SCREENING, BRIEF INTERVENTION, REFERRAL FOR TREATMENT (SBIRT) FOR GAMBLING DISORDER

TY W. LOSTUTTER, PHD
ASSOCIATE PROFESSOR
CENTER FOR THE STUDY OF HEALTH & RISK BEHAVIORS
UNIVERSITY OF WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES
GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.
GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care of Washington
SPEAKER DISCLOSURES

The speaker has received research funding from:
National Institute on Drug Abuse (NIDA)
National Center for Responsible Gambling (NCRG)

Active Membership:
Evergreen Council on Problem Gambling (ECPG), President/Board Member
National Council on Problem Gambling (NCPG), Former Board Member
SPEAKER DISCLOSURES

✓ No conflicts of interest

PLANNER DISCLOSURES
The following series planners have no relevant conflicts of interest to disclose:

Mark Duncan MD
Barb McCann PhD
Anna Ratzliff MD PhD
Rick Ries MD
Kari Stephens PhD

Cameron Casey
Betsy Payn
Diana Roll
Cara Towle MSN RN
Niambi Kanye
SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT (SBIRT) FOR GAMBLING DISORDER
OBJECTIVES

1. Participants will learn the criteria for DSM-5 Gambling Disorder.
2. Participants will have a greater understanding of the overlap between substance use and gambling behavior.
3. Participants will increase knowledge of the SBIRT model including screening instruments, brief motivational interventions skills and referral sources for treatment.
TERMINOLOGIES

- Compulsive Gambler
- Pathological Gambler
- Problem Gambler
- Gambling Disorder
GAMBLING BEHAVIOR IS...

...placing something of value on an event that has a possibility of resulting in a larger more beneficial outcome. Inherent to gambling is risk and chance influencing the results.
MODERN GAMBLING ACTIVITIES

80% of American have gambled at some time in their life.

Perhaps 20%-30% gamble regularly

Most “gamblers” do not have a problem
PERSONAL COSTS OF GAMBLING

- Financial hardships
- Work/academic problems
- Relationship problems
- Legal involvement
- Substance abuse
- Depression, anxiety, and suicidal ideation/completion
SOCIAL COSTS OF GAMBLING

Washington State is currently 26th out of 40 states that provide public funds for problem gambling services. The average per capita in funding is approximately $0.37 and Washington State spends $0.10.

Research suggests that every $1 spent in problem gambling services saves $2 in social costs.
CONTINUUM OF GAMBLING BEHAVIOR

Most people either haven’t gambled within the past year or gamble infrequently

In the United States:
- 12% of adolescents
- 16% of college students
- 6% of adults
# DSM-5 GAMBLING DISORDER

An individual must meet 4 out of 9 to be diagnosed with a Gambling Disorder.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tolerance</td>
<td>Needs to gamble with increasing amounts of money in order to achieve the desired level of excitement</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Is restless or irritable when attempting to cut down or stop gambling</td>
</tr>
<tr>
<td>Loss of Control</td>
<td>Has made repeated unsuccessful efforts to control, cut back, or stop gambling</td>
</tr>
<tr>
<td>Preoccupation</td>
<td>Preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble.</td>
</tr>
<tr>
<td>Escape</td>
<td>Often gambles when feeling distress; hopeless, guilty, anxious or depressed</td>
</tr>
<tr>
<td>Chasing Losses</td>
<td>After losing money gambling, often returns another day in order to get even (“chasing one’s losses”)</td>
</tr>
<tr>
<td>Lying</td>
<td>Lies to family members, therapists, or others to conceal the extent of involvement with gambling</td>
</tr>
<tr>
<td>Risked Significant Relationship</td>
<td>Has jeopardized or lost significant relationship, job, educational or career opportunity because of gambling</td>
</tr>
<tr>
<td>Bailout</td>
<td>Has relied on others to provide money or relieve a desperate financial situation caused by gambling</td>
</tr>
</tbody>
</table>

This Criterion was dropped between DSM-IV and DSM-5

| Illegal Activities               | Has committed illegal acts, such as forgery, fraud, theft, or embezzlement, in order to finance gambling                                      |

Adapted from Problem Gambling’s Place in Therapeutic Justice and reproduced with permission from the Evergreen Council on Problem Gambling.
PREVALENCE OF PROBLEM GAMBLING: 2003

WE COULD FILL THE SEAHAWKS STADIUM TO CAPACITY FOUR TIMES TO FIT ALL THE PROBLEM GAMBLERS IN OUR STATE
PROBLEM GAMBLING, SUBSTANCE USE, AND TREATMENT NEED

Prevalence of Substance Use and Need For Treatment by Problem Gambler Status

CHARTS READ, 32.7 percent of problem gamblers engaged in binge drinking in past year; 25.8 percent of non-problem gamblers engaged in binge drinking in past year.

PROBLEM GAMBLING, SUBSTANCE USE, AND TREATMENT NEED

• Key findings from the WA Needs Survey include:
• Problem gamblers were twice as likely to smoke cigarettes in the past year (40.0 percent), compared to adults without a gambling problem (20.7 percent).
• Problem gamblers are nearly three times as likely to use illicit drugs other than marijuana (12.6 percent), compared to adults who do not have a gambling problem (4.6 percent).
• Problem gamblers were twice as likely to need alcohol or drug treatment (23.2 percent), compared to adults without a gambling problem (10.7 percent).

# Substance Use Exacerbates Gambling

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increases time spent gambling</td>
<td>• Impairs decision-making (focusing on larger immediate gains despite bigger losses)</td>
</tr>
<tr>
<td>• Increases amount wagered</td>
<td></td>
</tr>
<tr>
<td>• Increases consequences of gambling</td>
<td></td>
</tr>
</tbody>
</table>
PUBLIC HEALTH MODEL FOR PROBLEM GAMBLING

- Identifying a significant health problem and using the science of Public Health to develop prevention and treatment approaches to reduce or eliminate the harms associated with that problem at the population level.
SBIRT

- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services.
**SBIRT IS:**

- An intervention based on “motivational interviewing” strategies

- **Screening:** Universal screening for quickly assessing use and severity of gambling disorder

- **Brief Intervention:** Brief motivational and awareness-raising intervention given to risky or problematic gamblers

- **Referral to Treatment:** Referrals to specialty care for patients with gambling disorder

- **Treatment** may consist of brief treatment or specialty problem gambling treatment.
SBIRT Toolkit is Available Online

SBIRT Model

- Brief Screen
  - Positive
  - Negative
- Full Screen
  - Positive Affirmations and Offer Information
- Low Risk
  - Feedback
- Moderate Risk
  - Feedback and Brief Intervention
- High Risk
  - Feedback and Referral to Treatment
Any answer to “yes” suggests the person maybe at risk for disordered gambling and further assessment is needed.

### Measure Characteristics

- Sensitivity = 0.87
- Specificity = 0.96
- PPV = 0.74
- NPV = 0.98

#### BBGS: Brief Biosocial Gambling Screen

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. During the past 12 months, have you tried to keep your friends or family from knowing how much you gambled?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Sensitivity

Refers to how well the tools correctly identifies an individual who has a problem with gambling.

#### Specificity

Refers to how well the tool correctly identifies any individual without a problem.

#### Positive Predictive Value (PPV)

Effects the likelihood that a person who has a positive screening test actually has problem gambling.

#### Negative Predictive Value (NPV)

Reflects the likelihood that a person with a negative screening test does not have problem gambling.
THE STAGES OF CHANGE MODEL
BRIEF INTERVENTION (4 STEPS)

- Raise the Subject
- Provide Feedback (with Permission)
- Enhance the patient/client’s motivation
- Advice/Referral for Treatment
RAISE THE ISSUE

• Build Rapport
  – Explain the screening results and express your genuine concern about their responses. “Hello, I am _____. Would you mind taking a few minutes to discuss gambling?”
  – Normalize the conversation “We ask these questions with all of our clients to inform our services, and make sure we’re providing you with the best care.”
  – Ask permission “I’d like to take a moment to ask about how gambling has impacted your life, and to explore whether you’d like to make any changes in your gambling. Would that be okay?”
PROVIDE FEEDBACK

• Provide personalized feedback about the client’s level of risk as indicated by their screening results
• Make connection between gambling patterns, and related physical, social, and financial consequences to encourage reflection of behavior
• Use reflective listening
ENHANCING MOTIVATION

• Assess the client’s readiness to change their behavior
• Help client develop discrepancies between their goals/values and their present behavior
• Bolster client’s confidence by eliciting change talk
ENHANCING MOTIVATION

• Ask client how they are feeling right now, and about their screening results

  “How do you feel about that? Does that fit with how you have been feeling about gambling recently?”

• Discuss Pros and Cons

  “Help me understand from your perspective, what do you enjoy about gambling? What about some of the not so good things?”

• Listen carefully for discrepancies between the client’s gambling and their values or goals

• Reflect Change Talk

  “How important is making a change to your gambling to you?” “How ready are you to make this change?” “How confident are you in being able to make this change”
AUTONOMY AND ADVICE

• “After everything we’ve discussed, I wonder what you make of gambling at this point.”

• “What steps do you think make most sense for you to take next?”

• “It’s completely up to you what you do with this information. Only you can decide whether or not to change.”

• “So let’s summarize what we’ve been discussing today [summary]. Does that sound about right to you? Is there anything that I missed?”

• After Asking/Receiving Permission, “Some people have tried ...”
  • “...to gamble less frequently.”
  • “...setting a budget.”
  • “...vary their activities they enjoy.”
REFERRAL FOR TREATMENT

If you or someone you love is experiencing a gambling addiction, help and information are available at our 24-hour, toll-free Washington Helpline: call or text

1-800-547-6133,

or chat with a Helpline specialist

www.evergreencpg.org