

Gambling Disorder Screening Day Toolkit



New York Council on Problem Gambling

Gambling Disorder Screening Days
are supported by the
New York Council on Problem Gambling and its
Problem Gambling Resource Centers
throughout New York State.



The New York Council on Problem Gambling is a not-for-profit independent corporation dedicated to increasing public awareness about problem and disordered gambling and advocating for support services and treatment for persons adversely affected by problem gambling. NYCPG maintains a neutral stance on gambling and is governed by a Board of Directors.

NYProblemGambling.org



Funded by the New York State Office of Addiction Services and Supports, the New York State Problem Gambling Resource Centers (PGRCs) are programs of the New York Council on Problem Gambling. The goal of the PGRCs is to address problem gambling across New York State by: increasing public awareness about problem gambling; and connecting those adversely affected by gambling with services that can help them.

NYProblemGamblingHELP.org

Gambling Disorder Screening Day is an initiative founded by the Division on Addiction at Cambridge Health Alliance, a Harvard Medical School teaching hospital. All materials in this kit were adapted from those created through this partnership.



Thank you for choosing to participate in Gambling Disorder Screening Day!

The New York Council on Problem Gambling and your regional Problem Gambling Resource Center staff would like to thank you for your willingness to join the effort in New York State to raise awareness of gambling problems and to connect those adversely affected by gambling with services.

Gambling Disorder Screening Day (Screening Day) is a one-day event, held annually on the second Tuesday of March during Problem Gambling Awareness Month. Established in 2014, Screening Day has included supporters and screeners from Cambridge Health Alliance, Massachusetts and New England, the United States, and around the world. Screening Day has helped identify individuals in those regions who might have gambling disorder and should seek further assessment.

Although NYCPG supports year-round screening for gambling-related problems, dedicated screening day events are designed to support providers in the identification of gambling disorder. Gambling disorder leads to financial, emotional, social, occupational, and physical harms, yet many cases of gambling disorder go undetected, due to limited assessment for this problem. Screening is imperative to detect gambling-related problems as early as possible, and NYCPG encourages all organizations and providers to participate in these screening events.

All of the materials you need for your event are included in this toolkit.

- information about gambling disorder and the importance of screening for your staff;
- background information about the Brief Biosocial Gambling Screen (BBGS) and the BBGS questionnaire (an online version is available in 22 different languages);
- a flyer to announce your event;
- resources for those who screen positive and individuals interested in more information;
- and a simple follow-up form.

Participating in Screening Day

Hosting a screening event on Gambling Disorder Screening Day has never been easier, just follow the steps below:

- ✓ Educate staff about Gambling Disorder Screening Day.
- ✓ Choose an appropriate space within your location to screen participants and a time frame in which you'll offer screenings.
- ✓ Identify staff to offer support to participants on Screening Day.
- ✓ Post the flyer with location and time information where your clients will see it (i.e. waiting room, rest rooms, etc.).
- ✓ Host your event.
- ✓ Contact PGRC for technical assistance, if needed.

If you have any questions about Screening Day or anything related to problem gambling or gambling disorder, please reach out to your Regional Problem Gambling Resource Center. Contact information can be found at: NYProblemGamblingHELP.org.

What is Gambling Disorder?

DSM-5 CRITERIA FOR GAMBLING DISORDER

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).
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.

Gambling is betting something valuable on an event that is determined by chance. The gambler hopes that he or she will ‘win,’ and gain something of value. Once placed, a bet cannot be taken back. When most people think of gambling, they think of slots machines and casinos. But, it’s important to understand that playing bingo, buying lottery tickets, even betting on office pools —**all of these, and many other activities, are forms of gambling.**

Mental health professionals have developed criteria that help to identify when someone has a problem. For example, many professionals use the criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is a handbook published by the American Psychiatric Association (APA). Professionals use the DSM to diagnose psychological problems. The newest version of the DSM, the DSM-5, lists gambling disorder alongside other addictive behaviors. (See sidebar for DSM-5 criteria for gambling disorder)

People meet the DSM standard for gambling disorder when they satisfy at least 4 of these criteria. Gambling problems can exist with every form of gambling activity. Problems are not just associated with casinos or internet gambling. Bingo players, lottery players, casino players, and friends playing poker all can develop gambling disorders.

People with gambling disorder continue gambling despite negative consequences. For example, they might not fulfill work or home duties, or have legal problems. They also might have repeated social problems, like getting into fights and conflicts with other people. People with gambling disorder are preoccupied with gambling. They may try to quit unsuccessfully or hide their behavior. They might also commit crimes to pay for their gambling.

For more information from the APA about gambling disorder, visit the link below:

<https://www.psychiatry.org/patients-families/gambling-disorder/what-is-gambling-disorder>

Why Screen for Gambling Disorder?

- Gambling disorder leads to financial, emotional, social, occupational, and physical harms.
- Gambling disorder affects about 5% of the adult population in New York State (OASAS, 2006), and subclinical past year gambling-related problems affect 2-3% of the national population.
- As much as 10% of primary care patients report lifetime gambling disorder, and an additional 5% report lifetime subclinical problems.
- People with gambling-related problems are more likely to smoke, consume excessive amounts of caffeine, have more emergency department visits, and be obese.
- Nearly 50% of people who have gambling problems are in treatment for “something,” they aren’t necessarily receiving support primarily for their gambling-related problems.
- Two-thirds of gamblers surveyed report that their mental health suffered as a result of their gambling. (Nash et al, 2018). The majority of those experiencing disordered gambling have a lifetime history of a psychiatric disorder.
- Many cases of gambling disorder go undetected, due to limited assessment for this problem.

Who Should Screen for Gambling Disorder?

- Addiction service providers
- Mental health service providers
- Physicians and nurse practitioners (e.g., primary care and emergency medicine)
- Gerontologists
- College counseling offices
- Employee assistance providers
- Veterans groups
- Faith leaders
- Recovery support providers

What Should Happen During Gambling Disorder Screening?

Complete a brief gambling disorder screen with the individual. **Brief Biosocial Gambling Screen (BBGS) is recommended.*

Discuss the results of a positive screen with the individual.

Connect the individual to additional support and other resources when appropriate. **A warm transfer to the local Problem Gambling Resource Center is recommended. Find contact information for your PGRC at NYProblemGamblingHELP.org.*

Give the individual printed materials for further learning and support when appropriate.

About the Brief Biosocial Gambling Screen (BBGS)

Overview

Brief screens can help people decide whether to seek formal evaluation of their gambling behavior. The 3-item BBGS¹ is based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for gambling disorder.

Scoring

A "yes" response to any single item indicates potential gambling-related problems and the need for additional evaluation.

Psychometric Properties

For identifying individuals with gambling disorder, Gebauer and colleagues (2010) report that the BBGS has good psychometric characteristics: high sensitivity (0.96) and high specificity (0.99). The Positive Predictive Value of the BBGS is 0.37. This suggests that one of the three individuals who screen positive on the BBGS will be identified as having gambling disorder after full follow-up.

Additional Evaluation

Researchers other than the original authors have completed independent evaluation of the BBGS. For example, Brett et al., (2014)² concluded that the BBGS was psychometrically robust to the DSM-5's diagnostic protocol changes, but specificity would improve if a two-item endorsement were adopted: high sensitivity (0.99) and high specificity (0.83).

Likewise, an evaluation of the BBGS among a substance using population³ also suggested solid psychometric features: high sensitivity (0.91) and high specificity (0.87). Clinical researchers have used the BBGS with a number of populations, including veterans⁴, college students⁵, and opioid substitution therapy patients⁶, among others.

¹ Gebauer, L., LaBrie, R. A., Shaffer, H. J. (2010). Optimizing DSM IV classification accuracy: A brief bio-social screen for detecting current gambling disorders among gamblers in the general household population. *Canadian Journal of Psychiatry*, 55(2), 82-90.

² Brett, E. I., Weinstock, J., Burton, S., Wenzel, K. R., Weber, S., & Moran, S. (2014). Do the DSM-5 diagnostic revisions affect the psychometric properties of the Brief Biosocial Gambling Screen? *International Gambling Studies*, 14(3), 447-456.

³ Himelhock, S. S., Miles-McLean, H., Medoff, D. R., & Brownley, J. (2015). Evaluation of brief screens for gambling disorder in the substance use treatment setting: Screening for gambling in substance use treatment. *American Journal on Addictions*, 24(5), 460-466.

⁴ Stefanovics, E. A., Potenza, M. N., & Pietrzak, R. H. (2017). Gambling in a national U.S. veteran population: Prevalence, social-demographics, and psychiatric comorbidities. *Journal of Gambling Studies*, 33(4), 1099-1120.

⁵ Martens, M. P., Arterberry, B. J., Takamatsu, S. K., Masters, J., & Dude, K. (2015). The efficacy of a personalized feedback-only intervention for at-risk college gamblers. *Journal of Consulting and Clinical Psychology*, 83(3), 494-499.

⁶ Castren, S., Salonen, A. H., Alho, H., Lahti, T., & Simojoki, K. (2015). Past-year gambling behavior among patients receiving opioid substitution treatment. *Substance Abuse Treatment, Prevention, and Policy*, 10(4).



Brief Biosocial Gambling Screen (BBS) Questionnaire¹

Name _____ Date _____ Age _____

To screen for potential gambling-related problems, please ask the first three questions below.²

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

Additional Questions:

Would you like more information about problem gambling?

Yes
No

Would you like to be connected to support services for problem gambling?

Yes
No

¹Gebauer, L., LaBrie, R., & Shaffer, H. J. (2010). Optimizing DSM-IV-TR classification accuracy: a brief biosocial screen for detecting current gambling disorders among gamblers in the general household population. *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie*, (2), 82-90.

²An online version of the BBS is available at:

<https://www.divisiononaddiction.org/resources1/bbgs-e-screener-2>

**The electronic version of the screening tool is available in 22 different languages*

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GAMBLING DISORDER SCREENING DAY

on _____

_____ invites all clients and staff to participate in screening day using a short, 3-item screener.

Go to _____ from _____

to _____ to participate in screening.



DID YOU KNOW?

People Can Be Addicted to Gambling

About 1 in 20 of Adults in NYS May Need Treatment Services for Problem Gambling

Gambling Problems Often Go Undetected

Recovery from Gambling Problems is Possible

Find Out More

Talk to your healthcare provider.

Take an online screen at:
[DivisionOnAddiction.org/
resources1/bbgs-e-screener-2/](http://DivisionOnAddiction.org/resources1/bbgs-e-screener-2/)

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Thank you for hosting a screening event in honor of
Gambling Disorder Screening Day!

New York Council on Problem Gambling • New York State Problem Gambling Resource Centers
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