

GAMBLING PROBLEMS: AN INTRODUCTION FOR BEHAVIORAL HEALTH SERVICES PROVIDERS

Gambling problems can co-occur with other behavioral health conditions, such as substance use disorders (SUDs). Behavioral health treatment providers need to be aware that some of their clients may have gambling problems in addition to the problems for which they are seeking treatment. This *Advisory* provides a brief introduction to pathological gambling, gambling disorder, and problem gambling. The Resources section lists sources for additional information.

Gambling is defined as risking something of value, usually money, on the outcome of an event decided at least partially by chance.¹ Lottery tickets, bingo games, blackjack at a casino, the Friday night poker game, the office sports pool, gambling Web sites, horse and dog racing, animal fights, and slot machines—there are now more opportunities to gamble than ever before. More than 75 percent of Americans ages 18 and older have gambled at least once,² and many people view gambling as a harmless form of entertainment.

Only about 10 percent of people with a gambling problem seek treatment for the problem.^{3,4} When people do seek help, financial pressures that result from their gambling problem are often the main reason they seek treatment, not a desire to abstain from gambling.^{5,6} In addition, people with a gambling problem are more likely to have sought help for other behavioral health conditions than for their gambling problem.^{2,3}

Behavioral health services providers need to be aware of financial and legal consequences that may indicate excessive gambling (see the section later in this *Advisory*, How Can Behavioral Health Services Providers Help Clients With Gambling Problems?). If the client assessment reveals a problem with gambling, then that disorder (and its consequences) is a major issue in the client's treatment for any behavioral health

condition. Furthermore, a variety of other problems can be related to gambling, including victimization and criminalization; social problems; and health issues, including higher risk for contracting sexually transmitted diseases and HIV/AIDS.⁷

Gambling problems are associated with poor health,⁸ several medical disorders, and increased medical utilization—perhaps adding to the country's healthcare costs.⁹ People with pathological gambling tend to have lower self-appraisal of physical and mental health functioning than those who gamble little or not at all; people with gambling problems are significantly more likely than low-risk individuals to rate their health as poor. People with gambling problems are also more likely to have received expensive medical services during the prior year, such as treatment in an emergency department.⁹

What Are Pathological Gambling, Gambling Disorder, and Problem Gambling?

Pathological gambling was a diagnosis formerly included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association. When the manual was revised in 2013 (DSM-5),¹⁰ "Pathological Gambling" was renamed "Gambling Disorder." Exhibit 1 lists the diagnostic criteria for gambling disorder. Exhibit 2 summarizes the changes in diagnostic criteria, from pathological gambling to gambling disorder. Of note: Whereas pathological gambling was classified as an Impulse-Control Disorder Not Elsewhere Classified, gambling disorder is categorized under Substance-Related and Addictive Disorders. Reclassification may improve treatment coverage, diagnostic accuracy, and screening efforts.

Exhibit 1. DSM-5 Diagnostic 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 accounted for by a manic episode.

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Much of the research published to date used the criteria for pathological gambling from the DSM-IV¹² and DSM-IV-TR¹³ as a research parameter. In addition, researchers have often used the term *problem gambling*. This term has been used to refer to gambling that causes harm; *pathological gambling* has been reserved for cases in which there is harm and lack of control over, or dependence on, gambling.¹

Although gambling disorder has replaced pathological gambling in DSM-5,¹⁰ this *Advisory* uses *pathological gambling* and *problem gambling* when the cited research uses those terms.

Exhibit 2. From Pathological Gambling to Gambling Disorder: A Summary of Diagnostic Changes

- The number of diagnostic criteria that must be met as a basis for diagnosis was lowered from five to four.
- The diagnostic criteria must have occurred within a 12-month period. (Previous versions of the DSM had no established timeframe.)
- Committing illegal acts to finance gambling was removed from the list of diagnostic criteria.

How Common Are Gambling Problems?

Estimates from large national surveys show that about 0.5 percent of Americans have had pathological gambling at some time in their lives.^{2,14} Extrapolating from the survey estimates suggests that roughly 1.5 million Americans have experienced pathological gambling. The milder condition, problem gambling, is more common than pathological gambling and may affect two to four times as many Americans as pathological gambling.²

Who Typically Has a Gambling Problem?

Anyone can develop a gambling problem; such problems occur in all parts of society. However, men are more likely than women to have gambling problems.^{2,14,15} Gambling problems show some association with adolescence and young adulthood, ethnic minority status, low income and low socioeconomic status, high school education or less, and unmarried status.^{2,15,16}

Some people gamble because the activity is stimulating. These people tend to be “action gamblers” who favor forms of gambling that involve some skill or knowledge, such as playing poker or betting on sports. Most of these types of gamblers are men.

Gambling can also serve as a relief (an “escape”) from stress or negative emotions. In this type of gambling (e.g., bingo, lottery, slot machines), the outcome is determined by pure chance. Most of these “escape” gamblers are women.¹⁷

What Are the Links Between Gambling Problems and Other Behavioral Health Conditions?

Gambling disorder frequently co-occurs with SUDs and other behavioral health problems. According to the National Epidemiologic Survey on Alcohol and Related Conditions, of people diagnosed with pathological gambling, 73.2 percent had an alcohol use disorder, 38.1 percent had a drug use disorder, 60.4 percent had nicotine dependence, 49.6 percent had a mood disorder, 41.3 percent had an anxiety disorder, and 60.8 percent had a personality disorder.¹⁴ Other studies suggest that between 10 percent and 15 percent of people with an SUD may also have a gambling problem.^{18,19,20} People who have both an SUD and pathological gambling have high rates of attention deficit disorder and antisocial personality disorder.¹⁴

Gambling disorder and SUDs are similar in many ways. Both are characterized by loss of control, cravings, withdrawal, and tolerance. In gambling, tolerance means having to gamble using increasing amounts of money to achieve the same subjective feeling.²¹ The results of brain imaging studies suggest that pathological gambling and SUDs may originate in the same area of the brain.^{22,23} Impulsivity in childhood has been related to the onset later in life of pathological gambling and SUDs.²⁴ Data also suggest that as gambling problem severity increases, so does the number of gambling precipitants, or high-risk factors for relapse to gambling. The frequency with which gambling occurs in given situations—such as when the person who gambles feels tense, nervous, or anxious; wants to celebrate; feels relaxed and confident; starts thinking about gambling debts or seeing reminders of gambling; or is out with others who are gambling—may also increase.²⁵

Suicidality

Pathological gambling is associated with suicide, suicidal ideation, and suicide attempts.²⁶ Among the many risk factors are financial difficulties and depression. People who have pathological gambling and also have an SUD

may be at greater risk of attempting suicide; some research has found substance abuse to be the only factor that distinguishes people who gamble pathologically and attempt suicide from people who gamble pathologically but only think about suicide.²⁷ Some people who gamble pathologically may think about making the suicide look accidental so that their families can collect life insurance to pay off gambling debts.¹⁷ As with all clients, these individuals should be screened for suicide risk and referred appropriately.

Are There Tools for Screening, Assessing, or Diagnosing Gambling Problems?

More than 20 different tools are available for screening for gambling problems.²⁸ The Lie/Bet Screening Instrument consists of two questions:²⁹

1. Have you ever felt the need to bet more and more money?
2. Have you ever had to lie to people important to you about how much you gambled?

A “yes” response to one of these questions warrants further investigation using a longer tool, such as the South Oaks Gambling Screen (SOGS). The SOGS consists of 16 items and differentiates between no gambling problems, some problems, and probable pathological gambling.³⁰ It is widely available on the Internet. Another tool is the National Opinion Research Center’s Diagnostic Screen for Gambling Problems. This is a questionnaire based on DSM-IV¹² criteria; it is available at <http://govinfo.library.unt.edu/ngisc/reports/attachb.pdf>. In addition, several screening tools are available at <http://www.problemgambling.az.gov/screeningtools.htm>.

Screening for gambling problems is important because few people seek treatment for these problems and instead seek help for other complaints (e.g., insomnia, stress-related problems, depression, anxiety, interpersonal issues).³⁰ In addition, there are no obvious signs (e.g., needle marks) that can be detected by physical observation or examination.

How Can Behavioral Health Services Providers Help Clients With Gambling Problems?

People who gamble pathologically are often overwhelmed by feelings of shame and anger. Conveying empathy, unconditional positive regard, and a sense of hope can help build rapport with clients. Behavioral health services providers can offer nonjudgmental feedback to the client about gambling behaviors and assess the client's motivation and readiness to address his or her gambling behaviors.¹⁷

Clients with gambling problems often have other problems, and they may need information on resources about the following topics:¹⁷

- **Financial difficulties.** Money issues are the most common reason people seek treatment; addressing financial problems should be an integral part of treatment. In the face of overwhelming debts, clients may be dealing with loss of employment or their home, depletion of college or retirement savings, or incurrence of major debts. Some may not have enough money to buy food or pay utility bills. A behavioral health services provider can assess financial problems and include financial issues in treatment. A case manager can help clients prioritize needs and help them obtain housing, shelter, and food assistance, if necessary. Debtors Anonymous can help people learn how to budget their money and rein in their spending.¹⁷ A referral to a provider with training in how to treat people with gambling disorder can help clients address the unique financial aspects of the condition.
- **Marital and family issues.** Gambling disorder has many negative consequences on marriages, partnerships, and families. It contributes to chaos and dysfunction within the family, can contribute to separation and divorce, and is associated with child and spousal abuse. Family members may have depressive or anxiety disorders and abuse substances.³¹ People often hide gambling problems from their families; disclosing the gambling secret can be devastating to relationships, leading to resentment and loss of trust. The financial difficulties created by pathological gambling can profoundly affect family

members.³² The spouse or partner needs to be included in treatment to address family issues; a referral to a family or marital therapist can help families in these situations. The provider can refer the client to Gamblers Anonymous, and family members and loved ones to Gam-Anon.

- **Legal problems.** One study found that about a quarter of people who gambled pathologically had committed at least one illegal gambling-related act, such as the writing of bad checks, stealing, and unauthorized use of credit cards.³³ Counselors can instruct clients on how to obtain legal counsel or access public defenders or other assistance.

What Are Some Treatment Strategies for These Clients?

Although a variety of approaches have been researched and found to be useful in treating gambling problems,³⁴ none has been clearly shown to be more effective than another.³⁵ Most research studies have assessed a mixture of approaches (e.g., cognitive therapy [CT], motivational interviewing [MI], relapse prevention),³⁶ making it difficult to determine the relative effectiveness of the different approaches.

Behavioral therapy

Behavioral therapy focuses on altering behaviors by reinforcing desired behaviors, modifying attitudes and behaviors related to gambling, and increasing clients' skills to cope with environmental cues that may trigger cravings to gamble. This approach helps clients identify their personal cues and triggers to gamble and then helps clients develop alternative activities to gambling that compete with reinforcers specific to pathological gambling.^{30,37} For example, during imaginal desensitization, relaxation and other techniques are used to help the client cope with gambling stimuli and blunt the urge they create to gamble.³⁷

Cognitive therapy

CT is directed at changing distorted or maladaptive thoughts¹⁷—in this case, about gambling and the odds of winning. CT educates clients about the randomness of gambling, increases clients' awareness of their distorted thinking, helps clients doubt their irrational cognitions, and helps them restructure their thoughts.^{38,39} For example, a

treatment provider might work on altering a client's belief that two events are related when they are not. Examples of distorted beliefs are that a lucky item improves the chances of winning or that a slot machine must be due to hit the winning sequence because it has not hit the sequence in a long time.^{40,41}

Cognitive-behavioral therapy

The two approaches discussed above are frequently combined in cognitive-behavioral therapy (CBT). CBT tries to modify negative or self-defeating thoughts and behaviors.¹⁷ A meta-analysis by Gooding and Tarrier³⁸ found that various CBTs were effective in reducing pathological gambling. Topf et al.³⁴ reviewed CBT studies, several of which included relapse prevention interventions, and also found that CBT was beneficial in the treatment of pathological gambling.

CBT to treat gambling disorder usually involves identifying and changing cognitive distortions about gambling, reinforcing nongambling behaviors, and recognizing positive and negative consequences.⁴² CBT helps people recognize that the short-term experiences and sensations are not worth the long-term negative consequences of debt, legal problems, and harm to one's family.⁴³

CBT usually incorporates some relapse prevention techniques. Relapse prevention consists of learning to identify and avoid risky situations that can trigger or cue feelings or thoughts that can lead to relapse to gambling. The gambling risk situations clients learn to identify include places (e.g., casinos, lottery outlets), feelings (e.g., anger, depression, boredom, stress), and other difficulties (e.g., finances, problems with work or family).

In addition to techniques learned in CBT, developing a support system, attending Gamblers Anonymous meetings, and participating in continuing care may help prevent relapse.¹⁷

Motivational interviewing

MI, also known as motivational enhancement, seeks to help clients address their ambivalence toward behavior change.⁴⁴ It has not been as well studied as CBT as a treatment for pathological gambling, but some studies have shown promise for MI.^{45,46} MI is frequently combined with CBT.

Gamblers Anonymous

Gamblers Anonymous, the structure of which is modeled on Alcoholics Anonymous, is a mutual-help group for people with gambling problems. Although mutual-help groups are not treatment or counseling, they can be an important support to people in recovery. The free meetings are available in many communities.

Researchers have reported that even very brief motivational interventions can help people with gambling problems.^{47,48} Treatment that combined MI and CBT has been delivered effectively over the Internet and with brief phone calls from trained therapists.⁴⁹

Medications

Several medications have been investigated to treat pathological gambling. However, the U.S. Food and Drug Administration has not approved any medications for treating the condition.³⁰

Prevention

Once a person is diagnosed with gambling disorder, prevention of further harm to the person and his or her family is important. One such approach is having the person participate in a self-exclusion program, if available in his or her state. These voluntary programs allow a person to be banned from gambling venues for a defined period, even a lifetime. Depending on state policy, if the person violates the ban, he or she is asked to leave the venue, is required to forfeit winnings, and is potentially subject to criminal trespassing charges. The few outcome studies conducted on self-exclusion show a decrease in gambling.^{50,51}

A variety of prevention approaches and models have been used to try to prevent the development of gambling problems, but these have not been well studied.⁵² Because gambling issues in youth may lead to the development of gambling disorder in adulthood, many prevention programs focus on young people.⁵³ Although youth are barred from many gambling venues, some venues in which betting is available (such as race tracks) may restrict youth only from placing bets; it is not unusual for children to attend horse races with family members who bet.

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Other approaches can be considered, such as public awareness campaigns that seek to make the general public aware of the risks and potential consequences of problem gambling, the way gambling products work and the real probability of winning, and warning signs for problem gambling and the availability of help.^{52,53}

Policy initiatives include restricting who can gamble and restricting the number of electronic gaming machines in a locality. The gaming industry has cooperated in some places by posting signage that reminds people to gamble responsibly (e.g., stay within their time and funding limits) and restricting money transfers into a casino and access to automated teller machines. Some electronic gaming machines remind players of the amount of time and money spent; others can be programmed to a slow speed or require that the player check out after prolonged periods of play.^{52,53}

Who Can Treat People With Gambling Disorder?

Gambling disorder is a behavioral health condition. Treating gambling disorder is within the scope of practice of mental health counselors, licensed clinical social services providers, clinical psychologists, psychiatrists, and other professionals with licenses to treat mental disorders.

Resources

Resources for providers

Association of Problem Gambling Service Administrators
<http://www.apgsa.org>

National Council on Problem Gambling
<http://www.ncpgambling.org>

Problem Gambling Toolkit, Substance Abuse and Mental Health Services Administration. The toolkit provides background and financial information to help clients with gambling issues.
<http://store.samhsa.gov/product/PGKIT-07>

UCLA Gambling Studies Program
<http://www.uclagamblingprogram.org>

Resources for clients and families

Debtors Anonymous

<http://www.debtorsanonymous.org>

Gam-Anon

<http://www.gam-anon.org>

Gamblers Anonymous

<http://www.gamblersanonymous.org>

Notes

- ¹ Nower, L., & Blaszczynski, A. (2008). Recovery in pathological gambling: An imprecise concept. *Substance Use and Misuse, 43*(12–13), 1844–1864.
- ² Kessler, R. C., Hwang, I., LaBrie, R., Petukhova, M., Sampson, N. A., Winters, K. C., et al. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine, 38*(9), 1351–1360.
- ³ Alegria, A., Petry, N., Hasin, D., Liu, S., Grant, B., & Blanco, C. (2009). Disordered gambling among racial and ethnic groups in the US: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *CNS Spectrum, 14*(3), 132–142.
- ⁴ Slutske, W. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. national surveys. *American Journal of Psychiatry, 163*(2), 297–302.
- ⁵ Pulford, J., Bellringer, M., Abbott, M., Clarke, D., Hodgins, D., & Williams, J. (2009). Reasons for seeking help for a gambling problem: The experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. *Journal of Gambling Studies, 25*(1), 19–32.
- ⁶ Suurvali, H., Hodgins, D., & Cunningham, J. (2010). Motivators for resolving or seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies, 26*(1), 1–33.
- ⁷ Hing, N., & Breen, H. (2001). An empirical study of sex differences in gaming machine play among club members. *International Gambling Studies, 1*(1), 66–86.
- ⁸ Desai, R., Desai, M., & Potenza, M. (2007). Gambling, health and age: Data from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychology of Addictive Behaviors, 21*(4), 431–440.
- ⁹ Morasco, B. J., Pietrzak, R. H., Blanco, C., Grant, B. F., Hasin, D., & Petry, N. M. (2006). Health problems and medical utilization associated with gambling disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychosomatic Medicine, 68*(6), 976–984.
- ¹⁰ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ¹¹ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., p. 585). Arlington, VA: American Psychiatric Publishing.

- ¹² American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- ¹³ American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- ¹⁴ Petry, N. M., Stinson, F. S., & Grant, B. F. (2005). Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry, 66*(5), 564–574.
- ¹⁵ Welte, J. W., Barnes, G. M., Wieczorek, W. F., Tidwell, M. C., & Parker, J. (2002). Gambling participation in the U.S.—Results from a national survey. *Journal of Gambling Studies, 18*(4), 313–337.
- ¹⁶ Petry, N. M. (2005). *Pathological gambling: Etiology, comorbidity, and treatment*. Washington, DC: American Psychological Association.
- ¹⁷ Center for Substance Abuse Treatment. (2005). *Substance abuse treatment for persons with co-occurring disorders*. Treatment Improvement Protocol (TIP) Series 42. HHS Publication No. (SMA) 13-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹⁸ Cunningham-Williams, R., Cottler, L., Compton, W., Spitznagel, E., & Ben-Abdallah, A. (2000). Problem gambling and comorbid psychiatric and substance use disorders among drug users recruited from drug treatment and community settings. *Journal of Gambling Studies, 16*(4), 347–376.
- ¹⁹ Langenbucher, J., Bavly, L., Labouvie, E., Sanjuan, P., & Martin, C. (2001). Clinical features of pathological gambling in an addictions treatment cohort. *Psychology of Addictive Behaviors, 15*(1), 77–79.
- ²⁰ Toneatto, T., & Brennan, J. (2002). Pathological gambling in treatment-seeking substance abusers. *Addictive Behaviors, 27*(3), 465–469.
- ²¹ Wareham, J. D., & Potenza, M. N. (2010). Pathological gambling and substance use disorders. *The American Journal of Drug and Alcohol Abuse, 36*(5), 242–247.
- ²² Frascella, J., Potenza, M., Brown, L., & Childress, A. (2010). Shared brain vulnerabilities open the way for nonsubstance addictions: Carving addiction at a new joint? *Annals of the New York Academy of Sciences, 1187*, 294–315.
- ²³ Tanabe, J., Thompson, L., Claus, E., Dalwani, M., Hutchison, K., & Banich, M. T. (2007). Prefrontal cortex activity is reduced in gambling and nongambling substance users during decision-making. *Human Brain Mapping, 28*(12), 1276–1286.
- ²⁴ Petry, N. M. (2010). Impulsivity and its association with treatment development for pathological gambling and substance use disorders. In D. Ross, H. Kincaid, D. Spurrett, & P. Collins (Eds.), *What is addiction?* (pp. 335–351). Cambridge, MA: MIT Press.
- ²⁵ Petry, N. M., Rash, C. J., & Blanco, C. (2010). The inventory of gambling situations in problem and pathological gamblers seeking alcohol and drug abuse treatment. *Experimental and Clinical Psychopharmacology, 18*(6), 530–538.
- ²⁶ Wong, P. W., Chan, W. S., Conwell, Y., Conner, K. R., & Yip, P. S. (2010). A psychological autopsy study of pathological gamblers who died by suicide. *Journal of Affective Disorders, 120*(1–3), 213–216.
- ²⁷ Hodgins, D., Mansley, C., & Thygesen, K. (2006). Risk factors for suicide ideation and attempts among pathological gamblers. *American Journal on Addictions, 15*(4), 303–310.
- ²⁸ Toce-Gerstein, M., Gerstein, D. R., & Volberg, R. A. (2009). The NODS–CLiP: A rapid screen for adult pathological and problem gambling. *Journal of Gambling Studies, 25*(4), 541–555.
- ²⁹ Johnson, E. E., Hamer, R., Nora, R. M., Tan, B., Eisenstein, N., & Englehart, C. (1997). The Lie/Bet Questionnaire for screening pathological gamblers. *Psychological Reports, 80*, 83–88.
- ³⁰ Fong, T. (2009, August 27). Pathological gambling: Update on assessment and treatment. *Psychiatric Times, 26*(9).
- ³¹ Shaw, M., Forbush, K., Schlinder, J., Rosenman, E., & Black, D. (2007). The effect of pathological gambling on families, marriages, and children. *CNS Spectrum, 12*(8), 615–622.
- ³² McComb, J. L., Lee, B. K., & Sprenkle, D. H. (2009). Conceptualizing and treating problem gambling as a family issue. *Journal of Marital and Family Therapy, 35*(4), 415–431.
- ³³ Ledgerwood, D. M., Weinstock, J., Morasco, B. J., & Petry, N. M. (2007). Clinical features and treatment prognosis of pathological gamblers with and without recent gambling-related illegal behavior. *Journal of the American Academy of Psychiatry and the Law, 35*(3), 294–301.
- ³⁴ Topf, J. L., Yip, S. W., & Potenza, M. N. (2009). Pathological gambling: Biological and clinical considerations. *Journal of Addiction Medicine, 3*(3), 111–119.
- ³⁵ Grant, J. E., & Kim, S. W. (2007, March 1). Clinical assessment and management of pathological gambling. *Psychiatric Times, 24*(3).
- ³⁶ Pallesen, S., Mitsem, M., Kvale, G., Johnsen, B., & Molde, H. (2005). Outcome of psychological treatments of pathological gambling: A review and meta-analysis. *Addiction, 100*(10), 1412–1422.
- ³⁷ Grant, J. E., Odlaug, B. L., & Potenza, M. N. (2009). Pathologic gambling: Clinical characteristics and treatment. In R. K. Reis, D. A. Fiellin, S. C. Miller, & R. Saitz (Eds.), *Principles of addiction medicine* (pp. 509–517). Philadelphia: Lippincott Williams & Wilkins.
- ³⁸ Gooding, P., & Tarrier, N. (2009). A systematic review and meta-analysis of cognitive-behavioural interventions to reduce problem gambling: Hedging our bets? *Behaviour Research and Therapy, 47*(7), 592–607.
- ³⁹ Hodgins, D., & Petry, N. (2004). Cognitive and behavioral treatments. In J. E. Grant & M. N. Potenza (Eds.), *Pathological gambling: A clinical guide to treatment* (pp. 169–187). Washington, DC: American Psychiatric Publishing.
- ⁴⁰ Ledgerwood, D. M., & Petry, N. M. (2006). What do we know about relapse in pathological gambling? *Clinical Psychology Review, 26*, 216–228.
- ⁴¹ Toneatto, T. (1999). Cognitive psychopathology of problem gambling. *Substance Use and Misuse, 34*(11), 1593–1604.

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- ⁴² Petry, N. M. (2009). Disordered gambling and its treatment. *Cognitive and Behavioral Practice, 16*(4), 457–446.
- ⁴³ Okuda, M., Balán, I., Petry, N. M., Oquendo, M., & Blanco, C. (2009). Cognitive-behavioral therapy for pathological gambling: Cultural considerations. *American Journal of Psychiatry, 166*(12), 1325–1330.
- ⁴⁴ Center for Substance Abuse Treatment. (1999). *Enhancing motivation for change in substance abuse treatment*. Treatment Improvement Protocol (TIP) Series, No. 35. HHS Publication No. (SMA) 13-4212. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁴⁵ Carlbring, P., Jonsson, J., Josephson, H., & Forsberg, L. (2010). Motivational interviewing versus cognitive behavioral group therapy in the treatment of problem and pathological gambling: A randomized controlled trial. *Cognitive Behaviour Therapy, 39*(2), 92–103.
- ⁴⁶ Hodgins, D., Currie, S., & el-Guebaly, N. (2001). Motivational enhancement and self-help treatments for problem gambling. *Journal of Consulting and Clinical Psychology, 69*(1), 50–57.
- ⁴⁷ Hodgins, D. C., Currie, S. R., Currie, G., & Fick, G. H. (2009). Randomized trial of brief motivational treatments for pathological gamblers: More is not necessarily better. *Journal of Consulting and Clinical Psychology, 77*(5), 950–960.
- ⁴⁸ Petry, N. M., Weinstock, J., Ledgerwood, D. M., & Morasco, B. (2008). A randomized trial of brief interventions for problem and pathological gamblers. *Journal of Consulting and Clinical Psychology, 76*(2), 318–328.
- ⁴⁹ Carlbring, P., & Smit, F. (2008). Randomized trial of internet-delivered self-help with telephone support for pathological gamblers. *Journal of Consulting and Clinical Psychology, 76*(6), 1090–1094.
- ⁵⁰ Ladouceur, R., Sylvain, C., & Gosselin, P. (2007). Self-exclusion program: A longitudinal evaluation study. *Journal of Gambling Studies, 23*(1), 85–94.
- ⁵¹ Nelson, S. E., Kleschinsky, J. H., LaBrie, R. A., Kaplan, S., & Shaffer, H. J. (2010). One decade of self exclusion: Missouri casino self-excluders four to ten years after enrollment. *Journal of Gambling Studies, 26*(1), 129–144.
- ⁵² Williams, R. J., West, B. L., & Simpson, R. I. (2007). *Prevention of problem gambling: A comprehensive review of the evidence*. Report prepared for the Ontario Problem Gambling Research Centre. Guelph, Ontario, Canada.
- ⁵³ Dickson-Gillespie, L., Rugle, L., Rosenthal, R., & Fong, T. (2008). Preventing the incidence and harm of gambling problems. *Journal of Primary Prevention, 29*, 37–55.

SAMHSA Advisory

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