Gambling Behavioral Assessment: Improving Treatment Planning and Client Outcomes

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Access to Materials for Talk

The materials for this talk are available online in a shared folder in Dropbox. Use the link below to access a copy of the slides and other materials for use.

You may also contact Ty Lostutter directly for the link at tylost@uw.edu

https://www.dropbox.com/sh/ppm7cy3blk4bian/65rzuneBwH
Introductions

• Who are we?

• Who are you and what are you hoping to learn?
Session Goals

• Increase familiarity with different methods of behavioral assessment and different measures of gambling

• Increase readiness and confidence to implement behavioral assessment as a routine part of clinical practice
Behavioral Assessment as “Hypothesis Testing”

- People engage in gambling for a variety of reasons:
  - Reward (fun, excitement)
  - Escape (avoidance of problems/feelings)
  - Social (friends, family)
  - Financial (make money)
  - Beliefs/expectancies (chasing losses)

- The exact reason(s) someone gambles may not be what they tell you or what you think.
Why Should I Incorporate Behavioral Assessment?

• Improves understanding of clients’ behavior

• Improves clients’ understanding of their own behavior (very important)

• Improves treatment outcomes
What is *Behavioral Assessment*?

- A **systematic, iterative** approach to understanding and changing behavior by identifying the context in which it occurs (the situations or stimuli that either precede it or follow from it).

- It involves recording the frequency of various behaviors and the interactions between situations and behaviors for the purpose of changing behavior.
Behavioral Assessment

• Compliance
  – Clinician: Need to commit to repeated assessment and follow through
  – Client: Clinician must ask for any assessments completed outside of session and troubleshoot non-compliance, filling out in session and making a game plan for future compliance

• Honesty / accuracy
  – Voluntary vs. court-ordered treatment
Behavioral Assessment

- The process fits with most other treatment models including:
  - Cognitive Behavioral Therapy
  - Motivational Interviewing (Client Centered)
  - Dialectical Behavior Therapy
  - 12-STEP Model
Behavioral Assessment

• There are many methods of behavioral assessment, but all attempt to elucidate:

  – The **context** of behavior (when, what time, where, with whom, thoughts, emotions/feelings)

  – The **function** of behavior (what the behavior does for the individual)
Antecedents → Behavior → Consequences

+R: Good stuff happens; increased behavior
-P: Good stuff stops; decreased behavior
+P: Bad stuff happens; decreased behavior
-R: Bad stuff stops; increased behavior

* Cues, commands...
* The Environment
* Triggers
* Training methods

BOOGIE'S BEHAVIOR

How the behavior WORKS (or doesn't work) for Boogie

"The Most Fundamental Law of Behavior is that CONSEQUENCES DRIVE BEHAVIOR."
## Decisional Balance

<table>
<thead>
<tr>
<th>Maintaining Gambling</th>
<th>Changing Gambling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>Benefits</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Costs</td>
<td>Costs</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
Types of Behavioral Assessment

- Behavioral Interviews
- Rating Scales & Checklists
- Self-Report Instruments
- Self-Monitoring
- Behavioral Observation
  - Naturalistic Settings
  - Artificial Settings (Role plays)
Behavioral Interviews

• A behavioral interview is focused on a particular problem or set of problems that has caused the client to enter treatment.

• It moves from the general to the specific regarding the target problem.

• Key factors when implementing:
  – Building initial rapport
  – Listening empathically
  – Being open and non-judgmental
Behavioral Interviews

- Range from unstructured clinician-driven to completely structured interviews
  - Some behavioral interviews use forms to help the clinician record the behavioral data
  - Forms help steer the conversation and redirect when the interview gets “off-track”
Behavioral Interviews

- Progression of an unstructured interview:
  - What is your primary concern?
  - When did the behavior/problem begin?
  - How frequently does it occur?
  - When and in what situations does it occur?
  - Generally, what occurs before and after it?
  - What goes through your mind while it is occurring?
  - What have you done to change things thus far?
Behavioral Interviews

• Examples of **structured** gambling-specific behavioral interviews:
  – Diagnostic Interview for Gambling Severity (DIGS)
  – Gambling Treatment Outcome Monitoring Systems (GAMTOMS)
  – Gambling Behavior Interview (GBI)
  – Gambling Timeline Follow-back (GTLFB)
Timeline Follow-back Calendar

The GTLFB involves asking clients to retrospectively estimate their gambling behavior on a day-by-day basis over a time period ranging from 7 days to 24 months prior to the interview.

Copyrighted materials from the Sobell’s are available free of charge for use with clients from:

Clinical Forms
http://www.nova.edu/gsc/online_files.html

Modifiable Calendars (Word versions)
http://www.wincalendar.com/2013-Word-Calendar.htm
GTLFB

• Instructions:
  – 3 month retrospective recall starting when you last gambled.
  – What day did you last gamble?
  – We want to go 3 months back from that date.
  – The idea is to fill out something on every day, so any day you didn’t gamble we’ll put an X.
On the days that the client gambled, ask the following:

- What type of gambling
- Total # of hours spent gambling
- Amount intended to gamble (put at Risk)
- Amount won/lost
- Total # of drinks
<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Hours</th>
<th>Risk</th>
<th>Won/Loss</th>
<th>Drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Slots</td>
<td>5</td>
<td>$100</td>
<td>-$100</td>
<td>Drinks: 8</td>
</tr>
<tr>
<td>3</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>4</td>
<td>Type</td>
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<tr>
<td>5</td>
<td>X</td>
<td></td>
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<td>Type</td>
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<td>X</td>
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<td>9</td>
<td>Type</td>
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<td>10</td>
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<td>27</td>
<td>Type</td>
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<td>28</td>
<td>X</td>
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<td>Type</td>
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<tr>
<td>30</td>
<td>X</td>
<td></td>
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</tr>
</tbody>
</table>
GTLFB

- Calculate the following with the client:
  - Number of days spent gambling
  - Number of hours spent gambling
  - Total amount of money put at-risk
  - Total amount money won or lost
  - Number of drinks per gambling occasion
  - Number of days not spent gambling
- Look for patterns
- Discuss specific events to get more information
GTLFB Clinical Significance

- Types of Gambling: Slot player
- Number of Days Spent Gambling: 30 days/90 days
- Total # of Hours Spent Gambling: 300 hrs = 12.5 days
- Amount Put At-Risk: -$10,200 (Avg loss per day $113)
- Amount Won/Loss: -$10,200
- Total # of Drinks: 90 in 3 months
- *Peak Estimated BAL: .13
- Patterns:
  - Weekend Gambler
  - Changes in Gambling Frequency
  - Gamble and Drink (Heavy Episodic Drinker)
- Memories of Events:
  - Gambling at lunch time
  - Trying to win back the rent money
  - Payday
How GTLFB Informs Treatment Planning

• Provides a baseline for moving forward
  – May highlight potential gambling triggers
  – Provides summary data for enhancing motivations to either change gambling behavior or remain abstinent
  – Look to end on patterns of strengths
  – Offer hope for future
Types of Behavioral Assessment

- Behavioral Interviews
- Rating Scales & Checklists
- Self-Report Instruments
- Self-Monitoring
- Behavioral Observation
  - Naturalistic Settings
  - Artificial Settings (Role plays)
Rating Scales & Checklists

• The clinician (or people who know the client well, such as family) completes the rating scales and/or checklist based on their observation of the client’s behavior.

• Usually includes a series of questions about specific behaviors/symptoms.
Rating Scales & Checklists

• Rating forms and checklists can help determine the scope and severity of a client’s symptoms.

• The ratings/checklists yield a score that enables comparison of a client's ratings with a normative group and/or allows clients’ behavior to be tracked over time.
Rating Scales & Checklists

• Examples of gambling-specific rating scales and checklists:
  – Clinical Global Impression Scale (CGI)
  – Pathological Gambling Adaptation of the Yale Brown Obsessive-Compulsive Scale (PG-YBOCS)
  – Gambling Symptom Assessment Scale (G-SAS)
Check all that apply, but clearly mark the principal symptoms with a "P", (Rater must ascertain whether reported behaviors are bona fide symptoms of OCD, and not symptoms of another disorder such as Simple Phobia or Hypochondriasis. Items marked "*" may or may not be OCD phenomena.)

<table>
<thead>
<tr>
<th>AGGRESSIVE OBSESSIONS</th>
<th>Current</th>
<th>Past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear might harm self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear might harm others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent or horrific images</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of blurring out obscenities or insults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of doing something else embarrassing *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear will act on unwanted impulses (e.g. to stab friend)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear will steal things</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear will harm others because not careful enough (e.g. hit/run MVA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear will be responsible for something else terrible happening (e.g. fire, burglary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Types of Behavioral Assessment

- Behavioral Interviews
- Rating Scales & Checklists
- **Self-Report Instruments**
- Self-Monitoring
- Behavioral Observation
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Self-Report Instruments

- Surveys in which a person reports his/her behaviors, thoughts, feelings, or attitudes.

- Often used to try to quantify non-tangible phenomena (e.g., beliefs, mood).

- Designed to evaluate, track, categorize the behavior of the client.
Examples of Gambling Self-Report Instruments

- South Oaks Gambling Screen (SOGS)
- Gambler’s Anonymous 20 Questions (GA20)
- Canadian Problem Gambling Index (CPGI)
- Massachusetts Gambling Screen (MAGS)
- Lie/Bet Questionnaire
- Gambling Problem Index (GPI)
- Gambling Quantity and Perceived Norms (GQPN)
- Gambling Brief Self-Confidence Questionnaire (BSCQ-G)
- Gambling Motives Scale (GMS)
BSCQ - G

Directions
Listed below are 8 types of situations in which some people gamble. Imagine yourself as you are right now in each of the following types of situations. Indicate on the scale provided how confident you are right now that you will be able to resist gambling in each situation, from 0% "Not at all Confident" to 100% "Totally Confident."
Right now I would be able to resist the urge to gamble in situations involving…

1. UNPLEASANT EMOTIONS (e.g., If I were depressed in…).
2. PHYSICAL DISCOMFORT (e.g., If I would have trouble sleeping…).
3. PLEASANT EMOTIONS (e.g., If something good happened…).
4. FINANCIAL (e.g., If I really needed money…).
5. URGES & TEMPTATIONS (e.g., If I would suddenly have an urge…).
6. CONFLICT WITH OTHERS (e.g., If I had an argument with a friend…).
7. SOCIAL PRESSURE TO GAMBLE (e.g., …to “be a good sport”…).
8. FILLING TIME (e.g., If I felt bored or had nothing better to do…).

I feel…

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
</tr>
<tr>
<td>Not At</td>
</tr>
<tr>
<td>All Confident</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>100%</td>
</tr>
<tr>
<td>Totally</td>
</tr>
<tr>
<td>Confident</td>
</tr>
</tbody>
</table>
BSCQ-G Scoring

• Individual Items
  – All 8 items need to be above 80%*
  – Helps identify clients’ areas of strength as well as “high risk” places/events/emotions
  – Provides areas for relapse prevention planning

• Global Score
  – Range 0-800 (i.e., 8 x 100)
  – Guidelines for scores
    • ~ 640+ (High Self-Confidence)*
    • 480 - 639 (Moderate Self-Confidence)
    • Below 480 (Low Self-Confidence)
## BSCQ-G Tracking Score

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<thead>
<tr>
<th>Category</th>
<th>6/5/2013</th>
<th>6/12/2013</th>
<th>6/19/2013</th>
<th>6/25/2013</th>
<th>Mean</th>
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<tbody>
<tr>
<td>UNPLEASANT EMOTIONS</td>
<td>30</td>
<td>50</td>
<td>50</td>
<td>80</td>
<td>52.5</td>
</tr>
<tr>
<td>PHYSICAL DISCOMFORT</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>PLEASANT EMOTIONS</td>
<td>30</td>
<td>50</td>
<td>50</td>
<td>55</td>
<td>46.25</td>
</tr>
<tr>
<td>FINANCIAL</td>
<td>40</td>
<td>30</td>
<td>40</td>
<td>50</td>
<td>40</td>
</tr>
<tr>
<td>URGES &amp; TEMPTATIONS</td>
<td>30</td>
<td>20</td>
<td>30</td>
<td>30</td>
<td>27.5</td>
</tr>
<tr>
<td>CONFLICT WITH OTHERS</td>
<td>30</td>
<td>30</td>
<td>50</td>
<td>50</td>
<td>40</td>
</tr>
<tr>
<td>SOCIAL PRESSURE</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>FILLING TIME</td>
<td>40</td>
<td>50</td>
<td>50</td>
<td>60</td>
<td>50</td>
</tr>
<tr>
<td>BSCQ-G Total</td>
<td>400</td>
<td>430</td>
<td>470</td>
<td>525</td>
<td>456.25</td>
</tr>
<tr>
<td>Change Between Sessions</td>
<td>30</td>
<td>40</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change from Baseline</td>
<td>30</td>
<td>70</td>
<td>125</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Types of Behavioral Assessment

- Behavioral Interviews
- Rating Scales & Checklists
- Self-Report Instruments
- **Self-Monitoring**
- Behavioral Observation
  - Naturalistic Settings
  - Artificial Settings (Role plays)
Self-Monitoring

Self-monitoring is the act of systematically observing and recording one's own targeted thoughts, feelings, and behaviors as they occur, usually in the natural environment.
Self-Monitoring as a Therapeutic Tool

- Emphasizes an individual's control over his or her behavior
- Provides feedback about an individual's behavior in the absence of a clinician
- Is portable and cost-effective
- Eliminates the undesirable bias often created by the presence of an external observer
- Allows direct measurement of target behaviors that are private by their very nature (e.g., thoughts) or by convention (e.g., sexual behavior).
Gambling-related Behaviors that can be Monitored

- Gambling Quantity (how much money spent)
- Gambling Frequency (days/hours)
- Gambling Location
- Gambling Type
- Gambling Urges/Cravings
- Substance Use
- Gambling Partners
- Mood
- Pleasant Activities
- Exercise
- Sleep
## Example Monitoring Card

<table>
<thead>
<tr>
<th>DATE</th>
<th>Gamble Y/N</th>
<th>Type</th>
<th>Time Spent</th>
<th>Money Risked</th>
<th>Won/Lost</th>
<th>Feeling After</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/23</td>
<td>Y</td>
<td>Slots</td>
<td>.5</td>
<td>$25</td>
<td>$15</td>
<td>Felt guilty</td>
</tr>
<tr>
<td>7/24</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/25</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/26</td>
<td>N</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7/27</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7/28</td>
<td>N</td>
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<td>7/29</td>
<td>N</td>
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</table>
## Example Monitoring Card: Craving

<table>
<thead>
<tr>
<th>DATE</th>
<th>Gamble Craving</th>
<th>When</th>
<th>Where</th>
<th>Thought</th>
<th>Emotion</th>
<th>Gamble Y/N</th>
<th>Feeling/Thought After</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/23</td>
<td>Y</td>
<td>5pm</td>
<td>Work</td>
<td>Pay Day!</td>
<td>Excited</td>
<td>No</td>
<td>Angry-Proud</td>
</tr>
<tr>
<td>7/24</td>
<td>Y</td>
<td>2pm</td>
<td>Home</td>
<td>Wife is driving me crazy.</td>
<td>Frustrated</td>
<td>No</td>
<td>Anxious</td>
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<tr>
<td>7/24</td>
<td>Y</td>
<td>3pm</td>
<td>Home</td>
<td>Commercial for Casino</td>
<td>Strong Desire to Gamble</td>
<td>No</td>
<td>Calm Down Attend GA meeting</td>
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<tr>
<td>7/24</td>
<td>Y</td>
<td>4pm</td>
<td>GA Meeting</td>
<td>I want to gamble.</td>
<td>Upset-Shame</td>
<td>No</td>
<td>Asked higher power to help</td>
</tr>
<tr>
<td>7/24</td>
<td>Y</td>
<td>9pm</td>
<td>Home</td>
<td>Wish I was at the casino</td>
<td>Guilty</td>
<td>No</td>
<td>Talked to wife to distract myself</td>
</tr>
<tr>
<td>7/25</td>
<td>Y</td>
<td>12pm</td>
<td>Work</td>
<td>John want to go to casino for lunch</td>
<td>Frustrated</td>
<td>No</td>
<td>Ate lunch w friend-felt better</td>
</tr>
<tr>
<td>7/25</td>
<td>N</td>
<td>5pm</td>
<td>Car</td>
<td>Saw sign for casino</td>
<td>Excited</td>
<td>No</td>
<td>Wife would be mad – not worth it</td>
</tr>
</tbody>
</table>
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• Behavioral Interviews
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• Self-Report Instruments
• Self-Monitoring
• Behavioral Observation
  – Naturalistic Settings
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Behavioral Observation

- Involves watching and recording the behavior of a person in typical environments.
- The assumption is that data collected via observation are more objective than self-reported perceptions.
Behavioral Observation

• Naturalistic settings (primarily research only)

• Artificial settings
  – Visualization / “Thinking Aloud” procedures
  – Role plays
  – Observation of in-session behaviors
The Process

• Introducing behavioral assessment to your clients

• Collecting data

• Analyzing the data

• Refining treatment plans, applying interventions, and gathering more data
Introduction of Behavioral Assessment

• Analogy to physical health “check-up”
  – Blood pressure
  – Weight

• Collaborative exploration of behavior
  – Discover ways it’s helping/hurting the client
  – Find places where making changes could help the most
  – Figure out what elements of treatment help decrease problem behavior vs. are ineffective
Collecting Data

- Waiting room assessment tools
  - SOGS/NODS/DSM-5 Criteria (pick 1)
  - Brief Self-Confidence Questionnaire-Gambling

- In-session assessments
  - Gambling Timeline Follow-Back (Early Session)

- Out of session (homework)
  - Self-monitoring cards
Analyzing the data

• Tracking system
  – Progress notes (recording scores over time), note clinical changes
  – Excel spreadsheet (graphs)

• Using the data to generate/refine hypotheses
  – If your intervention targeted a specific element (e.g., increased coping with negative emotions), do you see a corresponding change on a measure of that construct?
Refining Treatment Plans, Applying Interventions, and Gathering More Data

• Provide feedback clients on what their data show
  – Maintain an attitude of collaborative exploration

• Choose new interventions in line with new/refined hypotheses & get client agreement

• Repeat assessments to confirm/disconfirm new hypotheses and treatment response
In Practice

• Which assessments can you add to your practice?

• How confident are you that they will be clinically useful?

• What barriers might interfere with your ability to new implement behavioral assessments?
Thank you!