

Assessing the older problem gambler

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I have the NO financial relationships to disclose.

By the end of this presentation, the attendee will be familiar with the:

- common cognitive and mood problems associated with older adults who exhibit problem gambling behaviors.
- assessment questions the clinician ought to consider as part of an assessment of an older adult problem gambler.
- use and utility of available cognitive and mood assessment measures for problem gambling in older adults.

Assessments of older gamblers

- Cognitive assessments
- Mood / personality assessments
- Screens vs. batteries
- You vs. Referral
- Gambling assessments: DSM-IV, DIS, Lie/Bet, SOGS-R, NODS, GABS, T-BAGS, Australian "Eight", Windsor Gambling Screen.

Screening vs. Diagnostic Assessments

- Screening: assesses the probability that a disorder is present in a group of apparently well persons. It separates those in need of further diagnostic testing and treatment.
- Diagnostic: collects information to formulate an actual diagnosis of the disorder. Structured or semi-structured, typically lay or clinician-administered.

Cognitive Assessments for older gamblers

- Answers questions:
- What is this individual's current cognitive functioning?
- What is the severity of any deficits?
- Should a further referral be made?

Cognitive Assessments for older gamblers

- Screening Instruments
 - MMSE (Folstein)
 - Short Portable Mental Status Questionnaire (SPMSQ)
 - Short Blessed
 - Clock Drawing Test
 - Time and Change Test
- Does NOT tell whether individual may have an undiagnosed frontal-lobe type dementia.

Screening Instrument #1

MMSE Mini Mental Status Exam

- 30 item cognitive assessment
- 10 minutes to administer
- Assesses:
 - orientation, memory, concentration/calculations, language and visuospatial skills.
- Scores <24 = Cognitive impairment (NOT SOURCE of impairment)
- Scores influenced by education, ethnicity, age.

Screening Instrument #3

Short-Blessed Test

- Scores of 7 or higher would indicate a need for further evaluation to rule out a dementing disorder, such as Alzheimer's disease. Based on clinical research findings from the Memory and Aging Project³, the following cut points may also be considered:
 - 0 – 4 Normal Cognition
 - 5 – 9 Questionable Impairment (early dementing d/o)
 - 10+ Impairment Consistent with Dementia (dementing d/o)

Montreal Cognitive Assessment (MOCA)

- MOCA - A cognitive screening test designed for detection of mild cognitive impairment.
- <http://www.mocatest.org/>

Screening Instrument #4

Clock Drawing Test

- Ask individual to draw the face of a clock, putting the numbers in the correct positions.
- Next, ask individual to draw the hands indicating
 - ten minutes after eleven
 - twenty minutes after eight
 - or two forty-five.

Clock Drawing Test: Scoring

- Four Point Scoring Method:
 - Brief
 - Sensitive
 - Easy to apply
-
- Draws closed circle: 1 point
 - Places numbers in correct positions: 1 point
 - Includes all 12 correct numbers: 1 point
 - Places hands in correct positions: 1 point.

Clock Drawing Test: Interpretation

- Certain errors
 - grossly distorted contour
 - extraneous markings
 - rarely produced by cognitively intact persons.
- Low score indicates the need for further evaluation.
- Unlikely that a perfectly drawn clock will be drawn by a cognitively impaired person. When in doubt, multiple sources of evidence should be examined.

Frontal Lobe Injury, Damage and Syndromes

- Damage to frontal lobe can cause impairment of:
 - working memory
 - and affect the ability to weigh the consequences of personal actions.

Frontal Lobe Syndromes

- Loss of Divergent Thinking
- Behavioral Spontaneity
 - reduction in verbal and nonverbal fluency
 - frontal lobe patients may appear lethargic and have difficulty initiating behavior
- Strategy Formation
 - impaired at developing novel cognitive plans or strategies for solving problems

Frontal Lobe Syndromes

- Inhibition and Inflexible Behavior
 - Response Inhibition
 - tend to perseverate
 - Risk Taking and Rule Breaking
 - failure to comply with task instructions
 - Associative Learning

Mood / Personality Assessments for older gamblers

- Answers questions:
- Is the individual depressed?
- What is the severity of this individual's depression?
- Should a further referral be made?
- Suicide risk?

Mood / Personality Assessments for older gamblers

- Mood/Personality Assessments
 - GDS (Geriatric Depression Scale)
 - Structured Personality Inventories: SCL-90, SCID
 - Personality Inventories: MMPI-2, Minnesota Multiphasic Personality Inventory.

Mood / Personality Assessments Geriatric Depression Scale (GDS) 30 item/15 item versions

- Developed to screen depression in 65yrs +
- 30 / 15 item versions with Y/N format.
Demonstrated reliability/validity
- 5-10 minutes to complete/administer,
assesses feelings of the PAST WEEK.

Mood / Personality Assessments Geriatric Depression Scale (GDS) Scoring

- 30 Item Version
- 0-9 = normal
- 10-19 = mild depression
- 20-30 = moderate to severe depression
- Affirmative response: Hopelessness – increased risk for suicide.

Structured Personality Interviews for older gamblers

- SCL-90 (Symptom Checklist 90) self-administered, 15-20 minutes, provides a psychological profile (does not determine diagnosis) at this time
- SCID (Structured Clinical Interview for DSM-IV) Administered by clinician. Separate version for Axis I/II. Demonstrated reliability/ validity.

Structured Personality Interviews for older gamblers

- MMPI-2
- Minnesota Multiphasic Personality Inventory
- 566 T/F items, 13 scales, ages 16+.
- 15 million given each year, 8,000 published research references
- Item content from: obvious psychiatric symptoms and atheoretically derived, relies on a profile analysis.

Gambling Assessments of older gamblers

- DSM-IV
- DIS
- Lie-Bet Questionnaire
- SOGS and SOGS-R
- NODS
- NZ "Eight" Gambling Screen
- GABS,
- T-BAGS
- Windsor Screen for Older Adults

Gambling Assessments of older gamblers

- Many clinicians report that “using a number of instruments with older adults is counterproductive.
- They really only want to talk about their crisis at hand and how they will cope. Taking time out to complete several instruments/tools frustrates them.
- I have also found that in just listening and asking timely questions you can gather the much needed information.
- I wonder though if we don't need one tool geared for older adults that's “quick and dirty”.

Gambling Assessments of older gamblers #1 DSM-IV

- DSM-IV – Diagnostic and Statistical Manual of the American Psychiatric Association – Version IV = the “gold standard” (1994)
- PG – persistent and recurrent maladaptive gambling behavior as indicated by 5 or more criteria not better accounted for by a manic episode.

Gambling Assessments of older gamblers: DSM-IV

- Preoccupation
- Tolerance
- Withdrawal
- Escape
- Chasing
- Lying
- Loss of control
- Illegal acts
- Risked significant relationships
- Bailout

Gambling Assessments of older gamblers: DSM-IV

- Preoccupation – reliving past gambling experiences, planning next venture, thinking of ways to get money to gamble.
- Tolerance – needs to gamble with increasing amounts of money to achieve desired excitement.
- Withdrawal – restlessness or irritable when attempting to cut down or stop.
- Escape – gambles to escape problems or relieve dysphoric mood (feelings of helplessness, guilt, anxiety or depression)

Gambling Assessments of older gamblers: DSM-IV

- Chasing – returns to get even
- Lying – to family members, others to conceal extent of gambling
- Loss of control – repeated unsuccessful attempts to control, cut back, or stop
- Illegal acts – forgery, fraud, theft, embezzlement
- Risked significant relationships – jeopardized/lost job or other opportunities due to gambling.
- Bailout – reliance on others to provide money to relieve financial situation.

Gambling Assessments of older gamblers

#2 DIS: Diagnostic Interview Schedule

- DIS = Diagnostic Interview Schedule (Robins et.al. 1980).
 - Diagnostic assessment - based on DSM-III, III-R, IV criteria.
 - PG is one part of a comprehensive diagnostic interview.

Gambling Assessments of older gamblers

- DIS: Diagnostic Interview Schedule
- Clinician and lay-administered.
- Computerized and translated, used cross-culturally.
- Total of 4 questions administered – Yes/No format.
- Psychometrics of PG section not well established.

Gambling Assessments of older gamblers

#3 Lie/Bet Questionnaire to Screen for PG

- Lie/Bet Questionnaire for Screening Pathological Gamblers (Johnson, Hamer & Nora, 1998)
- Two-item screening questionnaire with .99 sensitivity and .91 specificity.
- Two-questions a useful screening device for a DSM-IV diagnosis of pathological gambling.

Gambling Assessments of older gamblers

Lie/Bet Questionnaire to Screen for PG

- Two-questions:
- "Have you ever felt the need to bet more and more money?"
- "Have you ever had to lie to people important to you about how much you gambled?"

Gambling Assessments of older gamblers #4 SOGS and SOGS-R

- SOGS developed to screen gambling problems in clinical populations (Lesieur & Blume, 1987). Originally based on DSM-III = but not a 1:1 match of criteria.
- Clinician and self-administered.
- 40 items lifetime and current SOGS-R (20 items assess lifetime behaviors and 20 items assess current behaviors).

Gambling Assessments of older gamblers SOGS and SOGS-R

- Various scoring methods – however still not sensitive enough to distinguish those abusing gambling vs. those dependent on it.
- Well-validated and used cross-culturally.
- Over-estimates in general population samples.

Gambling Assessments of older gamblers #5. NODS

- Growing dissatisfaction with SOGS the result of prevalence surveys in early 1990's – growing number of women and middle-class individuals developing gambling problems (Volberg 1992; Volberg & Silver 1993).
- Several of the specific items included in the SOGS made little sense to these new groups – some of the responses such as “loan sharks” no longer applied.
- Growing concern: false positives and false negatives.

Gambling Assessments of older gamblers NODS

- NODS = NORC DSM Screen for Gambling Problems (NORC = National Opinion Research Center) - Used in the National Gambling Impact Study 1999.
- NODS - 17 items – assesses both lifetime and past year behaviors. The past year item is asked for each lifetime item that receives a positive response.
- Structured screening instrument based on DSM-IV.
- Interview-administered

**Gambling Assessments of older gamblers
#6. "Eight" Gambling Screen (N Zealand)
Sullivan, S. Goodfellow Unit – Auckland Medical School**

- Sometimes I've felt depressed or anxious after a session of gambling.
- Sometimes I've felt guilty about the way I gamble.
- When I think about it, gambling has sometimes caused me problems.
- Sometimes I've found it better not to tell others, especially my family, about the amount of time or money I spend gambling.
- I often find that when I stop gambling I've run out of money.
- Often I get the urge to return to gambling to win back loses from a past session.
- Yes, I have received criticism about my gambling in the past.
- Yes, I have tried to win money to pay debts.



Yes, that's so

No, that isn't so.

**Gambling Assessments of older gamblers
"Eight" Gambling Screen (N Zealand)
Sullivan, S. Goodfellow Unit – Auckland Medical School**

- Score of $>4+$ questions indicates gambling affecting individual's well-being and may meet PG criteria.

Gambling Assessments of older gamblers

#7 GABS: Gambling Attitude & Beliefs Survey

- GABS = Gambling Attitude and Beliefs Survey (GABS; Breen & Zuckerman, 1999).
- 35-item forced choice instrument which targets the cognitive factors hypothesized to relate to gambling behaviors, including chasing.
- Responses recorded on a four-point scale.

Gambling Assessments of older gamblers

GABS: Gambling Attitude & Beliefs Survey

- Questions capture cognitive biases, irrational beliefs, and positively valued attitudes to gambling.
- Higher GABS scores indicate that gambling is felt to be exciting and socially meaningful, and that luck and strategies are important.
- Higher GABS scores consistently predicted the willingness to gamble when presented with the opportunity to do so.
- GABS believed to measure gambling "affinity".

Gambling Assessments of older gamblers

GABS: Gambling Attitude & Beliefs Survey

- Affinity for gambling – measuring how much a person “likes” to gamble, feels that gambling is fun and/or exciting, or that it is socially meaningful.
- Irrational beliefs and attitudes specific to gambling are triggered and selectively reinforce and remembered through increased exposure to gambling.

Gambling Assessments of older gamblers

GABS: Gambling Attitude & Beliefs Survey

- Mean GABS scores of gamblers presenting for treatment was 92.60 (SD=1.308)
- (48 y/o men, 13.3 yrs education, SOGS =14.7, Estimated IQ – 111).
- Intended for those who gamble on some regular basis.

Gambling Assessments of older gamblers

GABS: Gambling Attitude & Beliefs Survey

- Lower GABS mean of 76.07 (SD=15.29) found among non-problem student sample (SOGS <3).
- Clinically, GABS items can be used to identify issues for continued focus in CBT-based approaches in therapy.

Gambling Assessments of older gamblers

#8 T-BAGS: Taber – Beliefs About Gambling Survey

- T-BAGS = Taber-Beliefs about Gambling Survey
- 30 irrational beliefs gathered through clinical observation
- Likert scaled responses
- Mean scores move from more to less irrational
- Mean 90.3 (SD=18.3) to 105.0 (SD=11.5).

Gambling Assessments of older gamblers

#9 Windsor Screen for Older Adults

- Windsor Problem Gambling Screen for Older Adults (Windsor Screen)
- Windsor Screen (Frisch et al., 2003): Newly developed 9-item screen has excellent internal consistency ($\alpha = .94$) Frisch et al. (2003).
- Good choice for assessing risk for problem gambling in older adults.
- However, given that it has not been used beyond its initial validation study, should be used in tandem with other gambling screens.
- The reliability of the Windsor Screen acceptable ($\alpha = .76$).

Gambling Assessments of older gamblers

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Additional materials to provide older adult problem gamblers

- JAMA Gambling Awareness Notice
- Gambling Urges/ Cravings Information
- Anger Handout
- Sleep Hygiene Handout
- Cognitive Distortions
- Automatic Thoughts Record
- Relaxation Techniques
- Procrastination Handout
- RET – Rational Emotive Therapy
- Understanding Acting Out Behaviors
- Use of Humor

Summary and Conclusion: Assessments of older gamblers

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