



# Gambling and Health in the Justice System

A Research-based Guide  
about Gambling Disorders for  
**Judges, Parole Officers, Attorneys  
and Other Professionals  
Involved in the Justice System**



NATIONAL CENTER FOR RESPONSIBLE GAMING

*Advancing Research, Education and Awareness*

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**Judge Cheryl B. Moss**

*Eighth Judicial District Court  
Nevada*

**Christine Reilly**

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National Center for Responsible Gaming*

**Howard J. Shaffer, Ph.D., C.A.S.**

*Associate Professor of Psychiatry  
Harvard Medical School  
Director  
Division on Addiction, Cambridge Health Alliance,  
a teaching affiliate of Harvard Medical School*

**Charles Wellford**

*Professor, Department of Criminology  
and Criminal Justice  
University of Maryland*

# TABLE OF CONTENTS

|   |        |
|---|--------|
| <b>Introduction</b>   | pg. 1  |
| <b>Facts about Gambling Disorders</b>                               | pg. 3  |
| <b>Addressing Gambling Disorders<br/>in the Legal System</b>        | pg. 11 |
| <b>Gambling and Therapeutic Courts</b>                              | pg. 14 |
| <b>A View from the Bench:<br/>Insight from Judge Cheryl B. Moss</b> | pg. 17 |
| <b>Roads to Recovery</b>  | pg. 21 |
| <b>Frequently Asked Questions</b>                                   | pg. 27 |
| <b>Resources for More Information</b>                               | pg. 29 |
| <b>References</b>   | pg. 38 |

**The purpose of this guide is to offer a science-based explanation of this disorder and suggest possible avenues for therapeutic and mental health courts interested in formally adding options to address gambling disorders.**

**While a gambling disorder only affects about 1% of the adult population, it affects those individuals in a serious way. If left unchecked or untreated, individuals suffering from a gambling disorder can face serious health, social and financial consequences.**

**This guide is based on the latest research on gambling disorders published in peer-reviewed journals.**



# INTRODUCTION

Contrary to conventional wisdom, most individuals with a gambling disorder do not engage in criminal behavior. However, a small number resort to theft, embezzlement, fraud or other criminal activity to support their gambling. Some of these cases make the headlines, which in turn shape the conventional wisdom. People with gambling disorders might end up in court because of domestic violence, child support and custody issues — all of which might relate to their gambling problems.

Consequently, it is important for professionals involved in the legal system to understand and consider how to best address gambling disorders as a mental health issue. The purpose of this guide is to offer a science-based explanation of this disorder and suggest possible avenues for therapeutic and mental health courts interested in formally adding options to address gambling disorders.

Although only about 1% of the adult population suffers from a gambling disorder, the consequences can be devastating for affected individuals and their families. If left unchecked or untreated, people suffering from a gambling disorder can face severe health, social, professional, legal and financial consequences. This guide is based on the latest research on gambling disorders published in peer-reviewed journals.

The National Center for Responsible Gaming (NCRG) produced this guide to create awareness among judicial professionals who might encounter individuals with gambling problems within the justice system. This guide also provides information about creating a gambling court or integrating gambling disorders into existing drug courts, mental health courts, diversion programs and other therapeutic courts. This guide was developed with the invaluable assistance of an advisory committee of professionals involved in the judiciary, listed inside the front cover.

In contrast to the field of research on substance use disorders, research focusing on gambling addiction is relatively new. Consequently, public awareness of gambling disorders as a mental health disorder is low. The American Psychiatric Association (APA) did not include “pathological gambling” in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* until 1980.<sup>1</sup> Thus, it’s not surprising that many involved in the judicial system are not as familiar with gambling disorders as they are with alcohol and drug problems. Although about 1% of the adult population is affected by a gambling disorder, the consequences of the disorder can be devastating for affected individuals and their families.

This guide is just one of many science-based educational resources from the NCRG, a nonprofit organization devoted to funding scientific research about gambling disorders and translating research findings into practical applications for the public. Established in 1996, the NCRG’s mission is to help individuals and families affected by gambling disorders by supporting the finest peer-reviewed, scientific research into gambling disorders and youth gambling; encouraging the application of new research findings to improve prevention, diagnostic, intervention and treatment strategies; and advancing public education about gambling disorders and responsible gaming.

# FACTS ABOUT GAMBLING DISORDERS

## Changing Views of Addiction

Gambling disorders cannot be fully understood apart from other addictive behaviors and other mental health disorders. Consequently, it's important to be aware of the changing understanding of addiction resulting from the latest trends in research and clinical practice. Previously, conventional wisdom assumed that addiction was a sign of moral failing, weakness or lack of willpower. Today, thanks to scientific research, we recognize that addiction is a complex mental health disorder that deserves our understanding and compassion.

Another change is the expansion of the term “addiction” to include behaviors such as gambling in addition to

### Key Takeaways

- Gambling is an activity in which something of value — usually money — is risked on the outcome of an event where the probability of winning or losing is less than certain.
- A gambling addiction is a persistent and recurrent maladaptive gambling behavior that disrupts personal, family or vocational opportunities.
- Individuals who continue to gamble despite these adverse consequences, lose control over their gambling and crave opportunities to gamble likely are experiencing the clinical disorder known as gambling disorder.
- Approximately 1% of the general adult population in the United States has or has had a gambling disorder in their lifetime.
- An additional 2.3% have had some problems with gambling in their lifetime but have not met diagnostic criteria for gambling disorder.
- Groups that are potentially vulnerable to developing a gambling disorder include adolescents, college students, casino employees and some minority populations.

the more widely understood patterns of addiction to tobacco, drugs and alcohol. At one time, scientists and treatment providers assumed that a behavior or activity like gambling could not become an object of addiction in the same way as drugs or alcohol.<sup>2</sup> However, research now demonstrates that people with gambling problems have many of the same experiences, behaviors and physiological changes as people with alcohol and drug addiction, such as symptoms of increasing tolerance and withdrawal. In fact, the new version of the *DSM* that was released in 2013 classifies “gambling disorder” as a part of the substance use disorder group.<sup>3,4</sup> Note that the name change from “pathological gambling” to “gambling disorder” is a welcome development in view of the potentially stigmatizing effect of the word “pathological.” (For more on *DSM-5*, see page 6.)

## **What is Gambling?**

Gambling is an activity in which something of value — usually money — is risked on the outcome of an event where the probability of winning or losing is less than certain and determined in part by chance. According to this definition, a wide range of legal or illegal activities may be classified as gambling, including the following:

- Lottery
- Casino games, such as poker and roulette
- Slot machines
- Bingo
- Race track betting on horses and dogs
- Card playing
- Office pools on sports
- Informal bets between friends on games of skill, such as golf
- Raffles
- Internet gambling on poker, casino games and sports



## What is a Gambling Disorder?

The most common misperceptions about gambling addiction are that it reflects a moral weakness and that all gambling addicts commit illegal acts. On the contrary, the APA has recognized gambling disorders as a legitimate mental health issue since 1980. Furthermore, research has shown that overall *few* people diagnosed with a gambling problem commit criminal acts.<sup>5</sup> On the other hand, the incarcerated have one of the highest prevalence rates of gambling disorder and, therefore, professionals involved in the justice system will encounter a higher rate of gambling problems among individuals involved in the criminal and civil courts.<sup>6,7</sup> (See more on the now defunct criterion of “illegal acts” in the diagnosis of gambling disorder on page 12).

Scientists now recognize that a gambling disorder shares many links with alcohol and drug use disorders. In 2013, the APA clarified and confirmed this fact by moving the diagnosis of a gambling disorder under the same umbrella as alcohol and other drug use disorders in the fifth edition of the diagnostic manual (*DSM-5*).<sup>4</sup> Many of the characteristics of a gambling disorder mirror those of substance use disorders, such as players needing to wager increasingly large amounts in order to achieve the desired mood or level of excitement and withdrawal symptoms when attempting to reduce or stop gambling. Additionally, those with a gambling disorder often experience a range of negative consequences such as debt, depression, shame and guilt, as well as professional and relationship problems — problems also common in substance use disorders.

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## How Many People Have a Gambling Disorder?

The most recent national survey estimates that approximately 1% of the general adult population in the United States has or had a gambling disorder in their lifetime.<sup>8</sup> An additional 2% of the population has had a problem with their gambling behavior during their lifetime but have not met diagnostic criteria for the disorder.<sup>8</sup> This group is considered “subclinical” or commonly labeled “problem gamblers.” Some maintain that individuals in this subclinical population are necessarily at risk of developing a full-blown gambling disorder, assuming that having several symptoms indicates the person is on the slippery slope to a serious gambling addiction. However, other researchers have discovered that gambling disorders are more dynamic than static and have concluded that many people recover fully even if they have had a gambling problem.<sup>9,10</sup>

## How is a Gambling Disorder Diagnosed?

The APA’s *DSM-5* lists nine criteria to determine if someone can be diagnosed with a gambling disorder. The person’s behavior during the past year must meet at least four of the following criteria to qualify for a diagnosis:

1. Is often preoccupied with gambling (e.g., preoccupation with reliving past gambling experiences, handicapping or thinking of ways to get money with which to gamble)
2. Needs to gamble with increasing amounts of money in order to achieve the desired level of excitement
3. Repeated, unsuccessful efforts to control, cut back or stop gambling
4. Feels restless or irritable when attempting to cut down or stop gambling (withdrawal symptoms)
5. Often gambles when feeling distressed
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses)

7. Lies to family members, therapist or others to conceal the extent of one's involvement with gambling
8. Has jeopardized or lost a significant relationship, job or educational or career opportunity because of gambling
9. Relies on others to provide money to relieve a desperate financial situation caused by gambling

## Who is Potentially Vulnerable?

Researchers find higher rates of gambling problems among particular groups because of age, social circumstances or other psychological problems. Even youth who are not of legal age to gamble have a higher risk of gambling and developing problematic behaviors. For example, a recent national study estimated that nearly 70% of Americans aged 14 to 19 years gambled in the past year.<sup>11</sup> They wagered money on poker, sports, the lottery and a variety of other games. About 75% of college students gambled in the past year.<sup>12</sup> Estimates of gambling disorders among young people range from 2 to 7%, and approximately 6% of college students have “a gambling problem.”<sup>6,12</sup>


Some minorities also seem to have more gambling problems than the general adult population. A national survey found higher rates of gambling disorders among African Americans (2%) and Native Americans (2%) than among Caucasians.<sup>13</sup> However, the rate for Hispanics mirrored that of non-Hispanic whites.<sup>12</sup> More research is needed to explain why certain minorities have higher rates of gambling problems.

Research has revealed higher rates of gambling problems among the incarcerated. A Harvard Medical School study found a 14% rate of gambling disorders among prisoners and individuals in treatment compared with roughly 1% for the adult general population.<sup>6,7</sup> In spite of this high rate, very little research has been conducted on the criminal justice population.

Finally, casino employees represent another subpopulation that appears to have more gambling problems than the general adult population. A study of employees in three states found that 2% of the workers in the sample had a serious gambling problem.<sup>14</sup> However, this study also discovered a lower rate of subclinical gambling problems when compared to the general adult population. Researchers theorized that the lower subclinical rate could be an illustration of adaptation in that casino employees who are exposed to gambling on a daily basis might see the downside of gambling among people who may have a problem and consequently adjust their own gambling behavior in response. Another interesting finding from the casino employee study was that, over a three-year period, more employees became healthier rather than worse in terms of their gambling behavior — a possible example of adaptation.<sup>15</sup>

## **What Causes Gambling Disorders?**

Researchers are just beginning to understand the transition from healthy, recreational gambling to disordered gambling behavior. In the process of this work, scientists have upended some ideas about why some people gamble excessively. For example, a common assumption is that mere exposure to gambling is sufficient to stimulate the development of gambling disorders. However, prevalence studies conducted during the past 30 years contradict this assumption. In the late 1970s, the prevalence rate for “pathological gambling” was estimated to be approximately 1% — very similar to the rate found in the 2008 survey of more than 10,000 individuals in the United States.<sup>8,16</sup> The fact that this rate has remained stable despite the incredible growth of casinos, lotteries, Internet gambling and other forms of gambling indicates that the population has adapted to the presence of new gambling opportunities.<sup>17</sup>



If exposure to gambling is not the answer to the question of what causes gambling disorders, there is the issue of whether certain games are riskier than others. For example, scientists have wondered if faster games, such as video poker, are associated with greater severity of gambling disorders than other forms of gambling. However, new research shows that the extent of gambling involvement is a better predictor of gambling disorders than is participation in a particular game.<sup>18</sup> The evidence indicates that people can develop gambling problems with all types of games — even seemingly harmless ones, such as bingo and the lottery. Scientists now see addiction as a relationship between a vulnerable person and the object of addiction.<sup>19</sup> Typical vulnerabilities might include co-occurring disorders such as depression, bipolar disorder and other addictive disorders. One study found that 96% of people with gambling disorders also suffered from some other psychiatric or addictive disorder in their lifetime, and that those diagnosed with a psychiatric disorder are 14 times more likely to develop a gambling disorder.<sup>8</sup>

New research shows that the extent of gambling involvement is a better predictor of gambling disorders than is participation in a particular game.

Co-occurring personality disorders may play a role in illegal behaviors among gamblers. The gambling may be in part secondary to antisocial personality disorder. Compared with rates of antisocial personality disorder of 1 to 3% in the adult general population, approximately 15 to 40% of individuals with gambling disorder have co-occurring antisocial personality disorder.<sup>20</sup>

The high rate of co-occurring disorders suggests that integrating gambling disorder into existing drug or mental health courts or diversion programs is appropriate in view of the fact that people with psychiatric and addictive disorders have high rates of gambling problems. Furthermore, approximately 75% of people diagnosed with a gambling disorder had a co-occurring disorder *before* they developed a gambling problem.<sup>8</sup>

## How Do You Identify an Individual with a Gambling Disorder?

### SCREENING FOR GAMBLING DISORDER

Therapeutic courts interested in including individuals with gambling problems should be aware of brief screens available so that they can determine the eligibility of the individual for their program. One example of a screening instrument based on empirical evidence is the Brief Biosocial Gambling Screen (BBGS), developed by researchers at Harvard Medical School from the results of a national survey of more than 43,000 households in the United States.<sup>21</sup> The BBGS and its questions are outlined below:

#### Brief Biosocial Gambling Screen (BBGS)

1. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling? Yes / No
2. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled? Yes / No
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? Yes / No

A “yes” answer to any one question indicates that the person is at risk for developing a gambling problem and should undergo a more comprehensive examination including assessment of other disorders.

For information on other screening instruments, see the Resources section.

# ADDRESSING GAMBLING DISORDERS IN THE LEGAL SYSTEM

From judges and attorneys to police and parole officers, professionals in the legal system can encounter a person with a gambling disorder at any point in the judicial process. For those who have a gambling disorder, their problematic gambling behavior might not be the reason that they're in court — people with gambling problems often enter the justice system because of possession of illegal substances, bankruptcy, divorce, child support or domestic violence issues. Regardless, it is important to understand the nature and influence of a gambling disorder to correctly address the issue.

## Key Takeaways

- For those who have a gambling disorder, their problematic gambling behavior may not be the reason that they're in court.
- People with gambling problems often enter the justice system because of possession of illegal substances, bankruptcy or family issues.
- The APA deleted the “illegal acts” diagnostic criterion in the latest version of the *DSM-5*

## Legal Consequences of A Gambling Disorder

As evident in the diagnostic criteria (see page 6), a gambling disorder is identified largely by the impact that excessive gambling behavior can have on an individual's life — a few of which could get them in trouble with the law. For example, growing debt and an inability to stop gambling might result in personal or business bankruptcy, house foreclosure and delinquent taxes. Such financial problems can put pressure on family relationships leading to domestic violence, divorce and child custody and support issues. Finally, although most individuals with gambling problems do not engage in criminal behavior,

there are some who resort to theft, embezzlement or fraud to support their gambling.

## **What about the *DSM* Criterion of “Illegal Acts?”**

If you are familiar with the previous edition of the *DSM*, you’ll notice that the *DSM-5* has deleted the criterion, “Has committed illegal acts such as forgery, fraud theft or embezzlement to finance gambling.”<sup>4</sup> The rationale for this change is the low prevalence of this behavior in the adult general population who have a gambling disorder.<sup>3,5</sup> In other words, no studies have found that assessing criminal behavior helps distinguish between people with a gambling disorder from those without one. Research indicates that eliminating this criterion will have a modest positive impact on the accuracy of the diagnostic instrument.

The deletion of “illegal acts” and the transfer of gambling disorder to the substance use disorder category from the “impulse control disorders” classification for *DSM-5*, which also includes behaviors resulting in criminal acts, such as kleptomania and pyromania, could help remove some of the stigma that is attached to the disorder. Although professionals in the legal system might assume that most disordered gamblers are criminals because of their contact with gamblers who have embezzled or committed fraud or theft, it is important to keep in mind that the vast majority of those suffering from this disorder do not engage in criminal behavior.

## **Cautionary Statement on Legal Use of *DSM***

In both the fourth and fifth editions of the *DSM*, a “cautionary statement” on the forensic use of the *DSM* categories singles out pathological gambling/gambling disorder. According to *DSM-IV*:



“It is to be understood that inclusion here, for clinical and research purposes, of a diagnostic category such as Pathological Gambling or Pedophilia does not imply that the condition meets legal or non-medical criteria for what constitutes mental disease, mental disorder, or mental disability.”<sup>22</sup>

In other words, the *DSM* diagnosis is not to be used to demonstrate that an individual with such a condition meets legal criteria for the presence of a mental disorder or a specified legal standard (e.g., for competence, criminal responsibility, or disability). This cautionary note has troubled both clinicians and researchers because the isolation of pathological gambling from other disorders (e.g., why is substance use disorders not mentioned?) and grouping it with pedophilia raises questions of how gambling disorders are stigmatized within both the psychiatric and legal areas.<sup>20</sup> *DSM-5* also includes a cautionary statement that includes gambling disorder but expands the number of other disorders to include schizophrenia, intellectual disability, and major neurocognitive disorder. Pedophilia is still listed.<sup>4</sup>

What are the implications for court cases in which a defendant argues that the gambling disorder was responsible for the criminal actions? So far, it appears that the cautionary statement in the *DSM* has prevented the use of such a defense. In *United States v. Grillo*, the court determined that lighter sentencing “was allowed only if the conduct flowing from the mental disorder constituted the crime itself, but not where the mental disorder had either just a direct causal connection to the crime or provided motive for the crime.”<sup>23</sup> In this case, the court sided with with the Seventh Circuit, which has held that “the mental disorder must significantly impair the defendant’s capacity to control his conduct at the time of the offense (*United States v. Roach*, 296 F.3d 565, 7th Cir. 2002).”

# GAMBLING AND THERAPEUTIC COURTS

There are some models for treating a gambling disorder as a mental health issue and integrating it into the justice system.


## Gambling Treatment Court

In 2001, Judge Mark Farrell founded the Amherst Gambling Treatment Court. To create this avenue for addressing gambling disorders in the justice system, he applied a drug court model to create the nation's first and only gambling treatment court. The purpose of drug treatment courts is to offer offenders an alternative to incarceration that addresses the reasons underlying their involvement with the criminal justice system and provides them with the treatment that will reduce their drug dependence and improve their quality of life.<sup>24</sup> In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives that operate outside of their traditional adversarial roles including addiction treatment providers, district attorneys, public defenders, law enforcement officers and parole and probation officers. This team works together to provide needed services to drug court participants.

### Key Takeaways

Currently, there are two avenues that allow the justice system to address gambling disorders in the courtroom:

- The Amherst Gambling Treatment Court, which adapted the drug court model to apply to cases in which individuals have a gambling disorder.
- Integration of gambling court into other therapeutic courts.



According to Judge Farrell, “Over 350 defendants have been screened for the treatment program so far, approximately 100 were deemed appropriate for treatment and 27 have graduated, and only three have been arrested again — on offenses not connected to gambling.”<sup>25</sup> Most problem gamblers seen in this court tend to commit non-violent crimes, especially identity theft, forged checks, theft from family and employers and shoplifting to resell the stolen items. The crimes were committed with the intention of acquiring more money with which to fund their gambling.

The Amherst Gambling Treatment Court stands as a pioneering model for any court interested in establishing a gambling court. For more information, visit [www.gamblingcourt.org](http://www.gamblingcourt.org).

## **Integrating Gambling Disorders into Therapeutic Courts**

Despite interest in many states, lack of funding is possibly the obstacle to the establishment of freestanding gambling courts across the nation. One alternative is to integrate gambling disorders into existing therapeutic or problem-solving courts. The first such model was drug treatment court, intended to guide offenders identified as drug-addicted away from incarceration and into treatment that will reduce drug dependence and improve the quality of life for them and their families. There are many different types of courts that operate using a similar, problem-solving model, including juvenile drug courts, mental health courts, domestic violence courts and family and drug treatment courts.

An example of how this integration could work is in progress in Washington State through a partnership with the Evergreen Council on Problem Gambling, Pierce County Superior Court, Lakewood City Police Department, the Puyallup Tribe of Indians and Pierce County Alliance. Launched in 2012, the state's first therapeutic justice program provides treatment for gambling disorders to Pierce County Adult Drug Court participants who are already receiving drug and alcohol counseling but also have screened for problem gambling. For more information on this program, visit [www.evergreencpg.org](http://www.evergreencpg.org).

A number of factors make feasible the integration of a gambling disorder into existing drug or other therapeutic courts:

- In 2013, the *DSM-5* classified gambling disorders in the same category as alcohol and drug disorders because of the research demonstrating the many commonalities between behavioral and substance-based addictions.
- Most individuals with a gambling disorder have a high rate of co-occurring problems such as depression, bipolar disorder, anxiety and other addictive disorders. Consequently, it can be assumed that some of the individuals diverted to drug or mental health courts will have gambling problems.
- The incarcerated have one of the highest rates of disordered gambling behavior compared with the adult general population.
- Screening for a gambling disorder is not necessarily an onerous task. For example, the Brief Bio-social

# A VIEW FROM THE BENCH: INSIGHT FROM JUDGE CHERYL B. MOSS



*The following section offers the perspective of The Honorable Cheryl B. Moss, Eighth Judicial District Court in Clark County, Nevada, who strives to be mindful of the nature of gambling disorders when people with a gambling problem come before her court.*

Problem gambling can have a profound impact in family court cases. In domestic relations cases, there are two areas where a gambling problem can affect the family or the marital community. The first area is child custody, where a parent with a gambling problem might pose a risk to the children. In some instances, a parent will go to a casino for extended periods and lose track of time, while a child is left behind in a car or at home without any adult supervision. Sometimes the child is left at a casino child care facility, and the gambling parent forgets to retrieve the child. In other cases, a parent or spouse can gamble away funds necessary to pay for groceries and household bills. Utilities are shut down, cars are repossessed, checking accounts overdrawn, credit cards are maxed out, expensive items are missing from the house, and the children's college funds are depleted.


When a custody or divorce case is initiated in family court, one should consider requesting the judge to order a parent or spouse be evaluated to determine if there is a gambling problem, and when there is a problem, to determine its severity. Treatment providers with specialization in gambling disorders are qualified to do gambling assessments that consist of administering questionnaires and conducting evaluative one-on-one interviews.

The clinician will then submit a report to the judge indicating whether the parent or spouse does or does not have a problem based on the diagnostic criteria for a gambling disorder. The assessment report should include a thorough history and objective results from the questionnaires that were administered, along with recommendations for the level and length of treatment that would be most appropriate for the gambler. In less severe cases, the recommendations may be limited to problem gambling education and regular attendance at Gamblers Anonymous meetings.

For individuals with more serious problems, the most appropriate options are outpatient treatment, intensive outpatient treatment with continuing care or residential treatment. In some cases, it may be recommended that the gambler also be assessed for other mental health issues such as depression, bipolar disorder and substance abuse. Although the evaluator should never attempt to make a recommendation to the court regarding legal matters such as custody or visitation, including information in the report about the family impact of the parent or spouse's gambling can be helpful.

The second area of impact in domestic relations law deals with issues surrounding community or marital waste in divorce actions in Nevada, particularly where the marital community once had significant cash or assets only to be dissipated by gambling.

Community waste becomes an issue when one spouse accuses the other of selling, destroying, encumbering or disposing of community property. This can be a very difficult accusation to prove, because community waste must be the result of intentional misconduct by the accused. The party making the accusation can argue, "He/she knew what he was doing every time he/she went to the casino so he should have to pay me back what I'm owed." The gambler's response to that could possibly be, "I couldn't stop it. It was an uncontrollable urge."



This creates a real dilemma for the court: if the spouse is diagnosed with a gambling disorder, can it really be considered “intentional” or an act of “misconduct?”

Nevada law requires the court to *“make an equal disposition of the community property of the parties, except that the court may make an **unequal disposition** of the community property in such proportions as it deems just if the court finds a **compelling reason** to do so and sets forth in writing the reasons for making the unequal disposition.”*

This raises evidentiary issues with respect to disordered gambling behavior. For example, one can subpoena player card records from a casino to show how much was played on a given day, what time and for how long a gambler was playing a particular game or gaming machine. In divorce cases, the problem lies with spouses possibly sharing the same player’s card or using the other spouse’s cards. Consequently, one cannot tell who was actually using the player’s card at any given time (unless the other spouse can prove he or she was at work instead of gambling).

Another possible sign of a gambling problem includes daily ATM withdrawals, particularly if the withdrawals are actually at a casino or bar. Again, a spouse could allege that his/her partner or someone else was using the ATM card, thus adding to the difficulty of proving that the spouse could potentially have a gambling problem. The judge might evaluate the regularity of the withdrawals, the individual ATM withdrawal amounts and the total amount of money withdrawn over time.

Bank statements can be obtained to reflect the quantity and frequency of ATM withdrawals as well. Even with all of that information, there may be no way to prove that the money withdrawn was actually used for gambling.

Other forms of evidence could include:

- Credit card statements showing frequent cash advances
- Receipts of payday loans
- Pawn shop tickets
- Sworn testimony from family members who constantly loaned money to the gambler (bailouts)

In extreme cases, the problem gambler may not hit “rock bottom” until they are caught and charged with a crime. In those situations, the gambler’s criminal activities and involvement in criminal court will also come up in discussion in the family court case. When the issue of gambling disorders is brought forth before a family court judge, the judge should be considering directives such as placing the non-gambling spouse in charge of all the family finances, referring the gambler to counseling, referring the non-gambling family members to counseling or Gam-Anon meetings, and monitoring the progress of the gambler’s treatment through scheduled status checks.

In every case where a parent’s addiction is an issue, it is important to encourage the parent with addiction to demonstrate their motivation to change for the sake of their children. The parent needs to realize that they can only choose one — their addiction or their kids. This applies to gambling addiction as well. As a judge, my goal is to guide the motivated parent to the tools that will help them make the right choice, so the relationship with their children and the stability of the family eventually can be restored.

(Adapted, with permission of the author and the Nevada Council on Problem Gambling, from *Problem Gambling and the Law*, a publication of the Nevada Council on Problem Gambling.)



# ROADS TO RECOVERY


Attorneys, parole officers and judges who want to help those with a gambling disorder should be aware of the findings from the latest research on treatment options. Science has yet to establish a treatment standard for gambling disorders. Health care providers have had to borrow clinical strategies designed for similar mental health problems, such as alcoholism, or rely on anecdotal information when developing treatment plans. Many clinicians employ a “cocktail” approach that involves various combinations of drug therapy, psychotherapy, counseling, fellowships, financial education and self-help resources.<sup>26</sup>

## Key Takeaways

- Only 12 to 15% of people with gambling disorders seek formal treatment and, therefore, it is vital to make self-help tools and brief interventions available.
- Although there is no evidence-based treatment standard for gambling disorders, research indicates that cognitive therapy, cognitive behavioral therapy, Motivational Interviewing and some drug treatments show promise.

## Gamblers Anonymous

For a long time, one of the few avenues for help was Gamblers Anonymous (GA), a self-help fellowship that provides mutual support through group meetings for individuals experiencing gambling-related problems. GA is based on the 12 steps of Alcoholics Anonymous, and its goal is to garner from its members a commitment to abstinence from gambling, a lifelong commitment to the principles of GA and participation in GA meetings. Although some people use GA exclusively as their road to recovery, many in assisted treatment use participation in a 12-step program as part of their treatment plan. For more




information on GA, visit [www.gamblersanonymous.org](http://www.gamblersanonymous.org) or call 1-888-GA-HELPS for meeting locations and times. In addition, family members and friends of those with a gambling disorder can get support from Gam-Anon meetings ([www.gam-anon.org](http://www.gam-anon.org)).

## **Addressing Co-occurring Disorders**

A critical component of assessment is to identify if there is a problem with gambling and to find out if the person has a co-occurring psychiatric disorder. Co-occurring problems are very common with a gambling disorder. For example, if the person has bipolar disorder and is gambling excessively during manic phases, the bipolar disorder is considered the primary disorder. In such cases, it is difficult to address the problematic gambling behavior without first treating the bipolar disorder. Consequently, it is of paramount importance for a comprehensive assessment to include screening and diagnostic instruments for the array of other disorders commonly found among those with a gambling disorder.

## **Assisted Recovery: Talk Therapy And Drug Interventions**

Research has shown that Cognitive Behavioral Therapy (CBT) and Motivational Interviewing show promise in helping an individual work through the recovery process for gambling disorders. Along with drug treatments, these are the most studied treatments for gambling disorders.<sup>27-29</sup> These strategies focus on reducing the individual's excessive gambling by correcting erroneous perceptions about probability, skill and luck that only reinforce problematic gambling behaviors. CBT techniques include cognitive correction, social skills training, problem solving training and relapse prevention. Relapse prevention is especially important in view of the high rate of relapse among people with addiction.<sup>30</sup>




Motivational Interviewing is an evidence-based practice first developed for the treatment of substance use disorders that is now being tested for gambling disorders. It focuses on exploring and resolving ambivalence and centers on enhancing motivational processes within the individual that facilitate change.<sup>31</sup> The method differs from more coercive or externally-driven methods for motivating change as it does not impose change that may be inconsistent with the person's own values, beliefs, or wishes but rather supports change in a manner consistent with the person's own values and concerns.

In addition to behavioral therapies, scientists are now experimenting with several classes of psychoactive drugs, including antidepressants, mood stabilizers and opioid antagonists (i.e., drugs used to reduce craving). For example, naltrexone — a drug approved by the U.S. Food and Drug Administration for alcohol and opioid dependence — has been tested with gambling disorders.<sup>32,33</sup> Given the observations that naltrexone can lead to diminished alcohol cravings and consumption, scientists hypothesized that this drug also might diminish gambling urges and behaviors among those with a gambling disorder. Clinical trials have revealed that naltrexone was more effective than a placebo in reducing cravings and urges to gamble excessively. Nonetheless, continued research is needed to determine the most effective drug treatment strategies.

## Self-help and Brief Interventions

Because only about 12 to 15% of people with gambling disorders seek formal treatment,<sup>34</sup> self-help resources and brief interventions can play a vital role in recovery. However, such resources can also be helpful as adjuncts to professional treatment. One example of an intervention that can be used alone or as part of assisted talk therapy is *Your First Step to Change* ([www.basisonline.org](http://www.basisonline.org)), an online, interactive, confidential guide for individuals



concerned about their gambling but not ready to change their behavior. *Your First Step to Change* helps the person understand gambling disorders and think about how to make changes in behavior.

## Self-exclusion

Another step that people with gambling problems can take is to enroll in a self-exclusion program. While specific program components vary, self-exclusion programs now offered by many casinos and governments in the United States and around the world allow individuals to voluntarily ban themselves from entering casinos for a specified time period that can range from a month to a lifetime. Casinos, in turn, are responsible for enforcing the voluntary ban. Many of these laws allow the casino to call in law enforcement when an enrolled gambler tries to enter a casino or collect winnings on the basis of trespassing. However, early research has observed that a therapeutic rather than a punitive approach makes more sense.<sup>35</sup>

Researchers have found that for gamblers enrolled in the Missouri self-exclusion program, the act of enrolling in the program rather than the threat of arrest was a more significant factor in their path to recovery.<sup>36</sup> A Canadian study learned that providing treatment and support produced better outcomes than simply excluding gamblers from the casino property.<sup>35</sup> (A summary of research on self-exclusion is provided in the fifth edition of the NCRG's monograph series, titled *Evaluating Self-Exclusion as an Intervention for Disordered Gambling*, is available at [www.ncrg.org](http://www.ncrg.org).)



## Financial Education

An important component of recovery from gambling addiction might include assistance with financial management. Financial strategies can include limiting access to money used to gamble, establishing a spending plan, shifting control of finances to a non-gambler in the family, setting up a repayment plan, and legal transfer of assets. The publication *Problem Gamblers and Their Finances: A Guide for Treatment Professionals* can be used to help individuals with gambling problems. It is available for free download at [www.ncpgambling.org/files/public/problem\\_gamblers\\_finances.pdf](http://www.ncpgambling.org/files/public/problem_gamblers_finances.pdf).

## Natural Recovery


Researchers have learned that about one-third of the people with a gambling problem get well on their own, without formal treatment.<sup>37</sup>

## Relapse

Recovery from addiction is a long and winding road. Relapse is best considered a characteristic of addiction — a chronic relapsing disorder. About 80 to 90% of individuals entering recovery from addiction will relapse during the first year.<sup>30</sup> However, people can eventually recover from gambling addiction and other addictive disorders.

## Finding Qualified Health Care Providers

If you are interested in locating a health care provider certified as a specialist in gambling disorders for your therapeutic court team, keep in mind that the field is small, and only a handful of states require certification for treatment of gambling addiction. Nonetheless, there are several resources that can be helpful. First, check with



your state department of public health or mental health to see if they require certification in this area and have a registry of clinicians. If not, contact some of the agencies that conduct certification programs:

- NAADAC, the Association for Addiction Professionals ([www.naadac.org](http://www.naadac.org)), will announce in 2013 a new evidence-based gambling credential developed with assistance from the NCRG. NAADAC will be a future source of recommendations.
- The National Council on Problem Gambling ([www.ncpgambling.org](http://www.ncpgambling.org)) operates a program for clinicians interested in earning their National Certified Gambling Counselor (NCGC) certification. Various affiliate councils of the National Council on Problem Gambling also offer certification programs and continuing education for clinicians wanting to specialize in gambling disorder treatment.
- The American Academy of Healthcare Providers in the Addictive Disorders ([www.americanacademy.org](http://www.americanacademy.org)) has a Certified Addiction Specialist (CAS) program that includes a gambling track and can offer recommendations of certified providers in your state.

Another route is for programs that already employ an alcohol and drug counselor on their team to encourage such counselors to expand their knowledge by attending continuing education programs on gambling disorders. The NCRG offers free webinars, treatment provider workshops and an annual conference. For more information, visit [www.ncrg.org/public-education-and-outreach](http://www.ncrg.org/public-education-and-outreach).

# FREQUENTLY ASKED QUESTIONS

**Q: Are there any therapeutic courts in the United States that address gambling disorders?**

A: The Gambling Treatment Court in Amherst, N.Y., is the only such court of this kind. Models for integrating gambling issues into problem-solving courts are available in Las Vegas (see Judge Moss's essay on page 17) and Washington State (page 16).

**Q: Is legally mandated treatment effective for individuals with a gambling disorder?**

A: There is no research on this topic. As for drug courts, research indicates that lower recidivism and lower costs result from treatment. However, more research is needed to determine the long-term impact on the person's health.

**Q: Is relapse different with offenders than with the average person diagnosed with a gambling disorder?**

A: There is no research on this question. However, research does suggest that people with a gambling disorder who engage in illegal acts have a more severe form of the disorder than others with a gambling disorder who are not involved in criminal activities.<sup>20</sup> Consequently, it could be that the former have a more difficult recovery process than the latter.

**Q: If there is no treatment standard, how do health care providers know how to proceed?**

A: Health care providers typically borrow clinical strategies designed for similar mental health problems, such as alcoholism, or rely on anecdotal information

when developing treatment plans. Many clinicians employ a “cocktail” approach that involves various combinations of drug therapy, psychotherapy, counseling, fellowships (e.g., Gamblers Anonymous), financial education and self-help resources. For more information, download the NCRG’s monograph, *What Clinicians Need to Know about Gambling Disorders*, from the series, *Increasing the Odds: A Series Dedicated to Understanding Gambling Disorders*.

**Q: How is a gambling treatment court established?**

Visit [www.gamblingcourt.org](http://www.gamblingcourt.org) for more information.

**Q: What are some of the reasons that gambling treatment courts are not more prevalent in the United States?**

A: It’s not clear why, although lack of funding is one potential obstacle. That’s why some jurisdictions are attempting to integrate gambling disorders into existing drug and therapeutic courts.

**Q: Do individuals with a gambling disorder have higher rates of divorce and/or domestic violence?**

A: The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) found higher rates of divorce among individuals with gambling problems than the adult general population.<sup>38</sup> Analysis of another national survey determined that gambling disorders are associated with higher than average rates of domestic violence.<sup>39</sup>

**Q: Drug courts use urine tests to monitor their participants’ drug use. How could the courts monitor a person with a gambling problem?**

A: There is no test or measure equivalent to a urine test. However, there are some ways to monitor gambling activities as outlined by Judge Moss on page 17.



# RESOURCES FOR MORE INFORMATION

## General Information about Gambling Disorders

### NCRG's website

[www.ncrg.org](http://www.ncrg.org)

The NCRG's website contains the latest research and science-based resources that are available to address gambling disorders and educate the public about responsible gaming. It houses most of the publications and tools available in this guidebook, as well as information on upcoming public education programs and outreach events.

### Gambling Disorders 360° and Other Online Resources

Gambling Disorders 360°, the NCRG's blog, explores the latest news, issues and research relating to gambling disorders and responsible gaming. To view Gambling Disorders 360°, visit <http://blog.ncrg.org>.

The NCRG is also active on Facebook and Twitter. To connect with the organization on Facebook, visit [www.facebook.com/theNCRG](http://www.facebook.com/theNCRG). To follow the NCRG on Twitter, visit [www.twitter.com/theNCRG](http://www.twitter.com/theNCRG).

### *Increasing the Odds: A Series Dedicated to Understanding Gambling Disorders*

*Increasing the Odds* is the NCRG's monograph series that spotlights specific topics in the field of research on gambling disorders and is written for a general audience. Volumes include:

- *Volume 1: Youth and College Gambling*
- *Volume 2: Roads to Recovery from Gambling Addiction*
- *Volume 3: Gambling and the Public Health - Part 1*

- *Volume 4: Gambling and the Public Health – Part 2*
- *Volume 5: Evaluating Self-Exclusion as an Intervention for Disordered Gambling*
- *Volume 6: Gambling and the Brain: Neuroscience Research on Gambling Disorders*
- *Volume 7: What Clinicians Need to Know about Gambling Disorders*

To download the monographs, visit [www.ncrg.org/resources/publications/monographs](http://www.ncrg.org/resources/publications/monographs).

### ***Responsible Gaming Quarterly***

*Responsible Gaming Quarterly*, produced by the American Gaming Association (AGA) and the NCRG, serves as a resource for news and analysis of issues on gambling disorders and provides a broad range of coverage on recent research results, regulatory initiatives, studies and developments in the treatment field and model citizen programs in responsible gaming. To download the current issue of *Responsible Gaming Quarterly*, visit [www.americangaming.org/newsroom/newsletters/responsible-gamingquarterly](http://www.americangaming.org/newsroom/newsletters/responsible-gamingquarterly).

### **The BASIS (Brief Addiction Science Information Source)**

Developed by the Division on Addiction, Cambridge Health Alliance, a Harvard Medical School teaching affiliate, the BASIS publishes The WAGER, a brief monthly online report on new research on gambling disorders. Visit [www.basionline.org](http://www.basionline.org).

### **“Talking with Children about Gambling”**

“Talking with Children about Gambling” is a research-based guide designed to help parents, as well as others who work with youth, deter children from gambling and recognize possible warning signs of problem gambling and other risky behaviors. The guide was developed in consultation with the Division on Addiction, Cambridge Health Alliance, a teaching affiliate of Harvard Medical

School. For more information, download the brochure in both English and Spanish at [www.ncrg.org/public-education-and-outreach/collegeand-youth-gambling-programs/talking-childrenaboutgambling](http://www.ncrg.org/public-education-and-outreach/collegeand-youth-gambling-programs/talking-childrenaboutgambling).

## **Resources for People with Gambling Problems**

### ***Your First Step to Change***

[www.basisonline.org](http://www.basisonline.org)

*Your First Step to Change* is a self-help guide for individuals thinking about changing their gambling behavior. *Your First Step to Change* has been translated into Spanish, Chinese (Mandarin), Khmer and Vietnamese. The Division on Addiction, Cambridge Health Alliance, a Harvard Medical School teaching affiliate, developed it with the Massachusetts Council on Compulsive Gambling and support from the Massachusetts Department of Public Health and the NCRG.

### **Gamblers Anonymous**

[www.gamblersanonymous.org](http://www.gamblersanonymous.org)

National Hotline: 888-GA-HELPS (888-424-3577)

### **Gam-Anon**

[www.gam-anon.org](http://www.gam-anon.org)

718-352-1671

Gam-Anon is a self-help organization for spouses, family or close friends of people with gambling disorders.

### **National Council on Problem Gambling (NCPG)**

[www.ncpgambling.org](http://www.ncpgambling.org)

National Helpline: 800-522-4700

The helpline will refer individuals to treatment providers in their areas. Visit the NCPG's website for a directory of state councils and treatment providers.

## Brief Screening Instruments

The purpose of a brief screen is to identify those who might have a gambling disorder in a timely and cost-effective manner. If the brief screen yields a positive outcome, then the individual should be referred to a qualified clinician for additional evaluation.

The following is a list of several brief screens in current use:

### Lie-Bet Screen

- (1) Have you ever had to lie to people important to you about how much you gambled?
- (2) Have you ever felt the need to bet more and more money?

Answering “yes” to at least one question is indicative of a potential gambling problem.

### NODS-CLIP

- (1) Have you ever tried to stop, cut down or control your gambling?
- (2) Have you ever lied to family members, friends or others about how much you gamble or how much money you lost on gambling?
- (3) Have there ever been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences, or planning out future gambling ventures or bets?

Answering “yes” to one or more questions is indicative of a potential gambling problem.

### Brief Biosocial Gambling Screen (BBGS)

- (1) During the past 12 months, have you become restless, irritable, or anxious when trying to stop and (or) cut down on gambling?
- (2) During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?
- (3) During the past 12 months, did you have such financial trouble as a result of gambling that you resources had to get help with living expenses from family, friends or welfare?

A “yes” answer to any one question indicates that further assessment is warranted. These questions, derived from the results of the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) that interviewed 43,093 households, are considered the most likely to identify a gambling problem.

For information about additional screens and other assessments, see the seventh edition of the NCRG’s monograph series, titled “What Clinicians Need to Know about Gambling Disorders,” available for free download on [www.ncrg.org/resources](http://www.ncrg.org/resources).

## **Responsible Gaming**

### **“Keep it Fun”**

Casino gambling is one of America’s favorite forms of entertainment, and for a vast majority of Americans it is just that — entertainment. This brochure outlines the characteristics of responsible gambling and tips for setting personal guidelines when visiting a casino.

This is available as a free download at

[www.americangaming.org/files/aga/uploads/docs/keep\\_it\\_fun\\_prev.pdf](http://www.americangaming.org/files/aga/uploads/docs/keep_it_fun_prev.pdf).

### **“The House Advantage: A Guide to Understanding the Odds”**

This brochure explains the house advantage, providing typical ranges for specific games, along with other factors that should be taken into account when betting on casino games, such as the amount wagered, the length of time played and, to a degree, a player’s skill level. It also debunks common myths about gambling and provides an explanation of regulatory procedures in place to ensure all games in a casino are fair. This is available as a free download at [www.americangaming.org/files/aga/uploads/docs/rgew/odds\\_brochure\\_2011\\_final.pdf](http://www.americangaming.org/files/aga/uploads/docs/rgew/odds_brochure_2011_final.pdf).

### **“Taking the Mystery Out of the Machine: A Guide to Understanding Slot Machines”**

While a significant majority of gamblers say slot machines are their favorite form of casino entertainment, most people know very little about how slots are developed or how they work. The brochure provides easy-to-understand facts about how slots are operated, developed and regulated, and uses common language to debunk many players’ most widely held myths about slot machines. This is available as a free download at [www.americangaming.org/files/aga/uploads/docs/taking\\_the\\_mystery\\_out\\_of\\_the\\_machine\\_brochure\\_final.pdf](http://www.americangaming.org/files/aga/uploads/docs/taking_the_mystery_out_of_the_machine_brochure_final.pdf).

### **Continuing Education Opportunities for Health Care Providers**

The NCRG offers various educational programs for health care providers and is approved by the following organizations to sponsor continuing education: the American Psychological Association, the National Board for Certified Counselors (NBCC), NAADAC and the California Board of Behavioral Sciences. The NCRG also typically receives single-program approval from the Employee Assistance Certification Commission, the National Association of Social Workers and other certifying organizations.

### **NCRG Conference on Gambling and Addiction**

Since 1999, the annual NCRG Conference on Gambling and Addiction has brought together public health officials, researchers, health care providers, regulators, policy makers and gaming industry representatives from around the world. The conference provides a unique forum to discuss the latest research advances in the field of gambling and related disorders, and how these findings can be incorporated into practical, real world applications. The NCRG Conference is held each fall in conjunction with Global Gaming Expo (G2E), the gaming industry’s largest international trade show and conference. For details, visit [www.ncrg.org/conference](http://www.ncrg.org/conference).

### **NCRG Webinar Series**

The NCRG Webinar Series provides year-round educational opportunities designed to help individuals better understand and address critical issues related to gambling disorders and responsible gaming — without having to leave their own home or office. These one-hour online programs are free and eligible for continuing education hours. For details, visit the Public Education and Outreach section of [www.ncrg.org](http://www.ncrg.org).

### **NCRG Treatment Provider Workshop Series**

The NCRG hosts a national series of workshops that gives mental health and addiction treatment providers an opportunity to understand the most up-to-date research on gambling disorders and apply those findings to their clinical practice. Each training session features leading researchers and clinicians in the field of gambling disorders, and topics range from screening and assessment for gambling disorders to new treatment strategies. These free workshops are hosted in partnership with various state and regional organizations. For details, visit the Public Education and Outreach section of [www.ncrg.org](http://www.ncrg.org).

## **Resources on Mental Health and Drug Court**

### **ORGANIZATIONS AND FEDERAL AGENCIES**

#### **Drug Court Clearinghouse Project**

<http://spa.american.edu/justice/project.php?ID=1>

American University's Office of Justice Programs that provides technical assistance and training to adult drug courts.

#### **Justice Center - The Council of State Governments**

<http://justicecenter.csg.org/>

National organization that provides practical, nonpartisan

advice and consensus-driven strategies — informed by available evidence — to increase public safety and strengthen communities.

## **NPC Research**

**[www.npcresearch.com](http://www.npcresearch.com)**

Organization that conducts evaluation research on drug and mental health courts.

## **National Association of Drug Court Professionals**

**[www.nadcp.org](http://www.nadcp.org)**

Membership organization consisting of judges, prosecutors, defense attorneys and clinical professionals with the mission of improving the justice system by using a combination of judicial monitoring and effective treatment to compel drug-using offenders to change their lives.

## **National Drug Court Institute**

**[www.ndci.org](http://www.ndci.org)**

Organization that provides funding and training for drug courts

## **National Center for DWI Courts**

**[www.dwicourts.org/](http://www.dwicourts.org/)**

## **National Institute on Drug Abuse**

**[www.drugabuse.org](http://www.drugabuse.org)**

## **Office of National Drug Control Policy**

**[www.whitehouse.gov/ondcp](http://www.whitehouse.gov/ondcp)**

## **Substance Abuse and Mental Health Services Administration**

**[www.samhsa.gov](http://www.samhsa.gov)**





**Center for Substance Abuse Treatment**

[www.samhsa.gov/about/csat.aspx](http://www.samhsa.gov/about/csat.aspx)

**Therapeutic Communities of America**

[www.therapeuticcommunitiesofamerica.org/](http://www.therapeuticcommunitiesofamerica.org/)

**PUBLICATIONS**

**Mental Health Courts: A Primer for Policymakers and Practitioners, publication from the Bureau of Justice Assistance**

[www.bja.gov/publications/mhc\\_primer.pdf](http://www.bja.gov/publications/mhc_primer.pdf)

**Mental Health Courts: A Guide to Research-Informed Policy and Practice**

[https://www.bja.gov/Publications/CSG\\_MHC\\_Research.pdf](https://www.bja.gov/Publications/CSG_MHC_Research.pdf)

**ADDITIONAL ORGANIZATIONS**

**American Psychological Association**

[www.apa.org](http://www.apa.org)

**NAADAC, the Association for Addiction Professionals**

[www.naadac.org](http://www.naadac.org)

**National Board for Certified Counselors**

[www.nbcc.org](http://www.nbcc.org)

**National Council on Problem Gambling**


[www.ncpgambling.org](http://www.ncpgambling.org)

# REFERENCES

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*. Washington, DC: American Psychiatric Association; 1980.
2. Holden C. "Behavioral" addictions: do they exist? *Science*. 2001;294(5544):980-982. doi:10.1126/science.294.5544.980.
3. Petry NM, Blanco C, Auriacombe M, et al. An overview of and rationale for changes proposed for pathological gambling in DSM-5. *J Gamb Stud*. 2013. doi:10.1007/s10899-013-9370-0.
4. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Publishing; 2013.
5. Strong DR, Kahler CW. Evaluation of the continuum of gambling problems using the DSM-IV. *Addiction*. 2007;102(5):713-21. doi:ADD1789 [pii] 10.1111/j.1360-0443.2007.01789.x.
6. Shaffer HJ, Hall MN, Vander Bilt J. Estimating the prevalence of disordered gambling behavior in the United States and Canada: a research synthesis. *Am J Public Health*. 1999;89(9):1369-76. [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\\_uids=10474555](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=10474555).
7. Shaffer HJ, Hall MN, Vander Bilt J. *Estimating the Prevalence of Disordered Gambling Behavior in the United States and Canada: A Meta-analysis*. Boston: Presidents and Fellows of Harvard College; 1997:122.
8. Kessler RC, Hwang I, LaBrie R, et al. DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychol Med*. 2008;38(9):1351-60. doi:S0033291708002900 [pii] 10.1017/S0033291708002900.
9. LaPlante DA, Nelson SE, LaBrie RA, Shaffer HJ. Stability and progression of disordered gambling: Lessons from longitudinal studies. *Can J Psychiatry*. 2008;53(1):52-60.
10. Slutske WS, Jackson KM, Sher KJ. The natural history of problem gambling from age 18 to 29. *J Abnorm Psychol*. 2003;112(2):263-74. [www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\\_uids=12784836](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12784836).
11. Welte JW, Barnes GM, Tidwell MC, Hoffman JH. The prevalence of problem gambling among U.S. adolescents and young adults: Results from a national survey. *J Gamb Stud*. 2008;24(2):119-133. doi:10.1007/s10899-007-9086-0.

12. Barnes GM, Welte JW, Hoffman JH, Tidwell M-CO. Comparisons of gambling and alcohol use among college students and noncollege young people in the United States. *J Am Coll Health*. 2010;58(5):443-452. doi:10.1080/07448480903540499.
13. Alegría AA, Petry NM, Hasin DS, Liu S-M, Grant BF, Blanco C. Disordered gambling among racial and ethnic groups in the US: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *CNS Spectrums*. 2009;14(3):132-142. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2737691/>. Accessed June 29, 2012.
14. Shaffer HJ, Vander Bilt J, Hall MN. Gambling, drinking, smoking, and other health risk activities among casino employees. *Am J Ind Med*. 1999;36(3):365-378. <http://www.divisiononaddiction.org/html/reprints/casinoemployeehealthrisks.pdf>.
15. Shaffer HJ, Hall MN. The natural history of gambling and drinking problems among casino employees. *J Soc Psychol*. 2002;142(4):405-424. <http://www.divisiononaddiction.org/html/reprints/naturalhistory.pdf>.
16. Kallick M, Suits D, Dielman T, Hybels J. *A Survey of American Gambling Attitudes and Behavior*. Ann Arbor: University of Michigan Press; 1979.
17. LaPlante DA, Shaffer HJ. Understanding the influence of gambling opportunities: Expanding exposure models to include adaptation. *Am J Orthopsychiatry*. 2007;77(4):616-623.
18. Shaffer HJ, Martin R. Disordered gambling: etiology, trajectory, and clinical considerations. *Annu Rev Clin Psychol*. 2011;7:483-510. doi:10.1146/annurev-clinpsy-040510-143928.
19. Howard J. Shaffer. What is addiction? A perspective. [www.divisiononaddiction.org/html/whatisaddiction.htm](http://www.divisiononaddiction.org/html/whatisaddiction.htm). Accessed April 19, 2013.
20. Grant JE, Potenza MN. Commentary: illegal behavior and pathological gambling. *J Am Acad Psychiatry Law*. 2007;35(3):302-305.
21. Gebauer L, LaBrie R, Shaffer HJ. Optimizing DSM-IV-TR classification accuracy: a brief biosocial screen for detecting current gambling disorders among gamblers in the general household population. *Can J Psychiatry*. 2010;55(2):82-90.
22. American Psychiatric Association. *DSM-IV: Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. Washington, DC: American Psychiatric Association; 1994.

23. *United States v. Grillo*. (2nd Circuit., N.Y. 2004).
24. NPC Research. *NPC Research: Drug Courts*. <http://www.npcresearch.com>. Accessed April 18, 2013.
25. Gambling Court. <http://www.gamblingcourt.org/>. Accessed April 13, 2013.
26. Reilly C, Shaffer HJ. Roads to recovery from gambling addiction. In: *Roads to Recovery from Gambling Addiction. Vol 2. Increasing the Odds: A Series Dedicated to Understanding Gambling Addiction*. Washington, DC: National Center for Responsible Gaming; 2007:2-5. <http://www.ncrg.org>.
27. Toneatto T, Ladouceur R. Treatment of pathological gambling: A critical review of the literature. *Psychol Addict Behav*. 2003;17(4):284-92. doi:10.1037/0893-164X.17.4.284 2003-09814-004 [pii].
28. Petry NM, Ammerman Y, Bohl J, et al. Cognitive-behavioral therapy for pathological gamblers. *J Consult Clin Psychol*. 2006;74(3):555-567. doi:10.1037/0022-006X.74.3.555.
29. Stea JN, Hodgins DC. A Critical Review of Treatment Approaches for Gambling Disorders. *Curr Drug Abuse Rev*. 2011. <http://www.ncbi.nlm.nih.gov/pubmed/21696346>. Accessed June 24, 2011.
30. Marlatt GA, Gordon J. *Relapse Prevention*. New York: Guilford; 1985.
31. Motivational Interviewing. [http://www.motivationalinterview.org/quick\\_links/about\\_mi.html](http://www.motivationalinterview.org/quick_links/about_mi.html). Accessed April 10, 2013.
32. Grant JE, Kim SW, Hollander E, Potenza MN. Predicting response to opiate antagonists and placebo in the treatment of pathological gambling. *Psychopharmacol Berl*. 2008. doi:10.1007/s00213-008-1235-3.
33. Kim SW, Grant JE, Adson DE, Shin YC. Double-blind naltrexone and placebo comparison study in the treatment of pathological gambling. *Biol Psychiatry*. 2001;49(11):914-21. doi:S0006322301010794 [pii].
34. Slutske W. Getting well on your own: Natural recovery from Gambling Disorders. In: *Roads to Recovery from Gambling Addiction. Increasing the Odds: A Series Dedicated to Understanding Gambling Disorders*. Washington, DC: National Center for Responsible Gaming; 2007:17-19. <http://www.ncrg.org>.
35. Tremblay N, Boutin C, Ladouceur R. Improved self-exclusion program: preliminary results. *J Gamb Stud*. 2008;24(4):505-518. doi:10.1007/s10899-008-9110-z.

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36. Nelson SE, Kleschinsky JH, LaBrie RA, Kaplan S, Shaffer HJ. One decade of self exclusion: Missouri casino self-excluders four to ten years after enrollment. *J Gamb Stud*. 2010;26(1):129-144. doi:10.1007/s10899-009-9157-5.
  37. Slutske WS. Natural recovery and treatment-seeking in pathological gambling: results of two U.S. national surveys. *Am J Psychiatry*. 2006;163(2):297-302. doi:163/2/297 [pii] 10.1176/appi.ajp.163.2.297.
  38. Petry NM, Stinson FS, Grant BF. Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiatry*. 2005;66(5):564-74. [www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\\_uids=15889941](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15889941).
  39. Afifi TO, Brownridge DA, MacMillan H, Sareen J. The relationship of gambling to intimate partner violence and child maltreatment in a nationally representative sample. *J Psychiatr Res*. 2010;44(5):331-337. doi:10.1016/j.jpsychires.2009.07.010.



NATIONAL CENTER FOR RESPONSIBLE GAMING

**WASHINGTON, D.C. OFFICE**

1299 Pennsylvania Avenue, NW  
Suite 1175  
Washington, DC 20004

**BOSTON OFFICE**

900 Cummings Center  
Suite 418-U  
Beverly, MA 01915