



SBIRT for Problem Gambling

A toolkit for community and healthcare settings

Guidelines for screening and intervening with problematic gambling behaviours



Table of Contents

About This Toolkit.....	2-3
What is SBIRT?.....	4-8
SBIRT in Action.....	9-30
• Screening	9-18
• Brief Intervention	19-28
• Referral to Treatment	29-30
Appendices.....	31-37
• Appendix One – Implementing an SBIRT Protocol	31
• Appendix Two - Elements of a Brief Intervention	32
• Appendix Three – Case Examples	33-35
• Appendix Four – Problem and Pathological Gambling Measure	36-37
• Appendix Five – Testimonials	38
• Appendix Six – Relevance of Toolkit	39
References.....	40-41

About This Toolkit

These guidelines were developed to provide community and healthcare organizations with the information and tools needed to implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocols to identify and help individuals with problem gambling.

Gambling is a popular pastime with up to 9 in 10 Canadians having gambled at least once during their lifetime¹. Although only about 3% suffer from problem gambling and require specialized care, a much larger proportion of Canadians engage in risky levels of gambling with significant personal costs².

SBIRT protocols have been effectively applied to reduce the harms from other risky health behaviours such as alcohol use across a wide range of community and healthcare settings². The goal of these guidelines is to extend the success of these practices to gambling.

This toolkit provides:

- ♣ Information about SBIRT protocols, and utility of SBIRT for problem gambling
- ♣ Recommendations for screening tools for problem gambling
- ♣ Recommendations for brief interventions and case examples
- ♣ Recommendations for referral to treatment services for problem gambling, with a focus on Ontario services
- ♣ How to implement an SBIRT protocol within your organization



Who is this toolkit for?

This toolkit is intended to provide guidance on how to implement an SBIRT protocol for problem gambling.

Organization mandates and activities, as well as staffing and role responsibilities differ widely; this toolkit is intended to be used flexibly across clinical and community settings and teams.

For instance,

- If some steps are beyond a staff member's scope of practice, they can be delegated or modified as long as the objectives are achieved
- If your organization does not have the capacity to implement brief interventions, you can go directly from screening to referral to treatment

See Appendix One for suggestions on how to start the conversation about organizing an SBIRT protocol within your institution.

How was this toolkit developed?

This toolkit was informed by a systematic review and meta-analysis completed by Quilty et al. (2018) highlighting the utility of SBIRT for the treatment of problem gambling.

The feedback we received through our preliminary needs assessment and subsequent knowledge user consultations provided further guidance on the contents of the toolkit and support for the utility of this resource.

What is SBIRT?

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based, public health approach to the early identification, and provision of treatment services for individuals engaging in potentially risky health behaviours.

SBIRT is a systematic approach that consists of **three** core components:

- ✓ **Screening (S)**
- ✓ **Brief Intervention (BI)**
- ✓ **Referral to Treatment (RT)**

Screening

Screening involves a rapid assessment to identify specific unhealthy behaviours. These tests are simple, universal, and can be administered in a variety of settings.

Most individuals will screen negative after a “brief” screen; those who screen positive complete a “full” screen to determine their risk level, and their healthcare needs.

Brief Intervention

If a person’s behaviours are identified as risky or problematic, a brief intervention follows. The goal of the brief intervention is to increase the person’s awareness of their risk level, and to identify steps towards behavioural change.

Brief interventions consist of a limited conversation between the client and their health care practitioner, to increase the client’s awareness of the consequences related to their behaviours, and to enhance their motivations to change their behaviours to be within healthy limits.

A brief intervention is usually indicated for 10-20% of people screened³.

Referral to Treatment

Referral to specialized treatment services is provided to those identified as being the highest level of severity according to the full screen. A brief intervention has been found to have little effect on this group.

A referral is usually necessary for about 3-5% of people screened³.

Why SBIRT?

SBIRT is a highly flexible intervention that can be readily incorporated into a wide range of settings including:

- Hospital emergency rooms
- Primary care settings
- Community health centres
- Non-profit organizations
- And more...

SBIRT provides a standardized and effective approach to check-in with clients and provide personalized care.

It can be used as either a prevention strategy to help clients understand their potentially risky behaviours, as well as help clients with highly risky behaviours get the care they desire.

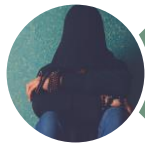


What is Problem Gambling?

“Problem Gambling” comprises loss of control over gambling, preoccupation with gambling, irrational thoughts associated with gambling, and continued gambling behaviour despite negative consequences.

Problem gambling is the most common term used to describe gambling behaviour that is associated with negative consequences to the individual gambler, to their family, friends, acquaintances, coworkers, or to the community^{4,5}.

Problem gambling is associated with substantial negative impacts including⁴:



Depression and thoughts of suicide



Anxiety and stress



Familial and marital conflict or
breakdown



Occupational stress or loss of employment



Financial strain



Legal difficulties

What's the difference between problem gambling and gambling disorder?

“Gambling Disorder” comprises “persistent and recurrent problematic gambling behavior,” including an inability to control gambling and leading to significant personal distress and psychosocial consequences for the individual

- Gambling Disorder is diagnosed on the basis of specific criteria outlined by the Diagnostic and Statistical Manual of Mental Disorders-5⁶
- Gambling Disorder was previously termed “Pathological Gambling”⁷

In the current guide, “problem gambling” will be used to refer inclusively to gambling behaviours associated with negative consequences or harms to the individual gambler or important others

Why should gambling be a priority across community and healthcare settings?

It has been well established that those who struggle with unhealthy gambling behaviours frequently show other difficulties with addiction and mental illness, including⁸:

- Substance Use Disorders
- Mood Disorders
- Anxiety Disorders

Research has also emphasized that individuals with problem gambling are more likely to seek treatment for their other concerns than for their gambling behaviours⁹. Undetected problem gambling can in turn negatively impact an individual's engagement and response to supports and services.

Implementing an SBIRT for problem gambling protocol within your organization provides an opportunity to identify gambling related harms that could be overseen, and help inform a holistic treatment plan.

Why SBIRT for PG?

Numerous brief and full screens are able to reliably identify those experiencing greater gambling risk or harms.

The use of brief interventions for problem gambling has been shown to lead to 10, 11.

- Decrease in gambling frequency
- Decrease in gambling expenditure
- Decrease in problem gambling
- Decreased distress

Screening and brief intervention can be delivered in a wide range of settings, and provide an opportunity to intervene with individuals that are not seeking treatment to prevent or reduce the risk of harm associated with gambling.

SBIRT processes can be seen as the one component of a comprehensive treatment approach to identify gambling behaviour in need of intervention, and consistent with a stepped care approach, where the intensity of the intervention is matched to the level or risk of harm.



SBIRT in Action

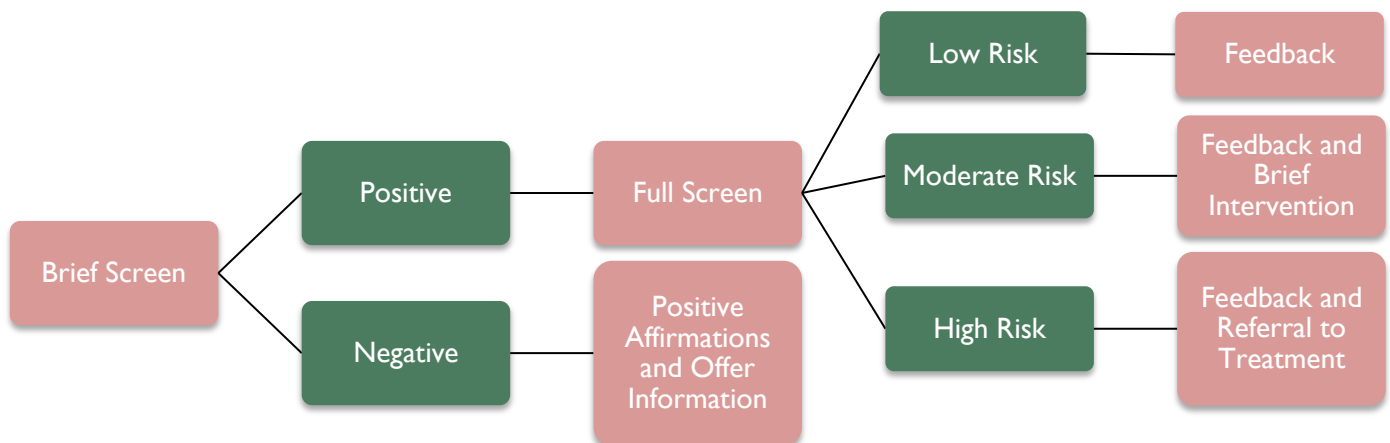
1. Screening

Choosing a Screening Tool

Screening is a structured process that provides an easy way to identify people whose gambling behaviours may lead to problem gambling, or other negative consequences.

Ideally, this process should be quick, easy, and be able to identify as many individuals with risky gambling as possible.

It should be noted that screening is not assessment, and screening tools should not be used as diagnostic tools.



Brief Screens vs. Full Screens

Brief screens identify possible problem gamblers.

Full screens triage clients according to their severity or risk of harm

Brief screens consist of 2-3 questions, which typically take less than a minute to answer.

Brief screens allow you to rule out individuals who have minimal risk of problem gambling immediately.

Full screens consist of 10-20 questions which typically take 3-5 minutes or less to administer.

Full screens provide clinicians with an index of severity and help to inform the type of intervention that best addresses the client's needs.

Interventions can take many formats, and differ depending on the client's risk level.

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What's the difference between a brief and full screen?

Brief and full screens differ in both their duration and accuracy.



We provide recommendations for screening tools for gambling below.

For each of the tools recommended, we have provided key information about its accuracy in identifying individuals with problem gambling:

- **Sensitivity** refers to how well the tool correctly identifies individuals with problem gambling
- **Specificity** refers to how well the tool identifies individuals that do not have problem gambling
- **Positive Predictive Value (PPV)** reflects the likelihood that a person who has a positive screening test *actually* has problem gambling
- **Negative Predictive Value (NPV)** reflects the likelihood that a person with a negative screening test *does not* have problem gambling

Sensitivity and Specificity refer to the properties of a test.

PPV and NPV illustrate how a test has performed and can differ across clinical settings.

The tools we recommend below have been informed by previous research, and have been shown to be the most effective tools in recent research (see Dowling et al., 2018).

These are validated instruments, and may not work as well if altered.

Brief Screens for Problem Gambling

BBGS: Brief Biosocial Gambling Screen

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

SCORING

A “yes” answer to any of the questions means the person is at risk for developing a gambling problem; **continue with full screen to assess risk level.**

If negative, reinforce healthy decisions and continue with appointment.

Measure Characteristics¹³

- Sensitivity = 0.87
- Specificity = 0.96
- PPV = 0.74
- NPV = 0.98

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A PPV of 0.74 suggests that 74% of individuals who screen positive on the BBGS will be identified as a problem gambler

BPGS (3-Item): Brief Problem Gambling Screen

BPGS (3-Item)¹⁴

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

SCORING

A “yes” answer to any of the questions means the person is at risk for developing a gambling problem; **continue with full screen to assess risk level.**

If negative, reinforce healthy decisions and continue with appointment.

Measure Characteristics¹³

- Sensitivity = 0.97
- Specificity = 0.91
- PPV = 0.54
- NPV = 0.99

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Choosing a screening tool with high sensitivity and specificity is important as it means the questionnaire is able to accurately identify problem gamblers (high sensitivity) and non-problem gamblers (high specificity).

BPGS (5-Item): Brief Problem Gambling Screen

BPGS (5-Item)¹⁴

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

SCORING

A “yes” answer to any of the questions means the person is at risk for developing a gambling problem; **continue with full screen to assess risk level.**

If negative, reinforce healthy decisions and continue with appointment.

Measure Characteristics¹³

- Sensitivity = 0.98
- Specificity = 0.90
- PPV = 0.54
- NPV = 0.99



The high sensitivity and PPV displayed by the 5-item BPGS suggests that it is a quick and effective tool for identifying clients with any level of problem gambling¹².

Full Screens for Problem Gambling

PGSI: Problem Gambling Severity Index

PGSI¹⁵

Below are a number of statements that describe the consequences of gambling. Please indicate how often you have experienced the following consequences in the past 12 months:

	0 (Never)	1 (Sometimes)	2 (Most of the Time)	3 (Almost Always)
1. Have you bet more than you could really afford to lose?	☐	☐	☐	☐
2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?	☐	☐	☐	☐
3. When you gambled, did you go back another day to try to win back the money you had lost?	☐	☐	☐	☐
4. Have you borrowed money or sold anything to get money to gamble?	☐	☐	☐	☐
5. Have you felt that you might have a problem with gambling?	☐	☐	☐	☐
6. Has gambling ever caused you any health problems, including stress or anxiety?	☐	☐	☐	☐
7. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	☐	☐	☐	☐
8. Has your gambling caused any financial problems for you or your household?	☐	☐	☐	☐
9. Have you felt guilty about the way you gamble or what happens when you gamble?	☐	☐	☐	☐

SCORING

Create a score by adding the values of each item:

- **0** indicates **no risk/non-problem gambler**
- **≤ 2** indicates **low risk**
- **3-7** indicates **moderate risk**
- **≥ 8** indicates **high risk**

Clients that have a PGSI score of ≥ 3 should move to Step 2 to perform a brief intervention.

For clients with no or low risk of problem gambling, provide positive affirmations and personalized feedback.

E.g., “Thank you for your openness in answering these questions. Your answers suggest that you are at low risk of developing a gambling problem. It’s clear that you are gambling in a way that is consistent with your goals.”

Measure Characteristics¹⁶

- Sensitivity = 0.91
- Specificity = 0.86
- PPV = 0.49
- NPV = 0.98

PPGM: Problem and Pathological Measure

PPGM¹⁷

1a) Has your involvement in gambling caused you either to borrow a significant amount of money or sell some of your possessions in the past 12 months?

1b) Has your involvement in gambling caused significant **financial concerns** for you or someone close to you in the past 12 months?

(NOTE: do not score 1 for 1b if 1 has already been scored for 1a)

2) Has your involvement in gambling caused significant **mental stress** in the form of guilt, anxiety, or depression for you or someone close to you in the past 12 months?

3a) Has your involvement in gambling caused serious problems in your **relationship with your spouse/partner, or important friends or family** in the past 12 months?

3b) Has your involvement in gambling caused you to repeatedly neglect your children or family in the past 12 months?

(NOTE: do not score 1 for 3b if 1 has already been scored for 3a)

4) Has your involvement in gambling resulted in significant **health problems** or injury for you or someone close to you in the past 12 months?

5a) Has your involvement in gambling caused significant **work or school problems** for you or someone close to you in the past 12 months?

5b) Has your involvement in gambling caused you to miss a significant amount of time off work or school in the past 12 months?

(NOTE: do not score 1 for 5b if 1 has already been scored for 5a)

6) Has your involvement in gambling caused you or someone close to you to write bad cheques, take money that didn't belong to you or commit other illegal acts to support your gambling in the past 12 months?

7) Is there anyone else who would say that your involvement in gambling in the past 12 months has caused any significant problems regardless of whether you agree with them or not?

8) In the past 12 months, have you often gambled longer, with more money or more frequently than you intended to?

9) In the past 12 months, have you often gone back to try and win back the money you lost?

10a) In the past 12 months, have you made any attempts to either cut down, control or stop your gambling? (If YES) Were you successful in these attempts?

(NOTE: Score '1' for No and '0' for Yes)

11) In the past 12 months, is there anyone else who would say that you have had difficulty controlling your gambling, regardless of whether you agreed with them or not?

12) In the past 12 months, would you say you have been preoccupied with gambling?

13) In the past 12 months, when you were not gambling did you often experience irritability, restlessness or strong cravings for it?

14) In the past 12 months, did you find you needed to gamble with larger and larger amounts of money to achieve the same level of excitement?

SCORING

Create a total score by adding up the values of each item:

- 0 indicates **non gambler or recreational gambler**
- 1 indicates **at-risk gambler**
- 2-4 indicates **problem gambler**
- ≥ 5 indicates **pathological gambler**

For more detailed scoring instructions, see Appendix Four.

Measure Characteristics¹⁶

- Sensitivity = 0.99
- Specificity = 0.99
- PPV = 0.94
- NPV = 0.99

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The PPGM's high accuracy in both research and clinical settings makes it a great measure for differentiating between levels of problem gambling.

2. Brief Intervention

What is a Brief Intervention (BI)?

Brief intervention refers to a short, purposeful, collaborative conversation that enhances motivation and capacity to change risky behaviours such as problem gambling.

A brief intervention is non-confrontational, and focuses on the small changes a person is willing to make.

The goals of a brief intervention are to:

1. Increase awareness of gambling patterns and risk level, as well as the connection between behaviours and related harms
2. Elicit the client's own reasons to change and to create a plan to change their behaviours to stay within safe limits

These conversations are typically only 5-15 minutes.

BIs should not substitute treatment services for clients that are exhibiting a high level of problem gambling or other risky behaviours. A BI could be provided as clients are waiting for specialized services, but high risk clients should receive a referral to treatment immediately (see page 27).

Stages of a Brief Intervention

A brief intervention can take many formats, and can vary in terms of length and target intervention.

The stages of a brief intervention proposed are based on the Brief Negotiated Interview model developed by D’Onofrio, Bernstein, and Rollnick¹⁸.

The brief negotiated interview is a semi-structured interview process informed by motivational interviewing principles. See Appendix Two for information about skills to consider when conducting a brief intervention.

A brief intervention consists of four key steps:

-  1 Raise the Subject
-  2 Provide Feedback
-  3 Enhance Motivation
-  4 Negotiate and Advise

Step One: Raise the Subject

Key Objectives:

- Ask for permission to discuss gambling behaviours
- Be respectful of client, and convey empathy
- Highlight the client's autonomy, and respect for their choices

The first step sets the tone for your rapport with a client, and the success of the brief intervention. Asking for permission emphasizes the client's sense of control over the conversation.

Objectives	Actions / Examples
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?”
Raise Subject	Engage client “The questionnaire we asked you to complete earlier suggests that you may be having some difficulties with gambling. Research has shown that having a brief conversation about how gambling fits into your life and considering reasons to change can have a lasting, positive effect.”
Respect Client Autonomy	Reinforce client’s choice to discuss their behaviours “It is your choice to take this opportunity. This is an important time to begin thinking about reasons to change as you may be at risk of worsening gambling problems if you were to continue with the same patterns. I would like to be able to discuss this further with you, but change is ultimately a personal process, and if you do not want to continue with this conversation, that is okay.”

Step Two: Provide Feedback

Key Objectives:

- Provide personalized feedback about the client's level of risk as indicated by their screening results
- Make connection between gambling patterns, and related physical, social, and financial consequences to encourage reflection of behaviour
- Use reflective listening

Objectives	Actions / Examples
Review Client's Patterns • Ask permission to give feedback • Use non-judgemental language/tone	Review screening data and express concern for current patterns "Now I'd like review the results of the questionnaire you filled out earlier and give you some feedback about your gambling, would that be alright with you? Thank you for your openness on these, they are really helpful for us to better understand your gambling."
Give Information/Feedback* • Highlight the connection between issues specific to the client and gambling (if appropriate)	Make connection between gambling behaviour and related consequences "The screening results show that your current pattern of gambling puts you at moderate risk for developing what we call problem gambling. Problem gambling can lead to a wide range of consequences financially, socially, and even physically."

*If screening results indicate that a client is at a moderate risk for problem gambling but the organization does not have the capacity to implement brief interventions, the provision of educational materials or referrals to treatment for gambling is recommended (see page 28).

Step Three: Enhance Motivation

Key Objectives:

- Assess the client's readiness to change their behaviour
- Help client develop discrepancies between their goals/values and their present behaviour
- Bolster client's confidence by eliciting change talk

Objectives	Actions / Examples
Check-In with Client	Ask client how they are feeling right now, and about their screening results "How do you feel about that? Does that fit with how you have been feeling about gambling recently?"
Discuss Pros and Cons (See page 23)	"Help me understand from your perspective, what do you enjoy about gambling? What about some of the not so good things?" Summarize "Okay, so we have some pros such as [summary] but also some cons like [summary] about gambling."
Develop Discrepancies • Use reflective listening to discuss person's views • You can incorporate pros and cons at this step as well if relevant	Listen carefully for discrepancies between the client's gambling and their values or goals "Based on what you've shared with me so far, it is clear you really love your girlfriend and value your relationship dearly. It also seems like gambling is causing serious problems in your relationship. What do you make of that?"
Assess Readiness to Change • Elicit change talk	Show readiness ruler (see page 24) • Importance "How important is making a change to your gambling to you?" • Readiness "How ready are you to make this change?" • Confidence "How confident are you in being able to make this change?"

Discussing Pros and Cons

It can be useful to keep in mind certain motivational interviewing skills when discussing pros and cons to keep the conversation moving forward.

Asking Open-Ended Questions

- Provides an opportunity to learn about the client's thoughts and feelings without suggesting an answer
- It can be useful to use a decisional balance (see below) to gain insight into the client's views about gambling which can then be tied in when discussing change
 - E.g., "When someone is thinking about change, it can be helpful to consider the ways that gambling helps versus harms. Tell me first about some ways that gambling has benefitted you? Now, tell me about the ways that gambling has cost you."
 - "What would be the pros of limiting your gambling spending? What about the cons? What are the pros and cons of not putting those kinds of limits in place, and continuing gambling as you have been?"

	Pros	Cons
Making a Change		
Not Making a Change		

Using Reflections

- Shows you are listening to the client and allows you to confirm that you have understood them correctly instead of making assumptions
- Can help to elicit change talk from client

Provide a Summary

- Allows you to pull together the conversation, and highlight certain aspects
 - E.g., "Thank you for sharing this information with me. Just to make sure I understand correctly, on the one hand gambling has benefitted you [summary] but it has also cost you [summary]. It seems like gambling has done more harm than good, but also it seems like you've taken some important steps to reduce the amount you play."

Listening for Readiness to Change

The readiness ruler is a helpful tool that you can use to help guide conversations about goals and change.

These questions can help to allow the person to hear in their own words their desires for change. It can also help to tease apart how ‘important’ a change is vs. how ‘confident’ they are in being able to make those changes.

See below for an example of how to use the ruler to assess a client’s readiness for change as well as how to improve their confidence.

Readiness Ruler									
Not At All					Extremely				
1	2	3	4	5	6	7	8	9	10

Example:

1. Assessing Importance

“On a scale of 1-10 how important is it to you to change your gambling patterns?”

“Why did you chose [X], instead of [Y (higher number)]?”

[If problem is not important, take some time to provide education, and help make connections between behaviour and consequences]

2. Assessing Confidence

“On a scale of 1-10, how confident right now are you in being able to make that change?”

“What would it take for you to go from [X] to a higher number, such as [Y]?”

[If confidence is low, take some time to bolster client’s confidence by highlighting past successes, breaking down goals to smaller steps, giving suggestions to overcome any barriers, etc.]

Step Four: Negotiate and Advise

Key Objectives:

- Shift focus of conversation from *reasons to change* to negotiating a personalized *plan for change*
- Assist client in identifying a goal for how to stay within safe limits or abstain from gambling
- Summarize conversation
- Suggest follow up appointment and/or referrals to treatment services (if appropriate)

Objectives	Actions / Examples
Provide Advice • Discuss abstinence or decrease in use • Provide personalized advice/education	Signal shift of conversation “After everything we’ve discussed, I wonder what you make of gambling at this point.” Provide menu of options (see page 26) “It sounds like you are quite motivated to make a change. Now I would like to discuss some specific steps you can take – here are some options that I think would be most useful for you.”
Negotiate a Goal • Bolster confidence/ self-efficacy	Assist client in identifying a goal from a menu of options (see page 26) “What steps do you think make most sense for you to take next?” Acknowledge client’s autonomy “It’s completely up to you what you do with this information. Only you can decide change.” Summarize conversation “So let’s summarize what we’ve been discussing today [summary]. Does that sound about right to you? Is there anything that I missed?”
Next Steps	Suggest scheduling a follow up appointment to discuss progress Provide referrals to treatment if needed

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

Setting monetary limits is the most common suggestion for limiting problem gambling. When discussing any option, it is important to have a collaborative conversation with the client about how to best move forward with that step.

Example

Clinician: “One of the best ways to reduce the risk of engaging in problem gambling is to set a limit to how much you will spend before gambling.”

Client: “I agree, I think setting a budget for gambling would be important to me. My wife gets very upset when I lose a lot of money at the casino.”

Clinician: “How do you think would be best way for you to limit how much money you spend at the casino?”

Client: “I could withdraw cash before going out with my friends, and not bring my ATM card with me.”

Clinician: “That sounds like a good option; you could also create a separate bank account that’s only for leisurely activities. Or you could bring someone with you, maybe your wife who could support you and make sure you’re only spending what you can at the casino.”

Client: “I think that not taking my ATM card with me, and maybe asking my wife to come to the casino and making it more of a date night would be a good idea.”

Close: Thank Client

- Acknowledge the client's openness to discuss their gambling behaviours with you, and thank them for their time.

3. Referral to Treatment

Referrals to treatment services are provided to approximately 3-5% of clients that complete the screening process³.

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)

Establishing Referral Procedures

The manner in which you provide referrals can impact whether a person will pursue specialized services. It is important to explore potential barriers that might limit their ability to pursue or access such services, including treatment preferences, costs, or lack of transportation for example.

It is also recommended that clients are provided with no more than 1 to 3 referrals, if possible. When clients are provided with a multitude of referrals it can often be overwhelming and/or difficult to know where to begin or who to contact first.

If a client is open to additional services, we have listed options that are Ontario-wide, as well as recommendations for finding local services.

Provincial Supports

Ontario Wide Services

- Problem Gambling Institute of Ontario (PGIO)
 - The largest specialized program for problem gambling within Ontario
 - Services are largely Toronto-based, with programming offered to those affected by gambling as well as their loved ones
 - Provide gambling-specification education and community resources as well as training and support for professionals
 - For more information, see www.problemgambling.ca
- Canadian Mental Health Association (CMHA)
- Gamblers Anonymous (GA)
 - Support group for individuals that have a desire to stop gambling
 - For more information about GA and meeting times/locations see www.gamblersanonymous.org (for meetings in Ontario, see under 'International Meetings')

Ontario Wide Helplines

- Ontario Problem Gambling Helpline
 - Provides confidential support by phone, chat, or email as well a directory of relevant services in Ontario
 - www.problemgamblinghelpline.ca
- Mental Health Helpline
 - Offers listening, support, and information about local services
 - www.mentalhealthhelpline.ca
- First Nations and Inuit Hope for Wellness Helpline
 - 24/7 helpline and online chat counselling service
 - Call 1-855-242-3310

How to Find Local Services

You can find local services within Ontario using:

- **211 Ontario** (www.211ontario.ca)
 - A helpline and website that connects people with desired services
 - Funding provided by Government of Ontario, Government of Canada, United Way, and Green Shield Canada
- **Connex Ontario** (<http://www.connexontario.ca>)
 - A 24/7 helpline dedicated to providing information and services to people dealing with problems related to drugs/alcohol, mental health, or gambling
 - Funding provided by Government of Ontario
- **Check for agencies in your area that provide problem gambling services** (<https://learn.problemgambling.ca/agencies>)

Appendix One

Implementing an SBIRT Protocol

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 PG as part of your practice

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- Determine **how to best incorporate SBIRT** into your practice to ensure universal screening
 - **Choose the best screening tools** for your practice, see 'SBIRT in Action' for more details about screening tools
 - Consider **how to conduct screening**. Will clients fill out a questionnaire as part of their annual check-up, 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

PLAN

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

-
- See '**SBIRT in Action**' for information about executing an SBIRT protocol

EXECUTE

EVALUATE

- Provide opportunities for staff to provide **regular feedback** on what is working well with SBIRT, and what needs improvement
- **Learn from others**. Stay current on research on effective gambling screens, interventions, and treatment options. Check in with other organizations about their processes, and what is working for them.

Adapted from:

Substance Use Screening and Intervention Implementation Guide developed by the American Academy of Pediatrics

Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use by the Centre for Disease Control and Prevention

Appendix Two

Elements of a Brief Intervention

Brief interventions can vary in length, structure, target of intervention, etc. but all have the same underlying principles. These principles can be summarized using the acronym **FRAMES**¹⁹:

Feedback of personal risk e.g., information about client's risk level with respect to their current patterns as informed by a screening tool such as the PGSI, as well related consequences.

Responsibility of the client for their choices and their plans for change (if that is their desire) e.g., highlight to client that it is up to them about what they do about their gambling.

Advice about the consequences associated with current gambling patterns to increase awareness, as well advice to support positive change.

Menu of options to reduce or stop gambling and help with action planning if appropriate e.g., goals and strategies from which clients can choose from given their personal goals and situation.

Empathy is important for rapport and to be warm, reflective and understanding. Use non-judgemental language, and be non-confrontational e.g., asking clients for permission to discuss gambling use, and provide information.

Self-Efficacy; when discussing gambling behaviours and change planning encourage the client's confidence e.g., convey optimism in client's ability to achieve their goals.

Adapted from:

Brief Intervention for Substance Use: A Manual for Use in Primary Care developed by the World Health Organization

Appendix Three

Case Examples

Case One: Negative Brief Screen

Mrs. A is 67 years old retiree, who is living with her husband and daughter.

Doctor: Hi Mrs. A, I see that you're here for a routine check-up. We are now asking everyone about their gambling patterns to make sure we're providing the best possible care, would you mind answering a few questions? It should only take one minute.

Mrs. A: Sure, that sounds fine to me.

Doctor: Okay, first have you engaged in any gambling over the past year?

Mrs. A: I do go to the bingo hall once a year with my mother-in-law for Mother's Day and maybe to the casino 1-2 times with friends. If there is a larger jackpot, I sometimes buy a lottery ticket but that's only once a year.

Doctor: How many times in a year would you say you gamble?

Mrs. A: I would say 5 times on average, and I always plan how much I will spend before going to the casino or bingo hall and only ever buy one lottery ticket.

Doctor: [ADMINISTERS BRIEF GAMBLING SCREEN]

Mrs. A: [ANSWERS NO TO ALL SCREENING QUESTIONS]

Doctor: Thank you for taking the time to answer these questions, it seems that you have a low risk for developing problems with gambling. From our discussion, I see that you endorse many features of responsible gambling such as setting limits to how much money you will spend prior to going to the casino or bingo hall.

Case Two: Positive Brief Screen

Mr. B is 46 years old. He works in IT and lives with his long-term girlfriend. Mr. B enjoys watching sports, and regularly bets on sporting events. He has recently started to dabble in live action betting. He visits the casino approximately 4-5 times per year with friends.

He enjoys gambling as a social activity, but he has gotten into debt every once and a while as he tends to spend more than he can afford. He frequently drinking alcohol while at the casino or watching sporting events.

Mr. B got a positive score on the brief screen, and therefore completed the full screen.

After completing the full screen, it was determined that Mr. B was on the lower end of the moderate risk range for problem gambling.

The doctor provided this feedback and engaged in a brief discussion with Mr. B about the pros and cons of gambling.

Mr. B identified numerous benefits associated with gambling, but recognized a recent trend of increasing frequency and spending which was often linked to drinking. He endorsed a plan to monitor his spending and to put a monthly limit on gambling. He also committed to limit his alcohol use while gambling while offering to be the designated driver.

As Mr. B was not at a higher risk of developing problem gambling, the doctor decided that referrals to treatment were not needed and was comfortable with Mr. B's plan to limit his risk.

Case Three: High Risk Problem Gambler

Mr. C is 25 years old. He is currently not working, is going to school part-time and living with roommates.

He spends the majority of the day playing video games or online poker while smoking marijuana at the house alone. He has been feeling very low these days, and has been withdrawing from his friends because he feels that he has not accomplished as much as they have.

While waiting for a counsellor at the community clinic, he completed a brief screen for gambling at the request of the nurse.

It was found that he scored positive on the brief screen, and the nurse therefore proceeded with administering a full screen. It was found that he scored on the higher end of the moderate risk level range for problem gambling.

The counsellor proposed that a brief conversation might be useful.

Mr. C was initially not interested in discussing gambling with the counsellor, but after noting the potential link between his low mood and gambling, he said would like to discuss and learn more.

After reviewing the costs and benefits of his gambling and of making a change, Mr. C concluded that there were few benefits associated with his gambling, although an overall decrease in his leisure activities appeared most related to his low mood and his marijuana use.

When assessing his readiness for change, Mr. C placed a high importance on making a change but his confidence in being able to make this change was quite low.

After going through his options with the counsellor, he endorsed a plan to limit his daily gambling by spending more time at the library studying for his courses without his laptop. He also asked for referrals to treatment to help with his concurrent difficulties.

Appendix Four

Problem and Pathological Gambling Measure ¹⁷	Yes	No	SCORE
1a) Has <u>your</u> involvement in gambling caused you either to borrow a significant amount of money or sell some of your possessions in the past 12 months?	☐	☐	—
1b) Has <u>your</u> involvement in gambling caused significant financial concerns for you or someone close to you in the past 12 months? (NOTE: do <u>not</u> score 1 for 1b if 1 has already been scored for 1a)			—
2) Has <u>your</u> involvement in gambling caused significant mental stress in the form of guilt, anxiety, or depression for you or someone close to you in the past 12 months?	☐	☐	—
3a) Has <u>your</u> involvement in gambling caused serious problems in your relationship with your spouse/partner, or important friends or family in the past 12 months?	☐	☐	—
3b) Has <u>your</u> involvement in gambling caused you to repeatedly neglect your children or family in the past 12 months? (NOTE: do not score 1 for 3b if 1 has already been scored for 3a)			—
4) Has <u>your</u> involvement in gambling resulted in significant health problems or injury for you or someone close to you in the past 12 months?	☐	☐	—
5a) Has <u>your</u> involvement in gambling caused significant work or school problems for you or someone close to you in the past 12 months?	☐	☐	—
5b) Has <u>your</u> involvement in gambling caused you to miss a significant amount of time off work or school in the past 12 months? (NOTE: do not score 1 for 5b if 1 has already been scored for 5a)			—
6) Has <u>your</u> involvement in gambling caused you or someone close to you to write bad cheques, take money that didn't belong to you or commit other illegal acts to support your gambling in the past 12 months?	☐	☐	—
7) Is there anyone else who would say that <u>your</u> involvement in gambling in the past 12 months has caused any significant problems regardless of whether you agree with them or not?	☐	☐	—
PROBLEMS SCORE			/7
8) In the past 12 months, have you often gambled longer, with more money or more frequently than you intended to?	☐	☐	—
9) In the past 12 months, have you often gone back to try and win back the money you lost?	☐	☐	—
10a) In the past 12 months, have you made any attempts to either cut down, control or stop your gambling? (If NO, skip question and go to Question 11)	☐	☐	—
10b) Were you successful in these attempts? (Score '1' for No and '0' for Yes)			—

11) In the past 12 months, is there anyone else who would say that you have had difficulty controlling your gambling, regardless of whether you agreed with them or not?	☐	☐	—
IMPAIRED CONTROL SCORE			/7
12) In the past 12 months, would you say you have been preoccupied with gambling?	☐	☐	—
13) In the past 12 months, when you were not gambling did you often experience irritability, restlessness or strong cravings for it?	☐	☐	—
14) In the past 12 months, did you find you needed to gamble with larger and larger amounts of money to achieve the same level of excitement?	☐	☐	—
OTHER ISSUES SCORE			/3
TOTAL SCORE (PROBLEMS + IMPAIRED CONTROL + OTHER)			/14

SCORING

Create scores for each of the subscales (Problems, Impaired Control, and Other Issue) by adding up the values for its respective items as well as a total score:

- **Non-Gambler**
 - No reported gambling of any form in past year
 - Total score of 0
- **Recreational Gambler**
 - Gambler who does not meet criteria for pathological, problem, or at-risk gambler
- **At-Risk Gambler**
 - Does not meet criteria for problem or pathological gambling, plus
 - Total score ≥ 1
 - Reported gambling frequency of $\geq$ once per month
- **Problem Gambler**
 - Problems Score ≥ 1 , plus
 - Impaired Control Score ≥ 1 , plus
 - Total Score of 2-4, plus
 - Reported gambling frequency of $\geq$ once per month
- **Pathological Gambling**
 - Problems Score ≥ 1 , plus
 - Impaired Control Score ≥ 1 , plus
 - Total Score ≥ 5 , plus
 - Reported gambling frequency of $\geq$ once per month

Appendix Five Testimonials

“

This is going to be a wonderful tool!

“

Level of detail very good; enough for seasoned clinicians but also not too overcomplicated for newer clinicians

100% of knowledge users were satisfied with applicability of toolkit and relevance of case examples.

“

Overall, this toolkit is great with good information, nice scripts, and practical!

60% of knowledge users were very satisfied and 40% were satisfied with the overall toolkit

“

Easy to read and good flow of information!

100% of knowledge users found the design of the toolkit to be visually appealing and for the quality of information to be very good.

“

It is good to have all the screens and assessments in one book readily available. It is also flows well so that clinicians know how to move forward with treatment.

“

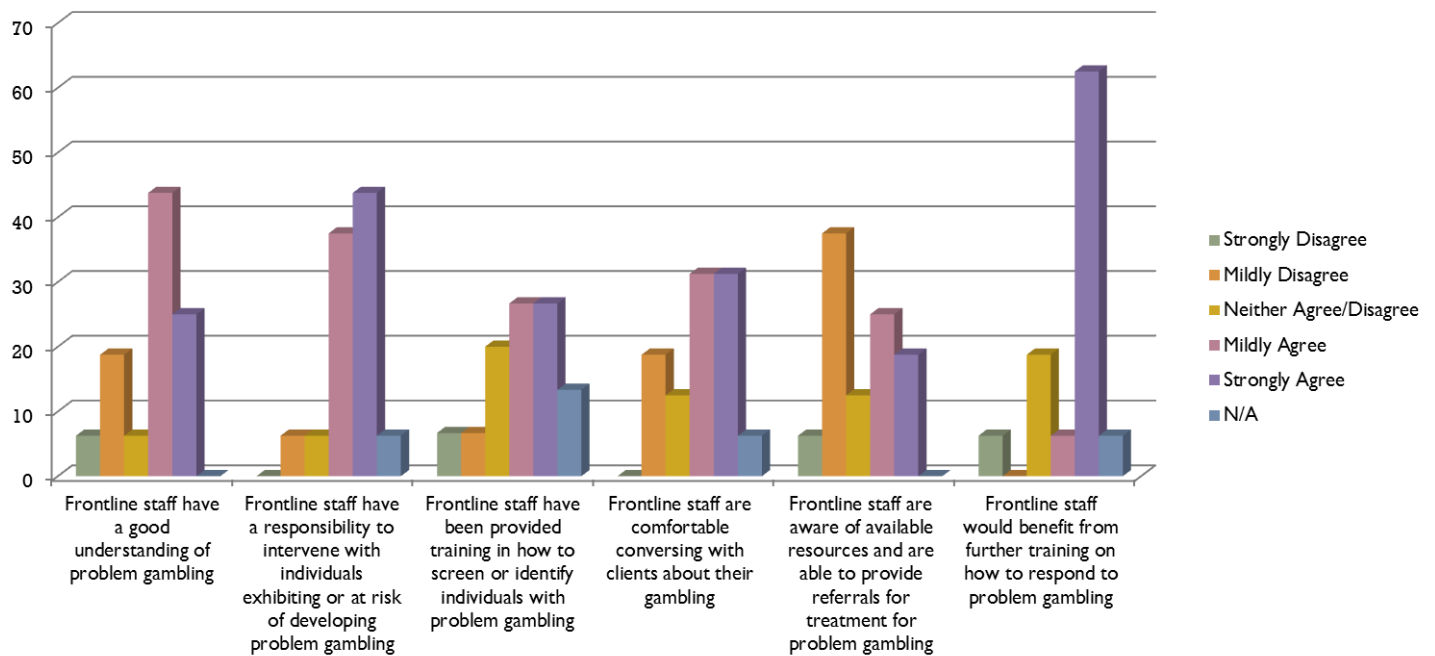
Case examples are great especially for someone in a non-counselling position!

“

Visual elements are very appealing and are effective for summarization and in facilitating important parts of the process.

Appendix Six

Toolkit Utility: A Survey of Knowledge Users



The results of our preliminary needs assessment identified that respondents generally agreed that frontline staff is knowledgeable about problem gambling, and were comfortable conversing with clients about gambling.

However, the majority believed that staff were not aware of the available resources or could provide referrals to treatment for problem gambling, and could benefit from further training for responding to gambling concerns.

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The BNI-ART Institute - <https://www.bu.edu/bniart/>

SBIRT: A Step-By-Step Guide developed by Massachusetts Screening, Brief Intervention, and Referral to Treatment Training and Technical Assistance program (MA-SBIRT)

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