



# Client and clinician-rated characteristics of problem gamblers with and without history of gambling-related illegal behaviors

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## HIGHLIGHTS

- Data for problem gamblers ( $N = 88$ ) and their clinicians ( $N = 30$ ) was analyzed in this study.
- 58.3% of the sample reported lifetime gambling-related illegal behaviors.
- 23.9% of the sample reported being arrested for gambling-related illegal behaviors.
- Gamblers with a history of illegal behaviors reported greater comorbid problems.
- Clinicians rated gamblers with a history of illegal behaviors as more impulsive.

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## ABSTRACT

Individuals with gambling disorder are at an elevated risk for engaging in gambling-related illegal behaviors. The present study examined client ( $N = 88$ ) and clinician ratings ( $N = 30$ ) of client characteristics associated with a history of gambling-related illegal behaviors. We also examined client characteristics associated with history of arrest for a gambling-related crime. Gambling-related illegal behaviors and arrest were common (57.3% and 23.9%, respectively) in the present sample. Clients of younger age, and those with greater gambling-related financial consequences, lifetime alcohol problems, impulsivity, mood symptoms, and daily living role difficulties were more likely to report gambling-related illegal behaviors. Clients who had been arrested for a gambling-related crime were more likely to report daily living and role functioning difficulties and lifetime alcohol problems. Clinicians rated clients with a history of gambling-related illegal behaviors and/or gambling-related arrests as more impulsive, and clinicians also endorsed higher rates of treatment failure among these clients. Both client and clinician report suggested that clients with a history of illegal behaviors may have a variety of comorbid problems that may be a focus of clinical intervention.

## 1. Introduction

Gambling disorder is classified in the DSM-5 as a pattern of gambling behavior that results in significant distress (American Psychiatric Association, 2013). Individuals with gambling disorder are more likely to engage in illegal behaviors and have a history of arrest than individuals without gambling disorder. Engagement in illegal behaviors was dropped as an independent criteria of gambling and subsumed under the “lying” criteria of the DSM-5 for a variety of reasons including 1) low endorsement of illegal behaviors, even among individuals meeting the diagnostic threshold for gambling disorder and 2)

few people describing gambling-related illegal behaviors in the absence of other symptoms of gambling disorder (Strong & Kahler, 2007; Zimmerman, Chelminski, & Young, 2006). However, the prevalence of gambling-related illegal behaviors among treatment-seeking problem gamblers is relatively high, with estimates ranging from 15 to 40% (Grant & Potenza, 2007; Ledgerwood, Weinstock, Morasco, & Petry, 2007).

Several studies have examined risk factors for gambling-related illegal behaviors and arrest. Male gender (Momper, Delva, Grogan-Kaylor, Sanchez, & Volberg, 2010; Potenza et al., 2000, 2001), younger age (Potenza et al., 2000), and greater financial problems (Ledgerwood

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et al., 2007; Momper et al., 2010; Potenza et al., 2000) are associated with both gambling-related illegal behaviors and arrest. Problematic drug and alcohol use have also been associated with a greater likelihood of engaging in illegal behaviors, and a higher risk of a gambling-related arrest (Potenza et al., 2000; Potenza, Steinberg, & Wu, 2005). Individuals who engage in gambling-related illegal behaviors are more likely to have experienced suicidality (Ledgerwood, Steinberg, Wu, & Potenza, 2005), and problem gamblers with a history of arrest have been found to be more likely to have antisocial personality disorder (Potenza et al., 2000) and depressive symptoms (Momper et al., 2010).

Although several studies have examined self-reported correlates of gambling-related illegal behaviors and arrest, only a small handful of studies have also collected perspectives from individuals who know the gambler well. One qualitative study that examined gambling-related embezzlement from the perspectives of recovered problem gamblers, as well as their workplace colleagues and therapists, revealed that gambling-related embezzlement often follows a pattern where financial loss from gambling leads to embezzlement when the opportunity is available in the workplace (Binde, 2016). Although this study provided a useful description of the progression of gambling-related embezzlement, the study integrated the perspectives of clinicians and gamblers rather than comparing them.

The present study addressed this gap by conducting a secondary examination of data from a larger study that focused on therapist and client gambling treatment level of care recommendations (Ledgerwood, Arfken, & Michigan Association on Problem Gambling, 2017). First, we examined client-reported clinical factors associated with lifetime engagement in gambling-related illegal behaviors or arrest. Second, we examined whether clinician-reported client characteristics were associated with gambling-related illegal behaviors or arrest.

## 2. Material and methods

### 2.1. Participants

Clients receiving outpatient treatment services for problem gambling ( $N = 143$ ) and their clinicians ( $N = 36$ ) were recruited as part of a larger study (see Ledgerwood et al., 2017 for a detailed description). Thirty of the 36 therapists returned questionnaires and 93 of 143 problem gambling clients for which there was clinician data returned their questionnaire. Clinician data is only reported for the 93 clients who returned their questionnaire because participation in illegal behaviors was determined from the client report and is unknown for clients with a clinician report only. Clients with partially complete clinician reports ( $N = 12$ ) were not excluded in order to ensure that there was adequate power to conduct analyses.

Of the ninety-three clients who returned their questionnaire, eighty-eight clients had usable data for the analyses. One client who did not answer the questions about gambling-related illegal behavior and arrest was excluded. Six clients left the questions about illegal behaviors blank. One of the clients who left the illegal behaviors question blank did not report an arrest and was excluded; however, five of these clients reported a gambling-related arrest, and were coded as having engaged in gambling-related illegal behaviors. An additional three participants who denied any illegal behaviors but reported being arrested were excluded due to the difficulty in interpreting this response. Notably, removing these individuals did not significantly alter the results.

### 2.2. Procedure

Problem gambling treatment providers credentialed in Michigan were contacted via letter or email. Therapists who agreed to participate provided the number of active clients they were currently treating for problem gambling, and received consent and questionnaire packets for each client on their caseload. Clients returned completed questionnaires either by mail or a toll free 1–800 number. Therapists mailed each

questionnaire separately to the research office using postage-paid envelopes. Clients received a \$10 gift card, but therapists were not compensated.

### 2.3. Measures

#### 2.3.1. Client measures

**2.3.1.1. Demographic, substance use, and problem gambling questionnaire.** This questionnaire included items adopted from prior published studies (Ledgerwood et al., 2005) and the National Gambling Impact Study (Gerstein et al., 1999). Clients were asked to report demographic and lifetime substance use information. They were also asked to indicate whether they had experienced a variety of financial gambling consequences.

**2.3.1.2. National Opinion Research Center DSM screen for gambling problems (NODS).** The NODS is a widely used diagnostic measure of gambling disorder based on DSM-IV criteria (Gerstein et al., 1999; Hodgins, 2004). Participants were asked to report their past year symptoms. Because the current analyses examined whether gambling severity differed among those with a history of illegal behavior or arrest, the illegal behaviors item (e.g., “Have you written a bad check, or taken something that didn’t belong to you from family members or anyone else in order to pay for your gambling?”) was excluded from the NODS total score in the current analysis.

**2.3.1.3. Gambling-related illegal behaviors.** Participants were asked whether they had engaged in a variety of illegal behaviors to support their gambling, as a result of gambling, or to pay off gambling debts. Illegal behaviors included embezzlement, shoplifting, theft, forgery, parole violation, drug charges, weapons offense, fraud, burglary, robbery, assault, prostitution, and homicide/manslaughter. Participants were also asked whether they had been arrested because of gambling-related illegal behaviors, and whether they had gone to jail or prison because of gambling-related illegal behaviors.

**2.3.1.4. Behavior and Symptom Identification Scale (BASIS-32).** The BASIS-32 (Eisen, Wilcox, Leff, Schaefer, & Culhane, 1999) is a self-report measure of mental health symptoms. The domains examined in the present study included depression/anxiety symptoms, difficulties in daily living and role functioning, relationships with self and others, and impulsive/addictive behavior.

#### 2.3.2. Therapist measures

Therapists assessed each client’s severity (“low”, “moderate”, or “high”) on the following: 1) history of treatment failure; 2) co-occurring disorders; 3) impulsivity; 4) social support; 5) suicidality; 6) self-destructive behavior; 7) mental/physical exhaustion; and 8) strong urges or cravings. The measure was based on the American Society for Addiction Medicine (ASAM) criteria for patient placement, which was initially developed for determining the level of care needed for individuals with drug or alcohol use disorders (Mee-Lee & Shulman, 2009).

### 2.4. Data analysis

Chi-square analyses and *t*-tests were conducted to assess differences between clients without and with history of gambling-related illegal behaviors on demographic characteristics. Chi-square analyses were also conducted to examine the relationships between therapist ASAM ratings and both history of gambling-related illegal behaviors and history of arrest. Generalized linear models were conducted with history of gambling-related illegal behaviors entered as an independent variable, and BASIS-32 scores as dependent variables with robust (sandwich) covariance matrix estimator (Huber, 1967; White, 1980) to examine whether client-reported variables were related to history of illegal

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