APA Resource Document

Healthcare Professional's Resource Guide: Addressing Gambling Disorder in Asian American and Pacific Islander (AAPI) Communities

Approved by the Joint Reference Committee, June 2025

This resource document is intended to support psychiatrists, trainees, and other mental healthcare workers. This document is not intended to be comprehensive or completely systematic in nature, nor is it a practice guideline.

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Quick Navigation for Busy Practitioners

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1. Introduction

What is Gambling Disorder?

- Gambling disorder is a **behavioral addiction** classified in the **DSM-5-TR**, characterized by persistent, compulsive gambling despite negative consequences.
- Shares **neurobiological similarities** with substance use disorders (e.g., dopamine-driven reward system).

Why is This Important in AAPI Communities?

✓ **Higher Risk**: AAPI individuals experience **disproportionate rates of gambling disorder** (2.3% vs. 1.2% in White Americans).
✓ **Cultural Normalization**: Gambling is often **socially accepted** (e.g., **Lunar New Year gambling traditions**).
✓ **Targeted Marketing**: Casinos actively **recruit AAPI patrons** through **language-specific promotions and transportation incentives**.
✓ **Stigma & Barriers to Care**: Many avoid seeking treatment due to **shame, language barriers, and fear of dishonoring their family**.

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2. Screening & Diagnosis

Quick-Reference Screening Table – Screening Instruments Available in Appendix 1

Step	Tool or Action	Time Needed
Initial Screening	Lie/Bet Questionnaire (2 questions)	1 min
Detailed Assessment	South Oaks Gambling Screen (SOGS)	5-10 min
Confirm Diagnosis	DSM-5-TR Criteria	5 min
Assess Co-occurring Disorders	PHQ-9 (Depression), GAD-7 (Anxiety), AUDIT (Alcohol Use)	5-10 min
Discuss Treatment	Motivational Interviewing (MI) or Referral	Variable

✓ **Key Takeaway:** Even if a provider has only **1-2 minutes**, they can use the **Lie/Bet Questionnaire** to screen patients.

DSM-5-TR Criteria for Gambling Disorder

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
    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 made repeated unsuccessful efforts to control, cut back, or stop gambling.

4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles 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 explained by a manic episode.

🟢 **Mild (4-5 criteria) |** 🟡 **Moderate (6-7) |** 🔴 **Severe (8-9)**

When to Refer (Decision Tree):

Patient Screens Positive on Lie/Bet (1+ "Yes" responses)
⬇
Confirm with SOGS (Score ≥5 → Refer to Behavioral Health)
⬇
Assess Co-Occurring Conditions (PHQ-9, GAD-7, AUDIT)
⬇
Determine Urgency

- **Suicidal Ideation or Financial Crisis → Immediate Crisis Intervention**
- **Moderate-Severe Gambling Disorder → CBT Referral + Peer Support**
- **Mild-Moderate Cases → Psychoeducation + Motivational Interviewing**

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3. Culturally Informed Care

Barriers to Treatment in AAPI Communities

❌ **Shame & Stigma**: Fear of dishonoring the family.
❌ **Language Barriers**: Lack of multilingual services.
❌ **Community Isolation**: Older immigrants may gamble as a **social escape**.

✓ **Solutions:**
✅ Use **multilingual materials** & interpreters.
✅ Involve **family or community leaders** to facilitate engagement.

✅ Offer **anonymous or group-based interventions** to reduce stigma.

Case Example for Cultural Competence

Scenario: A **58-year-old Chinese-American male** presents with stress-related insomnia. His wife reports financial distress but he denies a gambling problem.

Clinician Approach:

✓ **Lie/Bet Screening** → "Have you ever felt the need to bet more and more money?"
✓ **Motivational Interviewing** → "What do you enjoy about gambling?" → Builds rapport.
✓ **Culturally Sensitive Referrals** → Offer **Chinese-language gambling support groups**.

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4. Treatment Strategies

Evidence-Based Treatment Options

Treatment Type	Effectiveness	Best for...	Challenges
CBT	✅ Gold-standard therapy	All gambling disorder patients	Requires **trained** therapists
Motivational Interviewing (MI)	✅ Helps with **treatment resistance**	Patients in **denial** about their gambling	Requires **multiple sessions**
Gamblers Anonymous (GA)	✅ Strong **peer support**	Patients open to **group-based**recovery	May not be **culturally appropriate** for all
Naltrexone / Nalmefene	⚠️ Moderate effectiveness	Those with **co-occurring substance use**	**Not FDA-approved** for gambling disorder
SSRIs / Mood Stabilizers	⚠️ Helps in **co-occurring mood disorders**	Patients with **depression/anxiety**	No direct effect on **gambling urges**

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5. Healthcare Provider Roles

Provider Role	Responsibilities
Primary Care Physicians (PCPs)	Screen for gambling disorder, brief interventions, referral to community service and to mental health.
Psychiatrists & Addiction Specialists	Provide CBT, manage co-occurring disorders, and prescribe medications.
Community-Based Practitioners (Faith Leaders, Social Workers, Community Health Workers)	Provide culturally sensitive outreach, family interventions, and referrals.

6. Referral Resources

Category	Resource	Details
National Helplines	📞 National Problem Gambling Helpline	1-800-522-4700 (24/7, multilingual support)
AAPI-Specific Helplines	📞 Asian Pacific Islander Problem Gambling Helpline	1-888-968-7888 (Chinese, Korean, Vietnamese, Tagalog)
	📞 California Problem Gambling Helpline	1-800-GAMBLER (24/7, multiple Asian languages available)
	📞 Hawaii Problem Gambling Helpline	1-800-522-4700 (24/7, local support for Hawaii residents)
Culturally Informed Support	🌏 NICOS Chinese Health Coalition	1-415-788-6426, Chinese-language gambling support
	🌏 National Asian Pacific American Families Against Substance Abuse (NAPAFASA)	1-626-782-5575, AAPI-focused gambling addiction prevention
	🌏 Korean Community Services (KCS) Problem Gambling Program	1-718-939-6137, Korean-language support in NY, CA
	🌏 Asian Counseling and Referral Service (Washington State)	https://acrs.org/services/recovery-services/problem-gambling/
Culturally Informed Therapy	🛡 Asian Mental Health Collective	List of Asian American therapists at asianmhc.org
	🛡 South Cove Community Health Center (Boston, MA)	1-617-521-6730, culturally competent mental health services for AAPI communities
	🛡 Chinatown Service Center (Los Angeles, CA)	1-213-808-1700, multilingual therapy and gambling support
Financial Support	💰 Gamblers Assistance Fund	Helps families recover from gambling-related financial distress
	💰 National Foundation for Credit Counseling (NFCC)	1-800-388-2227, financial counseling and debt management

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Appendix 1 Screening Instruments

A. Lie/Bet Questionnaire
B. South Oaks Gambling Screen
C. PHQ-9 (Depression)
D. GAD-7 (Anxiety)
E. AUDIT (Alcohol)

A. LIE/BET QUESTIONNAIRE

The Lie/Bet Questionnaire is a brief, two-question screening tool used to identify individuals who may have gambling-related problems. It is widely used in clinical and research settings due to its simplicity and effectiveness.

Name: _____
Date: _____

1. Screening Questions
Please answer the following questions:

Question	Yes	No
1. Have you ever felt the need to bet more and more money?	☐	☐
2. Have you ever had to lie to people important to you about how much you gambled?	☐	☐

Lie/Bet Scoring and Interpretation

- Answering "Yes" to one or both questions suggests a possible gambling problem and the need for further assessment.
- The Lie/Bet Questionnaire is based on two key diagnostic criteria for gambling disorder and has been validated as an effective brief screening tool.

2. Clinical Use and Considerations

- The Lie/Bet Questionnaire is a screening tool and does not replace a comprehensive mental health evaluation.
- If a patient screens positive, further assessment with a more detailed tool (e.g., South Oaks Gambling Screen (SOGS)) or a clinical interview is recommended.
- This tool is useful in primary care, addiction treatment, and mental health settings for quick identification of individuals at risk for gambling disorder.

3. Copyright and Usage Information

B. SOUTH OAKS GAMBLING SCREEN (SOGS)

https://problemgambling.az.gov/sites/default/files/documents/files/south-oaks-gambling-screen.pdf

Name: _____
Date: _____

1. Gambling Activities
Please indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: "Not at All," "Less than Once a Week," or "Once a Week or More."

Gambling Activity	Not at All	Less than Once a Week	Once a Week or More
a. Played cards for money	☐	☐	☐
b. Bet on horses, dogs, or other animals (in off-track betting, at the track, or with a bookie)	☐	☐	☐
c. Bet on sports (parlay cards, with bookie, at Jai Alai)	☐	☐	☐
d. Played dice games (including craps, over and under, or other dice games) for money	☐	☐	☐
e. Went to casino (legal or otherwise)	☐	☐	☐
f. Played the numbers or bet on lotteries	☐	☐	☐
g. Played bingo	☐	☐	☐
h. Played the stock and/or commodities market	☐	☐	☐
i. Played slot machines, poker machines, or other gambling machines	☐	☐	☐
j. Bowled, shot pool, played golf, or some other game of skill for money	☐	☐	☐

2. What is the largest amount of money you have ever gambled with on any one day?
☐ Never have gambled
☐ $1 or less
☐ More than $1 up to $10
☐ More than $10 up to $100
☐ More than $100 up to $1,000
☐ More than $1,000 up to $10,000
☐ More than $10,000

3. Do (did) your parents have a gambling problem?
☐ Both my father and mother gamble (or gambled) too much
☐ my father gambles (or gambled) too much
☐ my mother gambles (or gambled) too much
☐ neither one gambles (or gambled) too much

4. When you gamble, how often do you go back another day to win back money you lost?
   - ☐ Never
   - ☐ Some of the time (less than half the time) I lost
   - ☐ Most of the times I lost
   - ☐ Every time I lost

5. Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?
   - ☐ Never (or never gamble)
   - ☐ Yes, less than half the time I lost
   - ☐ Yes, most of the time

6. Do you feel you have ever had a problem with gambling?
   - ☐ No
   - ☐ Yes, in the past, but not now
   - ☐ Yes

Question	Yes	No
7. Did you ever gamble more than you intended to?	☐	☐
8. Have people criticized your gambling?	☐	☐
9. Have you ever felt guilty about the way you gamble or what happens when you gamble?	☐	☐
10. Have you ever felt like you would like to stop gambling but didn't think you could?	☐	☐
11. Have you ever hidden betting slips, lottery tickets, gambling money, or other signs of gambling from your spouse, children, or other important people in your life?	☐	☐
12. Have you ever argued with people you live with over how you handle money?	☐	☐

Question	Yes	No
13. (If you answered "Yes" to the question 12) Have money arguments ever centered on your gambling?	☐	☐
14. Have you ever borrowed from someone and not paid them back as a result of your gambling?	☐	☐
15. Have you ever lost time from work (or school) due to gambling?	☐	☐

16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from? (check "yes" or "no" for each)

Source	No	Yes
a. From household money	☐	☐
b. From your spouse	☐	☐
c. From other relatives or in-laws	☐	☐
d. From banks, loan companies, or credit unions	☐	☐
e. From credit cards	☐	☐
f. From loan sharks [redacted]	☐	☐
g. You cashed in stocks, bonds, or other securities	☐	☐
h. You sole personal or family property	☐	☐
i. You borrowed on your checking account (passed bad checks)	☐	☐
j. You have (had) a credit line with a bookie	☐	☐
k. You have (had) a credit line with a casino	☐	☐

Scores on the South Oaks Gambling Screen itself are determined by adding up the number of questions that show an "at risk" response.

Questions 1, 2, and 3 are not counted.
___ Question 4: most of the time I lost, or every time I lost
___ Question 5: yes, less than half the time I lost, or yes, most of the time
___ Question 6: yes, in the past, but not now, or yes
___ Question 7: yes
___ Question 8: yes
___ Question 9: yes
___ Question 10: yes
___ Question 11: yes
Question 12 not counted
___ Question 13: yes
___ Question 14: yes
___ Question 15: yes
___ Question 16a: yes
___ Question 16b: yes
___ Question 16c: yes
___ Question 16d: yes
___ Question 16e: yes
___ Question 16f: yes
___ Question 16g: yes
___ Question 16h: yes
___ Question 16i: yes
Questions 16j and 16k not counted.

Total = _____ (20 questions are counted)
5 or more = Probable pathological [gambling]

Reference: Lesieur, H.R., & Blume, S.B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. American Journal of Psychiatry, 144(9), 1184-1188.

SOGS Interpretation

Please note that the SOGS is a screening instrument, diagnosis of Gambling Disorder is based upon DSM-5-TR criteria.

C. PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Name: _____
Date: _____

1. PHQ-9 Symptom Assessment
Over the last two weeks, how often have you been bothered by any of the following problems?
(Please check one response for each item.)

Symptom	Not at All (0)	Several Days (1)	More than Half the Days (2)	Nearly Every Day (3)
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed, or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9. Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

2. Functional Impact of Symptoms
If you checked off any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all
☐ Somewhat difficult
☐ Very difficult
☐ Extremely difficult

PHQ-9 Scoring and Interpretation

Each item is scored from 0 to 3, with higher scores indicating more severe depressive symptoms. The total score is obtained by summing all responses.

Total Score	Interpretation
0–4	Minimal depression
5–9	Mild depression
10–14	Moderate depression
15–19	Moderately severe depression
20–27	Severe depression

- A score of 10 or more is typically used as a cutoff for major depressive disorder.
- A score of ≥15 suggests the need for active treatment, including psychotherapy, medication, or a combination of both.
- Item 9 (suicidal ideation) should always be assessed further to determine risk and appropriate intervention.

3. Clinical Use and Considerations

- The PHQ-9 is a screening tool and does not replace clinical judgment or a comprehensive mental health evaluation.
- Follow-up assessments are recommended to monitor symptom changes over time.
- The PHQ-9 can be used to assess treatment response by tracking symptom changes at regular intervals.

The PHQ-9 is in the public domain and may be freely reproduced, used, and distributed.
Reference:
Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. Journal of General Internal Medicine, 16(9), 606-613.

D. GENERALIZED ANXIETY DISORDER-7 (GAD-7)

Name: _____
Date: _____

1. GAD-7 Symptom Assessment
Over the last two weeks, how often have you been bothered by any of the following problems?
(Please check one response for each item.)

Symptom	Not at All (0)	Several Days (1)	More than Half the Days (2)	Nearly Every Day (3)
1. Feeling nervous, anxious, or on edge	☐	☐	☐	☐
2. Not being able to stop or control worrying	☐	☐	☐	☐
3. Worrying too much about different things	☐	☐	☐	☐
4. Trouble relaxing	☐	☐	☐	☐
5. Being so restless that it is hard to sit still	☐	☐	☐	☐
6. Becoming easily annoyed or irritable	☐	☐	☐	☐
7. Feeling afraid as if something awful might happen	☐	☐	☐	☐

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2. Functional Impact of Symptoms
If you checked off any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all
☐ Somewhat difficult
☐ Very difficult
☐ Extremely difficult

GAD-7 Scoring and Interpretation

Each item is scored from 0 to 3, with higher scores indicating greater anxiety severity. The total score is obtained by summing all responses.

Total Score	Interpretation
0–4	Minimal anxiety
5–9	Mild anxiety
10–14	Moderate anxiety
15–21	Severe anxiety

- A score of 10 or more is typically used as a cutoff for generalized anxiety disorder (GAD) and may warrant further evaluation.
- A score of ≥15 suggests clinically significant anxiety that may require active treatment, such as psychotherapy or medication.

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3. Clinical Use and Considerations

- The GAD-7 is a screening tool and does not replace clinical judgment or a comprehensive mental health evaluation.
- It is useful for tracking symptom progression and monitoring treatment response over time.
- While the GAD-7 primarily assesses generalized anxiety disorder, it may also detect symptoms associated with panic disorder, social anxiety disorder, and post-traumatic stress disorder (PTSD).

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4. Copyright and Usage Information
The GAD-7 is in the public domain and may be freely reproduced, used, and distributed.
Reference:
Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-4. Archives of Internal Medicine, 166(10), 1092-1097.

E. ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems. It is widely used in clinical and research settings to identify individuals at risk for alcohol use disorders.

Name: _____
Date: _____

1. Alcohol Use Questions
Please answer the following questions by selecting the response that best describes your drinking habits.

Section 1: Alcohol Consumption

Question	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2–4 times a month	2–3 times a week	4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day when you drink?	1–2	3–4	5–6	7–9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Section 2: Dependence Symptoms

Question	0	1	2	3	4
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Section 3: Alcohol-Related Harm

Question	0	1	2	3	4
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No	Yes, but not in the last year	Yes, during the last year	-	-
10. Has a relative, friend, doctor, or other healthcare worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year	Yes, during the last year	-	-

AUDIT Scoring and Interpretation
Each response is scored from 0 to 4, with a total possible score of 0 to 40. Higher scores indicate a greater likelihood of hazardous or harmful alcohol use.

Total Score	Interpretation
0–7	Low-risk drinking or abstinence
8–15	Hazardous drinking (at risk for alcohol-related harm)

Total Score	Interpretation
16–19	Harmful drinking (alcohol use causing problems)
20+	Possible alcohol dependence (suggests need for further evaluation)

- A score of 8 or more is generally considered indicative of problematic alcohol use.
- Scores of 20 or more suggest the possibility of alcohol dependence and warrant further assessment.

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2. Clinical Use and Considerations

- The AUDIT is a screening tool and does not provide a definitive diagnosis. Further assessment may be necessary.
- The tool is useful in primary care, addiction treatment, and mental health settings to assess alcohol-related risks and guide interventions.
- The AUDIT-C, a shortened version of the AUDIT, includes only the first three questions and is often used for brief alcohol screenings.

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3. Copyright and Usage Information

Reference:

Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care. World Health Organization.