

Problem Gambling Screenings in Small Agencies: *Lessons Learned and Growing Plans*

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About Your Trainers

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Session Description

Incorporating problem gambling prevention and treatment services into a traditional AOD organization may present as a challenge. This session will explore the lessons learned by a small nonprofit agency integrating gambling prevention and treatment services along with client screening into the mission of the agency.

Areas to be addressed include:

- ✓ pros and cons to common screening tools
- ✓ benefits of post-engagement screening
- ✓ considerations for staff education
- ✓ ideas for increasing screening numbers

A brief analysis of key findings from four years of screening data from the agency will also be shared.

Objectives

1. By the end of the session, participants will be able to discuss considerations for staff education.
2. By the end of the session, participants will be able to identify strategies for increasing screening and PG identification within their agency.
3. By the end of the session, participants will be able to explain the benefits of post-engagement screening.

About



*Serving Portage County
for over 45 years.*

OUR MISSION

Townhall II promotes the health, wellness, and recovery of individuals and communities through prevention, education, advocacy, intervention, and treatment.

OUR VISION

The vision of Townhall II is of a community with the support, resources, and skills to choose, achieve, and maintain the optimum health, safety, and security of all its citizens.

About



- Primarily an AOD Prevention and Treatment organization.
- Several Levels of Care for AOD Counseling.
- Treatment focus has been on AOD-Only for most of the agency's history.
- School and community-based prevention education offered.
- Problem gambling prevention and treatment introduced in 2013.

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Screening/Scoring, and Referral Process

PRIMARY PROCESS

- All agency clients are screened for PG using a modified SOGS screening tool that is self-administered.
- First assessment takes place at intake, prior to seeing counselor.
- Screen is given to clients by front desk staff, returned, and placed in the PG screen box.
- SOGS are scored by Amanda. If they have a score, are returned to Bill.
- Bill contacts the client's primary counselor (PC) and asks for a referral for Gambling Assessment. PC is asked to review SOGS with client.

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Screening/Scoring, and Referral Process

SECONDARY SCREENING

Use of Electronic Health Record (NextGen)

1. “Were you assessed?”
2. Added “Lie/Bet” If (YES), Gambling Addendum pops up

Importance of Staff and Client PG Education

STAFF

- Establish agency culture
- Learn procedure
- Buy in to importance
- Referral for treatment

CLIENT

- Horizon House
- Groups (SAE/T; IDDT; IOP)
- At-risk population
- “Captive” audience

More on Agency Culture

Agency culture consists of shared beliefs and values established by leaders and then communicated and reinforced through various methods, ultimately shaping employee perceptions, behaviors, and understanding.

More on Agency Culture

Culture is the social glue that helps hold an organization together by providing appropriate standards for what employees should say or do

STRONG

- Success is more likely
- Consensus regarding cultural priorities
- Core values are intensely held and widely shared

WEAK

- An ineffective culture can bring down the organization and its leadership
- Disengaged employees, high turnover, poor customer relations, and lower profits

Screening Suggestions



- Full SOGS is long, but proven
- Lie/Bet is state recommended in EHR
 - ✓ Terminology (lie versus hide)
- BBGS
- When screen has a score protocol
- If chances are limited, consider the effectiveness of screens at intake versus post-engagement

Increase in Screening Numbers

Community inclusion for screening:

- Consider using Before You Bet screen
 - ✓ financial wellness fairs
 - ✓ community events
 - ✓ Ohio Means Jobs
 - ✓ work-release inmates
 - ✓ campus connection

Incorporating screening in agency

- Start somewhere!



Pros & Cons of Intake Screening

PRO

- Let clients know PG is of interest in agency
- Identify clients who are concerned about their gambling
- Identify those who score before starting treatment

CON

- Client may not yet identify behavior as gambling
- Gambling is not the reason they came or were sent to be assessed
- Some incomplete due to being self-assessed

Post-Engagement PG Screening in IOP



- Dispersed engagement (may encounter more than once)
- Group Presentations done every 7-8 weeks
- Get education/screened when stable
- SOGS again as self-assessment
- Client educated in dangers of cross addiction

Lessons Learned Integrating PG into Agency Mission

- Integrating PG into an AOD agency requires buy-in from agency, staff, and clients. Needs to come from the top down.
- Integration may need to be gradual, but it should be made clear through agency meetings, announcements, etc. that it is happening...and why the agency took on PG!
- Discussion of specific PG responsibilities needs to be made clear from counselors to administrative staff to ensure all staff understand the role the agency is playing in the prevention and treatment of PG.

Lessons Learned Integrating PG into Agency Mission

EDUCATION/BUY-IN EXAMPLE

Large numbers of clients were refusing to complete the PG screen when asked. In following up with front desk/intake staff, it was determined that these individuals didn't know PG screening was the new normal, but were presenting the screen as a "research study".

- PG treatment and prevention goals need developed and shared with the agency.
- PG education should be offered to all staff and cover topics such as:
 - ✓ where funding dollars originate
 - ✓ why PG is an issue that fits agency mission
 - ✓ what PG is
 - ✓ how PG is connected to AOD
 - ✓ treatment options

Lessons Learned with Integrating PG Screening

SCREENING SITUATION

Primary counselors were supposed to review SOGS with client during the first assessment, but it had not been scored yet. Counselors do not have training to understand scoring and what they should be looking for. Most counselors just ignored the screen, some putting them in a separate drawer in their offices.

- PG screening at AOD intake can identify clients who feel their gambling is problematic or those who are at risk, but it is not the best and only screening possibility.
- Secondary screen should occur after taking part in treatment for a number of weeks, and could take place when stability with activities is evident.
- Screening Process
 - ✓ Why being conducted
 - ✓ Staff education-know intent behind screens to inform clients
 - ✓ Screen used
 - ✓ Screen design considerations

Areas for Growth



- Increase staff CEU opportunities related to problem gambling prevention and treatment
- Encourage PG certificate for additional counseling staff
- Compare pre/post screen data
- Increase transition from screen to treatment, and AOD to PG
- Opportunities for higher Level of Care (i.e. offer outpatient group for PG for numbers allow)

Questions?

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