Gambling, Opioid and Stimulant Use Disorders: Intersections and Integration

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- Maryland Center of Excellence on Problem Gambling
- University of Maryland
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Disclosures

• Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.

• Problem Gambling SBIRT Research Project in which I have been involved is supported by a grant from the National Center on Responsible Gaming which receives funding from the American Gaming Association.
Objectives

1. Review research and evidence based rationale for problem gambling screening

2. Describe evidence based brief problem gambling screens and their effectiveness in actual clinical settings

3. Present recommendations for best clinical practices for effective screening and initiating conversation around the impact of gambling on recovery
DSM-IV to DSM 5

- DSM 5
  - Substance-Related and Addictive Disorders
    - Renamed: Gambling Disorder
  - So far only Non-Substance-Related Disorder included
**Defining Terms**

**Gambling**: the act of risking something of value, including money and property, on an activity that has an uncertain outcome

**Gambling Disorder**: Current DSM5 diagnosis

**Pathological Gambling**: DSM- IV diagnosis

**Problem Gambling**: Characterized by difficulties in limiting money and/or time spent on gambling [impaired control] which leads to adverse consequences for the gambler, others, or for the community. (Neal, 2005)
Defining Terms

• Person who engages in at risk gambling: someone who is at risk for developing a gambling disorder because:
  • a) they evidence some adverse consequence(s) from gambling but no symptoms of loss of control; OR
  • b) they evidence some symptoms of loss of control but no adverse consequences; OR
  • c) they evidence some adverse consequences and loss of control, but not at a level sufficient to meet criteria for problem or pathological gambling; OR
  • d) they have a gambling frequency and/or expenditure that is significantly above average (especially in the context of their employment status, income, and debt).

• Person who engages in recreation gambling:
  • Someone who is able to maintain control over amounts of time and money spent gambling and who does not experience any adverse effects from gambling.
Diagnostic Criteria

• A. Persistent and recurrent problematic gambling behavior ...as indicated by 4 or more 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 attempts 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 gambling).
Diagnostic Criteria

5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed)
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.
## Comparison GD and SUD

<table>
<thead>
<tr>
<th>Gambling Disorder 4/9</th>
<th>Substance Use Disorder 2/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tolerance</td>
<td>1. Using more or longer than intend</td>
</tr>
<tr>
<td>2. Withdrawal</td>
<td>2. Control</td>
</tr>
<tr>
<td>3. Control</td>
<td>3. Time spent in obtaining/use substance</td>
</tr>
<tr>
<td>4. Preoccupation</td>
<td>4. Craving or strong desire/urge</td>
</tr>
<tr>
<td>5. Relieve</td>
<td>5. Failure to meet obligations</td>
</tr>
<tr>
<td>6. Chasing</td>
<td>6. Continued use despite social or interpersonal problems</td>
</tr>
<tr>
<td>7. Lying</td>
<td>7. Important activities given up or reduced</td>
</tr>
<tr>
<td>8. Impact on life</td>
<td>8. Recurrent use in physical hazardous situations</td>
</tr>
<tr>
<td>10. Tolerance</td>
<td>10. Tolerance</td>
</tr>
<tr>
<td></td>
<td>a. Increasing amount - or</td>
</tr>
<tr>
<td></td>
<td>b. Diminished effect</td>
</tr>
<tr>
<td></td>
<td>a. Withdrawal syndrome for alcohol - or</td>
</tr>
<tr>
<td></td>
<td>b. Alcohol taken to relieve or avoid withdrawal</td>
</tr>
</tbody>
</table>
Why Bother Screening for Gambling Disorder?

- Evidence of high risk of gambling problems among individuals diagnosed with substance use and mental health disorders.

- 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.

Up to nearly 1/3 to 1/2 of individuals in SUD treatment identified as problem gamblers (Himelhoch et al, in press; Ledgerwood et al, 2002)

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)
OSAM Survey

- 27.6% gambled more when using alcohol or other drugs
- 16.7% used more alcohol or drugs when gambling
- 15.6% gambled to buy alcohol or drugs
Why Bother?

- Unaddressed gambling contributes to poor treatment outcomes, increased utilization of treatment resources, especially more intensive and expensive resources

- PG in Methadone Maintenance
  - 7% - 52.7% met criteria for problem or disordered gambling
  - PG group more likely to have positive tox screen for cocaine
  - 45.5% PG group dropped out early compared to 17.6% of non-gambling group

- Ledgerwood et al, 2002
## Demographic Characteristics

<table>
<thead>
<tr>
<th></th>
<th>All Participants N = 185</th>
<th>Gambling Disorder - No n = 99</th>
<th>Gambling Disorder - Yes n = 85</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (M ± (SD))</strong></td>
<td>47.5 (8.7)</td>
<td>48.2 (9.2)</td>
<td>46.8 (8.0)</td>
</tr>
<tr>
<td><strong>Gender – Male</strong></td>
<td>54.1%</td>
<td>54.5%</td>
<td>52.9%</td>
</tr>
<tr>
<td><strong>Married or Living with a partner</strong></td>
<td>23.2%</td>
<td>26.3%</td>
<td>20.0%</td>
</tr>
<tr>
<td><strong>Race – Black or African American</strong></td>
<td>71.4%</td>
<td>71.7%</td>
<td>70.6%</td>
</tr>
<tr>
<td><strong>Complete HS and/or some college</strong></td>
<td>55.7%</td>
<td>51.5%</td>
<td>61.2%</td>
</tr>
<tr>
<td><strong>Employed full or part-time</strong></td>
<td>11.9%</td>
<td>13.1%</td>
<td>10.6%</td>
</tr>
<tr>
<td><strong>Income &lt; $20,000 last year (n = 182)</strong></td>
<td>88.5%</td>
<td>85.6%</td>
<td>91.8%</td>
</tr>
</tbody>
</table>

Himelhoch et al., online first, *J Gambling Studies*
DSM-5 GAMBLING DISORDER

46.2% met DSM-5 criteria for Gambling Disorder

Non-Disordered Gambler (<4) Disordered Gambler (≥4) Mild Gambler (4-5) Moderate Gambler (6-7) Severe Gambler (8-9)

Funded by DHMH/BHA
DSM-5 GAMBLING DISORDER

75.2% identified as Moderate or Severe Gambler
• Most common types of gambling
• Lottery Tickets (81.1%)
• Scratch Offs (71.8%)
• Games of Skill (40.5%)
• Casino (9.2%)
Lottery Ticket Example:

<table>
<thead>
<tr>
<th>Purchased lottery tickets</th>
<th>All Participants N = 185</th>
<th>Gambling Disorder No n = 99</th>
<th>Gambling Disorder Yes n = 85</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all&lt;sup&gt;a&lt;/sup&gt;</td>
<td>18.9%</td>
<td>30.3%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Less than 10 times in total</td>
<td>7.6%</td>
<td>12.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td>At least once a month</td>
<td>4.9%</td>
<td>8.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td>At least once a week</td>
<td>68.6%</td>
<td>49.5%</td>
<td>90.6%</td>
</tr>
<tr>
<td>Avg. monthly spent ($) (M±(SD))&lt;sup&gt;b&lt;/sup&gt;</td>
<td>178.5 (357.4)</td>
<td>72.3 (159.1)</td>
<td>302.5 (469.2)</td>
</tr>
</tbody>
</table>
## MAT Study

<table>
<thead>
<tr>
<th>Variables</th>
<th>No Gambling Disorder, n = 99</th>
<th>Gambling Disorder, n = 85</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone dose (mg) (M ± (SD))</td>
<td>82.0 (24.8)</td>
<td>80.0 (20.4)</td>
</tr>
<tr>
<td>Days in treatment (M ± (SD))&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1378 (1620)</td>
<td>798 (1123)</td>
</tr>
<tr>
<td>Spoken with health care provider</td>
<td>2.0%</td>
<td>11.8%</td>
</tr>
<tr>
<td>about gambling&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Very comfortable” answering</td>
<td>84.8%</td>
<td>60.0%</td>
</tr>
<tr>
<td>questions about gambling&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. a denotes significance at $p < 0.05$ as determined by a t-test; b denotes significance at $p < 0.05$ as determined by a Chi-Square test; c denotes significance at $p < 0.05$ as determined by a Fisher exact test*
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Longitudinal Study of MAT clients

• **Study Design**
  • Time Point 1 -- prior to casino opening
  • Time Point 2 -- ~3mos after Time Point 1
  • Time Point 3 -- ~6mos after Time Point 1

• **Sample**
  • 50 with DSM-5 Gambling Disorder
  • 50 without DSM-5 Gambling Disorder
Average Amount Spent on EGMs at Casino or Bar in Past 30 Days

Note: * indicates $p<.05$ when comparing money spent on gambling by those with and without GD
<table>
<thead>
<tr>
<th>Measure</th>
<th>Time Point 1</th>
<th></th>
<th>Time Point 2</th>
<th></th>
<th>Time Point 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gambler Yes</td>
<td>Gambler No</td>
<td>Gambler Yes</td>
<td>Gambler No</td>
<td>Gambler Yes</td>
<td>Gambler No</td>
</tr>
<tr>
<td></td>
<td>(n = 50)</td>
<td>(n = 50)</td>
<td>(n = 44)</td>
<td>(n = 45)</td>
<td>(n = 40)</td>
<td>(n = 45)</td>
</tr>
<tr>
<td>ASI – Days Drug Use a</td>
<td>6.6 ± 8.9</td>
<td>1.6 ± 5.0</td>
<td>3.5 ± 7.5</td>
<td>0.8 ± 3.0</td>
<td>5.5 ± 10.0</td>
<td>1.3 ± 5.1</td>
</tr>
<tr>
<td>ASI – Days Alcohol Use</td>
<td>2.9 ± 8.1</td>
<td>1.8 ± 6.1</td>
<td>3.8 ± 8.3</td>
<td>3.6 ± 7.8</td>
<td>3.7 ± 8.5</td>
<td>4.5 ± 6.0</td>
</tr>
</tbody>
</table>

Note: a denotes significance at $p < 0.001$ as determined by a t-test comparing gambler versus non gambler
– Prevalence of Gambling Disorder is markedly elevated
– Gambling is rarely discussed in the treatment setting
– Less time in treatment related to gambling status

• IMPLICATIONS
  – Opportunities to screen and conduct brief interventions are warranted
CONCLUSIONS

• Among those with Gambling Disorder:
  • More drug use
  • Higher impulsivity score
  • More mental health symptoms

• Those with Gambling Disorder spend more money on gambling modalities compared to those without Gambling Disorder
Clients expressed embarrassment surrounding their gambling addiction was one of the greatest barriers to getting help. Counselors however, believed that clients did not seek help because they were in denial about having an addiction problem.

- Counselor: “They’re not ready to receive it. I think that’s the biggest obstacle, that they’re not interested in help in that area.”

- Client: “When you tell all the wrong things that you’ve done... to me that’s the hardest thing of just saying what you’ve done... the guilt.”
Clients recognized that counselors engaged in gambling activities and might not recognize that gambling could be a problem.

- Client: “No because she a counselor. And she plays lotteries and that’s her thing now.
- Interviewer: So she likes to gamble?
- Client: Yeah, the lotteries.”
- Client: “My counselor, she plays the lottery, and she plays lottery every day. She’ll go to the store... She’ll spend like, $50, say on lottery tickets...She tells me when she hits.”
Results/Emerging Themes

Relapse Risk: Winning or Losing

• Client 1: “If we gambling and we win, then we say, ‘I’m going to treat myself to something,’ so then we might go out and buy something, treating yourself. We win big, with our addiction, we go out and buy some drugs, treating yourself or something. Really, you’re only hurting yourself, but we don’t see it like that. We see it as a good thing.”

• Client 1: “No, or when you’re losing, when you losing too, because then you’re down and out.”

• Client 2: “If you go on a lottery binge and you spend all your money and then you get upset and you get sad and then you want to use drugs.”
Stimulant Use and Gambling

High school student study (ages 12 – 19; Richard et al., 2019)

- Individuals using stimulants 6 X or ore in past year had high likelihood of frequent and at risk/problem gambling

University student study (Grant et al., 2018)

- Non-medical use of stimulants significantly associated with elevated occurrence of disordered gambling.
Gambling Related Illegal Acts and Associated Factors (Gorsane et al, 2017)

- Higher SOGS scores
- Stimulant Use Disorder
- Lower Income

Contribution of stimulant use to impaired behavioral control and ability to inhibit impulses

Consideration of Social Determinants
Why address gambling problems in SUD programs:

Summary

- Individuals with substance use and mental health disorders are at higher risk for having a gambling problem.
- Gambling (even at moderate levels) may have an adverse impact on treatment outcome.
- Unaddressed gambling and gambling problems are likely to add to treatment costs and service utilization.
Why address gambling problems in SUD programs: Summary

Gambling may become a sequential addiction for individuals recovering from a substance use disorder.

Gambling can be a relapse risk factor.

Gambling and problem gambling may exacerbate psychiatric symptoms.

Relationship violence and child abuse are related to problem gambling and severely aggravated if substance use is involved.
Why Bother: Summary

**Lifetime Co-morbidity**

- Although nearly half (49%) of those with lifetime pathological gambling received treatment for mental health or substance abuse problems, none reported treatment for gambling problems

Kessler et al., 2008 (National Comoribidty Survey Replication)
Gambling Problems

Gambling Screen
- Screen Negative: Interpret and Follow Mental Health Protocol
- Screen Positive: Gambling Assessment

Gambling Assessment
- Screen Positive: Gambling Screen
- Screen Negative: Interpret and Follow SA Protocol

Mental Health Center

Substance Abuse Treatment Center
PG Screening

- Good News
  - South Oaks Gambling Screen (SOGS)
  - NORC DSM Screen for Gambling Problems (NODS)
  - GA 20 Questions
  - Lie/Bet
  - NODS-CLiP
  - NODS-PERC
  - Brief Biosocial Gambling Screen (BBGS)
  - Problem Gambling Severity Index (PGSI)
“You know one if you see one” ---
Director of Substance Abuse Treatment Program, Detroit VA
PG Screening

- Bad News
  - Screens don’t work well in clinical practice
  - Give illusion of addressing issue
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%)
Issues with Brief Screens

Need to define what mean by gambling – list types of gambling

Use Diagnostic Criteria

Developed to screen for most severe gambling problems
Do you gamble much?

Buying a few lottery tickets isn’t really gambling.

No not at all.
Another issue is the way questions are addressed by counselors.

Many factors including counselor workload, length of intake assessments, counselor priorities and counselor comfort with problem gambling all may contribute to minimizing importance of gambling questions.
PG Screening: What often happens

I can save time on these Gambling questions… That’s not why she is here anyway

You’ve never lied About gambling or Wanted to spend more Money on it, have you?

Phew! Nobody Cares about gambling here!

No, that’s not a problem
Motivation

• Individuals coming into treatment for a substance use or mental health disorder may have any or all of the following attitudes toward their gambling:
  • Never thought of it as a problem or potential problem
  • Believe it is a solution to their problems (emotional and or financial)
  • Realize it may be a problem, but don’t want to think about giving up “all their fun.”
  • Feel overwhelmed by dealing with just one problem, don’t want to have to think about any others.
Motivation

- Client may not acknowledge in first interview either because they simply don’t categorize these issues as problematic or because of shame and the desire to avoid talking about these issues
Screening Best Practices

1. Include brief screen on intake (and don’t expect much)
2. Also use subtle questions about gambling activities. Be Creative
3. Repeat screen after relationship and trust established (at treatment plan updates?)
4. Conduct screen in conjunction with psychoeducation on impact of gambling on recovery/problem gambling
Gambling Problems

Mental Health Center

Gambling Screen
Pos or Neg

Gambling Integrated Assessment
Pos or Neg

PG Enhanced Treatment

Gambling Specific Assessment
Positive

Gambling Screen
Screen Positive

Positive

Gambling Specific Treatment

PG Enhanced Treatment

Substance Abuse Treatment Center

Gambling Integrated Assessment
Pos or Neg

Gambling Screen
Screen Pos or Neg

Gambling Integrated Assessment
Pos or Neg

PG Enhanced Treatment
Potential Gambling SBIRT Strategy

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.

<table>
<thead>
<tr>
<th><strong>Brief Biosocial Gambling Screen:</strong></th>
<th>1. Have you ever gambled at least 5 times in any one year in your life?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. During the past 12 months, have you tried to hide how much you have gambled from your family or friends?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. During the past 12 months, have you had to ask other people for money to help deal with financial problems that had been caused by gambling?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4. During the past 12 months, have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
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.
Problem Gambling
You Could Be At Risk.

1-800-GAMBLER
24/7 Confidential Helpline
HelpMyGamblingProblem.org

MAKE A CHANGE TODAY!

S Set
L Limits
O On
T Time &
S Spending
What is Gambling?

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

24/7 Confidential Helpline
HelpMyGamblingProblem.org

Are You Suffering from Problem Gambling?

1-800-GAMBLER
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.

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!
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.

<table>
<thead>
<tr>
<th>NOT MOTIVATED</th>
<th>READY TO MAKE A CHANGE TODAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

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

If you are ready to **CHANGE** your gambling **HABITS** complete the back of the worksheet to make a plan.
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:

- family members
- friends
- spiritual advisors
- others

My follow-up plan is:

1. 

2. 

3. 

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

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.
Integrated Assessment

The key to this approach is to raise the issue of gambling and its role in your client’s recovery in multiple contexts and repeatedly over time.

Also it is key to include the topic of gambling in a non-judgmental or labeling manner, in order to minimize defensiveness or resistance.
### Goals of screening and assessment

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Open the conversation</td>
</tr>
<tr>
<td>Increase</td>
<td>Increase curiosity</td>
</tr>
<tr>
<td>Move</td>
<td>Move from pre-pre contemplation</td>
</tr>
<tr>
<td>Give</td>
<td>Give permission to talk about gambling</td>
</tr>
<tr>
<td>Begin</td>
<td>Begin to make connections between gambling and other major life areas</td>
</tr>
</tbody>
</table>
Remember

Even though individuals in recovery from substance use and mental health disorders are at higher risk for gambling problems, this does not mean that gambling always has a negative impact on someone’s recovery.

It is our job to help our clients be aware of and evaluate the risks as well as benefits that gambling can bring to their recovery, and to assist them in making the best informed decisions regarding the role of gambling in their lives and recoveries.
Thank You!

- Anyone can slay a dragon, he told me, but try waking up every morning and loving the world all over again.
- That’s what takes a real hero.
Questions and Comments