Q: Is the South Oaks Gambling Screen (SOG) recommended to be used at all?
A: SOGS has a number of strengths and limitations. On the one hand, it is easy to administer and it has accumulated a large body of psychometric evidence across different populations. However, critics have pointed out that the heavy weighting of the scale on “sources of borrowed money” could result in a respondent being classified as a “Probable Pathological Gambling” (PPG) simply by endorsing five different sources of borrowed money. The lifetime time frame of the SOGS has been identified as a limitation because it combines current PPG and prior problem gamblers who are in recovery; however, this is remedied by reducing the time frame to past year or past six months. Finally, the SOGS, although a hallmark achievement over twenty years ago, does not reflect newer research on gambling disorder and was based on a clinical, not community sample. Because most disordered gamblers do not seek treatment, such a sample is not representative of the vast majority of disordered gamblers.

At this point in time, it’s probably best to use the BBGS for an initial screen and then move to the DSM-5 for an assessment.

Q: It has been my limited experience that many of our problematic gamblers have experienced a traumatic event that wither triggered their gambling or made it worse. Does the research say anything about possible connection between trauma and problematic gambling?
A: Trauma has been shown to have a strong influence on addictive behaviors but there is not much research about its influence on gambling disorder. However, Drs. Lisa Najavits, a PTSD expert at Boston University, and Rani Hoff, a specialist in addiction among members of the military at Yale, are both exploring this issue and hope to have research published in the future. Considering all of the commonalities between gambling disorder and other addictive behaviors, it is likely that trauma is a risk factor for developing the disorder and perhaps precipitating relapse.

Q: When clients have co-occurring disorders, it sometimes is what came first the chicken or the egg. Are they using the gambling as a self-medication to release stress or symptoms of addiction? Or, possibly the symptoms of addiction steer clients to gambling... What are your thoughts?
A: Great question! On the one hand, the National Comorbidity Survey Replication study found that 74% of disordered gamblers had onset of other psychiatric problems before the gambling problem. On the other hand, without further research we don’t really know much about the relationship between the gambling problem and the other disorders. But I think it’s safe to assume that co-occurring disorders play a role in the development of a gambling disorder for some (definitely for clients with bipolar disorder) and should be assessed and treated.

Q: Is anyone doing research on relapse to the similar extend as T Gorski did for alcohol relapse?
A: Dr. David Hodgins at the University of Calgary has done great work on relapse prevention but again some of it is very preliminary. For example, we still don’t have consensus on operational definitions. What constitutes a relapse in gambling disorder? Different scientists have different definitions. The NCRG is currently pulling together the available research in a white paper that will be available publicly. I will be sure to publicize to NAADAC members.