Gambling Disorder

Description/Etiology

Gambling disorder is a disorder of addiction characterized by persistent and recurrent gambling that has caused disruption of the individual’s life or distress. According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), an individual who meets diagnostic criteria for gambling disorder exhibits four or more of the following symptoms within a 12-month period: has a need to gamble with increasing amounts of money to maintain the same level of excitement; becomes restless or irritable when attempting to decrease or stop gambling; has made repeated attempts to cut back, stop, or control gambling; is preoccupied with gambling; often gambles when feeling distressed; after losing money, continues to gamble in an attempt to recoup the loss; lies to conceal the extent of gambling; has lost or jeopardized a relationship, job, or other significant opportunity because of gambling; or relies upon others to provide money to relieve financial difficulties caused by gambling. The gambling behavior cannot be explained by the presence of a manic episode of bipolar disorder. Gambling disorder can be classified as either episodic or persistent and as either “in early remission” or “in sustained remission.” A severity specifier can be used depending on the number of criteria met: “mild” for four or five criteria, “moderate” for six or seven, and “severe” for eight or nine.

It is important to recognize that gambling disorder is much more severe than social gambling or professional gambling. Social gambling is defined as a recreational activity with friends or colleagues that takes place for a limited amount of time and typically with a predetermined budget. Professional gambling is a business with a different motivation from problematic gambling; in professional gambling risks are recognized and accepted, and discipline and profit are the focus. Gambling disorder is considered a “hidden” disorder because although individuals may not show signs of physical dependency, their finances, health, and relationships may be severely affected. The individual with gambling disorder may isolate him- or herself from friends and family and hide inappropriate use of financial resources to continue to gamble.

Gambling can be broadly grouped into three types: sports betting (e.g., office sports pool, betting on sports events via a bookmaker or online, betting on horse races at a race track, placing sports bets in a casino); activities involving expertise or mental skill (e.g., card games, pool, high-risk investments, online gambling games); and activities of chance (e.g., state-sponsored lotteries or illegal numbers games, gambling machines such as video poker, bingo, slot machines). Problematic gamblers have been broadly divided into two primary subtypes: action gamblers and escape gamblers. Action gamblers generally are impulsive, action oriented, and aggressive in their gambling habits and are more likely to engage in casino gambling or betting on sports events or horse racing. Escape gamblers generally are withdrawn and possibly depressed or anxious, and are more likely to play slot machines or bingo, or engage in other passive forms of gambling.

There is no single agreed-on etiology for gambling disorder. It is most commonly attributed to a combination of environmental and biological factors. Environmental factors might include loss of a parent before age 15, harsh parental discipline, family history of financial instability, exposure to gambling during adolescence, or proximity to gambling venues. Neurobiological factors that have been implicated include irregularity in neurotransmitters or their receptors in the brain.
Research indicates that the most effective treatment for gambling disorder includes referral to a mental health clinician for individual cognitive-behavioral therapy (CBT), group therapy, family or couples therapy, and participation in support groups, such as Gamblers Anonymous (GA). Mindfulness-based approaches and harm reduction techniques have been found to be effective. Even though pharmacological intervention has been found in the past to have limited benefit in the treatment of pathological gambling (Bartley & Bloch, 2013), new research has found that antidepressants, mood stabilizers, and atypical antipsychotics can be extremely beneficial in treating clients with gambling disorder (Sadock et al., 2015). Research has shown that persons with gambling disorder often do not seek treatment because of feelings of shame, embarrassment, stigma, and denial. For those who do seek treatment, hospitalization may be beneficial, as it removes the individual from his or her environment and triggers. Another successful treatment is insight-oriented psychotherapy; however, this therapy is recommended only for clients who have not gambled for at least 3 months (Sadock et al., 2015).

**Facts and Figures**

*DSM-5* reports past-year prevalence of gambling disorder among the general population of approximately 0.2% to 0.03%, and lifetime prevalence of 0.4% to 1.0%.

Gambling disorder affects persons of all ethnicities, ages, social classes, and occupations. The National Gambling Impact Study Commission estimates that 125 million American adults gamble in any given year. Gambling disorder is more prevalent among young adults than persons in other age groups. Seven to eleven percent of 18- to 25-year-olds in the United States engage in problematic gambling (Wong, 2013). In a meta-analysis of 18 studies conducted between 2005 and 2013 of 13,000 college students, 10.23% were identified as having gambling disorder (Nowak & Aloe, 2014). Literature indicates that one in three individuals with a gambling disorder is female (Sadock et al., 2015). Gambling disorders develop earlier in life for males but progress at a slower rate than among women; the disorder develops later in life for women but progresses more rapidly (Gonzalez-Ortega et al., 2013).

Researchers in Sweden using the Problem Gambling Severity Index to estimate rates of gambling among all Swedish adults found an incidence of problematic gambling of 0.22% for men and 0.14% for women; the incidence of moderate-risk gambling was 1.47% for men and 1.13% for women (Abbott et al., 2017).

Research consistently notes the negative impact a gambling disorder can have on the family. A spouse of someone who has gambling disorder may be subject to lies, deceit, and an overall lack of trust in the relationship, especially related to finances. Spouses have also reported physical problems such as insomnia, headaches, and panic attacks. Spouses report having to separate as a result of their partner’s gambling problem and economic devastation. Children of a parent with gambling disorder report that they consider their gambling parent physically and emotionally unavailable. They experience a loss of safety and trust and some experience basic needs such as food or shelter going unmet (Kourgiantakis et al., 2013).

**Risk Factors**

In addition to age and gender, the following factors need to be considered when assessing risk for gambling disorder: the client’s exposure to gambling activities as a child; troubled family history (e.g., marital problems, intimate partner violence, loss of a parent as a result of death, divorce, or desertion); mental health and substance abuse issues; lack of family emphasis on saving money or budgeting (Sadock et al., 2015); and any history of suicide attempts or ideation. A history of maltreatment in childhood is common in persons with gambling disorder (Santaella et al., 2013). There appears to be a high correlation between problem gambling and family violence. Family violence can be in the form of past child abuse or past or present intimate partner violence (Dowling et al., 2014).

**Signs and Symptoms/Clinical Presentation**

- **Psychological:** Preoccupation with gambling. Client may lack adaptive coping skills and use gambling to cope; experience low self-esteem; have high levels of anxiety and depression; and exhibit suicidal thoughts or have a history of suicide attempts. Cognitive distortions are a hallmark of gambling disorder. Examples include impaired control (i.e., a gambler’s belief that problematic gambling behaviors cannot be controlled), the near-miss effect (i.e., near-miss outcomes such as a lottery number that differs from the winning number only slightly have been found to enhance future gambling responses), and the gambler’s fallacy (i.e., a distortion such as “I've lost 10 times in a row, so I am now due for a win”) (Goodie & Fortune, 2013)
- **Behavioral:** Progressive increase in gambling frequency. Client may seek high levels of excitement through gambling; show irritability when attempting to stop gambling; exhibit compulsions or rituals associated with gambling (e.g., “lucky” shirts, preference for specific numbers or colors)
- **Physical:** General appearance may be affected; client may be sleep-deprived; may have poor hygiene
Social: Client may lie to others about gambling; withdraw from family relationships; have a record of unemployment; and have a history of arrests or illegal activity

Social Work Assessment

Client History
- Ask about history of gambling and its impact on client’s finances and relationships
- Assess family history of gambling, history of child abuse, substance abuse, or family violence, and history of mental health disorders, including suicidal ideation
- Assess client’s stress-management skills and coping mechanisms
- Obtain permission to ask family members for any additional relevant information
- Assess for any medical illnesses or conditions, such as diabetes or ulcers

Relevant Diagnostic Assessments and Screening Tools
- South Oaks Gambling Screen (SOGS), a self-administered 16-item assessment that screens for gambling disorder in a clinical setting, available in 25 languages and in a version for adolescents (SOGS-RA)
- Problem Gambling Severity Index (PGSI) was developed in Canada and is a 9 item self-report screening tool that indicates levels of risk if a gambling problem is present
- National Opinion Research Center DSM Screen for Gambling Problems (NODS), a population-based telephone interview identifying gambling problems according to DSM-IV criteria
- Gamblers Anonymous’ 20-question screening tool can also assist with diagnosis

Laboratory and Diagnostic Tests of Interest to the Social Worker
- There are no laboratory tests specific to the diagnosis of gambling disorder

Social Work Treatment Summary

Social workers should be aware of their own cultural values, beliefs, and biases and develop specialized knowledge about the histories, traditions, and values of their clients. They should adopt treatment methodologies that reflect their knowledge of the cultural diversity of the communities in which they practice.

Social workers should practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles, as well as the national code of ethics that applies in the country in which they practice.

As with many disorders, early intervention is important. Treatment needs to begin with the individual recognizing that a problem with gambling exists. An effective, commonly used treatment is CBT, which helps the client identify and change problematic patterns of thoughts, feelings, and behaviors that perpetuate gambling. This modality can include identifying and avoiding triggers for gambling behaviors and developing adaptive coping skills to help decrease stress and redirect the behavior. Mindfulness-based treatments in which the client practices techniques to remain focused in the present moment have been successful with gambling disorder. Brief telephone interventions with callers to a gambling help line in New Zealand using education and motivational interviewing were successful in reducing number of days gambled and the amount of money lost at both 3 and 12 month follow up interviews (Abbott, Hodges, et al., 2017). In addition, the client should be referred to self-help support groups, such as Gamblers Anonymous, a 12-step program similar to Alcoholics Anonymous in which participants utilize group support and individual sponsors to attain and maintain abstinence from gambling. A person expressing suicidal thoughts may require hospitalization. Formal group rehabilitation programs may also be appropriate.

Medication may be indicated for the secondary problems of gambling disorder such as depression and anxiety. Medications intended to address impulsivity, compulsivity, and anhedonia are being researched and used in treatment of gambling disorder. These pharmacological approaches vary widely and include antidepressants, opioid antagonists, mood stabilizers, and atypical antipsychotics.

A study involving 181 Italian high school students found that adolescents may benefit from an integrative intervention to prevent gambling. As evidenced by a pre- and post-test, the students who received the psychoeducational intervention gained accurate knowledge about gambling and its negative impact and had fewer misconceptions about gambling (e.g., gambling always makes people rich). Such programs may help prevent development of gambling problems among this vulnerable population (Donati et al., 2014).

On a macro level, social workers can advocate for the introduction of harm reduction measures by casinos or other sites where gambling takes place. Examples of harm reduction measures include pop-up messages on slot machines reminding
players to self-appraise their gambling or to limit their losses, removal of machines that dispense cash (ATMs) or accept large denominations of currency, placing maximums on bets, and bans on smoking.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client has symptoms of gambling disorder</td>
<td>Determine if criteria for diagnosis are met</td>
<td>Conduct a complete biopsychosocialspiritual history; use assessment tools (e.g., SOGS or NODS)</td>
</tr>
<tr>
<td>Client meets criteria for gambling disorder</td>
<td>Eliminate or control problem behavior</td>
<td>Use CBT; individual and/or group therapy; refer to rehabilitation as indicated and available, or to support groups, or for medication assisted therapy (MAT)</td>
</tr>
<tr>
<td>Client is at risk of returning to active gambling after sustained remission</td>
<td>Develop stress-management skills and coping mechanisms</td>
<td>Provide emotional support; limit exposure; follow up with continued participation in support groups</td>
</tr>
</tbody>
</table>

Applicable Laws and Regulations

Each country has its own standards for cultural competency and diversity in social work practice. Social workers must be aware of the standards of practice set forth by their governing body (e.g., National Association of Social Workers in the United States, British Association of Social Workers in England) and practice accordingly.

In 2003 the American Gaming Association (AGA) published a Code of Conduct, which is a pledge by the AGA to its patrons, employees, and to the public to advocate for responsible gambling in the casino business. The code includes pledges to prevent underage gambling, to serve alcoholic beverages responsibly, to advertise responsibly, to educate employees about responsible gambling, and to promote research-based policies on responsible gambling (AGA, 2003).

Laws governing gambling vary by jurisdiction and change frequently. The University of Nevada, Las Vegas (UNLV), Center for Gaming Research collects and publishes information related to laws by jurisdiction (all 50 U.S. states and several countries) at gaming.unlv.edu/jurisdictions.html.

Available Services and Resources

› In the United States many state-sponsored gambling hotlines can be reached by calling 1-800-GAMBLER
› Centre for Addiction and Mental Health (CAMH) Canada, https://www.problemgambling.ca/gambling-help/

Food for Thought

› It is estimated that for every person with gambling disorder, five persons close to him or her are affected
› Although funding for gambling treatment programs is limited, it is increasing; several major casinos are now supporting research on the prevention and treatment of gambling disorder
› Co-occurring disorders are extremely common in individuals with gambling disorder, especially anxiety, alcohol use disorder, and depression
› Different forms of gambling may be problematic in different cultures. For example, in the United States bingo is associated with charity fund-raising, but in Brazil, although it is a legal activity, it is associated with casino gambling
› Gambling problems in older adults (65 and older) can occur as a result of feeling lonely, needing an escape, attempting to replace work after retiring, or lacking a feeling of purpose
**Red Flags**

› Persons with gambling disorder present challenges for social workers because the shame and stigma associated with the disorder leads affected individuals to deny obvious problems; typically they seek treatment only as a result of pressure from others

› The population of individuals with gambling disorder is heterogeneous; not all individuals share the same personality, cultural, or ethnic traits

› Similar to substance use disorder, gambling disorder can be a chronic disorder that progressively worsens without treatment

› Individuals who meet criteria for gambling disorder are at a high risk for suicide. Therefore, a thorough assessment for suicide risk using an evidence-based screening tool should be an integral part of the initial assessment and of ongoing evaluations while working with clients. Also consider developing a formal safety plan with the at-risk client to address suicidal thoughts, plans, and intentions as they arise

**Discharge Planning**

› Provide client with necessary resources, such as the National Council on Problem Gambling, to find local chapters of GA

› Emphasize importance of attending regular support-group meetings and any individual CBT/family therapy or rehabilitative services previously agreed upon

› Encourage client to maintain strict adherence to prescribed medication schedule (if needed) and to notify psychiatrist of any adverse side effects or increase in suicidal thoughts

› Inform involved family members of the need to communicate any pertinent information to identified professional involved with the client

---

**References**


