



**Oregon Health Authority Problem Gambling Services
Integrated Assessment Tools for Problem Gambling Clinical
Assessment**

Version 1

September 2019

Oregon Health Authority Problem Gambling Services (OHA PGS) has identified need for support and assistance in the Oregon Problem Gambling Treatment System around integrated clinical assessment tools that address problem/disordered gambling and co-occurring disorders.

OHA PGS organized a workgroup consisting of treatment providers through out the Oregon system to assist in the formulation of a comprehensive set of assessment tools. The document that follows this page is the initial version of this set of tools.

The document is intentionally created in an editable state for ease of use in documents and systems within provider agencies.

OHA PGS embraces a continuous improvement process model. OHA PGS welcomes feedback and suggestions around improvement of these tools. Further, OHA PGS does not **require** use of the enclosed tools. OHA PGS is aware that many agencies may prefer to use their own existing set of tools. OHA PGS supports this decision provided OAR and contract requirements are met or exceeded using current tools. The tools on the following pages are OHA PGS's recommendation of one path to meeting requirements while providing quality -- problem gambling specific -- clinical services.

Please send feedback and suggestions to pgs.support@dhsoha.state.or.us

We would like to acknowledge the following agencies/entities for their contributions to the OHA PGS Assessment Tools Workgroup:

OHA PGS Multicultural Advisory Committee (MAC)

Yamhill Health & Human Services

Bridgeway Recovery Services

Volunteers of America, Oregon

Bestcare Treatment – Deschutes County

Polk County Behavioral Health

Lewis & Clark College Problem Gambling Services

Options of Southern Oregon

Centro Latino Americano

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OHA PGS Problem Gambling Assessment Tools Overview

Seven Dimension Assessment following ASAM structure:

Dimension I	Gambling Behavior, Gambling History, Financial Assessment, GD Diagnosis and Severity
Dimension II	Biomedical Conditions and Complications
Dimension III	Co-Occurring Mental Health and/or Substance Use
Dimension IV	Readiness for Change
Dimension V	Relapse Potential
Dimension VI	Recovery Environment & Interpersonal Context
Dimension VII	Cultural Identities and Sub Cultural Contexts

Supplements and Accompanying Tools

OHA PGS Financial Contexts Supplemental Questionnaire.

Screening Tools Recommended:

- 1) C-SSRS (Columbia Suicide Severity Rating Scale)
- 2) OHA PGS Co-Occurring Disorders Toolkit or Modified Mini Screen (MMS) combined with AUDIT/DAST/ACES/PCL-C/GPQ (Gambling Pathways Questionnaire)

Herbert & Louis Problem Gambling Enrollment Survey.

Problem Gambling Level of Care Tool.

Recommended: Gambling Pathways Questionnaire (GPQ).

Oregon Problem Gambling Services Integrated

Assessment Tool

Dimension I: Gambling Behavior, Gambling History, Financial Assessment, Gambling Disorder Diagnosis and Severity

Recommended: Utilize Herbert & Louis Gambling Enrollment Survey to inform assessment – either by reviewing survey with or without client present prior to assessment, or utilize survey as first step in assessment interview. The enrollment survey includes diagnostic criteria and gambling disorder severity screening tool.

Gambling Behavior/Gambling History

- 1) What do you consider to be gambling?
- 2) When was the first time you can remember that gambling was problematic for you?
- 3) When was the first time you can remember gambling? How did it feel?
- 4) When was your first big win? How did it impact you?
- 5) Do you feel like your gambling has become *increasingly* problematic? How so?
- 6) What is your overall attitude about gambling?
- 7) What are some of the positive things or experiences you've gotten out of gambling?
- 8) What types of gambling do you engage in?
- 9) What happens before you go gambling?
- 10) What happens after you go gambling?
- 11) What do you think about luck? What do you think luck is?
- 12) What are your dreams and aspirations in life? Do any of those involve gambling?
- 13) Do you have other gambling type activities that you like to do? Like Video Games or Apps? Do you spend money on these games/apps?

Financial Assessment

- 1) Do you mind if we ask you a few questions about finances?
- 2) How frequently do you gamble? How much do you spend when you gamble?
- 3) (if not answered or not accessible on intake paperwork): What is your take home pay amount and frequency?
- 4) Do you get paid via direct deposit, check, cash?
- 5) Do you have a budget for daily expenses?
- 6) Who in your household manages the money? If it is not you, what is your access to money like?
- 7) How much money do you need to gamble? How much cash do you need to have to gamble? (or is cash a factor at all?)
- 8) (if not answered or not accessible on intake paperwork): What is your debt from gambling? What is your overall debt? Debt on credit cards, pay day loans, personal loans, family loans?

OHA PGS Gambling Disorder

Diagnostic Criteria & Severity Tool

“During the PAST 6 MONTHS, how frequently did you...?”

1= Never 2= Rarely 3=Sometimes 4= Often 5=Always ?=Does Not Apply

1) Often find yourself thinking about gambling, for example reliving past gambling experiences, planning the next time you would play or thinking of ways to get money for gambling?

2) Need to gamble with more and more money to get the amount of excitement you were looking for?

3) Make repeated unsuccessful attempts to control, cut back or stop gambling?

4) Become restless or irritable when trying to cut down or stop gambling?

5) Gamble to escape from problems or when you were feeling depressed, anxious, or bad about yourself?

6) After losing money gambling, return another day in order to get even?

7) Lie to your family or others to hide the extent of your gambling?

8) Go beyond what is strictly legal to in order to finance gambling or to pay gambling debts?

9) Risk or lose a significant relationship, job, educational or career opportunity because of gambling?

10) Seek help from others to provide money to relieve a desperate financial situation caused by gambling?

Severity Score = SUM of criteria endorsed DIVIDED BY 10 =

Dimension II: Biomedical Conditions and Complications

- 1) Do you have any known physical health conditions?
- 2) Have you dealt with any serious illnesses or injuries in the past? If so, what happened?
- 3) When was your last physical exam?
- 4) Do you have any of the following medical conditions (mark all that apply):

Heart Problems

Seizure/Neurological

Muscle/Joint Problems

Diabetes

High Blood Pressure

Thyroid Problems

Vision Problems

Sleep Problems

High Cholesterol

Kidney Problems

Hearing Problems

Chronic Pain

Blood Disorder

Liver Problems

Dental Problems

Stomach/Intestinal Problems

Asthma/Lung Problems

Traumatic Brain Injury

Sexually Transmitted Infection(s):

Cancer (specify types[s]):

Infection(s):

Allergies:

Other:

- 5) Do any of these conditions significantly interfere with your life?
- 6) Do you feel that gambling helps you cope with physical health conditions?
- 7) Do you take any prescribed medications for physical health conditions?

Dimension III: Co-Occurring Mental Health and/or Substance Use

- 1) Have you had a loved one pass away in the past five years, or have you lost a significant relationship in the past five years to divorce, severe illness or other separation?
- 2) Have you dealt with mental health or substance abuse challenges in the past? If so have you been diagnosed and/or treated for a specific disorder?

(see enrollment survey for information around current quality of life and relationship to substances)

Recommended: Utilize Screening Tools:

- 1) C-SSRS (Columbia Suicide Severity Rating Scale)
- 2) OHA PGS Co-Occurring Disorders Toolkit or Modified Mini Screen (MMS) combined with AUDIT and DAST.

Substance Use and Gambling Behavior

- 1) Do you use alcohol and/or other drugs before, during or after you gamble?
- 2) Have you noticed any thresholds around your alcohol and/or drug use and gambling? For example - how many drinks do you usually have before you decide to gamble? Or how long do you usually gamble for before you decide to have a drink?
- 3) Did you gamble before you started using alcohol and/or drugs? Which do you think became a "problem" first?
- 4) How do you feel your alcohol and/or drug use affects your gambling and vice versa?
(If drug or alcohol use/possible abuse is indicated, use screening tools and further assessment)

Suicide Screen

- 1) Have you had recent (last six months) thoughts of suicide?
- 2) Have you had a plan to suicide?
- 3) Have you attempted suicide in the past?
- 4) Has anyone in your family attempted or completed suicide?
(If yes to one or more of these questions, use screening tool such as C-SSRS for further assessment)

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) SCREENING VERSION- RECENT HISTORY

Ask questions in regard to the past month.

(1) WISH TO BE DEAD

Individual endorses thoughts about a wish to be dead or not alive anymore, or a wish to fall asleep and not wake up.

Have you wished you were dead or wished you could go to sleep and not wake up?

- Yes
 - No
-

(2) SUICIDAL THOUGHTS

General non-specific thoughts of wanting to end ones life/die by suicide, Ive thought about killing myself without general thoughts of ways to kill oneself/associated methods, intent, or plan.

Have you actually had any thoughts of killing yourself?

- Yes
 - No
-

(3) SUICIDAL THOUGHTS WITH METHOD, WITHOUT SPECIFIC PLAN OR INTENT TO ACT

Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. 'I thought about taking an

overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.'

Have you been thinking about how you might do this?

- Yes
 - No
-

(4) SUICIDAL INTENT, WITHOUT SPECIFIC PLAN

Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to 'I have the thoughts but I definitely will not do anything about them.'

Have you had these thoughts and had some intention of acting on them?

- Yes*
 - No
-

(5) SUICIDAL INTENT, WITH SPECIFIC PLAN

Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

Do you intend to carry out this plan?

- Yes*
 - No
-

(6) SUICIDAL BEHAVIOR

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didnt swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didnt jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

Have you ever done anything, started to do anything, or prepared to do anything to end your life?

- Yes
- No

Were any of these in the past 3 months?

- Yes*
 - No
-

Mental Health Status and Gambling Behavior

- 1) Do you gamble to relieve tension or “blow off steam”?
- 2) Do you gamble to forget your responsibilities for awhile?
- 3) Do you gamble mainly to cope with stress and pressures of life?
- 4) Do you gamble to distract yourself from your problems?
- 5) Does gambling help you forget bad memories in your life?

Are you taking any prescribed medications to help with mental health or substance use? If so, what medications have you been prescribed?

Traumatic Events/History

When you think of the word *trauma* what comes to mind for you?

Have you experienced any events that you would consider traumatic? If so, how do you think these event(s) have impacted you? Do you have vivid memories or visions? Do you have nightmares related to the event(s)?

(If answers to any these questions are *yes*, use screening tools and further assessment.)

Dimension IV: Readiness for Change

Is your gambling affecting any of the following? If so, how?

1. Work/School
2. Mental Health
3. Physical Health
4. Finances
5. Relationships
6. Sexual Activity
7. Legal Matters
8. Handling Everyday Tasks
9. Spirituality/Spiritual practice

Do you continue to gamble despite having it affect the areas listed above?

Have you received help for gambling problems in the past?

What would help to support your recovery?

What are potential barriers to your recovery (e.g., financial, transportation, relationships, etc.)?

What have you tried to do to change your gambling behavior? How well or not well did it work?

Is there a legal or familial mandate? Do you want to stop gambling?

Goals? No change, gamble less, abstinence, some forms of gambling, but not others (data about specific relationships with specific games)?

What do you *want* to change and what are you *ready* to change? Are these different lists?

Is there a current crisis? How does the crisis relate to engaging in treatment?

Have you been considering treatment for quite some time? If so, what has changed to change your mind about coming to treatment/therapy?

What do you want to get out of treatment?

What is clients' current stage of change?

We can conduct sessions by telephone (or other electronic means), if that is helpful. Would you be open to telephone (or electronic) sessions?

Dimension V: Relapse Potential

Do you experience cravings or urges to gamble when not gambling? How intense are these cravings/urges on a 1 to 5 scale?

Do you find yourself thinking about gambling a lot?

If not gambling in the recent past, do you believe that you would gamble if you weren't in treatment or didn't have access to money?

Are you aware of triggers to your gambling? If so, what are some triggers for you? **Or** have you recently felt like you would stop gambling if you could, but haven't been able to?

Have you had a period of time in which you haven't gambled? If so, how long did that last? What do you think were the factors that led to gambling again?

What are some factors that may have helped you have periods where you didn't gamble or gambled less?

Do you have money barriers in place? What do you think about money barriers? Are you open to setting them? How would you do that? ***(discuss money barriers and purpose of money barriers if needed and/or appropriate)***

Do you think that substance use is related to gambling? If so, do you think you want to or could make some changes with substance use?

Dimension VI: Recovery Environment and Interpersonal Contexts

We encourage you to include family members and/or friends as part of your recovery. Is there anyone you would like to invite to participate?

Do you have any relationships that are supportive of your recovery? (e.g., family, friends)

Are you currently involved in relationships or situations that would negatively impact your recovery?

What is your current living situation (e.g., homeless, living with family/alone)?

Do you currently live in an environment where others are gambling regularly?

Are you currently involved in relationships or situations that pose a threat to your safety?

Are you currently employed or enrolled in school?

Do you have future vision around employment, career or education?

How do you describe your spiritual life and/or beliefs?

Are you currently involved with social services or the legal system (e.g., DHS, court mandated, probation, parole)?

What is your family's attitude about gambling?

Who in your family or circle of friends knows about your challenges with gambling?

Have you experienced negative consequences with your family as a result of your gambling?

Have you experienced positive outcomes with your family as a result of your gambling?

Have you ever been pushed out of your house by family due to your gambling behavior?

Do you feel ashamed of your gambling and don't want to attend church or other meaningful community gatherings?

Dimension VII: Cultural Identities and Sub-Cultural Contexts

Do you feel that your close cultural group – friends, family, community – are aware of gambling as an addiction? What do you feel is the prevailing attitude about gambling in your local community and close social groups?

Do you feel that there are cultural factors involved with your gambling behavior (eg, gambling is part of culture and togetherness, or gambling is a way to cope with feelings from being oppressed, marginalized or ostracized)?

Spirituality, traditions, beliefs, and culture are important parts of peoples lives. Are there things about you in these areas or others that you think would be important for me to know or understand so that I can support you better?

OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA

DIMENSION 1- GAMBLING BEHAVIOR:

Placement level:

Level I Outpatient	Level II Intensive Outpatient	Level III Residential
The Ct. is not experiencing significant withdrawal or compulsion to gamble.	The Ct. is gambling more money than intended and gambles when not financially able to.	The Ct. is at moderate or high risk of severe gambling behavior and/or financial loss... to the point where gambling negatively effects personal life, work life and/or relationships.

DIMENSION 2-PHYSICAL HEALTH CONDITIONS & COMPLICATIONS:

Placement level:

Level 1	Level II	Level III
None or very stable, or the Ct. is receiving concurrent medical monitoring	None or not a distraction from treatment. Such problems are manageable at Level II.	None or not sufficient to distract from treatment. Such problems are manageable at Level III

DIMENSION 3-EMOTIONAL/BEHAVIORAL/SUDs/

CONDITIONS/COMPLICATIONS: Placement level:

Level I	Level II	Level III
None or very stable, the Ct. is receiving concurrent mental health monitoring	Mild severity with the potential to distract from recovery; the Ct. needs monitoring	Mild to moderate severity, with the potential to distract from recovery; symptoms can be contained and managed so as not to pose as obstacle to gambling treatment. Contra indicated residential: severity of symptoms with management challenges.

DIMENSION 4-READINESS TO CHANGE:

Placement level:

Level I	Level II	Level III
The Ct. is ready for recovery but needs motivating/monitoring strategies to strengthen readiness. Or There is high severity in this dimension but not in other dimensions The Ct. needs Level I Mot. Enhance.	The Ct. has variable engagement in tx, ambivalence or lack of awareness of the gambling problem and requires structured several times a week to promote progress in the stages of change	The Ct. has poor engagement/significant ambivalence around gambling problem. requiring a near daily structured program or intensive engagement services to promote stage of change progress. OR Ct. is motivated to engage in intensive treatment to make significant life changes

DIMENSION 5-PROBLEM OR RELAPSE POTENTIAL:

Placement level:

Level I	Level II	Level III
The Ct. is able to maintain abstinence or control problematic gambling and pursue recovery or motivational goals with minimal support	Intensification of Ct's addiction or mental health symptoms indicate a high likelihood of relapse and/or continued gambling without close monitoring or support several times a week.	Intensification of Ct's addiction or mental health symptoms despite active participation in a Level I or II program, indicates a high likelihood of relapse or continued gambling or without near daily monitoring/support

DIMENSION 6-RECOVERY ENVIRONMENT:

Placement level:

Level I	Level II	Level III
The Ct's recovery environment is supportive and/or the Ct. has the skills to cope.	The Ct's recovery environment is not supportive, but with structure & support, the Ct. can cope	The Ct's recovery environment is not supportive, but with structure, support & relief from the home environment, the Ct. can cope.

- Level I:** All six dimensions meet Level I criteria.
- Level II:** One of Dims 4-6 meets Level II. Dims 1-3 are no greater than II.
- Level III** At least 2 of the 6 dimensions meet Level III criteria

LEVEL OF FUNCTIONING/SEVERITY: Using assessment protocols that address all six dimensions. Assign a severity rating of High, Medium or Low for each dimension that best reflects the client's functioning and severity. Place a check mark in the appropriate box for each dimension.

SUMMARY:

Dimension 1:

Dimension 2:

Dimension 3:

Dimension 4:

Dimension 5:

Dimension 6:

Dimension 7:

RECOMMENDATIONS: