



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

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

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GENERAL DISCLOSURES

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Former Board Member

SPEAKER DISCLOSURES

- ✓ No conflicts of interest

PLANNER DISCLOSURES

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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

No gambling

Non-problem gambling

Subclinical
"problem" gambling

Diagnosable
Gambling Disorder

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.

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

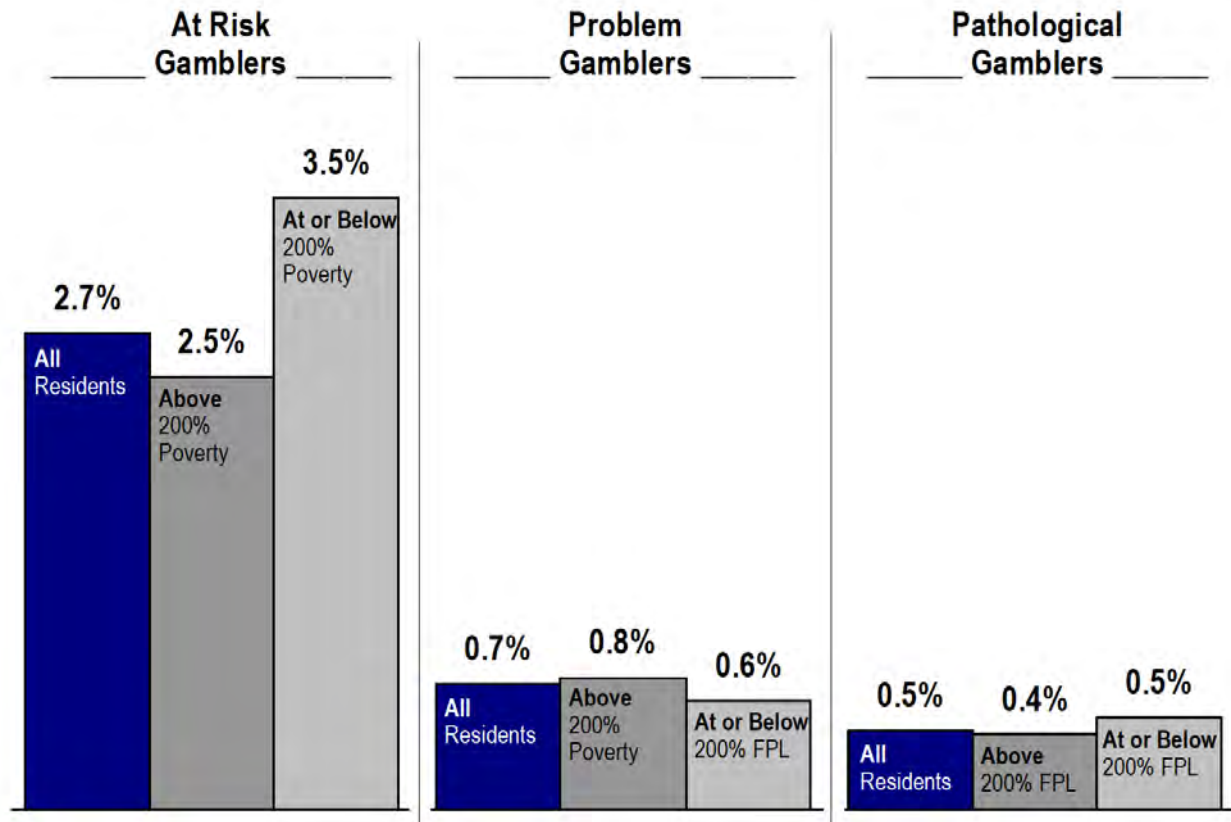
ALL ADULTS

Past Year Prevalence of At Risk, Problem, and Pathological Gambling



NEEDS ASSESSMENT

Washington State Household Residents Age 18+

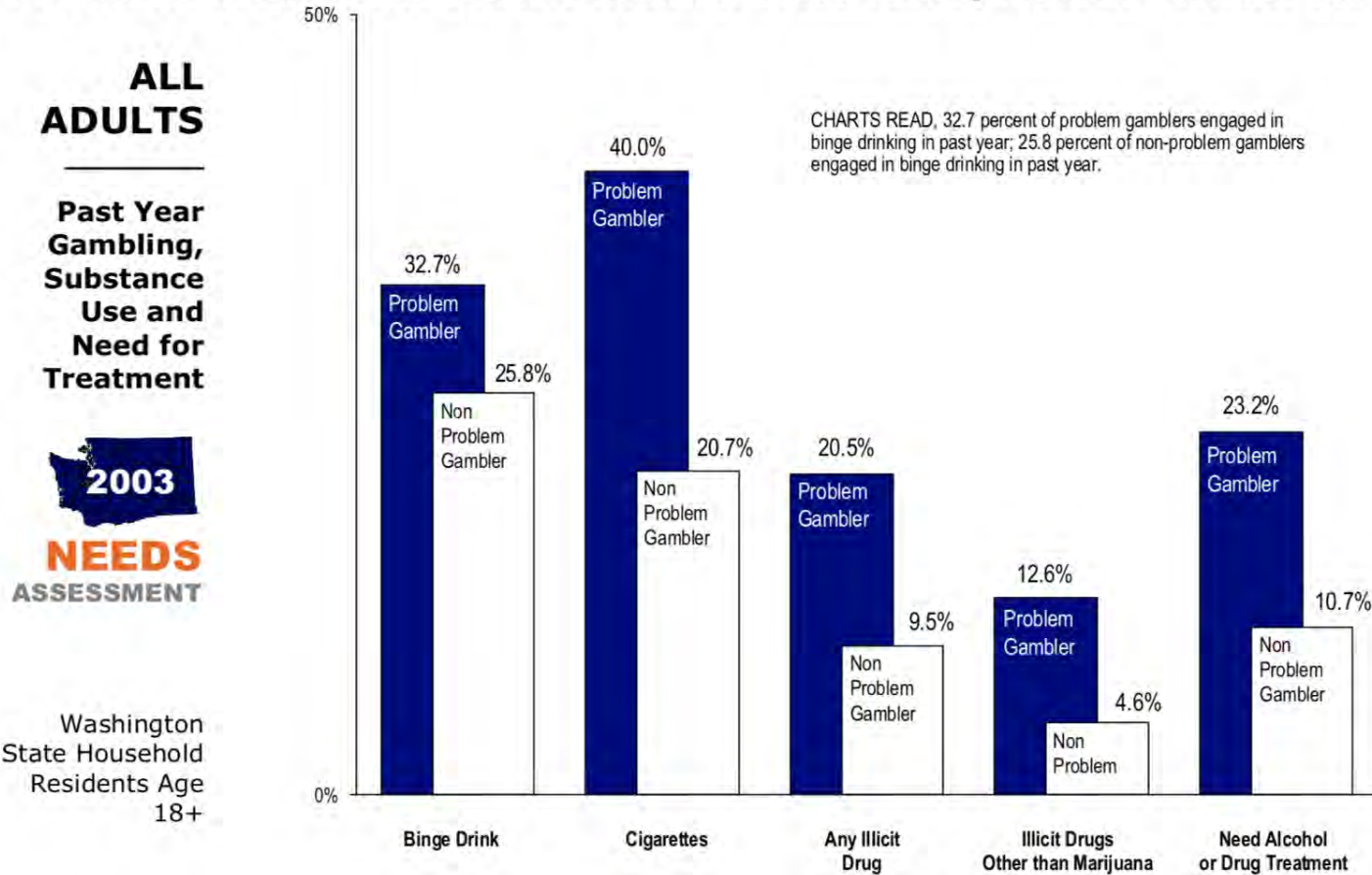


WE COULD FILL THE SEAHAWKS STADIUM TO CAPACITY FOUR TIMES TO FIT ALL THE PROBLEM GAMBLERS IN OUR STATE



PROBLEM GAMBLING, SUBSTANCE USE, AND TREATMENT NEED

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



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

Alcohol

- Increases time spent gambling
- Increases amount wagered
- Increases consequences of gambling

Marijuana

- Impairs decision-making (focusing on larger immediate gains despite bigger losses)

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

MARCH IS PROBLEM GAMBLING AWARENESS MONTH

Problem Gambling HURTS
Treatment WORKS!



When Gambling becomes a problem, there's **HOPE**
HELP starts here.

800.547.6133

Free • Confidential • 24/7

 **CALL**  **TEXT**  **CHAT**



 **EVERGREEN**
council on problem gambling

1821 4th Avenue E. Olympia, WA 98506 | P: 360.352.6133
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 **PROBLEM GAMBLING**
AWARENESS MONTH
MARCH 1-31, 2019

 **UW PACC**

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SBIRT



- **S**creening, **B**rief **I**ntervention, and **R**eferral to **T**reatment (**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



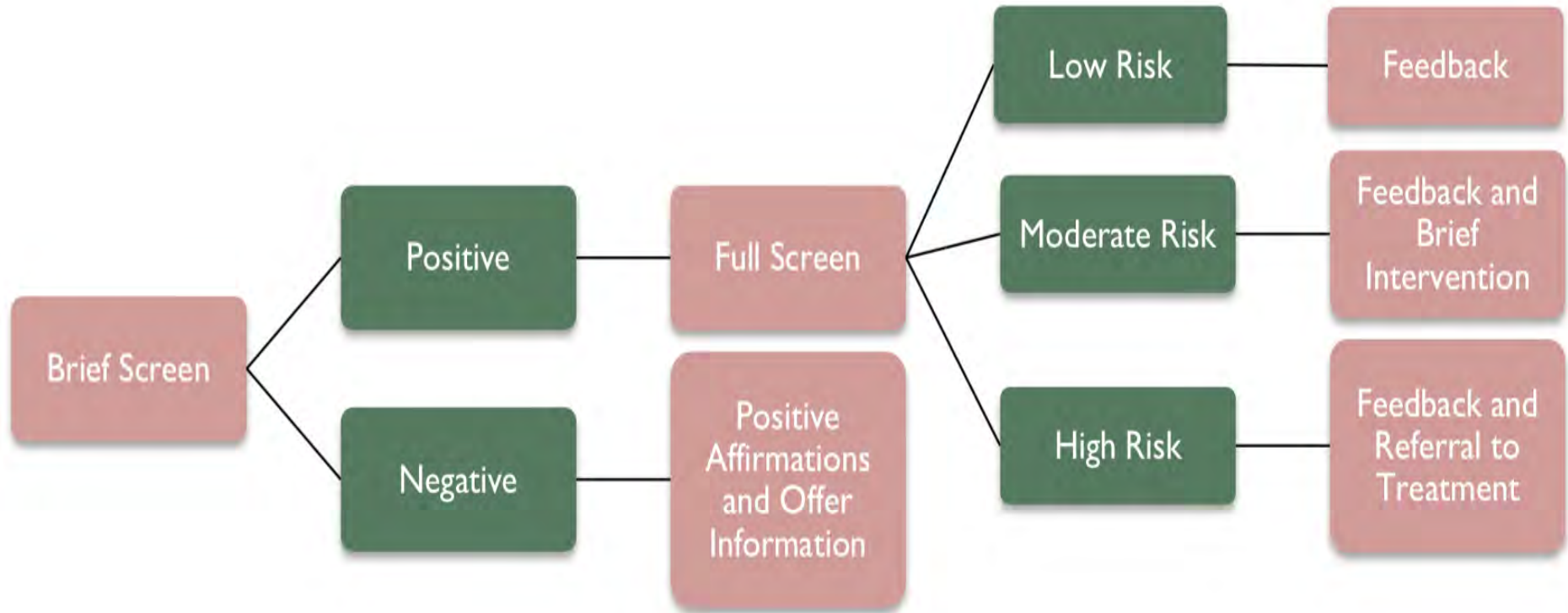
SBIRT for Problem Gambling

A toolkit for community and healthcare settings

Guidelines for screening and intervening with problematic gambling behaviours

<https://learn.problemgambling.ca/PDF%20library/SBIRT-manual-version-2.0-090418.pdf>

SBIRT Model



SCREENING INSTRUMENTS

Any answer to “yes” suggests the person maybe at risk for disordered gambling and further assessment is needed.

BBGS: Brief Biosocial Gambling Screen

BBGS ¹²	Yes	No
1. During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?	<input type="checkbox"/>	<input type="checkbox"/>
2. During the past 12 months, have you tried to keep your friends or family from knowing how much you gambled?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

Measure Characteristics¹³

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

A PPV of 0.74 suggests that 74% of individuals who screen positive on the BBGS will be identified as a problem gambler

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

(PROCHASKA & DICLEMENTE, 1982, 1984, 1985, 1986)



Motivational
Enhancement

Assessment
Skills Training

Relapse
Prevention

BRIEF INTERVENTION (4 STEPS)



Raise the Subject



Provide Feedback
(with Permission)



Enhance the
patient/client's
motivation



Advice/Referral for
Treatment

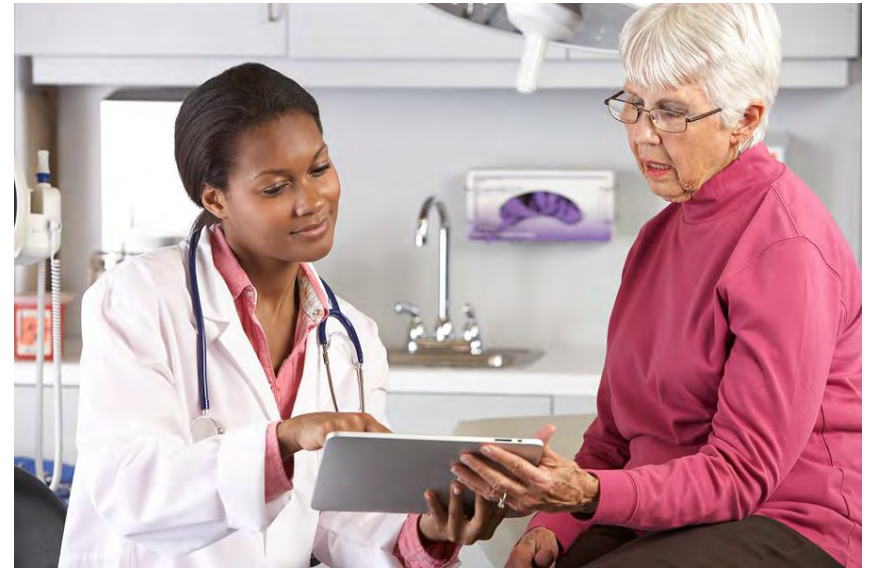
RAISE THE ISSUE

- 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