Screening, Brief Intervention & Referral to Treatment (SBIRT) for Problem Gambling

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  o Ontario Mental Health Foundation
  o Gambling Research Exchange Ontario
  o Ontario Lottery & Gaming
AGENDA

1. Intro to SBIRT
2. Screening
3. Brief Intervention
4. Referral to Treatment
5. Discussion
What is SBIRT?
What is SBIRT?

https://www.sbirtoregon.org/video-demonstrations/
Why SBIRT?

• SBIRT increasingly applied to promote early identification and management of substance misuse
• Meta-analyses support efficacy with alcohol use
• More mixed support for drug use (Institute of Medicine, 1990, 2001)
Why SBIRT for Problem Gambling?

- No or low risk
- Risky Gambling
- Unhealthy Gambling Behaviour
- *Problem Gambling
Why SBIRT for Problem Gambling?

Problem gambling
• Relatively infrequent in general population
• 3-4 times more prevalent in healthcare settings (Black et al., 2013; Morasco et al., 2006)

Few with harmful gambling seek treatment for gambling
• Much more likely to seek treatment for comorbid psychiatric disorders (Kessler et al., 2008; Rush et al., 2008)
Why SBIRT for Problem Gambling?

Gambling 5 or more times per year linked to:
- Increased medical utilization
- Increased health care costs
- Increased likelihood of addictive or affective disorder, or other medical comorbidities (Morasco et al., 2006)
Why SBIRT for Problem Gambling?

- Only one in ten gamblers seek / obtain any type of treatment
- 48 designated agencies in Ontario, 100-110 designated problem gambling clinicians
- Low proportion (< 12%) of those with problem gambling in Ontario receive treatment from a designated problem gambling clinician
- Need to build capacity to manage problem gambling across entire system
Brief Interventions for Problem Gambling:

- Personalized Feedback
- Motivational Enhancement
- Cognitive Components
- Behavioural Components
- Goal Setting
- Change Plans
Do brief interventions for problem gambling work?

**Brief Interventions vs. Inactive Control Conditions (5 Studies; N=443)**

- Brief interventions were associated with significant reductions in short-term gambling behaviour versus assessment only control.
Do brief interventions for problem gambling work?

- Clinicians were typically research therapists with undergraduate or graduate training
- Follow-up assessments ranged from 6 to 12 months
Introducing the SBIRT Toolkit

https://www.problemgambling.ca/resources/sbirt-toolkit/

The SBIRT Toolkit

A toolkit for community and healthcare settings.
Guidelines for screening and intervening with problem gambling behaviours.

Use Toolkit →
Introducing the SBIRT Toolkit

https://www.problemgambling.ca/resources/sbirt-toolkit/
Screening
### SBIRT for PG: What Screen to Use?

<table>
<thead>
<tr>
<th>Identify</th>
<th>• Brief Screen</th>
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<td>Triage</td>
<td>• Full Screen</td>
</tr>
<tr>
<td>Plan Treatment</td>
<td>• Clinical Assessment</td>
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<tr>
<td>Monitor Progress</td>
<td>• Severity/PROMs</td>
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<tr>
<td>Evaluation</td>
<td>• Severity/Satisfaction</td>
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</table>
SBIRT for PG: What Screen to Use?

Screening for problem gambling within mental health services: a comparison of the classification accuracy of brief instruments

Nicki A. Dowling¹,², Stephanie S. Merkouris¹, Victorian Manning³,⁴, Rachel Volberg⁵, Stuart J. Lee⁶, Simone N. Rodda⁷,¹,³, * and Dan I. Lubman³,⁴, *

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SBIRT for PG: What Screen to Use?

Brief Screen
• Provides indicator of difficulty
• Informs need for further assessment
• Generally:
  o ≤ 1 minute to administer
  o 1-3 items

Numerous available
• Differ in time scale
Brief Screens

Please tell us the last time, if ever, you had a problem with gambling that caused you to give up, reduce, or have problems with important activities or people at work, school, home, or social events?
Brief Screens

- Brief Problem Gambling Screen
- Brief Biosocial Gambling Screen (BBGS)
- NORC DSM Screen for Gambling Problems (NODS)
  - NODS-CLiP
  - NODS-PERC
- Lie/Bet
- Consumption Screen for Problem Gambling (CSPG)

- Range in content, length, time frame
### Brief Biosocial Gambling Screen (BBGS)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During the past 12 months, have you become restless, irritable, or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anxious when trying to stop/cut down on gambling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. During the past 12 months, have you tried to keep your friends or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>family from knowing how much you gambled?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. During the past 12 months, did you have such financial trouble as a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>result of your gambling that you had to get help with living expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>from family, friends, or welfare?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*https://www.problemgambling.ca/resources/sbirt-toolkit/screening/bbgs.html*
### Brief Problem Gambling Screen (3-item) (BPGS)\textsuperscript{15}

<table>
<thead>
<tr>
<th>In the past 12 months:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you often gambled longer, with more money, or more frequently than you intended to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you made attempts to either cut down, control, or stop gambling?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**About the measure**

Brief Screens

[Link to resource: https://www.problemgambling.ca/resources/sbirt-toolkit/screening/bpgs5.html]

<table>
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<tr>
<th>In the past 12 months:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Would you say you have been preoccupied with gambling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you often gambled longer, with more money, or more frequently than you intended to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you made attempts to either cut down, control, or stop gambling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you borrowed money or sold anything to get money to gamble?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Brief Screens

Challenges in Using Brief Screens
- Applied settings have yielded low hit rates
- Lack of clarity re: what “gambling” means
- Developed to identify severe cases
- Both clinician and patient barriers
SBIRT for PG: What Screen to Use?

Full Screen
• Provides index of severity
• Informs form of intervention required
• Generally:
  o ≤ 3 minutes to administer
  o ≤ 10-20 items
Full Screens

- Problem Gambling Severity Index (PGSI)
- South Oaks Gambling Screen (SOGS)
- Problem and Pathological Gambling Measure (PPGM)
- Sydney Laval Universities Gambling Screen (SLUGS)
Full Screens

- https://www.problemgambling.ca/resources/sbirt-toolkit/screening/pgsi.html

- https://www.problemgambling.ca/resources/sbirt-toolkit/screening/ppgm.html
Brief Intervention
SBIRT for PG: BI Strategies

Typically 1 session, < 20 minutes in length
• BI vs. extended BI

Focus on motivation for healthier behaviours
• Increase awareness of personal risk for harms
• Identify factors that maintain unhealthy behavior vs. promote healthy choices
• Elicit specific behavioral changes that are acceptable to/desired by patient
• Agree on follow up plan
• NOT intended for those with fulsome diagnosis
• NOT intended to replace specialized treatment
• Can be used to encourage access
• Usually indicated for 10-20% of people screened

Demonstration
Brief Intervention Models

FLO
- Feedback, listen/understand, options explored

BNI
- Raise the subject, provide feedback, enhance motivation, negotiate & advise

FRAMES
- Feedback, responsibility, advice, menu of options, empathy, self-efficacy
Raise the Subject

• Ask for permission to discuss gambling behaviours
• Be respectful of client and convey empathy
• Highlight the client’s autonomy and respect for their choices
## Raise the Subject

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actions / Examples</th>
</tr>
</thead>
</table>
| Establish Rapport  | **Explain your role**  
> “Hello, I am ____. Would you mind taking a few minutes to discuss gambling?”  

**Normalize conversation**  
> “We ask these questions with all of our clients to inform our services, and make sure we’re providing you with the best care.”  

**Ask for permission**  
> “I’d like to take a moment to ask about how gambling has impacted your life, and to explore whether you’d like to make any changes in your gambling. Would that be okay?” |
Provide Feedback

• Provide personalized feedback about client’s level of risk, as indicated by their screening results
• Highlight connection between gambling patterns & related physical, social, & financial consequences to encourage reflection of behaviour
• Use reflective listening
Enhance Motivation

• Assess the client’s readiness to change their behaviour
• Help the client recognize discrepancies between their goals/values & present behaviour
• Bolster client’s confidence by eliciting change talk
Given our discussion, how do you feel about making a change in your gambling?

• From 0-10, how ready are you to change your gambling?
• Why did you choose that number and not a lower one?
• What would need to happen to be at a higher number?
Negotiate & Advise

• Shift the focus of conversation from reasons to change to negotiating a personalized plan for change

• Help client identify a goal for how to stay within safe limits or abstain

• Summarize conversation

• Suggest follow-up appointment &/or referrals to treatment if appropriate
Negotiate & Advise

Provide Advice
• Signal shift of conversation
• Provide menu of options

Negotiate a Goal
• Assist client in identifying goal from menu of options
• Acknowledge autonomy
• Summarize conversation
Negotiate & Advise

Menu of Options

A menu of options can vary depending on the services available in your local region, but some options for preventing problem gambling include:

- abstinence
- setting time limits
- setting money limits
- reducing high-risk gambling situations (e.g., not drinking while gambling)
- increasing time spent on other leisure activities.
Referral to Treatment

Next Steps

• Suggest scheduling a follow-up appointment to discuss progress
• Provide referrals to treatment, if needed
• Thank client for their time and willingness to discuss their gambling behaviours
Let’s Practice!

• Listen for...

• Personalized feedback about level of risk as indicated by screening results

• Connections between gambling and negative consequences to encourage reflection of behaviour

• Use of reflective listening

Physical symptoms as a result of stress

Harm to emotional state

Financial harm

Harm to relationships
Let’s Practice!

Identifying risky behaviours
• Gambling to cope/escape
• Gambling while:
  • under financial stress
  • using alcohol or other drugs

Risk reduction
• Limit money
• Limit time
• Frequency
• Duration

Risk reduction
• View gambling as entertainment
• Balanced lifestyle
Referral to Treatment
Referral to Treatment

Referrals to treatment are provided to approximately 3 – 5 % that complete screening.

Referrals provided vary depending on level of severity:
- outpatient counselling/psychotherapy
- psychiatric treatment
- outpatient rehabilitation
- peer support
- community organizations
- social services
- helplines (for acute distress)
Referral to Treatment

Referrals to treatment services are provided to approximately three to five per cent of clients that complete the screening process. The types of referrals provided will vary depending on the level of severity, but can consist of:

- outpatient counselling/psychotherapy
- psychiatric treatment
- outpatient rehabilitation
- peer support
- community organizations
- social services
- helplines (for acute distress).
Implementing an SBIRT Protocol
Implementation

What do you feel are the strengths of SBIRT?

What do you feel are the weaknesses of SBIRT?

Identify your top 3!
Prepare

**Educate** staff and clinicians about the importance of universal screening and implementing brief interventions for problem gambling.

Ensure staff are comfortable discussing problem gambling with clients.

To ensure success, the **organization should commit** to establishing and maintaining SBIRT for problem gambling as part of your practice.
Plan

Determine how best to incorporate SBIRT into your practice to ensure universal screening.

Choose the best screening tools for your practice.

Consider how to conduct screening. Will clients fill out a questionnaire or will a staff member ask the questions?

Identify the roles of staff in the SBIRT protocol and determine how to optimize flow.

Compile a current list of organizations and treatment services within your community.
Pilot

Piloting the protocol is important to evaluate feasibility of your organization's plan and ensure staff are comfortable with their roles.

Gather feedback from staff members about their experience with the protocol and use the information gathered to further refine procedures prior to implementation.
Execute & Evaluate

Provide opportunities for staff to give regular feedback about what is working well vs needs improvement.

Stay current on research

Learn from others - Check in with other organizations about their processes and what is working for them
Implementation

What do you feel are barriers to implementing SBIRT?

What do you feel are facilitators of implementing SBIRT?

Identify your top 3!
Where to look for more resources!

https://www.problemgambling.ca/resources/sbirt-toolkit/

- SAMSHA
  > https://www.samhsa.gov/sbirt

- NIDA / NIAAA
  > E.g., http://www.niaaa.nih.gov/guide

- Other academic & government sites
  > http://medicine.yale.edu/sbirt/
Thank You