Gambling and Other DSM-5 Behavioral Disorders

March 9, 2018
UVU Conference on Addiction
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Truth. Can we be H.O.W.?
My Theses: Bloom’s Taxonomy

- Know
- Be
- Do
Responsible Gambling:
“Do You Have Fat Abs?”

- Frequency
- Amount
- Time
- Alcohol use (none)
- Buddy system (like scuba)
- Signs
The Lie-Bet Questionnaire
(Johnson, Hamer, Nora, Tan, Eisenstein & Engelhart, 1997)

“Have you ever had to lie to people important to you about how much you gambled?”

“Have you ever felt the need to bet more and more money?”

(c) 2010 The GPPC Initiative
4-Part I-Feel Statement

• When_______________________ (thinking)
• I feel ______________________(emotion/mood)
• I want ______________________, and
• I need ______________________, and
• I am willing to __________________. (...action!)
When is gambling really a problem?
Short Definition of Addiction
(ASAM, 2011)

• Addiction is characterized by:
  • inability to consistently Abstain,
  • impairment in Behavioral control,
  • Craving,
  • Diminished recognition of significant problems with one’s behaviors and interpersonal relationships,
  • and a dysfunctional Emotional response.

Hodgen/Quirk, 2014
Short Definition of Addiction
(ASAM, 2011)

• Addiction is a primary, chronic disease of brain
  reward, motivation, memory and related circuitry.

• Dysfunction in these circuits
  leads to characteristic
  biological, psychological,
  social and spiritual manifestations.

• This is reflected in an individual pathologically
  pursuing reward and/or relief by substance use
  and other behaviors.
Gambling Disorder (312.31, F63.0)

- Diagnostic Criteria
- Specifiers
- Diagnostic Features
- Associated Features Supporting Diagnosis
- Prevalence
- Development & Course
- Risk & Protective Factors
- Culture-related Diagnostic Issues
- Gender-related Diagnostic Issues
- Functional Consequences of Gambling Disorder
- Comorbidity
# Prevalence

<table>
<thead>
<tr>
<th>Impulse Control Disorder</th>
<th>U.S. prevalence (est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathological gambling</td>
<td>1-2%</td>
</tr>
<tr>
<td>Compulsive shopping</td>
<td>5-6%</td>
</tr>
<tr>
<td>Compulsive sexual behavior</td>
<td>3-6%</td>
</tr>
<tr>
<td>Binge eating disorder</td>
<td>2.8%</td>
</tr>
<tr>
<td>Kleptomania</td>
<td>0.5-1%</td>
</tr>
</tbody>
</table>

Karim & Chaudhri, 2012
Gambling is part of an inter-related set of high risk/problem behaviors
(adapted from Williams & Connolly, 2003)
Caused by a common set of factors
(adapted from Williams & Connolly, 2003)

- Biological
  - Self-Controlled ↔ Impulsive
  - Risk averse ↔ Risk seeking
  - Stress resilient ↔ Stress vulnerable
  - Strong intellect/skills ↔ Weak intellect/skills

- Environmental
  - Abusive/neglectful ↔ Nurturing/disciplined upbringing
  - Antisocial parental modelling ↔ Prosocial parental modeling
  - Deviant peer group ↔ Prosocial peer group
  - Poor schools/teachers ↔ Good schools/teachers
Co-Occurring Disorders

- Mood Disorders
- Substance Abuse (e.g., “MethGamblers”)
- Anxiety Disorders
- Personality Disorders
- ADHD
- High Risk of Suicidality
Gambling Disorder: DSM IV to 5

DSM-IV/5 Diagnostic Criteria

- Preoccupation
- Increasing $$$
- Loss of control
- Restless/irritable
- Escape
- Chasing losses
- Lying
- Illegal acts
- Lost relationships
- Bailouts
Risk Factors

• Other behavior or mood disorders
  – Substance-related disorders
  – Mood & personality disorders
  – ADD/ADHD
  – Major depression

• Up to 70% of people with GD also have another psychiatric disorder
• Stealing, Lying, Embezzling,
• Conning and Manipulating,
• Burglary, Extortion, Forgery,
• Debt, IRS,
• Pending Charges,
• Domestic Violence,
• Neglect, Abandonment

Legal Concerns with Gamblers

(c) 2010 The GPPC Initiative
Gambling (Gaming)

Any betting or wagering, for self or others, whether for money or not, no matter how slight or insignificant, where the outcome is uncertain or depends upon chance or “skill.”

Gamblers Anonymous
G.A. and Treatment:
Two Things that Work

GAMBLERS
ANONYMOUS

GOD GRANT ME THE
SERENITY TO ACCEPT THE
THINGS I CANNOT CHANGE,
COURAGE TO CHANGE THE
THINGS I CAN, AND THE
WISDOM TO KNOW THE
DIFFERENCE.
Reno is a Gambling Town
Looking at the Problem: 1931
Didn’t cover the receiver.

Didn’t cover the spread.

When the game means more to you than it does to the players, it’s time to stop betting on sports. Call for confidential help.
Thousands of college students are addicted to this kind of pot.

Gambling is a common part of college life, but some people become addicted to gambling and get into serious emotional, financial and even legal trouble.

So take precautions to prevent problems. Set a limit on the time and money you spend gambling.

If gambling is causing a problem for you or someone you know, call the Washington State Council on Problem Gambling Helpline at (800) 547-6135 or visit www.wscpg.org
What Warning Signs?

• Sneaking, Hiding or **Lying** about gambling
• **Change** in school or relationship performance because of gambling
• **Borrowing** money to gamble
• **Chasing** losses
• Trying to **control**, cut down or stop without success
• Trying to **escape** worry or trouble by gambling
• 500+ individuals served since opening in 2006
• All expert CPGC’s on staff
• NCPG, NCRG, ACPG, BoEADGC; multiple certifications/credentials
• Family Track
• Instant Service (phone or walk-in)
• Community Connected

RPGC: Serving Families
RPGC Programs

- Assessments
- Jail Evaluations
- Expert Testimony
- Advocacy
- Training
- Supervision
- Consultation

- Individual Therapy
- Intervention
- Couples
- Family sessions & groups
- Group Therapy
- Intensive (IOP)
- Continuing Wellness
5 Inter-related problems associated with Problem Gambling
(Fong, 2015)

- Depression
- Drug & Alcohol Addiction
- Antisocial & Borderline Personality Disorders
- Hormonal Imbalances
- Weight Issues
The Multiaxial $\rightarrow$ Non-axial System

- DIM 1
- DIM 2
- DIM 3
- DIM 4
- DIM 5 (GAF)

- Cross-Cutting Symptom Measures (Level 1,2)
- ICD-9 ‘V’ codes; ICD-10 ‘Z’ codes
- WHODAS 2.0
Screening Tools: Gambling

• Lie-Bet
• SOGS
• NODS
• NODS-CLIP
• BBGS
• MAGS
• + DSM-5 CCSM & WHODAS

Other:
ASSESSMENT, defined:

“They procedures by which a program evaluates an individual’s strengths, weaknesses, problems and needs, and determines priorities so that a treatment plan can be developed.”

(ASAM PPC-2R, p. 359)
Gambling and ATOD Assessments

- Bio-Psycho-Social Assessment
- Gambling Patient Placement Criteria (GPPC)
- Diagnostic Criteria
- + DSM-5 CCSM & WHODAS
- Other:
CCSM Level 1
Cross-Cutting Symptom Measure

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Instructions to Clinicians
The DSM-5 Level 1 Cross-Cutting Symptom Measure is a self- or informant-rated measure that assesses mental health domains that are important across psychiatric diagnoses. It is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual’s treatment and prognosis. In addition, the measure may be used to track changes in the individual’s symptom presentation over time.

This adult version of the measure consists of 23 questions that assess 11 psychiatric domains, including depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use. Each item inquires about how much (or how often) the individual has been bothered by the specific symptom during the past 2 weeks. If the individual is impaired in capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable adult informant may complete the measure. The measure was found to be clinically useful and to have good test-retest reliability in the DSM-5 Field Trials that were conducted in adult clinical samples across the United States and in Canada.

Scoring and Interpretation
Each item on the measure is rated on a 5-point scale (0=none or not at all; 1=slight or rare, less than a day or two; 2=mild or several days; 3=moderate or more than half a day; and 4=severe or nearly every day). The score on each item within a domain should be reviewed. Because additional inquiry is based on the highest score on any item within a domain, the clinician is asked to indicate that score in the “Highest Domain Score” column. A rating of mild (i.e., 2) or greater on any item within a domain (for substance use, suicidal ideation, and psychosis) may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment for that domain is necessary. For substance use, suicidal ideation, and psychosis, a rating of slight (i.e., 1) or greater on any item within the domain may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed. The DSM-5 Level 2 Cross-Cutting Symptom Measures may be used to provide more detailed information on the symptoms associated with some of the Level 1 domains (see Table 1 below).

Frequency of Use
To track change in the individual’s symptom presentation over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual’s treatment status and discomfort of the individual if he has impaired capacity. It is preferable that the same knowledgeable informant complete the measure at follow-up appointments. Consistently high scores on a particular domain may indicate significant and problematic symptoms for the individual that might warrant further assessment, treatment, and follow-up. Clinical judgment should guide decision making.

Table 1: Adult DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure: domains, thresholds for further inquiry, and associated Level 2 measures for adults ages 18 and over

<table>
<thead>
<tr>
<th>Domain</th>
<th>Domain Name</th>
<th>Threshold to Guide Further Inquiry</th>
<th>DSM-5 Level 2 Cross-Cutting Symptom Measure Available Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Depression</td>
<td>Mild or greater</td>
<td>LEVEL 2—Depression—Adult (PROMIS Emotional Distress—Depression—Short Form)</td>
</tr>
<tr>
<td>II.</td>
<td>Anxiety</td>
<td>Mild or greater</td>
<td>LEVEL 2—Anxiety—Adult (PROMIS Emotional Distress—Anxiety—Short Form)</td>
</tr>
<tr>
<td>III.</td>
<td>Mania</td>
<td>Mild or greater</td>
<td>LEVEL 2—Mood—Adult (Ultimate Self-Rating Mania Scale)</td>
</tr>
<tr>
<td>IV.</td>
<td>Somatic Symptoms</td>
<td>Mild or greater</td>
<td>LEVEL 2—Somatic Symptoms—Adult (Patient Health Questionnaire 15 Somatic Symptom Severity [PHQ-15])</td>
</tr>
<tr>
<td>V.</td>
<td>Suicide Ideation</td>
<td>Slight or greater</td>
<td>None</td>
</tr>
<tr>
<td>VI.</td>
<td>Psychosis</td>
<td>Slight or greater</td>
<td>None</td>
</tr>
<tr>
<td>VII.</td>
<td>Mood</td>
<td>Mild or greater</td>
<td>LEVEL 2—Sleep Disturbance—Adult (PROMIS—Sleep Disturbance—Short Form)</td>
</tr>
<tr>
<td>VIII.</td>
<td>Memory</td>
<td>Mild or greater</td>
<td>None</td>
</tr>
<tr>
<td>IX.</td>
<td>Repetitive Thoughts and Behaviors</td>
<td>Mild or greater</td>
<td>LEVEL 2—Repetitive Thoughts and Behaviors—Adult (adapted from the Florida Obeseitive-Compulsive Inventory [FOCI] Severity Scale [Part B])</td>
</tr>
<tr>
<td>X.</td>
<td>Dissociation</td>
<td>Slight or greater</td>
<td>None</td>
</tr>
<tr>
<td>XI.</td>
<td>Personality Functioning</td>
<td>Slight or greater</td>
<td>None</td>
</tr>
<tr>
<td>XII.</td>
<td>Substance Use</td>
<td>Slight or greater</td>
<td>None</td>
</tr>
</tbody>
</table>

*This phenom short forms have not been validated as an informant report scale by the PROMIS group.*
# WHODAS 2.0

World Health Organization Disability Assessment Schedule 2.0

| Patient Name: __________________________________________ | Age: _____ | Sex: ☐ Male ☐ Female | Date: ________ |

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past 30 days and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Understanding and communicating**

- **D1.1** Concentrating on doing something for ten minutes? None Mild Moderate Severe Extreme or cannot do
- **D1.2** Remembering to do important things? None Mild Moderate Severe Extreme or cannot do
- **D1.3** Analyzing and finding solutions to problems in day-to-day life? None Mild Moderate Severe Extreme or cannot do
- **D1.4** Learning a new task, for example, learning how to get to a new place? None Mild Moderate Severe Extreme or cannot do
- **D1.5** Generally understanding what people say? None Mild Moderate Severe Extreme or cannot do
- **D1.6** Starting and maintaining a conversation? None Mild Moderate Severe Extreme or cannot do

**Getting around**

- **D2.1** Standing for long periods, such as 30 minutes? None Mild Moderate Severe Extreme or cannot do
- **D2.2** Standing up from sitting down? None Mild Moderate Severe Extreme or cannot do
- **D2.3** Moving around inside your home? None Mild Moderate Severe Extreme or cannot do
- **D2.4** Getting out of your home? None Mild Moderate Severe Extreme or cannot do
- **D2.5** Walking a long distance, such as a kilometer (or equivalent)? None Mild Moderate Severe Extreme or cannot do

**Self-care**

- **D3.1** Washing your whole body? None Mild Moderate Severe Extreme or cannot do
- **D3.2** Getting dressed? None Mild Moderate Severe Extreme or cannot do
- **D3.3** Eating? None Mild Moderate Severe Extreme or cannot do
- **D3.4** Staying by yourself for a few days? None Mild Moderate Severe Extreme or cannot do

**Getting along with people**

- **D4.1** Dealing with people you do not know? None Mild Moderate Severe Extreme or cannot do
- **D4.2** Maintaining a friendship? None Mild Moderate Severe Extreme or cannot do
- **D4.3** Getting along with people who are close to you? None Mild Moderate Severe Extreme or cannot do
- **D4.4** Making new friends? None Mild Moderate Severe Extreme or cannot do
- **D4.5** Sexual activities? None Mild Moderate Severe Extreme or cannot do

**In the last 30 days, how much difficulty did you have in:**

- **Life activities—Household**
  - **D5.1** Taking care of your household responsibilities? None Mild Moderate Severe Extreme or cannot do
  - **D5.2** Doing most important household tasks well? None Mild Moderate Severe Extreme or cannot do
  - **D5.3** Getting all of the household work done that you needed to do? None Mild Moderate Severe Extreme or cannot do
  - **D5.4** Getting your household work done as quickly as needed? None Mild Moderate Severe Extreme or cannot do

- **Life activities—School/Work**
  - **D5.5** Your day-to-day work/school? None Mild Moderate Severe Extreme or cannot do
  - **D5.6** Doing your most important work/school tasks well? None Mild Moderate Severe Extreme or cannot do
  - **D5.7** Getting all of the work done that you need to do? None Mild Moderate Severe Extreme or cannot do
  - **D5.8** Getting your work done as quickly as needed? None Mild Moderate Severe Extreme or cannot do

- **Participation in society**
  - **D6.1** How much of a problem did you have in joining in community activities (for example, festivities, religious, or other activities) in the same way as anyone else can? None Mild Moderate Severe Extreme or cannot do
  - **D6.2** How much of a problem did you have because of barriers or hindrances around you? None Mild Moderate Severe Extreme or cannot do
  - **D6.3** How much of a problem did you have living with dignity because of the attitudes and actions of others? None Mild Moderate Severe Extreme or cannot do
  - **D6.4** How much time did you spend on your health condition or its consequences? None Mild Moderate Severe Extreme or cannot do
  - **D6.5** How much have you been emotionally affected by your health condition? None Mild Moderate Severe Extreme or cannot do
  - **D6.6** How much has your health been a drain on the financial resources of you or your family? None Mild Moderate Severe Extreme or cannot do
  - **D6.7** How much of a problem did your family have because of your health problems? None Mild Moderate Severe Extreme or cannot do
  - **D6.8** How much of a problem did you have in doing things by yourself for relaxation or pleasure? None Mild Moderate Severe Extreme or cannot do

**General Disability Score (Total):** 180


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Gambling Patient Placement Criteria

“The GPPC”
UVU has a legit mascot, yeah!
All-Stars of Gambling Tx

- Tim Fong, M.D.
All-Stars of Gambling Tx

• Robert L. Custer, M.D.
All-Stars of Gambling Tx

• Joseph Ciarrocchi, Ph.D
All-Stars of Gambling Tx

- Julian Taber, Ph.D.
All-Stars of Gambling Tx

- Jon Grant, Ph.D
All-Stars of Gambling Tx

• Robert Ladouceur, Ph.D.
Remission

“After full criteria for alcohol use disorder were previously met,
none of the criteria for alcohol use disorder
have been met at any time
during a period of 12 months or longer

(with the exception

that Criterion A4,

‘Craving, or a strong desire or urge to use alcohol,’

may be met).”

Hodgen/Quirk, 2014
“Gambling Disorder is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment.”

(APA, 2013)
SUD versus Gambling Disorder

**Similarities**
- Craving
- Tolerance
- Progressive
- Loss of control
- Urges/cravings
- Withdrawal symptoms
- Episodic, chronic, in remission
- Preoccupation with the activity
- Initial euphoria, pleasure, reward
- Associated illegal acts to fund addiction
- Continued despite adverse consequences
- Different forms/different addictive potential?
- Psychological escape, self-medication and avoidance

**Differences**
- Less public awareness/acceptance
- No objective testing procedures
- Limited reimbursement for Tx
- A “hidden” or delayed effect
- Overdose; self-limitation
- Fewer Tx resources
- Financial crises
- Suicidality

Hodgen/Quirk, 2014
Debtors Anonymous: Pressure Relief Groups (PRG’s)
Disorder (ICD-10)

The term “disorder” is used throughout the classification, so as to avoid even greater problems inherent in the use of terms such as “disease” and “illness”.

“Disorder” is not an exact term, but it is used here to imply the existence of a clinically recognizable set of symptoms or behavior associated in most cases with distress and with interference with personal functions.

Social deviance or conflict alone, without personal dysfunction, should not be included in mental disorder as defined here.
DSM-5 Conditions for Further Study “Section III” (pp. 733-803)

• Internet Gaming Disorder (p. 795)

Persistent and recurrent use of the internet to engage in games, often with other players, leading to clinically significant impairment or distress as indicated by five (or more) of the following in a 12-month period....
Game Quitters – Cameron Adair

Check out Cam’s YouTube Channel!
Game Quitters
• Other excessive behavioral patterns, such as Internet gaming, have also been described, but the research on these and other behavioral syndromes is less clear.

• Thus, groups of repetitive behaviors, which some term *behavioral addictions*, with such subcategories as “sex addiction,” “exercise addiction,” or “shopping addiction,” are not included because at this time there is insufficient peer-reviewed evidence to establish the diagnostic criteria and course descriptions needed to identify these behaviors as mental disorders.
Mental Disorder  (DSM-5)

• A syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

• Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.

Hodgen/Quirk, 2014
“Life After Lust” Forest Benedict: The Story of Porn Addiction Recovery
LifeStar Network
Global Community of Treatment
Specializing in Porn/Sex Addiction

Restoring Hope,
One Soul at a Time.

Sexual addiction recovery
- Pornography
- Compulsive Sexual Behavior
- Sexual Addiction

LifeSTAR NETWORK
1-888-512-6757
Types of Gamblers

• Social
• Serious Social
• Relief & Escape
• Disordered/
  Addicted/Compulsive/
  Pathological
• Professional
• Anti-social Personality

adapted from SAMHSA, 2005
Stigma? Stereotypes?

• Is Granny’s solitaire a gateway drug?
• Does playing poker at college mean a student is addicted?
• If it looks like a duck, is yellow, and quacks, could it be...?
Risk Factors in Addiction
Protective Factors in Recovery
Problem Gambling is about PEOPLE

... the people with the disorder
... the people who care about them
... and the people they can become when offered the opportunity and the resources to recover.

1 - 800 - 522 - 4700

Problem Gamblers HelpLine
Thank You UVU!

7th Annual Utah Valley University Conference on Addiction
March 9, 2018 | 9 AM - 4 PM

Addiction Affects Everyone