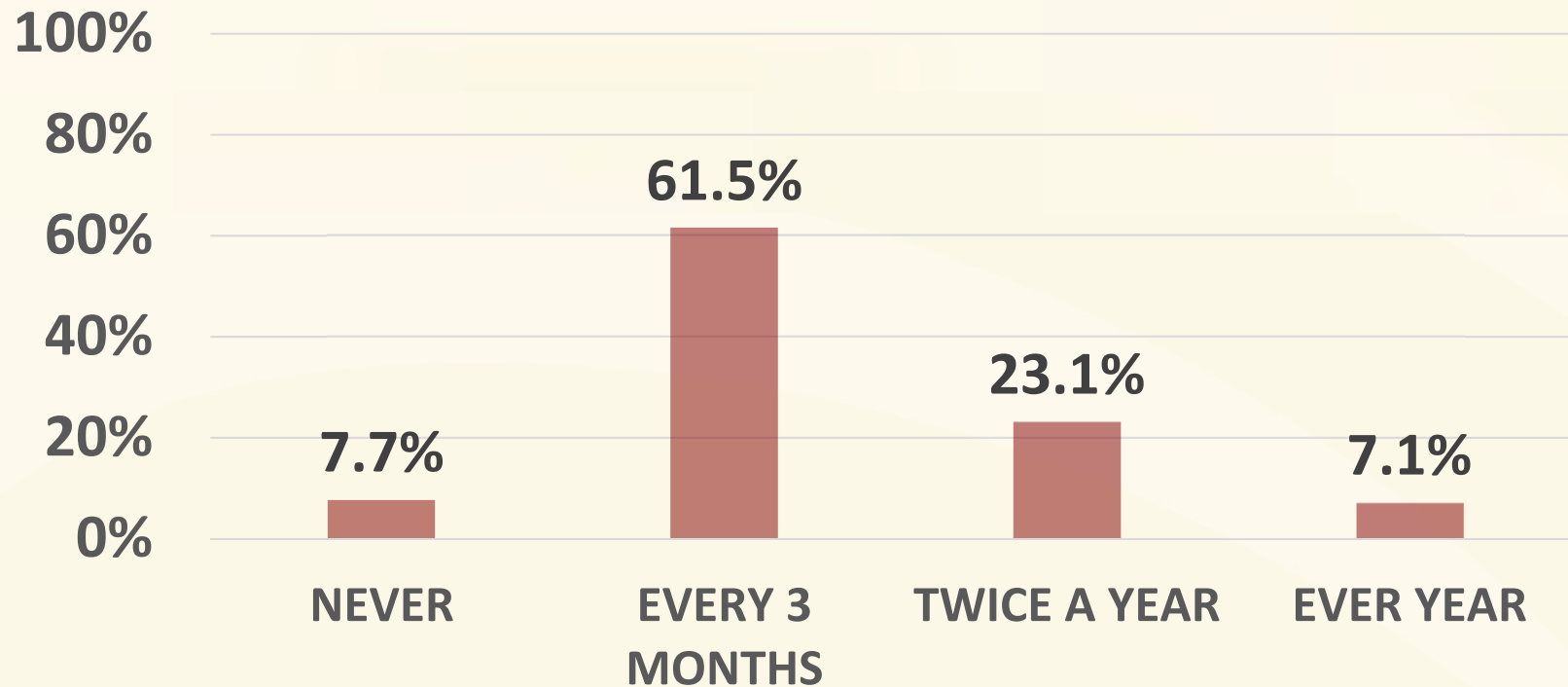


BETTER UNDERSTAND MY GAMBLING BEHAVIORS AFTER SBIRT INTERVENTION?





HOW FREQUENTLY SHOULD YOUR CLINICIAN SCREEN YOU FOR GAMBLING?





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CLINICIAN FEEDBACK



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INTERVENTION IS USEFUL

“Even though it was only 4 questions, if you don’t ask the questions, you won’t know the response. I was able to unveil a possible problem.”



LEAD TO IMPORTANT CHANGE

“...later he reached out to one of the nurses that works with me and asked to get some more information because he must have incurred something that triggered a need for him. He didn’t want an intervention right then and there, but clearly afterwards, it seemed like there might have been something more going on.”



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TIME WAS WELL SPENT

“I think the key was that it didn’t interrupt the flow and I could run through it very quickly. Doesn’t have to necessarily turn into an extra 20 minutes.”

AIM 2 CONCLUSIONS

- **Participants found the intervention:**
 - Useful
 - Helpful
- **Clinicians found the intervention:**
 - Easy to implement
 - With noticeable outcomes

AIM 3 PILOT RCT

- **Design:**
 - Randomized Control Trial
 - 100 participants
 - 10 clinicians
- **Primary Outcome:**
 - Thirty Day Timeline Follow Back
 - » number of days gambled
 - » amount of money spent



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Considerations for Substance Use and Mental Health Settings



PG Screening



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



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 gambling disorder.
- 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.

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)

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%)

Maryland data

- SMART data – 2.5% across all SUD settings screen positive for gambling disorder



Screening Best Practices

- Include brief screen on intake (and don't expect much)
- Repeat screen after relationship and trust established (at treatment plan updates?)
- Conduct screen in conjunction with psychoeducation on impact of gambling on recovery/problem gambling



Alternative Strategies

- Subtle Questions
- How would you start the conversation with your grandmother?





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Thanks and Questions