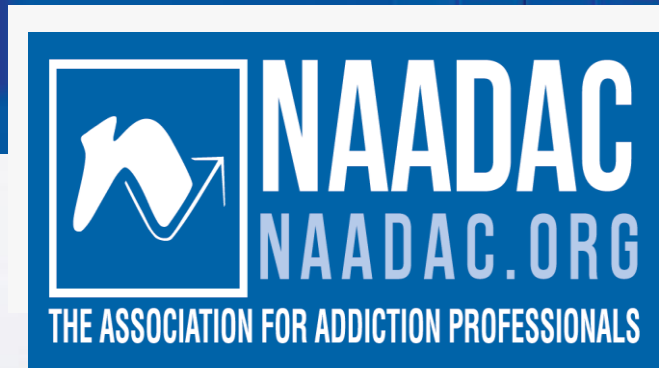


Understanding Gambling Disorder: New Research Trends

Presented by Christine Reilly

Senior Research Director

National Center for Responsible Gambling



September 12, 2018



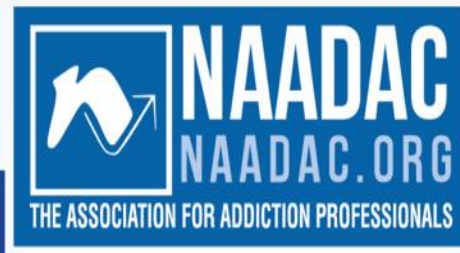
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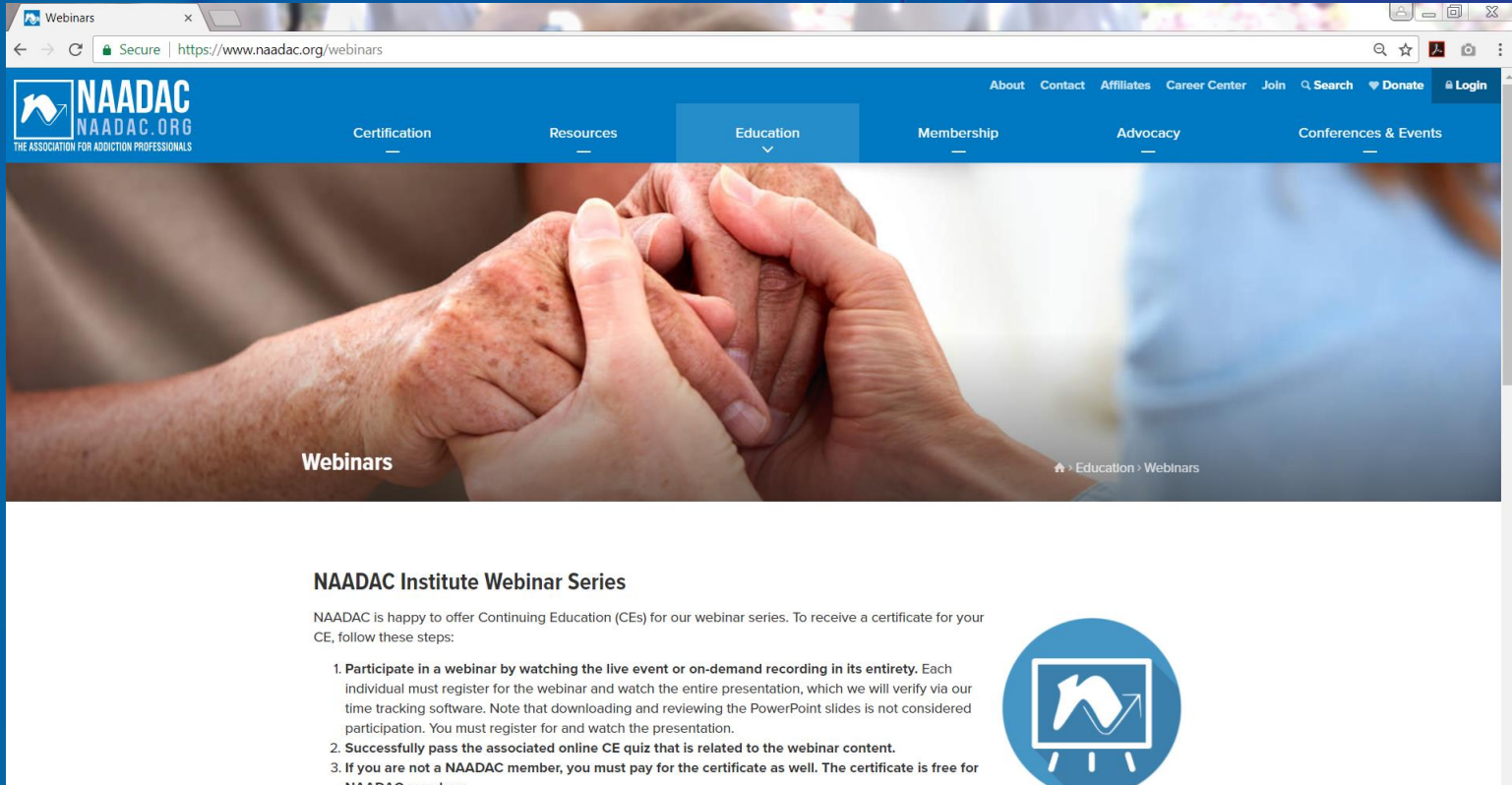
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The screenshot shows a web browser window with the URL <https://www.naadac.org/webinars>. The page features the NAADAC logo (The Association for Addiction Professionals) and a navigation menu with links for Certification, Resources, Education, Membership, Advocacy, and Conferences & Events. A large banner image shows hands clasped together, with the word "Webinars" overlaid. Below the banner, the "NAADAC Institute Webinar Series" section provides information about continuing education (CE) and lists three steps for participation. A circular icon with a computer monitor and a graph is positioned to the right of the text.


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Developmental Trauma | x

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- Control Panel
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Webinar Presenter

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National Center for Responsible Gambling

Your



Webinar Learning Objectives

1

LO #1: Utilize the DSM-5 diagnostic code for Gambling Disorder.

2

LO #2: Identify the treatment strategy with the most research support

3

LO #3: Utilize brief screening for Gambling Disorder

4

LO #4: Identify the role of co-occurring disorders in clients with Gambling Disorder.

- ❖ I am not a clinician
- ❖ I am not a researcher
- ❖ My job is to coordinate the NCRG research grants program and translate research findings for the public and healthcare professionals



DISCLOSURES



NATIONAL CENTER FOR RESPONSIBLE GAMING

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The National Center for Responsible Gaming is the only organization in the U.S. dedicated to peer-reviewed research and evidence-based educational programming on gambling disorder and responsible gaming



- ❖ Founded in 1996 to support peer-reviewed research and education on gambling disorder and youth gambling
- ❖ **DISCLOSURE:** Supported primarily by the commercial casino industry and related manufacturers and businesses
- ❖ Firewall has protected integrity of research funded by the NCRG



The NCRG



Proposals reviewed by independent experts



NCRG Scientific Advisory Board selects research projects for funding



NCRG-funded research is published in a competitive, peer-reviewed scientific journal



Protecting the Integrity of NCRG-funded Research



Launched the field in the United States



Raised the standard for research and education programs



More than 325 articles in peer-reviewed journals



NCRG-funded research cited 27,000 times in scientific publications



Significant advancements, thanks to NCRG-funded research



NCRG Accomplishments



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What is Gambling Disorder?

Gambling has a long past, but a short history

(Nathan 2001).



History

History: From Pathological Gambling to Gambling Disorder

- ❖ “Pathological Gambling” added to the DSM-III in 1980 thanks to pioneering efforts of Dr. Robert Custer
- ❖ Placed in the Impulse Control Disorders category with kleptomania and pyromania
- ❖ Describes individual experiencing progressive loss of control
- ❖ Criteria emphasized damage and disruption to the individual’s family, personal or vocational pursuits and money related issues.
- ❖ Criteria not tested beforehand; rather, based on clinical experiences of Dr. Custer and other treatment providers



DSM-III

History: From Pathological Gambling to Gambling Disorder

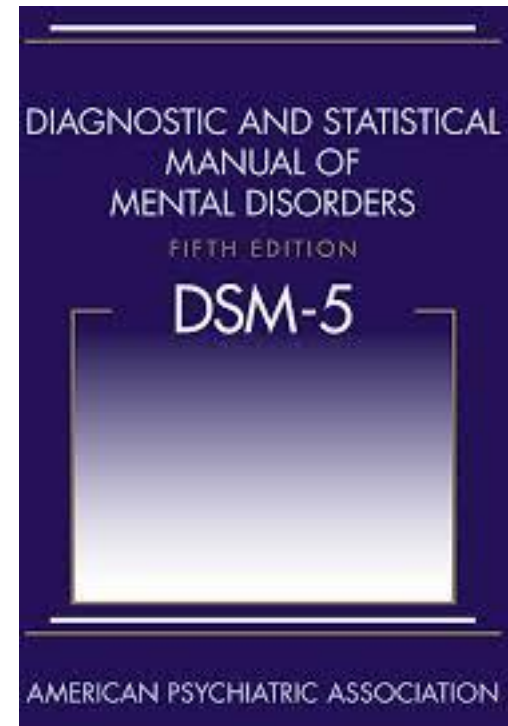
- ❖ In next edition, DSM-IV, Pathological Gambling criteria revised to reflect similarity to substance use disorders
- ❖ For example, the addition of “repeated unsuccessful attempts to control, cut back or stop gambling.”
- ❖ To meet diagnostic criteria for Pathological Gambling, individual had to fulfill five out of ten symptoms
- ❖ DSM-IV noted that the excessive gambling behavior might be an indication of a manic episode, and, therefore, bipolar disorder would be the primary diagnosis



DSM-IV

Gambling Disorder

- ❖ Renamed “Gambling Disorder” – “Pathological Gambling” pejorative
- ❖ Reclassified under the new Addiction category owing to commonalities with other addictive disorders
 - Neuroscience research pivotal in demonstrating commonalities
- ❖ Elimination of “commits illegal acts”
- ❖ Reduced threshold for diagnosis from 5 out of 10 criteria to 4 out of 9 criteria



(American Psychiatric Association, 2013)



Gambling Disorder in the DSM-5

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
2. Is restless or irritable when attempting to cut down or stop gambling
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)

(American Psychiatric Association, 2013)



Gambling Disorder in the DSM-5

5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed); (DSM-IV: gambles as a way of escaping from problems...)
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses)
7. Lies to conceal the extent of involvement with gambling
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
9. Relies on others to provide money to relieve desperate financial situations caused by gambling

B. The gambling behavior is not better explained by a manic episode.

(American Psychiatric Association, 2013)



Gambling Disorder in the DSM-5

- Gambling can increase during periods of **stress or depression** and during periods of substance use or abstinence
- Gambling disorder is sometimes associated with spontaneous, long-term **remissions**
- Some individuals **underestimate their vulnerability** to develop gambling disorder or to return to gambling disorder following remission
- When in a period of remission, they may **incorrectly assume that they will have no problem regulating gambling** and that they may gamble on some forms non-problematically, only to experience a return to gambling disorder
- **Amount of money** spent wagering not in itself indicative of a gambling problem

(American Psychiatric Association, 2013)



Gambling Disorder Text in the DSM-5

Specify if:

Episodic: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.

Persistent: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

Specify if:

In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.

In sustained remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

(American Psychiatric Association, 2013)



Gambling Disorder in the DSM-5

Specify current severity:

Mild: 4–5 criteria met.

Moderate: 6–7 criteria met.

Severe: 8–9 criteria met.

(American Psychiatric Association, 2013)



Gambling Disorder in the DSM-5



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Origins of a Gambling Disorder

- ❖ **Conventional wisdom:** Exposure to gambling opportunities sufficient to cause gambling disorder
- ❖ **Research shows:** Exposure is necessary to develop a gambling disorder but not sufficient
 - Best evidence: Epidemiological research in the US
 - 1979 rate of gambling problems: 0.7% (Kallick et al., 1979)
 - 2008 rate of gambling disorder: 0.6% (Kessler et al., 2008)
 - Stable rate IN SPITE OF massive expansion of legalized gambling in the US during this 30-year period



Is Exposure Sufficient?

- ❖ ***Conventional wisdom:*** Certain games are riskier than others because of speed, social isolation of the Internet, etc.
- ❖ ***Research shows:*** Gambling involvement (number of games played) better predictor of gambling problems than type of game played

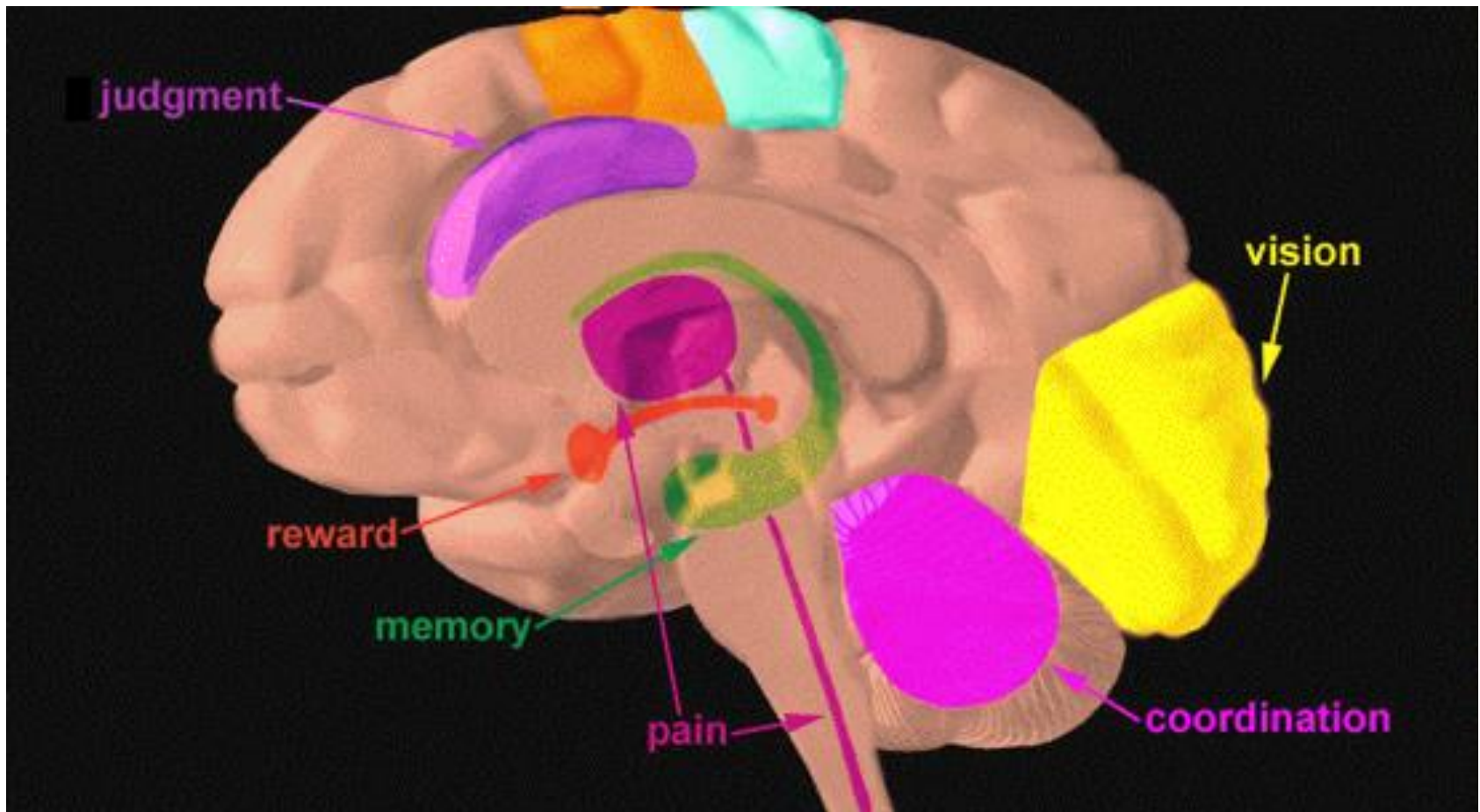


The Games People Play

- ❖ Neurobiological Factors
- ❖ Psychological Factors
- ❖ Social Risk Factors
- ❖ The above factors very similar to those for substance-based disorders
- ❖ Interactive nature of these factors



Factors that Influence
Etiology of Gambling Disorder



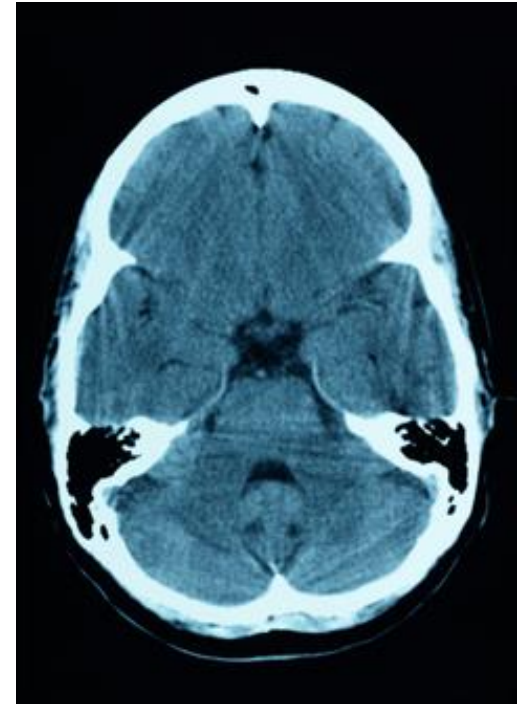
Neurobiological/ Neurogenetic Influences

- When interaction with potential object of addiction (e.g., alcohol or gambling) produces desirable feelings, repeated exposure can lead to changes in brain's reward circuitry
- Gambling disorder associated with neurotransmitters such as serotonin, glutamate, dopamine



Neurobiological/
Neurogenetic Influences

- ❖ Drugs that target these transmitters have positively impacted some disordered gamblers
- ❖ Brain scans of DGs doing a gambling task show decreased activity in regions responsible for impulse regulation



- Ample research shows the strong role of genetics
- 50 – 60% of the variation in risk for gambling disorder is accounted for by genetics
- Importance of taking family history
- Immediate family members of disordered gamblers more susceptible to the disorder
- Implications for treatment planning



Importance of Family History

❖ According to the National Comorbidity Survey Replication:

- Approximately 75 % of disordered gamblers had pre-existing psychiatric problem before onset of gambling problem
- Disordered gamblers are 5.5 times more likely to have a substance use disorder
- Disordered gamblers four times more likely to experience mood disorder in their lifetime



Psychological Influences

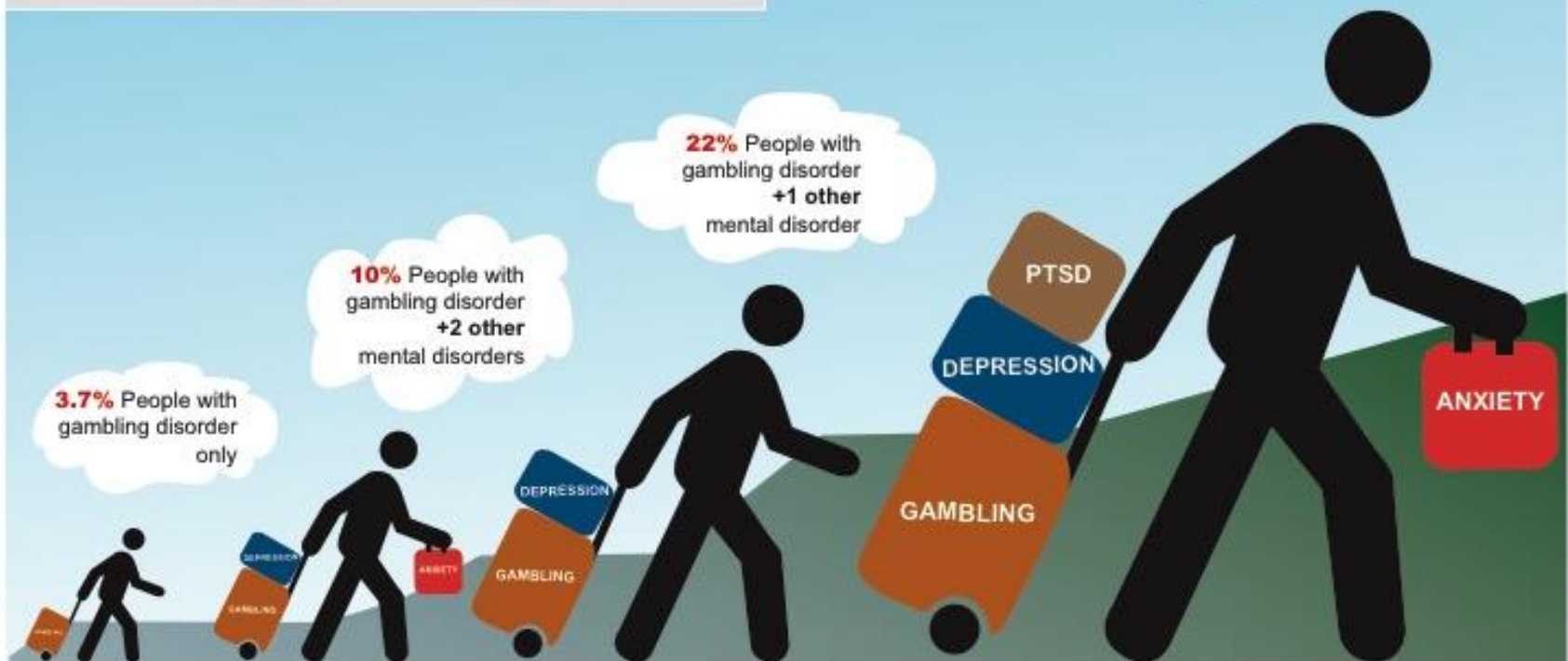
NCRG-Funded Research

GAMBLING DISORDER RARELY TRAVELS ALONE

There are about 2.5 million adults with gambling disorder in the United States.

More than 95% of people with gambling disorder have at least one other mental health disorder (anxiety, depression, etc.).

Two-thirds of people with gambling disorder have 3 or more other mental health disorders.



The data presented show rates of co-occurring disorders in the ~1% of adult Americans who have gambling disorder.

The data comes from the landmark mental health study, the National Comorbidity Survey Replication, conducted by Harvard Medical School and funded by the National Institutes of Mental Health.

❖ Aspects of social setting that influence gambling behavior:

- Poor parental supervision and delinquency
- Early age of beginning gambling
- Individuals who are widowed, separated or divorced
- Lower socioeconomic status



Sociological Influences

❖ Young people

- 2 to 7% young people have a gambling disorder
- University of Minnesota study found lowered rates of gambling and gambling problems

❖ College-age population

- 75% gambled in the past year
- 6% have a gambling problem
- Strongest predictor: male gender
- BetOnU – online, confidential intervention at www.CollegeGambling.org



Demographics

❖ Race and ethnicity

- Fewer African Americans gamble but higher percentage have gambling problems
- Rate of DG among Hispanics closer to that of Caucasians
- Insufficient data on Asian Americans and Native Americans

❖ Older adults

- Research shows mixed picture
- Some studies show that older adults who gamble are healthier



Demographics

❖ Casino Employees

- Slightly higher rate of gambling problems, smoking and alcohol use
- But over time, more moved back to health—sign of adaptation?

❖ Military veterans

- New research shows higher rate of gambling problems
- Reluctance of active military to seek help for gambling problems
- Absence of screening for gambling disorder



Demographics



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Trajectory of a Gambling Disorder

- ❖ Approximately 1 % of the U.S. adult general population meets diagnostic criteria for a gambling disorder
- ❖ 2 – 3 % are subclinical (have some symptoms but not sufficient for a diagnosis)
- ❖ Prevalence rate of 1 % stable over past 40 years in spite of expansion of legalized gambling

(Kessler et al., 2008)



How many people have a gambling disorder?

- ***Conventional Wisdom:*** Gambling Disorder a relentlessly progressive disorder
- ***However, research shows*** the following:
 - Individuals move in and out of disordered states
 - Not necessarily progressive; i.e., not all progress to more severe level
 - Even those with most severe form of disorder can improve
 - Individuals often adapt to risks and hazards of new gambling opportunities



The Stability of Gambling Disorder



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Screening for Gambling Problems

Most people with a gambling disorder do not seek help

- ❖ University of Missouri study found that only **5.5%** of DGs received professional treatment for gambling problems
- ❖ Only **7.3%** had attended one or more Gamblers Anonymous meetings

(Slutske, 2006)



Resistance to Treatment

Possible Reasons for Resistance to Treatment

- ❖ Shame, stigma
- ❖ Unaware that help is available
- ❖ Uninsured or without financial resources
- ❖ Lack of confidence that change is possible
- ❖ Repelled by the treatments that are available



Resistance to Treatment

However, 50% of DGs are in treatment for other psychiatric disorders

*“Given that three-quarters of PG cases occur only subsequent to the onset of other DSM-IV disorders, it seems likely that onset of PG could be prevented **if clinicians increased their monitoring for emerging gambling problems.**”*

(Kessler et al., 2008)



Importance of Screening

- Lie-Bet Screen
- NODS-CLiP
- NODS-PERC
- Brief Biosocial Gambling Screen



Brief Screens

Brief Biosocial Gambling Screen

A "yes" answer to any of the questions means the person is at risk for developing a gambling problem.

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



www.ncrg.org

www.divisiononaddiction.org

(Gebauer, LaBrie, & Shaffer, 2010)



Brief Biosocial Gambling Screen

Advantages of the BBGS

❖ Strong psychometric properties

- Based on NESARC, national survey of alcohol and related conditions of 43,000 Americans
- Questions based on criteria most endorsed by disordered gamblers

❖ Past-year framework

- Lifetime framework problematic--potential for false positives



Brief Biosocial Gambling
Screen

Brief Biosocial Gambling Screen

- ❖ For more information, visit www.divisiononaddiction.org
- ❖ Stinchfield, R. (2012). Screening and assessment of problem and pathological gambling. *What Clinicians Need to Know about Gambling Disorders*. In *Increasing the Odds: A Series Dedicated to Understanding Gambling Disorders*, Vol. 7 (download for free from www.ncrg.org)
- ❖ NCRG has BBGS magnets available for free!



Brief Biosocial Gambling
Screen



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Treatment, Recovery and Relapse Prevention

- ❖ Approximately **30%** of disordered gamblers get well on their own
 - ❖ Interviews with convenience samples of recovered people reveal that **recovery strategies are practical and behavior-focused**—including involvement in time-consuming activities that are incompatible with gambling and avoidance of conditioned cues to gambling
- ❖ **No treatment standard yet**
- ❖ **No FDA-approved pharmaceutical for GD**



Treatment and Recovery

- ❖ Adverse consequences, especially financial
- ❖ Readiness to change
- ❖ Problem severity
- ❖ Previous treatment



Motivators for Seeking
Treatment

- ❖ Screen for co-occurring disorders
- ❖ Many of the same therapies that are effective for substance use disorders can be effective for Gambling Disorder
 - CBT
 - Motivational Interviewing
 - Mindfulness
 - Acceptance Commitment Therapy
- ❖ Because of ambivalence about change and resistance to treatment, brief interventions might be good place to start
- ❖ Use a “cocktail approach” (Shaffer & Martin, 2011)
 - Psychotherapy
 - Pharmacological interventions
 - Interventions for co-occurring disorders
 - Support groups (e.g., Gamblers Anonymous)
 - Financial Counseling
 - Self-exclusion programs



Recommendations for Clinicians

❖ Screen for co-occurring disorders

- For example, The Patient Health Questionnaire (PHQ-9) for depression (www.integration.samhsa.gov/clinical-practice/screening-tools)

❖ Make appropriate referral to psychopharmacologist if pharmaceutical intervention indicated



Help for Co-occurring
Disorders

Comorbidity

- ❖ According to the National Comorbidity Survey Replication
 - **98%** of individuals with PG have or had a co-occurring disorder
 - Among these individuals, the co-occurring disorder preceded or emerged simultaneously with PG **76.5%** of the time
 - Example: DSM advises that excessive gambling could be result of manic episode (bipolar disorder)

(Kessler et al., 2008)



Co-occurring Disorders

- ❖ Brief treatments are not necessarily seen as treatment by individuals who access them
- ❖ Two randomized, controlled studies for DGs resistant to treatment:
 - Telephone-based motivational interview contact combined with a mailed self-help cognitive-behavioral therapy workbook led to good outcomes (Hodgins et al., 2011)
- ❖ Research on self-help manual in Nevada and Massachusetts
 - Significantly more manual recipients than control group participants reported recently abstaining from gambling (LaBrie et al., 2012)

Resources for Brief Interventions

❖ *Your First Step to Change*

- www.basisonline.org/selfhelp_tools.html
- Helps individuals who are thinking about changing their behavior
- Recognizes ambivalence
- Online guide is free and confidential
- Originally developed for callers to the Massachusetts helpline but has proven useful to other individuals, family members and clinicians



Brief Interventions

Cognitive-Behavioral Therapy

- ❖ Largest number and most rigorously designed trials have evaluated the CBT model
- ❖ Positive effects found by different research groups
- ❖ CBT treatments focus on modifying the learned patterns of reinforcement
- ❖ Behavioral strategies include reducing exposure to high-risk situations, challenging distorted thinking, and developing coping mechanisms

Grant & Odlaug, 2012



Psychosocial Interventions

Gamblers Anonymous



Gamblers Anonymous®



locate a meeting
near you



talk to someone
now

- ❖ GA self-help groups use 12-Step Program modified from AA
- ❖ Few outcome studies
- ❖ Some studies have shown that participation in GA, in combination with other therapies, have positive outcomes
- ❖ However, studies that used referral to GA as a comparison condition to CBT have shown poor GA attendance and outcomes
- ❖ More research is needed!
- www.gamblersanonymous.org/ga/



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Psychosocial Interventions

- ❖ Despite advances in drug treatment for other psychiatric disorders, no FDA-approved medication for gambling disorder
- ❖ However, research has made advances in understanding utility of certain medications



Pharmacological Interventions

❖ Opioid Receptor Antagonists

- Most empirical support for help with a GD
- Affect the dopamine pathways
- Naltrexone, approved for for alcohol and opioid dependence, has shown promise for GD
- Which individuals might benefit the most? Positive family history of alcoholism

❖ Other drugs researched

- Serotonin Reuptake Inhibitors
 - Research mixed – might be most helpful for co-occurring depression
- Mood stabilizers
 - One study of DGs with bipolar disorder found that lithium superior to placebo in reducing mania and disordered gambling severity

(Potenza, 2012)



Pharmacological Interventions

- ❖ *Problem Gamblers and their Finances: A Guide for Treatment Professionals*
- ❖ *Personal Financial Issues for Loved Ones of Problem Gamblers*

Booklets available from the National Council on Problem Gambling for free from www.ncpgambling.org/programs-resources/resources/#Financial-Issues



Financial Counseling

- ❖ Self-exclusion programs are a player-initiated, voluntary form of exclusion that provide gamblers with the opportunity to ban themselves from gambling venues
- ❖ Research has shown effectiveness of this approach for some gamblers
- ❖ Keep in mind that self-exclusion itself might not be cause of promising findings: individuals who enroll might be most motivated to stop gambling
- ❖ Clinicians should treat self-exclusion agreements as pseudo legal documents that offer clients some assistance with their gambling

(Nelson, 2010; Shaffer & Martin, 2012; Tremblay et al., 2008)



Self-exclusion Programs

- ❖ Relapse rates among disordered gamblers high
- ❖ One study estimates that as many as **75%** return to gambling shortly after a serious attempt to quit
- ❖ Some reasons for relapse:
 - Optimism about winning
 - Need for money
 - Unstructured time or boredom
 - Giving into urges, habit or opportunity
 - Dealing with negative emotions or situations

(Hodgins, 2007)



Relapse

- ❖ **Abstinence** has been the only acknowledged treatment goal in most interventions
- ❖ Gamblers Anonymous -- very strong stance on importance of complete abstinence from gambling for achieving recovery
- ❖ In treatment studies, abstinence from all forms of gambling has traditionally been required for the treatment to be considered a success



Is controlled gambling
possible for DGs?

- ❖ However, Australian study found 90 percent of recovered gamblers participated in some form of gambling in past year without adverse consequences (Slutske et al., 2010)
- ❖ Implications: If reducing gambling rather than abstaining was a treatment goal it is possible that more individuals would seek treatment
- ❖ More research—especially longitudinal studies—needed to understand this phenomenon
- ❖ Also, is finding from Australia generalizable to other countries and cultures?



Is controlled gambling possible for DGs?

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Thank You!

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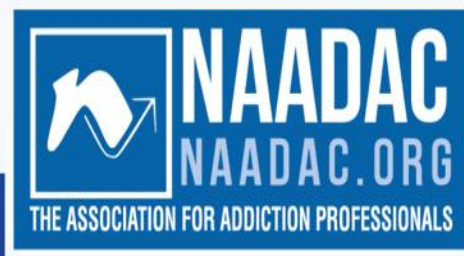


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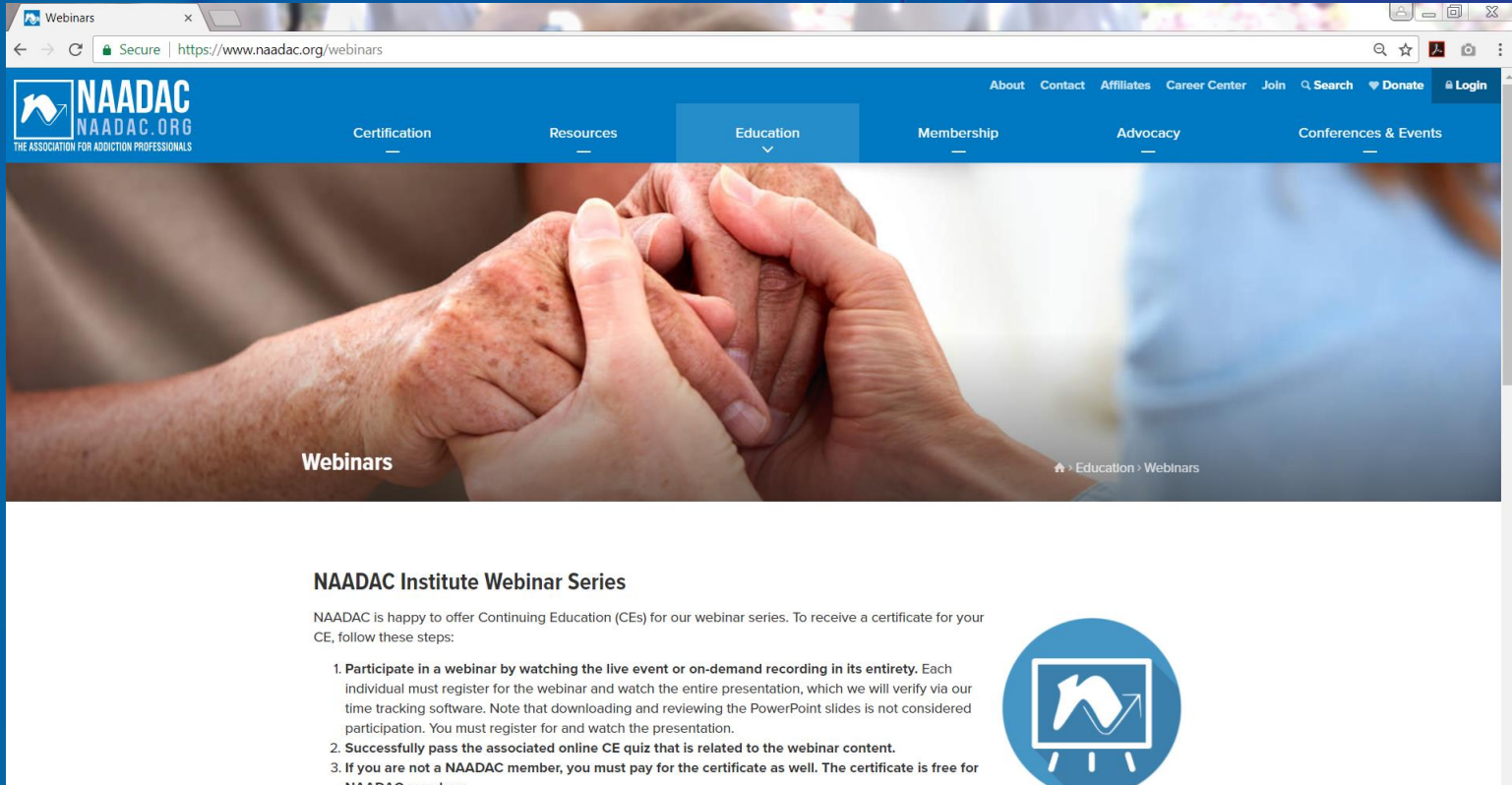
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