DSM­5 Diagnostic Criteria: Gambling Disorder

Review Worksheet

Use this worksheet in concert with the SOGS to determine services needed by disordered gambling client

1. 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**:

|  |  |
| --- | --- |
| **CRITERIA** | **CHECK EACH THAT APPLY** |
| Needs to gamble with increasing amounts of money to achieve the desired excitement. |  |
| Is restless or irritable when attempting to cut down or stop gambling. |  |
| Has made repeated unsuccessful efforts to control, cut back, or stop gambling. |  |
| 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). |  |
| Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed). |  |
| After losing money gambling, often returns another day to get even (“chasing” one’s losses). |  |
| Lies to conceal the extent of involvement with gambling. |  |
| Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling. |  |
| Relies on others to provide money to relieve desperate financial situations caused by gambling. |  |
| **SCORE** |  |

1. The gambling behavior is better explained by a manic episode. Yes or No. If no, proceed to determine scope/level of behavior

|  |  |
| --- | --- |
| **SPECIFY LEVCEL OF BEHAVIOR** | **SELECT ONE** |
| **Episodic**: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months. |  |
| **Persistent**: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years. |  |
| **In early remission**: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months. |  |
| **In sustained remission**: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer. |  |

|  |  |  |
| --- | --- | --- |
| **LEVEL** | **CRITERIA SCORE** | **SELECT LEVEL** |
| Mild 4-5 Criteria Met |  |  |
| Moderate 6-7 Criteria Met |  |  |
| Severe 8-9 Criteria Met |  |  |

1. NOTES ON TREATMENT APPROACH

*Adapted from the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (section 312.31).*

**Individual Financial Counseling Session(s) Refusal Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial counseling is a key component to problem gambling treatment. Financial counseling will provide you with skills and tools to regain financial freedom, assist you in making a budget, and help establish a debt repayment plan.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have been offered financial counseling. Against the advice of my counselor, I am refusing financial counseling. I understand that I can receive financial counseling at any time during my treatment if I so choose.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITS Staff Access Form**

All billing information for disordered gambling clients is captured in the Web Infrastructure for Treatment Services (WITS). Each person at a problem gambling provider agency who will be using WITS needs a unique username, password, and pin to enter data into the system. Please provide the full name (first and last name), email address, and phone number for each staff member at your agency who will be using WITS. This form should also be used to change or remove an individual’s access to WITS.

Your agency senior manager for gambling efforts should sign this form.

When complete, the form should be emailed to Larry Long at: **John.Long@fssa.IN.gov**.

Please contact Larry if you have questions about how to complete the form.

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Senior Manager for Problem Gambling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Add Access \_\_\_\_\_Change Access \_\_\_\_\_Remove Access

Name of Person Needing Access to WITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone with Extension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facilities Where Working: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITS Permissions (select one or multiple)

\_\_\_\_\_Data Entry \_\_\_\_Release to Billing \_\_\_\_Read – Only \_\_\_\_Rendering Staff / No Access

Please send your completed WITS Staff Access Form to:

Larry Long

Program Director – Disordered / Problem Gambling Services

317-232-7891

**John.Long@fssa.IN.gov**

**Indiana Disordered Gambling Treatment Additional Services Authorization Request Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requesting Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Service Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justification for Additional Services:

Anticipated Services:

DMHA Action:

Email Form to:

Larry Long

Program Director – Disordered / Problem Gambling Services

Division of Mental Health & Addiction

Indiana Family & Social Services Administration

402 W. Washington St., Room W353

Indianapolis, IN 46204

**John.Long@fssa.IN.gov**