Getting Real about Gambling Disorder: How The ASAM Criteria Can Help

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A. Why Consider Gambling Disorder? – ASAM's Definition of Addiction

- The Definition of Addiction adopted by the ASAM Board of Directors in April 2011 states that persons with addiction can be seen as "pathologically pursuing reward and/or relief by substance use and other behaviors."
- This definition does not state that Alcohol Addiction, Opioid Addiction, Nicotine Addiction and Gambling Addiction are separate conditions. It states that addiction can be involved with various substances and behaviors. (Nicotine addiction is the other neglected addiction).
- The qualitative difference between individuals who have addiction and those who do not is that persons with addiction manifest a pathological pursuit of reward or relief, and have a "disease of brain reward, motivation, memory and related circuitry" which is "characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response."
- Under this definition, addiction can be associated with pathological engagement in gambling. Thus, addiction treatment can address the pathological pursuit of reward or relief via gambling, or what DSM-5 calls "Gambling Disorder."
- The 2013 edition of *The ASAM Criteria* thus includes a discussion of treatment for Gambling Disorder.
- Gambling Disorder is widespread and often co-exists with substance-related disorders as well as other mental disorders. Various estimates indicate that 1-2% of U.S. adults and 2-4% of U.S. adolescents are diagnosable with Gambling Disorder. (The ASAM Criteria, 2013)
- Lifetime prevalence is about 0.4%-1% - females about 0.2%; males about 0.6%; African Americans about 0.9%; whites about 0.4%; Hispanics about 0.3% (DSM-5, page 587, 2013)
- "Up to half of individuals in treatment for gambling disorder have suicidal ideation, and about 17% have attempted suicide." (DSM-5, page 587, 2013)
- For 6-9 million Americans, gambling is a damaging behavior that can harm relationships, family life, and careers. (SAMHSA - http://blog.samhsa.gov/?s=Gambling+Disorder#.VYXAHGCnRfQ)

B. DSM Criteria for Gambling Disorder

"Gambling Disorder is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment." (APA, 2013)

- The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, has recognized that gambling can be involved with a pathological state, and has named it Pathological Gambling in previous editions.
- DSM-5 (2013) classifies this condition as "Gambling Disorder" grouped with Substance Use Disorders in the chapter "Substance-Related and Addictive Disorders."

For years, clinical experts have applied diagnostic and treatment methods used for the treatment of Substance Use Disorders in the evaluation and management of cases of Pathological Gambling, even though this diagnosis appeared in a separate chapter of the DSM ("Impulse-Control Disorders Not Elsewhere Classified").

DSM-5 Gambling Disorder

A. Persistent and recurrent problematic gambling behavior is indicated by four (or more) of the following in a 12-month period. The patient:

1. needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. is restless or irritable when attempting to cut down or stop gambling.
3. has repeated unsuccessful efforts to control, cut back, or stop gambling.
4. is often preoccupied with gambling (e.g., persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble).
5. gambles often when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. after losing money gambling, often returns another day to get even ("chasing" one's losses).
7. lies to conceal the extent of 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 desperate financial situations caused by gambling.

B. The gambling behavior is not better accounted for by a Manic Episode.

Course Specifiers

- Episodic (meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months)
- Persistent (continuous symptoms to meet diagnostic criteria for multiple years)
- In Remission (early – no criteria for 3 months, but <12 months; sustained >12 months)

Current Severity:

- Mild: 4-5 criteria met
- Moderate: 6-7 criteria met
- Severe: 8-9 criteria met

C. Getting Real about Health Coverage for Gambling Disorder

(The ASAM Criteria 2013*,* page 358)

- In contrast with substance use disorders, it is currently uncommon for commercial or governmental health plans to offer payment for treatment in residential or inpatient levels of care unless there are co-occurring medical or psychiatric problems, which would, in and of themselves, justify reimbursement for such placements.
- Most insurance companies that do not categorically exclude coverage for the treatment of gambling disorder have had benefits for the treatment of gambling disorders. But those benefits do not include payment for residential or inpatient treatment unless there is another, primary diagnosis such as major depressive disorder. It is the major depressive disorder that generates the reimbursement, not the gambling disorder. A state or local drug and alcohol authority could elect (and some do) to pay for the treatment of gambling disorder, regardless of level of care.
- Even partial hospitalization or intensive outpatient treatment programs for gambling disorder have historically been considered a "non-covered benefit"; patients needed to meet criteria for a substance use disorder or a separate mental disorder in order for payment to be authorized when the treatment focus would otherwise be the person's pathological gambling.
- Gambling disordered patients with a co-occurring substance use disorder may be treated by a provider who can address both problems concurrently in an integrated way.
- Patients who are diagnosed with a Gambling Disorder but without a co-occurring substance use disorder and who are admitted to a gambling disorder treatment service should still be screened for a co-occurring substance use disorder.
- It is unclear what impact, if any, the Mental Health Parity and Addiction Equity Act of 2008, or the Patient Protection and Affordable Care Act of 2010, will have on insurance payments for treatment of Gambling Disorder under Medicare, Medicaid, or commercial health insurance plans.
- "This Plan does not cover services, supplies or treatment relating to, arising out of, or given in connection with the following: Gambling Disorder……." (UNIVERSITY OF CALIFORNIA

Behavioral Health Benefits for Health Net Blue & Gold, Kaiser Permanente – California and Western Health Advantage Members January 1, 2015. Insured by Unimerica Life Insurance Co.)

- "Across all states, there was a lack of uniformity regarding what types of problem gambling services were funded. Some states funded a comprehensive array of services ranging from prevention through multiple levels of treatment, while other states provided only one service (e.g., a problem gambling helpline or a prevention program)."
- "Among state agencies this variability in services provided was often rooted in the legislation that originally established the problem gambling program. Some states had legislation that restricted the use of funding to specific service areas. Another driving factor for what services were funded was linked to budget pragmatics such as having insufficient funds to expand the range of services offered." (2013 NATIONAL SURVEY OF PROBLEM GAMBLING SERVICES, March 2014)

D. Getting Real about Staff Credentials and Competence for Gambling Disorder

(The ASAM Criteria 2013*,* page 358)

- Staff providing treatment to patients with gambling disorder should have a state-sponsored or -approved Gambling Counselor Certification.
- Not all states have such credentialing - some states accept a national credential such as the National Certified Gambling Counselor (NCGC), provided by the National Council on Problem Gambling.
- State certification or licensure as an Alcohol and Drug, Chemical Dependency, or Substance Abuse Counselor should not be considered a substitute for or equivalent to a Gambling Counselor Certification.
- In the future, the evolution of professional training and professional certification, possibly being influenced by the 2011 ASAM Definition of Addiction, may mean that all addiction counselors will receive sufficient training in addiction associated with gambling, and thus separate certification will not be necessary. But at this time, there are relatively few well-trained and certified Gambling Treatment

E. Getting Real about Screening and Assessment for Gambling Disorder

Because gambling problems, which are assessed under ASAM Dimension 3 commonly co-occur with substance use disorders (SUD), and either the gambling or substance use may often act as a trigger for relapse to the other disorder, screening for gambling problems should be a routine part of SUD assessment.

- particular focus on financial and legal problems and suicidality.

1. Screening *(The ASAM Criteria* 2013*,* page 361)

The purpose of screening is to conduct a preliminary inquiry to rule an individual "in" or "out." If "ruled in," the next step is to perform a comprehensive diagnostic assessment using the DSM-5 criteria for Gambling Disorder.

Once a Gambling Disorder diagnosis is established, the next question—answerable by use of *The ASAM Criteria*—is: what is the severity of the disorder? Severity of illness guides the clinician to an intensity of service recommendation for the patient.

There are over 27 instruments for identifying disordered gambling, though there is debate about them and what they measure.

- An appropriate instrument should be able to screen for gambling disorders in both the general population and a population of persons who have a substance use disorder
- Two screening tools are recommended.
- The first is the two-item "Lie/Bet Screen."
- Advantage is that it is only two questions, and is more likely to be used in community and clinical settings where clinicians feel overwhelmed with current assessment responsibilities and other paperwork.
- Especially important given the extent of comorbidity between gambling disorders, substance use disorders, and other mental disorders (mood disorders, anxiety disorders, posttraumatic stress disorder, attention deficit hyperactivity disorder, etc.), and personality disorders (antisocial, avoidant, narcissistic, or borderline personality disorder).

The "Lie/Bet" two item questionnaire are:

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?

- The second and better-known and researched screening instrument is the South Oaks Gambling Screen (SOGS), a 16-item scorable questionnaire, which is in the public domain and can be found on the Internet.

2. ASAM Multidimensional Assessment *(The ASAM Criteria* 2013, page 362-363)

In the first column of the following chart there is a list of questions that would be asked in a multidimensional assessment of individuals with substance use disorders. The second column contains the questions as they would apply to individuals with gambling disorders with the *italics* identifying the differences. It is striking how there are such common characteristics between the two sets of disorders, with the least overlap being in Dimension 1: Acute Intoxication and/or Withdrawal Potential. The assessment questions of the other dimensions are generally a very close match.

(The ASAM Criteria 2013, page 362-363)

Applying the ASAM Criteria to Gambling Disorders	
Substance Use Disorders	**Gambling Disorders**
ASAM Criteria Dimension 1: Acute Intoxication and/or Withdrawal Potential Sample Questions	
• Are there current signs of withdrawal? • Does the patient have supports to assist in ambulatory withdrawal management if medically safe? • Has the patient been using multiple substances in the same drug class? • If the withdrawal concern is about alcohol, what is the patient's CIWA-Ar score?	• Are there current signs of withdrawal (*restlessness or irritability when attempting to cut down or stop gambling)*? • Does the patient have supports in the community to *enable him/her to safely tolerate the restlessness or irritability when attempting to cut down or stop gambling?* • *What forms of gambling has the individual engaged in?* Has the patient also been using *psychoactive substances to the point where alcohol or other drug withdrawal management is necessary?*
ASAM Criteria Dimension 2: Biomedical Conditions and Complications Sample Questions	
• Are there current physical illnesses, other than withdrawal, that need to be addressed or which complicate treatment? • Is there a need for medical services which might interfere with treatment (e.g., chemotherapy or kidney dialysis)? • Are there chronic illnesses, which might be exacerbated by withdrawal (e.g., diabetes, hypertension)? • Are there chronic conditions that might interfere with treatment (e.g., chronic pain with narcotic analgesics)?	• Are there current physical illnesses, other than withdrawal, that need to be addressed or which complicate treatment? *Does the individual manifest any acute conditions associated with prolonged periods of gambling (e.g., urinary tract infection)?* • Is there a need for medical services which might interfere with treatment (e.g., chemotherapy or kidney dialysis)? • *Are there chronic medical conditions such as hypertension, peptic ulcer disease, or migraines that might be exacerbated by either cessation or continuation of the gambling behavior?* • Are there chronic conditions that might interfere with treatment (e.g., chronic pain)?

ASAM Criteria Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications Sample Questions	
• Are there current psychiatric illnesses or psychological, behavioral, or emotional problems that need to be addressed or which complicate treatment? • Are there chronic conditions that affect treatment? • Do any emotional/behavioral problems appear to be an expected part of addiction illness, or do they appear to be separate? • Even if connected to addiction, are they severe enough to warrant specific mental health treatment? • Is the patient suicidal, and if so, what is the lethality? • If the patient has been prescribed psychiatric medications, is he/she adherent?	• Are there *other* current psychiatric illnesses or psychological, behavioral, or emotional problems *or a substance use disorder* that need to be addressed or which complicate treatment? • Are there chronic conditions that affect treatment? • Do any emotional/behavioral problems appear to be an expected part of *the gambling disorder,* or do they appear to be separate? • Even if connected to *the gambling*, are they severe enough to warrant specific mental health treatment? • Is the patient suicidal, and if so, what is the lethality? • If the patient has been prescribed psychiatric medications, is he/she adherent? • *Does the individual have distortions in thinking such as superstitions, overconfidence or an inflated sense of power and control?*
ASAM Criteria Dimension 4: Readiness To Change Sample Questions	
• Does the patient feel coerced into treatment or actively object to receiving treatment? • How ready is the patient to change (stage of "readiness to change")? • If willing to accept treatment, how strongly does the patient disagree with others' perception that s/he has an addiction problem? • Is the patient adherent to avoid a negative consequence (externally motivated) or internally distressed in a self-motivated way about his/her alcohol or other drug use problems? • Is there leverage available?	• Does the patient feel coerced into treatment or actively object to receiving treatment? • How ready is the patient to change (stage of "readiness to change")? • If willing to accept treatment, how strongly does the patient disagree with others' perception that s/he has a *gambling* problem? • Is the patient adherent to avoid a negative consequence (externally motivated) or internally distressed in a self-motivated way about his/her *gambling* problem? • Is there leverage available?
ASAM Criteria Dimension 5: Relapse, Continued Use or Continued Problem Potential Sample Questions	
• How aware is the patient of relapse triggers, ways to cope with cravings, and skills to control impulses to use? • What is the patient's ability to remain abstinent or psychiatrically stable based on history? • What is the patient's level of current craving, and how successfully can s/he resist using? • If the patient had another chronic disorder (e.g., diabetes), what is the history of adherence with treatment for that disorder? • Is the patient in immediate danger of continued severe distress and drinking/drugging or other high-risk behavior due to co-occurring mental health problems? • Does the patient have any recognition and skills to cope with addiction and/or mental health problems and prevent relapse or continued use/continued problems? • What severity of problems and further distress will potentially continue or reappear, if the patient is not	• How aware is the patient of relapse triggers, ways to cope with cravings, and skills to control impulses to *gamble*? • What is the patient's ability to *stop gambling* or remain psychiatrically stable based on history? • What is the patient's level of current preoccupation with or craving to *gamble,* and how successfully can s/he resist *gambling behaviors*? • If the patient had another chronic disorder (e.g., diabetes), what is the history of adherence with treatment for that disorder? • Is the patient in immediate danger of continued severe distress and *gambling* or other high-risk behavior due to co-occurring mental health or substance use problems? • Does the patient have any recognition and skills to cope with *gambling* and/or *other* mental health problems *or substance use problems* and prevent relapse or continued *gambling*? • What severity of problems and further distress will potentially continue or reappear, if the patient is not

successfully engaged into treatment at this time? • If on psychiatric medications, is the patient adherent?	successfully engaged into treatment at this time? • If on psychiatric medications, is the patient adherent?
ASAM Criteria Dimension 6: Recovery Environment Sample Questions	
• Are there barriers to access to treatment, such as transportation or child care responsibilities? • Are there legal, vocational, social service agency, or criminal justice mandates that may enhance motivation for engagement into treatment? • Is the patient able to see value in recovery? • Are there any dangerous family, significant others, living, school, or work situations threatening treatment engagement and success? • Does the patient have supportive friendship, financial, or educational/vocational resources to improve the likelihood of successful treatment?	• Are there barriers to access to treatment, such as transportation or child care responsibilities? • Are there legal, vocational, social service agency, or criminal justice mandates that may enhance motivation for engagement into treatment? • Is the patient able to see value in recovery? • Are there any dangerous family, significant others, living, school, or work situations threatening treatment engagement and success? • Does the patient have supportive friendship, financial, or educational/vocational resources to improve the likelihood of successful treatment? • *Are the patient's financial circumstances due to the gambling or associated legal problems an obstacle to receiving or distraction from treatment, or a threat to personal safety (e.g., loan sharks)?*

F. Getting Real about Levels of Care for Gambling Disorder

(The ASAM Criteria 2013*,* page 364-366)

The issue of level of care placement is more complicated than with substance use disorders because of the absence of adequate resources and reimbursement.

- With substance use disorder treatment, even while short of ideal, the resources available are much greater than those that exist for the treatment of gambling disorders.
- In urban areas, there might be dozens of addiction treatment programs at all levels of care, and hundreds of self-help meetings available each week; but at best only a handful of such professional and peer-support services exist are prepared to treat persons with gambling disorders.

The situation is much more critical in rural areas—even though many casinos have been constructed in the last several decades in rural areas.

- One potential solution is to encourage and incentivize already-existing addiction treatment programs to develop gambling treatment services, a relatively easy shift given the similarities between the disorders.
- Treatment professionals would be advised to fully assess and recommend an appropriate level of care and document that recommendation, along with the flexibility to fit the available treatment, length of time, and methods to address the gambling disorder appropriately.

With patients who are engaged in "At-risk" gambling, Level 0.5, Early Intervention may be appropriate, as well as a Brief Intervention using the SBIRT (Screening, Brief Intervention and Referral to Treatment).

- For "Problem" gambling (gambling problems not severe enough to reach the diagnostic threshold for gambling addiction), one of the outpatient levels of care (1, 2.1 or 2.5) may be considered, depending on the results of the comprehensive multidimensional ASAM assessment for both gambling and substance use disorders.
- For those diagnosable as gambling addicted (meeting 4 of the 9 criteria for a gambling disorder), it is likely that there will be co-occurring problems in Dimensions 1, 2 and/or 3 found in a multidimensional ASAM assessment that might justify admission to an inpatient level of care. For those patients with co-occurring Substance Use and Gambling Disorders, admission to a residential level of care (Level 3.1, 3.3 or 3.5) for problems in Dimensions 5 and/or 6 may be justified.

However, without the presence of a co-occurring physical, mental, or substance use disorder, it is hard to justify placement in the more intensive levels of care as indicated by the chart below. That is, clinical necessity for placement in more intensive levels of care may actually not be present in most cases.

Table Comparing Adult ASAM Criteria Levels of Care for Substance Use Disorders with those for Gambling Disorders:

ASAM Criteria Adult Withdrawal Management Services	Level	Description	Levels of Care For "Withdrawal Management" for Gambling Disorders
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM	Mild withdrawal, with daily or less than daily outpatient supervision; likely to "complete detox" and to continue treatment or recovery	Through a primary care physician to manage anxiety, depression and mood swings
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM	Moderate withdrawal, with all-day withdrawal management support and supervision; at night, has supportive family or living situation; likely to "complete detox."	Same as above, if more structure is needed
Clinically Managed Residential Withdrawal Management	3.2-WM	Moderate withdrawal, but needs 24-hour support to "complete detox" and increase likelihood of continuing treatment or recovery	As above, with the addition of overnight accommodations
Medically Monitored Inpatient Withdrawal Management	3.7-WM	Severe withdrawal, and needs 24-hour nursing care and physician visits as necessary; unlikely to "complete detox" without medical, nursing monitoring	Not applicable in the absence of co-occurring disorders requiring this intensity of service
Medically Managed Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal, and needs 24-hour nursing care and daily physician visits to modify the withdrawal management regimen and manage medical instability	Not applicable in the absence of co-occurring disorders requiring this intensity of service
ASAM Criteria Levels of Care	Level	Description of ASAM Levels of Care	Levels of Care For Gambling Disorders
Early Intervention	0.5	Assessment and education for at-risk individuals who do not meet diagnostic criteria for Gambling Disorder	Prevention, screening, and intervention of high-risk persons
Outpatient Services	1	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/ strategies	Outpatient Counselor or Clinic
Intensive Outpatient (IOP)	2.1	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instabilty	Intensive Outpatient (IOP)
Partial Hospitalization (PHP)	2.5	20 or more hours of service/week for multidimensional instabilty not requiring 24-hour care	Day Program (Partial Hospital Program)
Clinically Managed Low-Intensity Residential	3.1	24-hour structure with available trained personnel; at least 5 hours of clinical service/week (e.g., halfway house)	For those requiring transitional living

Clinically Managed Population-Focused High-Intensity Residential	3.3	24-hour care with trained counselors to stablize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community	Not applicable in the absence of co-occurring cognitive problems or substance use disorder requiring this intensity and type of service, or Dimension 4, 5 and 6 problems that require this type of 24-hour care
Clinically Managed High-Intensity Residential	3.5	24-hour care with trained counselors to stablize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community	Not applicable in the absence of co-occurring medical, mental, or substance use disorders requiring this intensity of service, or Dimension 4, 5 and 6 problems that require 24-hour care. However, an individual with Gambling Disorder who is assessed to be unable to abstain from the pathological pursuit of reward or relief through gambling when in an ambulatory setting, even with the provision of Level 2.1 or 2.5 clinical services for Gambling Disorder, this level of care may be clinically necessary, if in imminent danger
Medically Monitored Intensive Inpatient	3.7	24-hour nursing care with physician availablity for significant problems in Dimensions 1, 2 or 3. 16 hour/day counselor availability	Not applicable in the absence of co-occurring medical, mental, or substance use disorders requiring this intensity of service.
Medically Managed Intensive Inpatient	4	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3. Counseling available to engage patient in treatment	Not applicable in the absence of co-occurring medical, mental, or substance use disorders requiring this intensity of service
Opioid Treatment Program (Level 1)	OTP	Daily or several times weekly opioid medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder	Not applicable in the absence of a co-occurring opioid use disorder

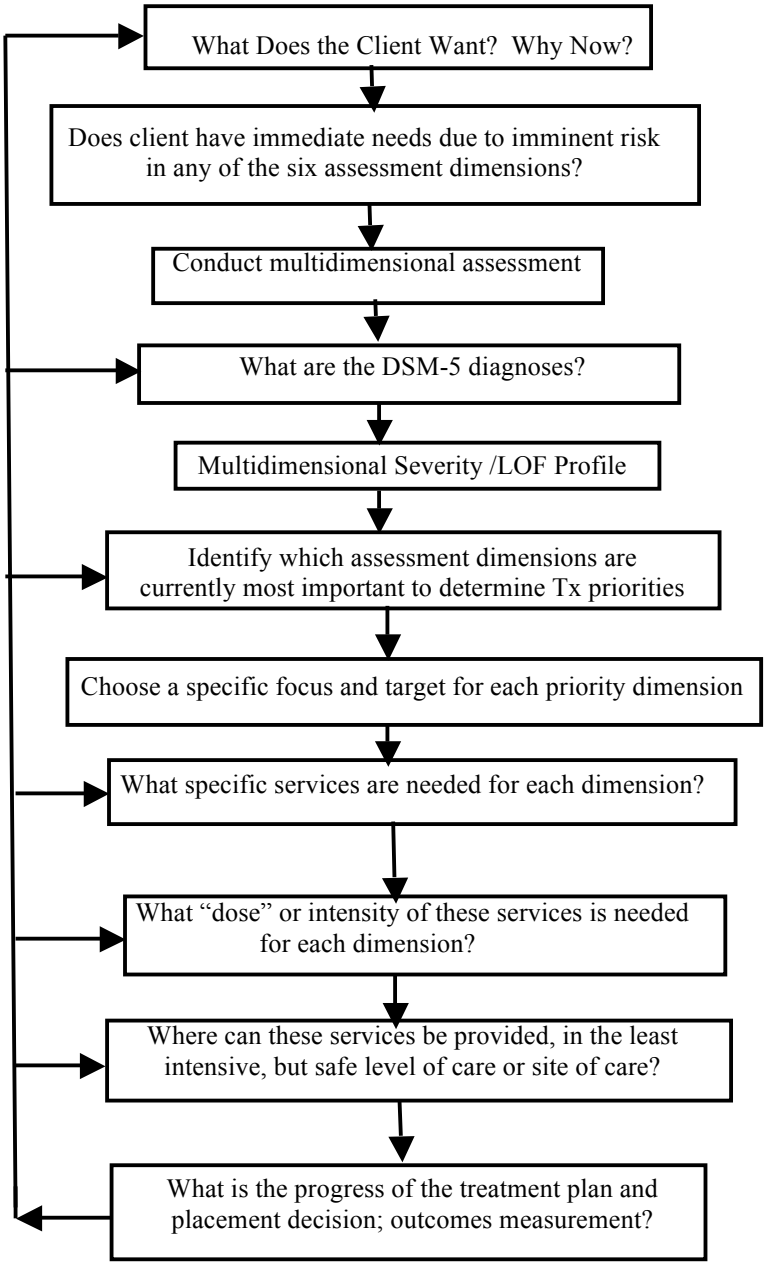
G. Getting Real about Filling Gaps for Gambling Disorder

2013 NATIONAL SURVEY OF PROBLEM GAMBLING SERVICES

Gaps within a state-supported problem gambling system when survey participants were asked to identify one item as their state's "greatest obstacle in meeting service needs to address problem gambling."

- "Inadequate funding" was most frequently identified as the largest gap.
- Second most commonly endorsed service gap was a lack of public awareness about problem gambling.
- Problem gambling treatment availability.
- Need to increase the number of treatment providers.
- Improve research.
- Increase the number of prevention providers.
- Improve information management services.
- Increase the size of administrative staff.

H. **How to Organize Assessment Data to Match Level of Care** *(The ASAM Criteria* 2013, p 124)



I. Gathering Data on Policy and Payment Barriers *(The ASAM Criteria* 2013, p 126)

- Policy, payment and systems issues cannot change quickly. However, as a first step towards reframing frustrating situations into systems change, each incident of inefficient or in adequate meeting of a client's needs can be a data point that sets the foundation for strategic planning and change
- Finding efficient ways to gather data as it happens in daily care provides hope/direction for change:

PLACEMENT SUMMARY

Level of Care/Service Indicated - Insert the ASAM Level number that offers the most appropriate level of care/service that can provide the service intensity needed to address the client's current functioning/severity; and/or the service needed e.g., shelter, housing, vocational training, transportation, language interpreter	

Level of Care/Service Received - ASAM Level number -- If the most appropriate level or service is not utilized, insert the most appropriate placement or service available and circle the Reason for Difference between Indicated and Received Level or Service	
Reason for Difference - Circle only one number -- 1. Service not available; 2. Provider judgment; 3. Client preference; 4. Client is on waiting list for appropriate level; 5. Service available, but no payment source; 6. Geographic accessibility; 7. Family responsibility; 8. Language; 9. Not applicable; 10. Not listed (Specify):	
Anticipated Outcome If Service Cannot Be Provided – Circle only one number - 1. Admitted to acute care setting; 2. Discharged to street; 3. Continued stay in acute care facility; 4. Incarcerated; 5. Client will dropout until next crisis; 6. Not listed (Specify):	

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To order: The Change Companies at 888-889-8866. www.changecompanies.net.

2013 NATIONAL SURVEY OF PROBLEM GAMBLING SERVICES
Prepared by Problem Gambling Solutions, Inc. for Association of Problem Gambling Service Administrators (APGSA) and the National Council on Problem Gambling (NCPG). March 2014

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