American Society of Addiction Medicine (ASAM) Assessment and Problem Gambling

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Objectives

- Introduction to the ASAM.
- Explore important considerations of the clinical population that will impact the application of the ASAM.
- Introduction to the ASAM with a focus on applications with problem gamblers.
- Specific considerations for Dimensions 1 through 6.

ASAM Introduction

- Coalition for National Clinical Criteria developed November 1992. This was in response to having more than 40-50 different sets of criteria being used in the private sector by the end of the 1980's to place and treat individuals with addictions.
- ASAM Patient Placement Criteria first published in 1991 to treat psychoactive substance use disorders.
- The ASAM unified addiction professionals under one standardized set of criteria to effect a whole person approach to addiction treatment.
- PPC-2 developed in 1996 by the American Psychiatric Association.
- 2001 PPC-2R
- Newest guidelines 2013 called "The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions."
- Problem Gambling exists in the newest manual as an "emerging disorder."

ASAM

- The ASAM is used to first assess and evaluate the strengths, needs, abilities, and preferences of individuals suffering from addiction disorders to understand how to best place them in an addiction treatment program.
- Ongoing use of the ASAM supports treatment planning, the continuum of care, and appropriate discharge planning.
- In short, the ASAM is to be used throughout the continuum of addiction treatment to support a standardized, uniform application of addiction treatment.

ASAM

- Consists of 6 dimensions representing the whole person in addiction treatment
  - Effective for assessing and treating individuals with addiction disorders which include problem gambling and substance use disorders.
- Dimension 1 – Acute Intoxication and/or Withdrawal Potential
- Dimension 2 – Biomedical Conditions and Complications
- Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications
- Dimension 4 – Readiness to Change
- Dimension 5 – Relapse, Continued Use, or Continued Problem Potential
- Dimenion 6 – Recovery Environment / Living Environment

The nitty gritty

Poll

How many Iowans received problem gambling crisis, intervention, treatment and recovery support services in SFY19?

Poll

What percentage of Iowans have gambled in their lifetime?

Iowa Gambling Attitudes and Behaviors Survey 2018

- The prevalence of gambling in the state increased from 2015 to 2018. The 2018 prevalence estimates indicate that:
- Nearly 9 in 10 adult Iowans have gambled in the past.
- About 7 in 10 adult Iowans gambled in the past 12 months.
- About half of adult Iowans gambled in the past 30 days.
- Similarly, the estimation of at-risk gamblers in 2018 is about 14% and this is slightly higher than in 2015. This represents about 315,000 adults in the state who may be experiencing some problem gambling symptoms.
- Gambling in the adult population has impacted persons in their social networks. About 1in 4 adult Iowans (27%) know persons whose gambling may be causing problems for them.
- In addition, about 1 in 5 adult Iowans (22%) said that they have been negatively affected by others' gambling behaviors.

Similarities and Differences between SUD and PG based on the ASAM

Similarities

- A state of euphoria resulting from engagement in the behavior
- Preoccupation when engaging in the activity
- Loss of control at times when engaging in the behavior
- Progression of problems and symptoms over time
- Stage of change, readiness to change, and interest in changing issues
- The behaviors continue to despite adverse consequences
- Tolerance develops with repeated engagement with the behavior
- Urges and cravings develop resulting in further engagement in the behavior
- There is enhanced cue responsiveness which can trigger relapse to the behavior
- Withdrawal symptoms occur when the activity is unavailable
- Psychological drives of escape, self-medication, and avoidance exist (engagement for purposes of relief)
- Committing illegal acts to fund ongoing engagement with the behavior – can be episodic, chronic, or in remission.

ASAM (2013)

Similarities and Differences between SUD and PG based on the ASAM

Differences

- No objective tests to determine problem gambling
- Problem gambling can be easier to hide from others
- Gambling is not self-limiting in the sense that a physical/mental state 'shuts down' the gambling behavior
- Suicide rates are higher among problem gamblers (20% attempted).
- Problem gamblers financial situation is often more critical and must be addressed.
- Less public awareness and acceptance of gambling disorder.
- Fewer treatment resources (treatment programs, certified gambling counselors, support groups).
- More restricted third party reimbursement of gambling disorders.

ASAM (2013)

Gambling

- Use of different substances and engagement in different forms of gambling can have different "addictive potential" associated with the schedule of reinforcement of the behavior.
  - Gambling is most addictive when there is varied schedule of reinforcement and associated with the time of onset of the reward or relief after engagement in the behavior.
  - The immediacy of physiological effect after intravenous drug use or after initiation of poker play.
  - This may result in different rates addiction progression.

ASAM (2013)

Gradation of Substance Use and Gambling Behaviors

Substance Use Behaviors

- No use of substances
- Non-problem use (eg, "social use, social drinker")
- Mild Severity or at-risk use- score 2-3 of 11 criteria (diagnostic scale)
- Moderate severity- score of 4-5 of 11 criteria
- Severe- score of 6 or more of 11 criteria

Gambling Behaviors

- No gambling
- Non-problem gambling (eg, "social gambling")
- At-risk gambling
- Problem gambling
- Gambling addiction (4 or more of 9 criteria of the DSM- 5)

ASAM (2013)

Considerations for Working with Problem Gamblers

- Gender
- Co-occurring conditions
- Approaches to gambling
- Stages of change
- Criminality (Pathways model)

Gambling in Men Vs. Women

Men

- Like Competitive Gambling
- Are interested in statistics
- Men research their bets
- Have urges to gamble unrelated to emotional
- Have rates twice that of women
- Onset earlier than in women

Women

- Like Slot Machines
- Bet on aesthetics
- Tend to disassociate while gambling
- One-third of pathological gamblers
- Onset later than men and rapidly progresses
- Gambling often relates to emotional state
- Often co-occurring with mood/anxiety disorders

Co-occurring Factors
Problem Gambling and Mental Health

PGs with disorder	
Alcohol	73.22%
Drug	38.10%
Bipolar	36.99%
Mania	22.80%
Specific phobia	23.54%
Generalized anxiety	11.15%
Any personality disorder	60.82%

From Petry et. al. (2005) Journal of Clinical Psychiatry

Co-occurring Factors
Problem Gambling and Mental Health

<u>PGs with disorder</u>

Substance use disorders	18%
Mood disorders	26%

Likelihood of receiving social work services – 2-fold

Depressive disorders make a 3-fold increase in receiving primary care services

Rodriguez-Monguio, Errea, & Volberg (2017)

Types of problem gamblers

- Action Gambler
- Escape Gambler

Action gamblers

Many "action" gamblers have domineering, controlling, manipulative personalities and may have large egos. They see themselves as friendly, sociable, gregarious and generous. Their average IQ is over 120. They are energetic, assertive, persuasive and confident. In spite of all this, they usually have low self esteem. Historically, they started gambling at an early age, often in their teens, placing small bets on sporting events or playing cards with friends or relatives. They progress through the four phases of the disorder over a 10- to 30-year time span.

Note: Telescoping phenomenon is well documented among gambling women, gambling onset is later in life but onset of disordered / problem gambling may be within 2-3 years of onset.

Escape gamblers

Most Escape gamblers are not egotistical, have no indications of narcissism and are not outgoing. They appear to be "normal" and have an almost exact opposite character profile than that of the Action gambler. During their lives, various psychological traumas have occurred. These individuals frequently suppress these negative feelings and do not deal with them. A single traumatic event may take place which causes situational or clinical depression.

Escape gamblers literally get "relief" or "escape" from psychological and emotional pain. Many are actually afraid to stop gambling because they have no confidence they will be able to endure the pain they fear will come when they stop medicating themselves with their drug of choice, gambling. Escape gamblers desire the escape-at-all-cost anesthetizing quality of slot machines, video poker, keno, bingo or whatever type of gambling they became addicted to.

Stages of Change

- It is important to note that your problem gambling clients will show up with very different reasons for seeking treatment than substance use disorder clients.
- SUD client motivations – may be coerced by a number of different third parties such as the courts, Department of Corrections, family, and others.
- Problem gambling clients will present with more similar motivations to mental health clients as they may present with a greater number of internal motivators to change and *positive* external motivators.
- As such, you will find problem gambling clients more likely to present in the determination – action stages of change as opposed to the pre-contemplation stage with SUD clients.

Criminality

- Your gambling clients may present with criminal behaviors which will not result in a formal referral to gambling treatment by the courts, probation, Department of Corrections, etc. They may catch on to your services by doing their own research, or may come to you after heeding a suggestion from their probation officer as an adjunct to other court-ordered services.
- Pay attention to the diagnosis you make, ASAM level of risk, and your comprehensive assessment as you will notice a distinction.
- Applying he Gambling Pathways Questionnaire can be very helpful to better understand he complex behaviors that co-occur with the problematic gambling.

Gambling Pathways (in brief!)

- The Pathways Model of problem and disordered gambling (and by extension the questionnaire) give the clinician a nearly predictive model of potential behavioral treatment targets.
- **Pathway 1: behaviourally conditioned problem gamblers** - not pathologically disturbed. PG appears as a result of poor decision-making strategies and impaired judgments. Any comorbid features and symptoms of gambling disorder are a consequence, not cause of PG. Motivated to seek / attend treatment.
- **Pathway 2: emotionally vulnerable problem gamblers** – Emotionally susceptible group - uses gambling as a way to improve mood and/or to meet affective needs. Higher levels of co-morbid mental illness such as depression, anxiety, substance us disorders and lack of viable coping strategies.
- **Pathway 3: antisocial, impulsivist problem gamblers** – Similar to pathway two gamblers in psychosocial vulnerability. May suffer from antisocial personality disorder and impulsivity and/or attention-deficit disorders. High sensation / pleasure seeking. Clinical impulsivity and broad range of problems along with gambling - substance use, low boredom tolerance, criminal behavior, tenuous relationships, family history of antisocial behavior. Early onset of gambling, rapid onset of PG and binges. Less motivated to seek treatment, less likely to complete treatment and respond at low levels to all interventions.

Applying the ASAM

How do you apply the ASAM with problem gamblers?

- Generally, the ASAM will be applied during in-person interviews in an individual counseling setting.
- It is good to have an organized questionnaire to guide you through the review of the ASAM, especially if you are new to this process.
- The questionnaire can have the Dimensions outlined with sections for you to write so it is easy to stay on track and keep your documentation in one place.
- Some applications of the ASAM include embedding the ASAM within a larger assessment and concluding sections of the assessment with a comment on the ASAM criteria.
- You assign a level of risk and a recommended level of care to each dimension.
- Level of risk 0-4 (no risk to potentially life threatening risk)
- Level of care – N/A to level 4 inpatient hospitalization.
  - Note – the levels of care and levels of risk for gambling have not been officially approved by the ASAM at this time. This could change in the next iteration of the ASAM Criteria.

Dimension 1: Acute Intoxication and/or Withdrawal Potential

- Are they continuing to gamble?
  - Most recent gambling venture date
  - Type of gambling – slots, tables, bingo / keno (video / online?), lottery, scratch tickets, pull tabs,
  - Amount of money and time spent
  - Frequency of gambling and typical gambling expenditure
- Are they having withdrawals between episodes or when they try to stop or cut down?
  - Are they aware of withdrawals? Do you observe any behaviors or signs of withdrawal?
  - Ask any supports that come with them about their observations of withdrawals

Dimension 1

- Withdrawal symptoms
- Gambling related
  - Irritability
  - Mood swings
  - Sleep disturbances
  - Obsessive thinking about gambling, fantasizing about past/future ventures, cravings
  - Cravings / urges / thoughts about gambling – can seem uncontrollable at times even in the presence of a ban
    - How frequent are the cravings? How strong?
- Substance related
  - Withdrawal symptoms from other substances – it can be helpful to address this as well as it is part of their presenting status
- Any supports / coping skills to manage their cravings / urges to gamble

Dimension 1: Considerations

- With gambling there is not a direct cause/effect awareness between the gambling behavior and signs of withdrawals in comparison to substance use (eg, drinking alcohol can cause hangover the next day); therefore clients tend to be not as aware of withdrawal potential.
- How is the gambling behavior correlating with other addictive behaviors (hand-in-hand or taking turns)?
- Sometimes gamblers will manage withdrawals by gambling on 'non-problematic' types of gambling (and they often will not want to talk in much detail about this gambling or mention it more than once unless directly asked)
  - Scratch off tickets
  - Bingo
  - Online gambling
  - Phone app games (may not be using money but risky behavior)
- Do they have access to gambling and means? If not, they may not experience urges (fixed monthly income) until they have the means and access

Dimension 2: Biomedical Conditions and Complications

Are they having any physical health issues specifically due to the gambling activities or from being preoccupied with gambling (distracting them from their typical self-care)?

- Urinary Tract Infections due to not going to the bathroom
- Passing out due to not sleeping or standing too long
- Not eating/drinking
- Worsening Hygiene

Dimension 2

- Current illnesses or health concerns other than withdrawal related
- Do they have a primary care provider?
  - When was the provider last seen and what for?
- Are they receiving any medical services?
  - What for?
  - Medication list
    - Do any of the medications on the list put them at risk for risky gambling behaviors. Is there a history of any of these medications such as those that play on the dopaminergic system (e.g. L-dopa, etc.)
- Any chronic conditions?
  - How are these being managed?

Dimension 2: Considerations

- How does their physical health and limitations impact their confidence and/or ability to engage in other bet free activities?
- Chronic pain: slot machines have been known to cause ‘trance like’ states in players. Many people in gambling treatment have chronic pain (joint pain, arthritis, fibromyalgia). If directly asked many gamblers will realize playing slots distracts them from their pain.
  - What other options do they have instead of gambling for them to find relief?

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

- How is the gambling behavior impacting their
  - emotional state and ability to cope (guilt, shame, stress, worry)
  - Self-esteem/Self-image
  - Suicidality/Risky behaviors
- How are they expressing their emotions?
  - How are family interactions impacted by this?
  - Is their work being impacted negatively?

Dimension 3

- Current psychiatric illnesses / diagnoses
  - Bipolar – history of mania which can be exclusionary criteria for a gambling disorder diagnosis
- Current psychological, behavioral, emotional problems?
  - Ensure that you do a thorough screening for any concomitant psychopathology
    - MINI Mental Health Screener, ACES, AUDIT / DAST, others
  - How are these conditions being managed?
  - Are they in the care of a mental health professional?
  - Does the individual have distortions in thinking such as superstitions, overconfidence, or an inflated sense of power and control?
  - Do any emotional / behavioral problems appear to be an expected part of the gambling disorder (depression, anxiety / worries, self-deprecating thoughts, possible delusions, suicidal ideation), or do they appear to be separate.
    - In any case it is prudent to seek a mental health evaluation if you have any concerns
  - It is very important to assess for suicidality. Be direct, ask if they have thought about killing themselves or hurting themselves in some way.
    - How often have you thought about ending your own life in the - Last 48 hrs, last month, worst ever. Assess for how the ideation / attempts are connected to gambling losses or tension in the family / friend group.
- Any chronic conditions?
  - How are these being managed?

Dimension 3: Considerations

- Distorted thinking or thinking errors are one of the main differences between gambling and substance use disorders. Distorted thoughts can drive the gambling behavior and also be a barrier to recovery if there are distortions in self-worth/image)
  - Ask about beliefs or methods used when gambling (as this is easier for gamblers to recognize as superstitions aren't superstitions if you believe in them)
    - Playing on certain slot machines or tables
    - Playing at certain times or days of the week
    - Buying only certain scratch off ticket numbers or a specific number of them at a time
    - Playing only certain lottery numbers
  - Normalize distorted thinking as everyone has them- the difference is problem gamblers struggle not to act on them!

Dimension 4: Readiness to Change

- What's the problem gambler's goal?
  - Abstinence
  - Harm Reduction
    - Limiting gambling
      - Decreasing money and time
      - Controlling gambling behaviors
      - No negative consequences
    - Only gambling on specific types of gambling that are non-problematic and avoid the problematic gambling

Dimension 4

- What motivates the client to seek treatment?
  - Internal?
  - External?
  - Be aware that the external motivators may be very different from those prevalent in SUD treatment (i.e. DHS, probation / parole, Drug Court, others). External motivators are more commonly family / child related, less common for there to be legal motivations for gamblers. When the legal motivators are present, they are severe.
- How ready is the client to change?
  - Stages of change
  - Compare the stage of change for the gambling to motivations to address tobacco / nicotine, alcohol / drug use, health goals, family goals, mental health goals. This can be a helpful treatment activity for the gambler
- Any leverage to help keep them in treatment?
  - As you cannot use urinalysis with the gambling behaviors or other types of testing, it is important for you to connect with the family in order for them to provide some level of accountability if this is possible and safe.
  - Understand that the family can be a detractor from treatment adherence due to stigma, codependency, strained relationships, financial arrangements (is the gambler in control of the money?), abuse, and other concerns.

Dimension 4: Considerations

- Motivation and stage of change can change rapidly through treatment
  - Relapses can impact this by increasing motivation to abstain for often short periods of time
  - Remaining bet free can impact distorted thinking in regards to controllability
- What protection is the gambler willing to provide for themselves?
  - Self-exclusion
  - Financial management from family, friends, or payee
  - Limiting access to money (removing debit cards, credit cards, checks; limiting withdrawals)
  - Any family/supports willing to help?

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

- What type of gambling is the relapse/continued use
  - Where did they go and with who?
  - How long did they gamble?
  - How much money did they wager and win/lose (include free play, winnings they played back in, others paying for them)? (this is important for tolerance-time and money)
  - Negative consequences (internal/external, immediate/delayed)
  - Thoughts before, during, and after
- Triggers
  - pay periods (monthly, bi-weekly, weekly)
  - Emotional
  - Family/Supports
  - Holidays/Birthday/Seasons

Dimension 5

- Take a thorough gambling history
  - Start at age of onset – what types of gambling, what frequency, what amounts of time and money. You then report how the gambling changes throughout their life while giving frequency, method, amount (time and money) whenever their gambling changes until present day.
- How aware is the client of their relapse triggers, ways to cope with cravings, and relapse prevention skills?
- What is the current level of the client's preoccupation with gambling / craving?
  - How well is the client able to resist cravings / urges to gamble?
- Is the client still gambling, or have they stopped / reduced?
  - Remember that harm reduction is a possible goal in gambling treatment, although the approach is less well understood in the literature
- Is the client in immediate danger of severe distress due to gambling or other high risk behaviors?
  - This can include co-occurring mental health / substance use problems.
  - What kinds of coping skills do they have for these concerns?
  - If there are other chronic disorders (diabetes, depression), how adherent are they to treatments for those disorders? Are they in treatment for those disorders?
    - When these disorders are not managed, they will complicate the treatment process.
- If the client does not engage in treatment at this time, what complications or harm could come to the client?
- What happens when the client is not gambling?
  - Do they engage in problematic substance use and/or other problem behaviors?

Dimension 5: Considerations

- Financial Stress: Can help with abstinence and can also be triggering
  - Gambling is the problem, so it cannot be the solution (though problem gamblers think it is-- i.e. 'the big win')
- Shopping: Some gamblers will start to excessively shop/spend their money/go into debt in other ways, which can drive continued financial stress.
- Frugality: Some problem gamblers wont want to spent money at all except for on basic needs and paying bills. This will often leave them without any means of leisure/recreational activities and has a tendency to bring about boredom and trigger them back into relapse.
- 'Extra Money'- money through gifts, rewards, stimulus checks, unemployment, or payment of a debt owed to them, can be triggering as this is not typically part of the budget and is therefore deemed expendable.
- Tolerance does not seem to decrease through abstinence for gamblers (as it does for substance users). Decreases in tolerance have to be purposively trained down (ie controllability to leave at certain money/time limits)

Dimension 6: Recovery/Living Environment

- Any immediate crises? (rent, eviction, food, utility shut off notice)
  - What resources could help them and do they need help accessing those services
  - Problem solving and collaboration with entities (landlord, utility companies)
- How close/accessible is gambling to their home and work?
  - In the same town
  - Same street
  - Is it avoidable by changing routines (gas stations, grocery stores, routes)
- What are they doing with their time (do not accept 'nothing'as an answer)
  - Excessively working (or cleaning if not working) (Productivity)
  - Leisure activities (Fun)
  - Time with supports (Socializing)
  - Are they happy/satisfied with their daily routines/activities? Or are they bored?

Dimension 6

- Do they have all their basic needs met?
  - Housing
  - Income
  - Food
- Budget
  - Expenses
  - Income
  - Investments, savings accounts, property, retirement funds – access to these?
- Assessment of gambling debt
  - List of creditors (secured and unsecured loans, family loans, borrowed money from other places)
  - Credit cards
  - Credit history
  - Cash advance / online loans
  - Here you get a sense of how desperate and to what lengths the client goes to fund their gambling.
- Is the client in control of the money in their family?
- Do they have meaningful relationships?
- Is the client using community resources?

Dimension 6

- Employment
  - Does the client's work lend itself to gambling such as outside sales, traveling, gaming industry job, over the road work,
- Barriers to accessing treatment
  - Transportation, childcare
- Any negative influences in the environment?
  - Family (gambling in the family?, tensions / strained relationships, antagonistic family due to borrowed money)
  - Friends (gambling friends / acquaintances?, antagonistic friends due to borrowed money / strained relationships)
  - Family / friends that are using substances?
  - Abuse relationships past / present?
- Leisure activities?
- Any positive supports in the environment?
- Does the client see value in recovery?
- Probation / parole involvement
- DHS involvement
- Other legal issues due to gambling
  - Banning? In what states / jurisdictions?

Dimension 6: Considerations

- The brain of a problem gambling has been trained to respond (reward process) to gambling stimulus and so, in early recovery, anhedonia (lack of pleasure) may result. This can make it difficult for the client to want to do other activities, leading to boredom, and triggering continued gambling.
  - Retraining the brain to find pleasure in bet free, healthy activities is an important part of the recovery process. Thus clients needs to be strongly encouraged to practice old or try new hobbies/activities even if they don't 'feel like it'.
- It is faster to get into debt, than it is to get out of debt. Patience and recognizing small progresses is important to keep the gambler from looking for the 'big fix' through gambling
- If the client is in crisis over basic needs that needs to be addressed as that is their first priority.