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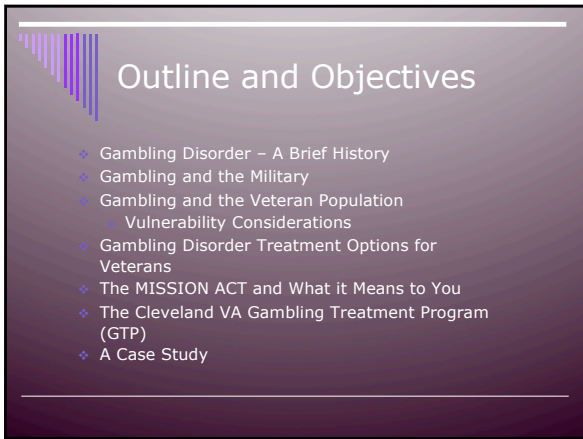
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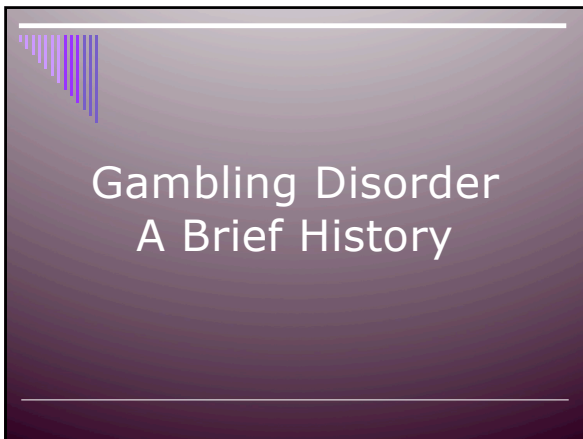
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## The DSM-III

- ◆ 1980 – Impulse Control Disorders → Pathological Gambling
- ◆ Dr. Robert Custer- formerly of the Cleveland VA's GTP - had treated pathological gamblers and written about their illness for several years
- ◆ Diagnostic criteria were not validated or tested but were based on Custer's clinical experience.



The *DSM-III* criteria began with a statement about the individual experiencing progressive loss of control and then listed seven items, with an emphasis on damage and disruption to the individual's family, personal or vocational pursuits and money-related issues.

Rafiq, C. & Smith, N. (2013). The evolving definition of Pathological Gambling in the DSM-5. National Center for Responsible Gaming. Washington, D. C.

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## The DSM-IV

- ◆ 1994 - criteria revised to reflect its similarity to substance dependence, such as the addition of "repeated unsuccessful attempts to control, cut back or stop gambling."
- ◆ An individual must meet at least five of the ten diagnostic criteria, and all criteria are granted equal weight



**DSM-IV DIAGNOSTIC CRITERIA FOR GAMBLING DISORDERS**

1. A preoccupation with gambling (e.g., preoccupation with reliving past gambling experiences, handicapping or brooding of ways to get money with which to gamble).
2. A need to gamble with increasing amounts of money in order to achieve the desired level of excitement.
3. Repeated unsuccessful efforts to control, cut back or stop gambling.
4. Feels restless or irritable when attempting to cut down or stop gambling (withdrawal symptoms).
5. Uses gambling as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety and depression).
6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
7. Lies to family members, therapist or others to conceal the extent of one's involvement with gambling.
8. Has committed illegal acts such as forgery, fraud, theft or embezzlement to finance gambling.
9. Has jeopardized or lost a significant relationship, job or educational or career opportunity because of gambling.
10. Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Rafiq, C. & Smith, N. (2013). The evolving definition of Pathological Gambling in the DSM-5. National Center for Responsible Gaming. Washington, D. C.

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## The DSM-IV

- The DSM-IV identified that the *behavior* of excessive gambling might be a symptom of a manic episode and, if so then bipolar disorder would be the primary diagnosis
- First formal acknowledgement that Pathological Gambling was often found with or related to other psychiatric problems.



The National Comorbidity Study Replication would later verify that 74 percent of diagnosed cases of Pathological Gambling had comorbid psychiatric disorders.

Rafiq, C. & Smith, N. (2013). The evolving definition of Pathological Gambling in the DSM-5. National Center for Responsible Gaming. Washington, D. C.

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## Everyone's a Critic

The majority of pathological gamblers never seek formal treatment. Clinical description was based solely on those who seek treatment, therefore the DSM-IV didn't accurately define the nature and origins of Pathological Gambling and made estimating prevalence difficult.



The DSM-IV recognized the **presence** or **absence** of a clinical disorder; gambling problems exist on a continuum and subclinical instances of pathological gambling are more prevalent.

Ratley, C. & Smith, N. (2013). The evolving definition of Pathological Gambling in the DSM-5. National Center for Responsible Gaming, Washington, D. C.

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## More Criticism

- ◆ Many clinicians balked at Pathological Gambling being identified in the DSM-IV under "Impulse Control Disorders Not Elsewhere Classified," citing a few important differences
- ◆ Persons with ICD generally feel overwhelmed by an impulse to act and often feel a sense of relief after acting on their impulses
- ◆ Pathological Gamblers report enjoying gambling while in the act and report distress after they stop



Ratley, C. & Smith, N. (2013). The evolving definition of Pathological Gambling in the DSM-5. National Center for Responsible Gaming, Washington, D. C.

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## The DSM-5

- ◆ "Substance-Related Disorders" → "Addiction and Related Disorders"
- ◆ "Pathological Gambling" → "Gambling Disorder"
- ◆ The only formally recognized "Related Disorder" in the "Addiction and Related Disorders" category
- ◆ No more "illegal acts" criteria
- ◆ Lowered threshold from 5/10 criteria to 4/9
- ◆ Episodic/Persistent; In early remission/In sustained remission
- ◆ Severity
  - ◆ Mild: 4-5 criteria
  - ◆ Moderate: 6-7 criteria
  - ◆ Severe: 8-9 criteria



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## Hang on a Minute ...

"This item also showed the lowest discrimination coefficient, its exclusion would maintain satisfactory internal consistency for the remaining 9 symptoms and was poorly related to psychopathology and the severity of the gambling behavior."



"Conclusions: The relevance of the illegal acts as a diagnostic criterion appears to be limited and its elimination from the DSM-5 seems justified.

**However, illegal acts have implications for both the clinical and legal domains, and contribute to increase the patients' impairment."**

Gruber, R., Pando, E., Stinchfield, R., Fernandez-Aranda, F., Aymeri, M., Gomez-Park, M., Fagundo, A., Sanchez-Torres, S., Islam, M., Sanchez, J., & Jimenez-Murcia, J. (2014). Contribution of illegal acts to pathological gambling diagnosis: DSM-5 implications. *Journal of Addictive Diseases, 33*(1), p. 41-52.

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## So Why the Change?

### A Quick Criterion Comparison with SUD

- ◆ Taking the substance in larger amounts/longer than you meant to.
- ◆ Needing more of the substance to get the effect you want (tolerance).  
*Needs to gamble with increasing amounts of money in order to achieve the desired excitement.*
- ◆ Development of withdrawal symptoms, which can be relieved by taking more of the substance.  
*Is restless or irritable when attempting to cut down or stop gambling.*
- ◆ Wanting to cut down or stop using the substance but not managing to.  
*Has made repeated unsuccessful efforts to control, cut back, or stop gambling.*

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## So Why the Change?

### A Quick Criterion Comparison with SUD

- ◆ Cravings and urges to use the substance.  
*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).*
- ◆ Continuing to use, even when it causes problems in relationships.
- ◆ Not managing to do what you should at work, home, or school because of substance use.
- ◆ Giving up important social, occupational, or recreational activities because of substance use.  
*Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.*

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**Gambling and the Military**

- ❖ The slot machine industry thrived in the postwar years until the Johnson Act of 1951
- ❖ By the 1960s slot machines were outlawed everywhere but in Nevada and on military bases.

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**Gambling and the Military**

- ❑ Currently 3,141 slot machines on overseas bases, illegal on bases in CONUS
- ❑ Introduced in 1930s, removed in 1970s, reintroduced in the 1980s
- ❑ 1,159 slot machines on Japanese bases
- ❑ \$539 million in revenue from 2011 to 2015
- ❑ Bound to Financing Morale, Welfare, and Recreation (MWR) Office programs

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**Gambling and the Military**

- ❑ Screening questions related to gambling were used by the DoD in Health Related Behaviors Surveys of active duty and reserve component service members throughout the 1990's
- ❑ Screening questions were removed by Congress in 2002

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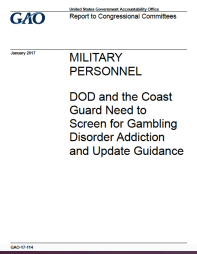
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**Gambling and the Military**



< 0.03 percent of service members were diagnosed with gambling disorder or were seen for problem gambling through the Military Health System between 2011 and 2015.

- GAO, January 2017

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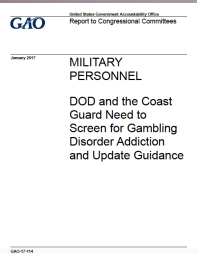
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**Gambling and the Military**



The GAO noted that the DOD doesn't specifically target gambling abuse for screening, which means service members with the condition may be likely to go undiagnosed.

- GAO, January 2017

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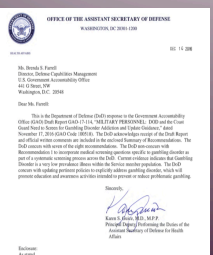
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**Gambling and the Military**



"There is no evidence to suggest that gambling disorder is a high prevalence disorder in the DoD, and it is impractical to screen for every low prevalence disorder."

- DoD Response

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## Gambling and the Military



The DoD did say it would update its policies to promote education and awareness activities intended to prevent or reduce problematic gambling.

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## Gambling and the Military

**A BILL**

To require policies and programs for research, prevent, and address the harmful consequences of gambling disorder among members of the Armed Forces and their dependents, and for other purposes.

1 *Be it enacted by the Senate and House of Representatives*  
 2 *of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**  
 4 This Act may be cited as the "Gambling Addiction  
 5 Prevention Act".

"Prevalence of gambling disorder in the military is a serious health and financial issue, and also poses a national security concern, harming individual readiness and human performance and increasing affected servicemembers' susceptibility to blackmail and other malign influence."

- Senators Elizabeth Warren (D-Mass.) and Steve Daines (R-Mont.), May 15, 2018

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## Gambling and the Military

- ❖ Gambling screen questions were reinstated through the 2018 National Defense Authorization Act
- ❖ Questions will appear in the next annual DoD periodic health assessment
- ❖ Also in the Health Related Behaviors Surveys of active duty and reserve service members
- ❖ The Secretary of Defense is required to report to Congress on the findings of the assessments and surveys

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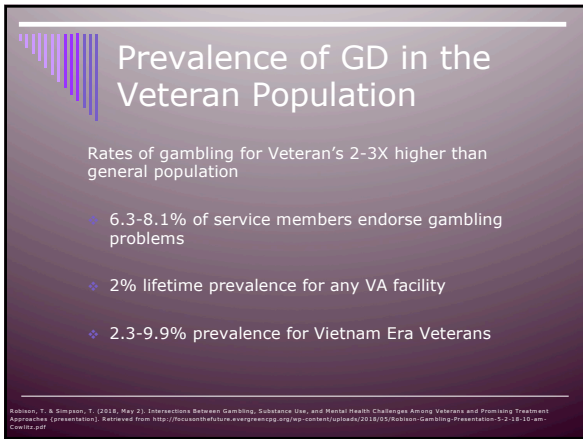
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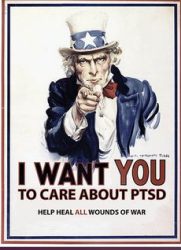
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## Common Comorbidities



- ❖ Veterans with disordered gambling often also deal with serious co-occurring conditions, such as SUD (22-33%)
- ❖ 17-30% of veterans being treated for PTSD showed symptoms of problem gambling
- ❖ ~28% of veterans in inpatient psychiatric units were classified as problem gamblers, while 12% were diagnosed with Gambling Disorder

Wassenaar, J., Cahill, J., & Thomas, P. (2013). Pathological and problem gambling among veterans in clinical care: Prevalence, demography, and clinical correlates. American Journal on Addictions, 22(3), p. 218-225

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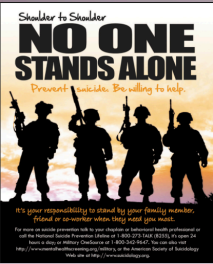
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## Suicide and the Veteran Population



- ❖ ~76% of veterans with problem or disordered gambling have a diagnosis of depression
- ❖ ~44% of veterans in treatment for problem gambling reported making suicide attempts
- ❖ ~66% of veterans in residential treatment reported attempting suicide

Wassenaar, J., Cahill, J., & Thomas, P. (2013). Pathological and problem gambling among veterans in clinical care: Prevalence, demography, and clinical correlates. American Journal on Addictions, 22(3), p. 218-225

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## Vulnerability Considerations in the Veteran Population

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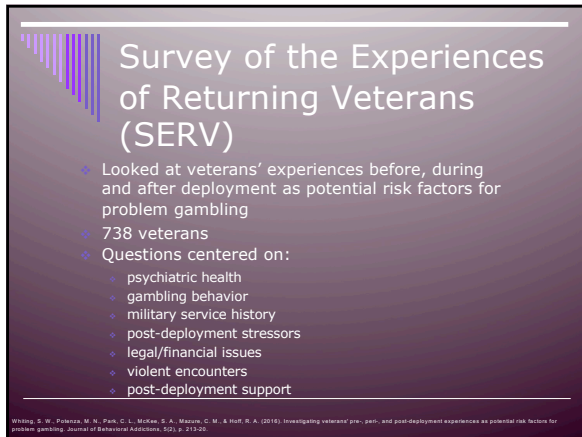
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**Survey of the Experiences of Returning Veterans (SERV)**

- Looked at veterans' experiences before, during and after deployment as potential risk factors for problem gambling
- 738 veterans
- Questions centered on:
  - psychiatric health
  - gambling behavior
  - military service history
  - post-deployment stressors
  - legal/financial issues
  - violent encounters
  - post-deployment support

Whitlip, S. W., Palencia, M. N., Park, C. L., McKee, S. A., Mazure, C. M., & Hoff, R. A. (2016). Investigating veterans' pre-, peri-, and post-deployment experiences as potential risk factors for problem gambling. *Journal of Behavioral Addiction, 5*(2), 213-26.

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**Survey of the Experiences of Returning Veterans (SERV)**

- 4.2% reported at-risk or problem gambling
- 43.0% reported gambling with 1 or fewer harm consequences, what the authors labeled social gambling
- 52.9% reported no gambling during the previous 12 months
- Veterans who reported at-risk and problem gambling were more likely to report experiencing PTSD, panic disorder, substance dependence, and depression compared to veterans who reported no or social gambling

Whitlip, S. W., Palencia, M. N., Park, C. L., McKee, S. A., Mazure, C. M., & Hoff, R. A. (2016). Investigating veterans' pre-, peri-, and post-deployment experiences as potential risk factors for problem gambling. *Journal of Behavioral Addiction, 5*(2), 213-26.

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**Survey of the Experiences of Returning Veterans (SERV)**

- Veterans who reported at-risk and problem gambling or social gambling were more likely to report a Traumatic Brain Injury compared to veterans who did not gamble
- Veterans who reported at-risk and problem gambling had higher scores for both non-sexual harassment during deployment and post deployment stressors and scored lower for post deployment support

Whitlip, S. W., Palencia, M. N., Park, C. L., McKee, S. A., Mazure, C. M., & Hoff, R. A. (2016). Investigating veterans' pre-, peri-, and post-deployment experiences as potential risk factors for problem gambling. *Journal of Behavioral Addiction, 5*(2), 213-26.

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**A Case Study**

- 49-year-old, Caucasian, heterosexual, undomiciled male Army veteran
- 24 years in service, Special Forces, five deployments (Iraq and Kuwait)
- Referred for treatment by his home VA
- Began gambling (slots) regularly about 25 years ago in the NCO club on the base where he was stationed overseas.
- Problem began three years ago
- "Altered state of consciousness" while gambling; unaware of time passing or how much he is even gambling

<http://www.ncpgambling.org/help-treatment/screening-tool/>

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**A Case Study**

- Historic suicidal ideation/plan/no intent, most recently in December of 2018
- He described being on a "month-long bender" of drinking, which led to not taking his medications, which then led to depression and thoughts of suicide. He presented to the ED at his home VA; 4-day inpatient
- Had access to firearms; sold them at the suggestion of his psychiatrist
- DX: Homelessness, PTSD (combat), depression, anxiety, AUD

<http://www.ncpgambling.org/help-treatment/screening-tool/>

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**A Case Study**

Audio Testimonial



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## Treatment Considerations

- "13 is my Lucky Number"
- Slot machines in NCO Club in Germany (1996)
- Won \$10,000.00 - "It never happened again."
- Lost house, belongings, everything except car and tent
- Depression, PTSD, Alcohol Use Disorder, homeless
- "Suicide became an option"
- Residential SUD Program "asked a few questions about gambling"

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## Treatment Considerations

- "I go into a casino to black out. I drink to black out. I go into a casino to escape reality."
- "Completely desensitized from my environment."
- "Walk of shame" to the parking lot after the last coin goes in
- "My identity had been erased. Gambling does that."
- "I would go try to gamble to get money back." - the problem is the solution to the problem
- Mindfulness, Recreation Therapy - "exactly what I needed"

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## Treatment Approach

- Cognitions were important to address (CBT-based interventions)
- Loss of identity after discharge was a problem (ACT-based interventions)
  - Strong sense of personal responsibility ("Army of One")
- Worthlessness, damage to character, moral injury (ACT-based interventions, cognitive defusion)
  - Credit score
  - Son's belongings
- Homelessness
  - "I can live out of a backpack."

<http://www.nogambling.org/help/treatment/screening-tool/>

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## Aftercare Follow-up

- Veteran never presented for his follow-up appointment for PTSD treatment at his home VA
- Veteran did not participate in the weekly aftercare phone calls for his cohort
- Cohort members attempted to reach out to him, successful four weeks after graduation
- Veteran endorsed relapsing on his way home from treatment in Cleveland and had been gambling since
- Three months later entered tx for PTSD/SUD

http://www.ncpgambling.org/help-treatment/screening-look/

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## Gambling Disorder Treatment Options for Veterans

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## VA Services

Access to treatment is ... challenging



Project underway at Cleveland VA to determine access to care within the VA healthcare system nationwide

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VA Services

- ❑ Veterans are often treated in substance abuse treatment programs
- ❑ Individual therapists are often not qualified to treat gambling disorders
- ❑ Veterans are rarely referred to qualified non-VA providers
- ❑ Most VA Mental Health Service Lines are not aware of the residential treatment program in Cleveland

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VA Resources

**MAKE THE CONNECTION** FINANCIAL SUPPORT

Information For... Life Events & Experiences Signs & Symptoms Conditions Videos Resources

**Gambling**

Learn more about gambling problems, treatment options, self-help tools, and resources to help you overcome gambling-related issues.

- ❑ <https://maketheconnection.net/symptoms/gambling>

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The MISSION Act  
and What it Means  
to You

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## Veteran Community Care VA MISSION Act of 2018

"The VA MISSION Act of 2018 consolidates VA's community care programs into a new Veterans Community Care Program that will help to ensure Veterans choose VA by getting them the right care at the right time from the right provider.

This will consolidate VA's community care programs and strengthen VA by merging the Department's tangled web of competing and confusing community care programs, including the Choice Program, into one system that is easier to navigate for Veterans."

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166--COMMUNITY CARE.

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## Veteran Community Care VA MISSION Act of 2018

- "The Act appropriates \$5.2 billion in mandatory funding for the Veterans Choice Program to continue to provide care to Veterans until the new, consolidated Veterans Community Care Program is operational—approximately one year after the enactment of this Act."
- June 6<sup>th</sup> 2018 - MISSION Act Enacted
- June 6<sup>th</sup> 2019 - MISSION Act Implemented
- ~June 2020 - Veterans Community Care Program is operational

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166--COMMUNITY CARE.

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## Overview

- Process
- Eligibility Criteria
- New Urgent Care Benefit Added
- Improved Customer Service
- Expanded Caregiver Benefit
- How Do I Sign Up as a Provider?

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166--COMMUNITY CARE.

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## Process

- VA confirms eligibility under the new criteria
- VA staff assist in scheduling the appointment with preferred Community Provider within the VA network
  - in limited cases by the veterans themselves
- Veteran receives care from a Community Provider within the VA network
- Community Provider sends a claim to a Third Party Administrator (TPA) or VA for payment

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166—COMMUNITY CARE.

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## Eligibility Criteria

Eligibility Criteria are Different

1. Veteran needs a service that is not available at VA (e.g., maternity care, IVF – Gambling Disorder ... ?).
2. Veteran resides in a U.S. state or territory without a full-service VA medical facility (Alaska, Hawaii, New Hampshire, and the U.S. territories of Guam, American Samoa, Northern Mariana Islands, and the U.S. Virgin Islands).
3. Veteran was eligible under the distance criteria under the VCP on the day before the VA MISSION Act was enacted into law, lives in one of the five states with the lowest population (ND, SD, MT, AK, WY) or continues to meet the distance criteria

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166—COMMUNITY CARE.

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## Eligibility Criteria

Eligibility Criteria are Different

4. Veteran meets specific access standards for average drive time or appointment wait-times
5. Veteran and their referring clinician agree that it is in the Veteran's best medical interest to be referred to a community provider
6. Veteran needs care from a VA medical service line that VA determines is not providing care that complies with VA's quality standards

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166—COMMUNITY CARE.

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## Urgent Care Benefit

- Provides access to emergency care at provider locations within the VA network of community providers for certain conditions
- No prior authorization needed (within 72 hours afterward)
- May be copayments (assigned priority group/frequency of use)

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166—COMMUNITY CARE.

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## Improved Customer Service

- Improvements expected in all aspects of community care:
  - Eligibility
  - Authorizations
  - Appointments
  - Care coordination
  - Claims
  - Payments
- Improved communication between veterans, community providers, and VA staff

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166—COMMUNITY CARE.

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## Expanded Caregiver Benefit

The MISSION Act will expand the eligibility for family members who care for Veterans, enabling them to receive compensation under the auspices of the Caregiver Support Program.

Right now, that program is only available to eligible caregivers of Veterans who were injured on or after September 11, 2001.

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166—COMMUNITY CARE.

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## How Do I Sign Up as a Provider?

- The MISSION Act includes the ability for the Department of Veterans Affairs (VA) to purchase community care through the use of Veterans Care Agreements (VCA).
- VCAs are only used when there is no participating provider within the Patient-Centered Community Care contract (PC3), the Community Care Network (CCN), DOD sharing agreement, or local contracts.

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166—COMMUNITY CARE.

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## How Do I Sign Up as a Provider?

- Providers may request a VCA, but are strongly encouraged to join our contracting partner networks to receive referrals.
- In order to request VCA consideration, a provider must submit their name, address, phone number, national provider identification (NPI) and a copy of their current valid state licensure to the OCC VCA Review Team.
- More info: Veterans Care Agreements fact sheet

Department of Veterans Affairs. (2018). VA MISSION Act and New Veterans Community Care Program. Publication ID-10-1166—COMMUNITY CARE.

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## Questions and Discussion

# Thank You!

Les Waite, Psy.D.  
 leslie.waite@va.gov  
 216.791.3800 x3539



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