

A Preliminary Evaluation of the Gambling Reduction and Recovery for Incarcerated Populations (GRIP) Program in the Oregon Department of Corrections

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BACKGROUND

Problem gambling behavior can lead to a host of negative life consequences including mental health concerns (Lorains et al., 2011), financial instability (Grant et al., 2010), intimate partner violence (Dowling et al., 2016), and criminal activity (Laursen et al., 2015). Given the latter, gambling is of particular concern among incarcerated individuals. A recent review found that problematic gambling rates among incarcerated individuals range between 5-73% across various countries (Banks et al., 2019). Within the United States, a review by William and colleagues (2005) placed the range of gambling disorder among incarcerated individuals between 11-73%, with an average of 33%. These numbers are much higher than what is seen in the general population, which has estimated rates of 5.6% for men and 2.7% for women (Welte et al., 2015).

In Oregon, a gambling prevalence survey was conducted among the public. Of the 1,500 individuals recruited to participate in the general population survey, approximately 2.6% of the adult population within Oregon experiences some level of problematic gambling (Moore & Volberg, 2016). Within the Oregon Department of Corrections (ODOC), a recent study suggests that around 36% of incarcerated adults experience gambling related problems, 24% of those meeting the criteria for a severe gambling disorder (Marotta & Dingle, 2021). These findings demonstrate that Oregon follows similar patterns to the rest of the United States where rates of problem gambling are considerably higher in correctional institutions compared to the general population.

Although problem gambling services have been sporadically provided within the ODOC throughout the years, the high prevalence rates emphasize the need to identify and implement more comprehensive interventions to target these problems. One potential program, titled Gambling Reduction and Recovery for Incarcerated Populations (GRIP) has been established at two ODOC locations: Coffee Creek Correctional Facility (CCCF) and Columbia River Correctional Institution (CRCI). GRIP is a psychoeducational group consisting of 12 sessions specifically designed for incarcerated adults who meet the criteria for a gambling disorder.

The primary purpose of this report was to answer three main questions 1) who is participating in the GRIP program? 2) Does participation in GRIP significantly improve gambling-related outcomes for adults in custody? 3) How do participants rate their experience in the program? Secondly, this report provides recommendations for the ODOC and related parties based on the reported findings.

METHOD

PROCEDURE

Brief problem gambling presentations were delivered to approximately 300 adults in custody (AICs) across various cohorts during the 2023 and 2024 fiscal years at CCCF and CRCI to increase awareness and identify those in need of gambling-specific services. Before the presentations began, a preliminary survey inquiring about gambling behaviors and the Problem Gambling Severity Index (PGSI) were administered to flag those who would benefit from GRIP. Participants were recruited based on those scores.

Recruited AICs who were interested in GRIP received an overview of the program, were informed of expectations of participation, and completed enrollment paperwork. The program typically took place on a weekly basis, sessions 1 hour in length, until all 12 sessions were completed. The curriculum followed an interactive approach that used a workbook, handouts, videos, and homework. Relevant topics covered in the curriculum included triggers and consequences of gambling, coping skills, and money safety. See Appendix A for more specific curriculum details.

MATERIALS

Survey 1

Survey 1 consisted of 13 self-report items, 9 related to gambling behaviors in the 12 months prior to incarceration and 4 capturing demographic information. It was used to screen for those who may be a good fit for the GRIP program.

Problem Gambling Severity Index (PGSI)

The PGSI is a brief, 9-item self-report measure that captures problem gambling behaviors and can aid in identifying risk-level ranging from none to severe. Its psychometric properties demonstrate a unidimensional factor structure, good internal consistency ($\alpha = .84 - .86$; Currie et al., 2013; Holtgraves, 2009), adequate test-retest reliability ($r = .78$), and construct validity as evidenced by correlations with gambling frequency (Ferris & Wynne, 2001; Miller et al., 2013). This unidimensional structure has been subsequently confirmed by CFA (Miller et al., 2013) and IRT has determined that all items are useful in determining problematic gambling behaviors (Miller et al., 2013; Sharp et al., 2012). This evidence-based measure was also used to identify participants for GRIP. See Appendix C.

Completion Survey

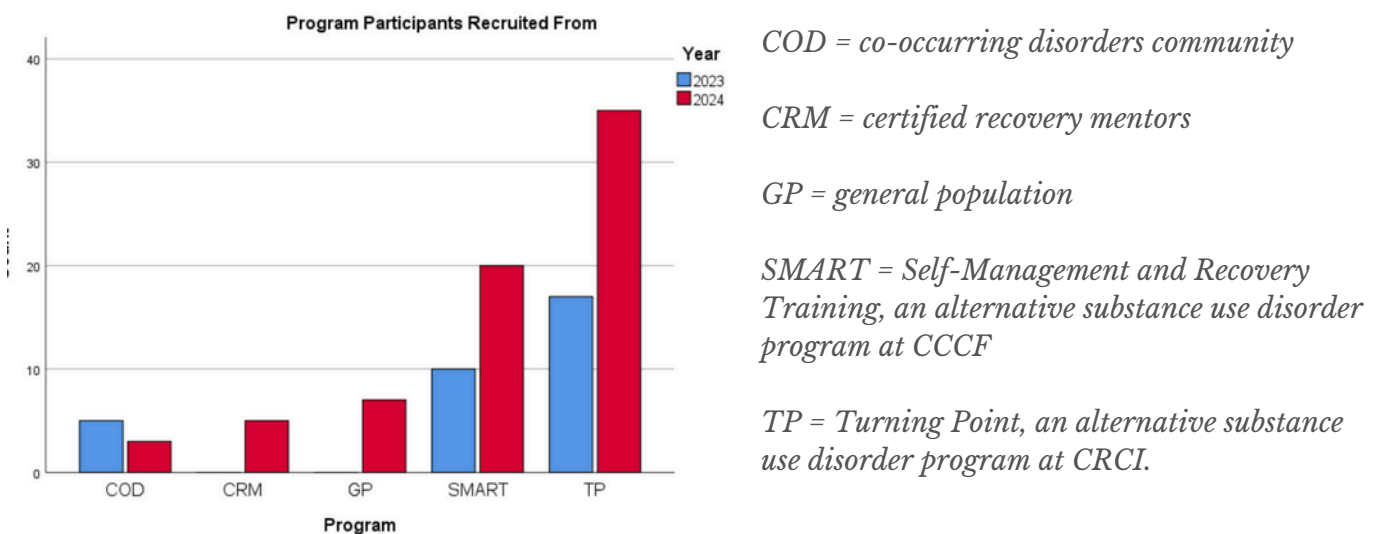
The completion survey consisted of 11 self-report items related to gambling behaviors and program feedback. This was used to assess outcomes after finishing GRIP. See Appendix D

RESULTS

WHO IS PARTICIPATING IN GRIP?

Participants in GRIP ranged in age from those born in the 1960s (4%) to the 2000s (5%), with the majority born in the 1980s (42%) and 1990s (30%). The sample was predominantly male (64.9%), with 33.0% identifying as female and 2.1% selecting "other." 34.3% were housed at CCCF, whereas the majority were housed at CRCI (65.7%). GRIP participants represented a variety of facility programs and housing units. See Figure 1.

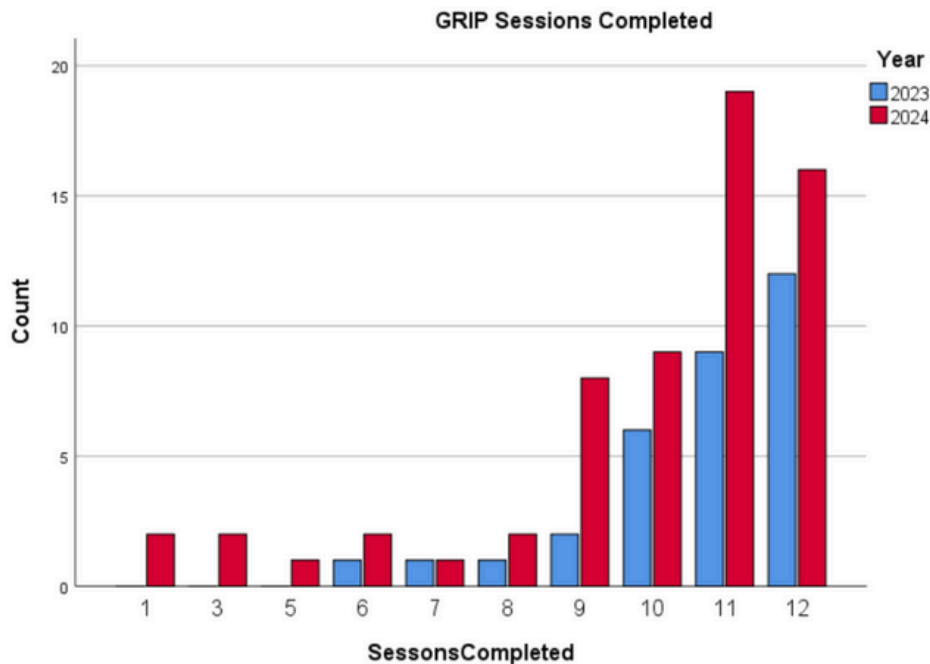
FIGURE 1. DISTRIBUTION OF PARTICIPANT PROGRAM PLACEMENT BASED ON YEAR.



The most frequently reported primary gambling activity was video poker/slot machines (82.4%), followed by minor engagement in scratch tickets (2.0%), sporting events (1.0%), and games of skill (2.0%). A small subset (7.2%) did not gamble in the year prior to incarceration. Regarding gambling frequency before incarceration, most participants reported daily (39.2%) or weekly (29.9%) gambling, with smaller proportions gambling monthly (12.4%) or less than monthly (12.4%). Only 6.2% of participants did not gamble at all before incarceration. While 78.1% of participants indicated that gambling was not a contributing factor to their incarceration, 6.3% reported that gambling was the primary cause, and 15.6% stated gambling contributed to some extent. Using the Problem Gambling Severity Index (PGSI), a majority of participants (78.4%) met criteria for problem gambling, while 19.8% fell within the moderate-risk category. Only 1 participant (1.0%) was classified as low-risk for gambling-related harm.

Most GRIP participants completed nearly all or all of the program sessions, with 29.8% attending 11 and 29.8% completing all 12. 14.7% completed 10 sessions and even fewer participants attended than 9 or less (~13%). The majority of individuals who did not complete the program were moved from the catchment area and unable to continue attending. When comparing 2023 and 2024, 2024 had consistently higher session completion rates, especially at 11 and 12 sessions, indicating improved retention. See Figure 2.

FIGURE 2. GRIP SESSIONS COMPLETED BY PARTICIPANTS DURING EACH YEAR.



GRIP OUTCOMES

A series of paired-samples t-tests were conducted to examine changes in gambling-related attitudes and beliefs among AICs. Results indicated a statistically significant decrease in participants' expectations of gambling frequency after release, $t(81) = -2.64$, $p = .01$, suggesting reduced intentions to gamble post-incarceration. There was no significant change in concerns about gambling interfering with personal goals, $t(80) = -0.45$, $p = .65$. However, participants demonstrated a significant increase in their understanding of the cost of gambling treatment, $t(81) = 12.47$, $p < .001$, and their knowledge of available resources for gambling problems, $t(81) = -14.59$, $p < .001$. Additionally, confidence in seeking professional help if concerned about gambling increased significantly, $t(80) = -8.17$, $p < .001$. See Table 1.

Table 1

Paired samples t-test results for pre- and post-GRIP class assessments.

Measure	$M(\text{Pre}) - M(\text{Post})$	t	df	p
Frequency of gambling expectation post release	-0.439	-2.636	81	.010
Concern about gambling interfering with goals	-0.062	-0.452	80	.652
Perception of treatment cost in Oregon	1.878	12.465	81	.000
Knowledge of gambling help resources	-1.915	-14.589	81	.000
Confidence in seeking professional help	-1.099	-8.170	80	.000

Note. M = mean difference and p -values are two-tailed.

GRIP FEEDBACK

A basic thematic analysis was conducted to examine qualitative responses addressing feedback on GRIP. Participants identified several key components of GRIP as particularly beneficial. First was understanding the brain and addiction cycle. Many found it eye-opening to learn how gambling affects the brain similarly to substance addiction. Topics such as brain chemistry, cognitive processes, and the gambling action cycle were frequently cited as impactful. Participants also appreciated spending time identifying triggers and gambling patterns. Recognizing personal triggers and understanding the progression of gambling addiction helped participants connect gambling to their broader behavioral patterns. Some participants also acknowledged that gambling played a role in their criminal behavior and substance use history.

Another reported strength of GRIP was the facilitator and group learning environment. The facilitator was repeatedly praised for being engaging, knowledgeable, and relatable. Group discussions, peer interactions, and the instructor's passion for the material made sessions engaging and informative. In terms of resources and tools, participants appreciated handouts, workbooks, and reading materials on gambling mechanisms, especially those related to video poker and slot machines. The movie used in the class was frequently mentioned as a powerful visual tool for understanding gambling addiction. Finally, participants appreciated the practical recovery strategies. Many participants valued learning coping skills, wellness planning, and strategies to reduce gambling urges. Information about free gambling treatment resources was considered crucial.

Most participants did not report significant drawbacks or ineffective components of the program. Common responses included: "I found everything helpful", "Nothing was unhelpful", "The program was well-structured and engaging." However, a small number of participants mentioned that some external factors, such as bad weather or class scheduling conflicts, impacted participation.

While most participants were satisfied with GRIP, some minor enhancements may improve accessibility and engagement: **1) Expanding the program.** Participants appeared to be aware of the scope of gambling problems and lack of awareness among AICs, and thus many advocated for making GRIP a required part of addiction recovery programming in correctional settings and expanding to more facilities. **2) Enhancing Learning Content.** Though only a few AICs commented on content, the addition of more real-life stories about gambling addiction and financial consequences, continued use of educational videos to reflect current gambling trends, and additional focus on money management as a recovery tool may maximize participant outcomes. **3) Increasing incentives.** Providing snacks or small incentives, such as a gambling recovery token or coin upon program completion may increase engagement and satisfaction. **4) More similar facilitators.** Many participants felt that the GRIP facilitator's teaching style was engaging, informative, and supportive. There were multiple requests for more facilitators trained with a similar approach.

DISCUSSION OF KEY FINDINGS

Most participants met criteria for problem gambling, aligning with previous research that demonstrates significantly higher problem gambling rates among AICs compared to the general population. GRIP participants tended to be male, white, middle-aged, and also part of substance use disorder programming at their respective facilities. The latter demonstrates that problem gambling often co-occurs with other addictive behaviors such as substance use, and those involved in other programs may be more willing to participate in a gambling intervention program.

GRIP participation was associated with increased awareness of gambling-related support services and greater confidence in seeking help. Findings indicate that incarcerated individuals with gambling-related harm may benefit from structured psychoeducation and intervention. While participants demonstrated increased awareness of treatment resources and greater willingness to seek help, the program's impact on long-term gambling behavior post-release remains unclear. Correctional institutions may consider expanding gambling treatment services, incorporating motivational enhancement strategies, and implementing post-release support programs to sustain behavior change.

The overwhelmingly positive feedback indicates that GRIP is perceived as an effective program that provides incarcerated individuals with education, awareness, and recovery strategies for gambling addiction. The facilitator, scientific content, and interactive discussions were the most valued components, while few concerns were raised about the structure or material. Suggestions for improvement primarily focused on expanding access, enhancing engagement, and updating materials, rather than fundamental program changes.

RECOMMENDATIONS

- 1) Scaling GRIP to reach more participants.** This may include allocating more funds towards the program, training more clinicians to offer the program more widely within the ODOC, finding ways to further incentivize participation, and increasing knowledge of GRIP availability to other staff who could help with participant recruitment. Depending on the facility, AICs may have access to few or many different programs and they may need assistance in determining which ones are the best fit for them.
- 2) Screening for problem gambling at intake within the DOC.** There are brief, evidence-based measures available that could be easily administered as part of the intake process that may help catch more AICs who would benefit from GRIP. Additionally, this would allow more time to fit the program into their schedules, as scheduling fills up quickly when AICs reach within 4-6 months of release and must complete pre-release requirements.
- 3) Integrating gambling education into broader addiction recovery programs.** Problem gambling often cooccurs with other addictive behaviors and thus may be missed as an area needed for intervention. Integrating education into other recovery programs may increase awareness among both AICs and providers and help with better identification of those who may benefit from gambling-specific services. Providers could “test” adding a gambling-specific psychoeducational lesson into their program and gauge participant interest. This integration may work well in conjunction with screening at intake by serving a preventative function for those who may not reach clinical levels of problem gambling.
- 4) Increasing resources for continued support post-release.** AICs often express higher levels of motivation while incarcerated compared to living out in the community, and it can be difficult to sustain behavioral change after release if resources are not provided. Providers could establish partnerships with community agencies to create a reentry “pipeline” that assists in continuity of care. This would benefit not just those struggling with problem gambling but other mental health, substance use, and medical needs as well. AICs in GRIP receive problem gambling resources specific to their community of release during the program, but education and training for professionals in community corrections roles may be helpful to continue bridging this gap.
- 5) Expand outcomes captured upon completion of GRIP to allow for comparison, improvements, and adaptations.** Unfortunately, there have been few to no studies on problem gambling programs for AICs, which makes more comprehensive evaluation of GRIP difficult. However, capturing more correctional-specific outcomes after GRIP completion may allow for better assessment of effectiveness and allow for improvements/adaptations to be made. For example, in addition to general gambling-related outcomes, factors such as institutional behavior, interpersonal satisfaction, rehabilitation progress, and post-release success should also be considered as much as possible.

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APPENDIX A

GRIP CURRICULUM SUMMARY 2024

12 Sessions

Session 1

- Introductions, overview, expectations
- Enrollment paperwork

Session 2

- Action Cycle
- Machine Design

Session 3:

- Triggers and consequences of gambling

Session 4:

- SUD and gambling
- Pros and cons of gambling

Session 5:

- Brain chemistry
- Irrational thoughts

Session 6:

- Watch first 45 minutes of “Going for Broke” and process

Session 7:

- Watch second 45 minutes of “Going for Broke” and process

Session 8:

- Coping skills and alternate activities

Session 9:

- Relationship with money and creating financial safety

Session 10:

- Stress identification process

Session 11:

- Goal Setting / Wellness plans / Community Resources
- Abstinence vs recovery Discussion

Session 12:

- GRIP review
- Closing rituals
- Survey 2
- Certificates and check-out

APPENDIX B

Gambling Reduction and Recovery in Incarcerated Populations (GRIP): Survey 1

Name: _____ SID #: _____ Date: _____

Release date: _____

Thank you for participating in this survey. It is part of a program designed to reduce reincarceration rates by addressing gambling among persons housed within an Oregon Department of Corrections facility. To gain a better understanding of your gambling, we will ask you a few questions. The answers you provide on the survey will be used to raise your awareness of how gambling could impact you and help us evaluate the program. Please make sure you read each question carefully and select the response that best fits you.

Mark your answers by placing a check mark in the appropriate box.

Thinking about the last 12 months prior to this incarceration...

1. Primary gambling activity prior to incarceration

- ☐ Video poker, line, or slot machine games (1) ☐ Scratch tickets, pull tabs, breakopens (2)
- ☐ Horse, dog, or other animal contests (3) ☐ Sporting events (where you were a spectator) (4)
- ☐ Games of skill (basketball, pool, etc. where you participated) (5) ☐ Cards (6)
- ☐ Other: Please describe: _____ (7)
- ☐ Did not gamble in the past 12 months prior to this incarceration (8)

2. Please choose the place where you did most of your gambling.

- ☐ Bar, pub, restaurant (1) ☐ Casino or Indian Gaming Center (2)
- ☐ Food or convenience store (3) ☐ Card room not at a casino (4)
- ☐ Internet or Web (5) ☐ Track or off-track (6)
- ☐ Other: Please describe: _____ (7)
- ☐ Did not gamble in the past 12 months prior to this incarceration (8)

3. How frequently did you gamble in the 12 months prior to this incarceration?

- ☐ Daily (1) ☐ Weekly (2) ☐ Monthly (3) ☐ Less than Monthly (4) ☐ Did not gamble (5)

APPENDIX B

4. How frequently do you think you will gamble in the 12 months after your probation period ends?
☐ Daily (1) ☐ Weekly (2) ☐ Monthly (3) ☐ Less than Monthly (4) ☐ I will not gamble (5)
5. Was your current incarceration/crime due to gambling?
☐ Yes, primarily (1) ☐ To some extent (2) ☐ Not at all (3)
6. How concerned are you that gambling could get in the way of your goals?
☐ Not at all (0) ☐ A little (1) ☐ Some (2) ☐ I am very concerned (3)
7. For the public in Oregon, how much do you think professional gambling treatment costs for persons attending a state-supported program?
☐ Free (0) ☐ Depends on income (1) ☐ Depends on insurance (2) ☐ Don't know (3)
8. How much do you know about help resources for persons with gambling problems?
☐ Nothing (0) ☐ A little (1) ☐ Some (2) ☐ I feel well informed (3)
9. If you were concerned about your gambling, how confident are you that you would seek professional help?
☐ I would not seek help (0) ☐ A little (1) ☐ Some (2) ☐ I feel very confident I would seek help (3)
10. What gender do you identify as?
☐ Male (1) ☐ Female (2) ☐ Other (3)
11. What is your year of birth? _____
12. What Racial or Ethnic Group do you consider yourself (*mark all that apply*)?
☐ White (1) ☐ Black or African American (2) ☐ Native American (3) ☐ Native Alaskan (4)
☐ Native Hawaiian/Other Pacific Islander (5) ☐ Asian (6) ☐ Hispanic or Latino (7)
13. Anything else you would like to know?

APPENDIX C

PROBLEM GAMBLING SEVERITY INDEX (PGSI)

Name: _____ SID #: _____ Date: _____ Release date: _____

Thank you for participating in this survey. It is part of a program designed to reduce reincarceration rates by addressing gambling among persons housed within an Oregon Department of Corrections facility. To gain a better understanding of your gambling, we will ask you a few questions. The answers you provide on the survey will be used to raise your awareness of how gambling could impact you and help us evaluate the program. Please make sure you read each question carefully and select the response that best fits you.

Mark your answers by placing a check mark in the appropriate box.

Thinking about the last 12 months prior to this incarceration...

1. Have you bet more than you could really afford to lose?
☐ Never (0) ☐ Sometimes (1) ☐ Most of the time (2) ☐ Almost always (3)
2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
☐ Never (0) ☐ Sometimes (1) ☐ Most of the time (2) ☐ Almost always (3)
3. When you gambled, did you go back another day to try to win back the money you lost?
☐ Never (0) ☐ Sometimes (1) ☐ Most of the time (2) ☐ Almost always (3)
4. Have you borrowed money or sold anything to get money to gamble?
☐ Never (0) ☐ Sometimes (1) ☐ Most of the time (2) ☐ Almost always (3)
5. Have you felt that you might have a problem with gambling?
☐ Never (0) ☐ Sometimes (1) ☐ Most of the time (2) ☐ Almost always (3)
6. Has gambling caused you any health problems, including stress or anxiety?
☐ Never (0) ☐ Sometimes (1) ☐ Most of the time (2) ☐ Almost always (3)
7. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
☐ Never (0) ☐ Sometimes (1) ☐ Most of the time (2) ☐ Almost always (3)
8. Has your gambling caused any financial problems for you or your household?
☐ Never (0) ☐ Sometimes (1) ☐ Most of the time (2) ☐ Almost always (3)

9. Have you felt guilty about the way you gamble or what happens when you gamble?

☐ Never (0) ☐ Sometimes (1) ☐ Most of the time (2) ☐ Almost always (3)

Find out your problem gambling risk: Score your answers to questions 1-9 using the scale below:

Never = 0 points; Sometimes = 1 point; Most of the time = 2 points; Almost always = 3 points

Now add up all your points. The higher the score the greater the risk that gambling is a problem.

0 = non-problem gambling; 1-2 = low-risk gambling; 3-7 = moderate-risk gambling; 8+ = problem gambling.

TOTAL SCORE: _____

APPENDIX D

Gambling Reduction & Recovery for Incarcerated Populations (GRIP): Completion Survey

Name: _____ SID #: _____ Date: _____

1. How often do you think you will gamble in the 12 months after your probation period ends?
☐ Daily (1) ☐ Weekly (2) ☐ Monthly (3) ☐ Less than Monthly (4) ☐ I will not gamble (5)
2. How concerned are you that gambling could get in the way of your goals?
☐ Not at all (0) ☐ A little (1) ☐ Some (2) ☐ I am very concerned (3)
3. For the public in Oregon, how much do you think professional gambling treatment costs for persons attending a state-supported program?
☐ Free (0) ☐ Depends on income (1) ☐ Depends on insurance (2) ☐ \$50 a session (3)
4. How much do you know about help for persons with gambling problems?
☐ Nothing (0) ☐ A little (1) ☐ Some (2) ☐ I feel well informed (3)
5. If you were concerned about your gambling, how confident are you that you would seek professional help?
☐ I would not seek help (0) ☐ A little (1) ☐ Some (2) ☐ I feel very confident I would seek help (3)
6. Was this program helpful to you?
☐ Not at all (0) ☐ A little (1) ☐ Some (2) ☐ This program was very helpful to me (3)
7. Would you recommend this program to others?
☐ Not at all (0) ☐ A little (1) ☐ Some (2) ☐ I would recommend this program to others (3)
8. Was the presenter effective?
☐ Not at all (0) ☐ A little (1) ☐ Some (2) ☐ The presenter was effective (3)
9. What did you find most helpful?
10. What did you find least helpful?
11. What would you suggest for improving the program for others?