

Gambling Disorder

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DESCRIPTION OF GAMBLING DISORDER

Definition

- Gambling disorder, which is sometimes referred to as pathological gambling or disordered gambling (Hodgins, Stea, & Grant, 2011; Slutske, Zhu, Meier, & Martin, 2011; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014), is described in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5) as, “persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress” (APA, 2013, p. 585).
- Individuals who meet four or more of the following criteria in a 12-month period meet the criteria for having a gambling disorder: increasing the amount of money gambled to reach the same level of excitement; restlessness or irritability when cutting down or stopping; unsuccessful attempts to control or cut back on gambling; preoccupation with gambling; gambling as a coping mechanism for emotional distress; gambling after losing money to recoup losses; lying about gambling; loss of important relationships, employment, or career opportunities due to gambling; and reliance on others for financial support due to financial strain stemming from gambling (APA, 2013).
- Problem gambling is less severe than a gambling disorder, and includes gambling behaviors that cause harm without the co-occurring inability to control gambling behaviors (SAMHSA, 2014).

Prevalence

- An estimated 1.5 million Americans previously -or currently- meet the criteria for pathological gambling. A range of 3-6 million Americans meet the criteria for problem gambling (SAMHSA, 2014).

Resource:

SAMHSA Advisory: Gambling Problems: An Introduction for Behavioral Health Services Providers
<http://store.samhsa.gov/shin/content//SMA14-4851/SMA14-4851.pdf>

IDENTIFICATION/ASSESSMENT AND TREATMENT

Background

(BBGS) (Gebauer, LaBrie, & Shaffer, 2010)

The BBGS (Gebauer, LaBrie, & Shaffer, 2010) is a screening tool used to identify individuals who may have a gambling disorder. This three-item screen was designed for use with the general population and with individuals seeking treatment services. Among the general population, the BBGS yielded a

(Himelhoch et al., 2015). Strengths of this screening tool include its ease of use and adequate specificity

and sensitivity for use as a screening measure. Limitations include reliance on self-report data and the necessity of conducting further assessment to confirm a diagnosis of gambling disorder.

Lie-Bet Questionnaire (Johnson & Hamer, 1998)

The Lie-Bet Questionnaire (Johnson & Hamer, 1998) is a two-item screening tool used to identify individuals who may be experiencing a gambling disorder. During the initial pilot study, the Lie-Bet Questionnaire produced a sensitivity index of .99 and a specificity index of .91. In a follow-up study, the Lie-Bet Questionnaire produced a sensitivity index of 1.00 and a specificity index of .85 (Johnson & Hamer, 1998). Among a sample seeking treatment for substance use disorders, the Lie-Bet Questionnaire produced a sensitivity index of .94 and a specificity index of .66, making this screening slightly less effective in discriminating individuals who do not meet criteria for further assessment among this population than among the general population (Himmelhoch et al., 2015). This instrument has adequate sensitivity and specificity for use as a screening tool among the general population. Limitations include its reliance on self-report data, reduced specificity with individuals seeking substance use disorder treatment, and the need for additional assessment to accurately diagnose gambling disorder.

NODS-CL (Johnson-Gibson, Gibson, & Johnson, 2009) and NODS-CL-C (Johnson-Gibson, & Johnson, 2011).

The National Opinion Research Center DSM-IV Screen for Gambling Problems (NODS) Control,

PGSI (Holtgraves, 2009)

The PGSI is a nine-item assessment tool for discriminating between individuals with low risk, moderate risk, and problem gambling behaviors (Holtgraves, 2009). The overall inter-item reliability of the PGSI obtained through a Canadian national sample was .86. Factor analysis yielded a distinct single-factor structure for individuals categorized by the instrument as ‘problem gamblers,’ while discrete factors related to item content emerged for individuals identified as low risk or moderate risk (Holtgraves, 2009). Follow-up analysis of the test-retest reliability of the PGSI yielded a coefficient of .63 over a 14-month test-retest period (Currie, Hodgins, & Casey, 2013). In follow-up research, researchers also supported the PGSI’s discernment between non-problem and problem gamblers, with poor discriminant validity demonstrated between individuals identified as low or moderate risk; this issue was resolved by adjusting the scoring system for the PGSI in the follow-up study (Currie et al., 2013). Strengths of this assessment include brevity, identification of an individual’s risk level related to gambling disorder, and psychometric properties congruent with diagnosing gambling disorder. Limitations include the reliance on self-report data, issues of discriminant validity when scored according to the original PGSI scoring protocol, and modest test-retest reliability.

Resources:

California Council on Problem Gambling Screening Tools

<http://www.calpg.org/screening-tools>

New York State Office of Alcoholism and Substance Abuse Services: OASAS Approved Gambling Screening/Assessment Tools

<https://www.oasas.ny.gov/gambling/tools.cfm>

IN EVALUATION

Case Study

treatment modality particularly appropriate for individuals who are unwilling to consider abstinence from gambling (Stea, Hodgins, & Fung, 2015).

F

Family therapy for gambling disorder attempts to address the systemic impact of the disorder on the family system and to support the family system in making changes to improve family and individual functioning. Family-based interventions developed for use with gambling disorder have demonstrated modest empirical support (Hodgins et al., 2011; Stea & Hodgins, 2011). The Community Reinforcement and Family Therapy (CRAFT) approach, initially created as a family-based intervention for substance use disorders, has been modified for the treatment of gambling disorder. The CRAFT approach empowers family members to behaviorally reinforce the individual's non-gambling behaviors, develop coping mechanisms throughout the family system, improve overall family functioning, and encourage individual pursuit of treatment for the gambling disorder (Hodgins et al., 2011; Stea & Hodgins, 2011). Coping skills training (CST) is a family-based intervention that aims to increase awareness among members of the family system surrounding the role of gambling as a coping mechanism for stress. Emphasis on changing coping mechanisms throughout the system supports effective coping skills that may reduce the individual's use of gambling as a stress coping mechanism (Hodgins et al., 2011; Stea & Hodgins, 2011). Congruence couple therapy (CCT) is an intervention based upon the work of Virginia Satir. CCT for gambling disorder focuses upon increasing individual and couple congruence across multiple dimensions of functioning including intrapsychic, interpersonal, intergenerational and spiritual domains. Participants CCT interventions reported improved relational functioning and improvement in gambling-related concerns (Hodgins et al., 2011; Lee & Awosoga, 2015).

G

Gamblers Anonymous (GA) is a peer support group based upon the 12-step model. This self-help program promotes abstinence from gambling activities and encourages regular participation in 12-step meetings, work with a sponsor, and engaging in the process of recovery from problem gambling. Few empirical studies have been conducted on GA. Results from the few studies focusing on GA as a primary treatment modality present equivocal support for GA as a primary form of treatment, although GA added to formal treatment programs was found to support overall progress in treatment (Hodgins et al., 2011; Rash & Petry, 2014; Stea & Hodgins, 2011).

M

The use of medication in the treatment of gambling disorder is an expanding area of research. Studies have been conducted on the utility of antidepressants, opioid antagonists, mood stabilizers, and atypical antipsychotics, with varying results (Grant, Odlaug, & Schrelber, 2012; Hodgins et al., 2011). Researchers have identified promise in the opioid antagonist Naltrexone in managing symptoms and behaviors associated with gambling disorder, although additional research on the utility of this medication with gambling disorder is warranted (Grant et al., 2012; Hodgins et al., 2011).

Resources:

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Substance Abuse and Mental Health Services Administration. (2014). *Guidelines for the treatment of gambling disorder*. Retrieved from <http://store.samhsa.gov/shin/content/SMA14-4851/SMA14-4851.pdf>

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