

Indiana

Problem Gambling Treatment Resource Network

Indiana Family and Social Services Administration
Division of Mental Health and Addiction
2010

This Manual will provide you with resources and tools to assist you with the delivery of problem gambling treatment services as required by your contract with the Indiana Division of Mental Health and Addiction (DMHA).

DMHA understands that at times it is confusing to define problem gambling as many terms have been used to describe this behavior over the years. These terms include 'pathological', 'compulsive', 'excessive', 'addictive', and 'problem gambling'. For the purpose of this document the terms may be used interchangeable. It is important to note however that 'compulsive' gambling is the language used in the Indiana statute as it relates to providing gambling treatment services and the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) only provides diagnosis criteria for 'pathological' gambling.

Due to the evolving nature of the Indiana Problem Gambling Treatment Resource Network (IPGTRN) we will continue to update and provide new resources and information to assist you as it becomes available. You may download copies of the manual and other IPGTRN materials at: <http://www.ipgap.indiana.edu/network.html>

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"People
helping people
help
themselves"

Mitchell E. Daniels, Jr., Governor
State of Indiana

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Dear Provider,

The Indiana Family and Social Services Administration, Division of Mental Health and Addiction (DMHA) welcomes you to the Indiana Problem Gambling Treatment Resource Network. DMHA is excited to provide Endorsed Providers with the opportunity to expand clinical and recovery treatment options for all problem gamblers in Indiana. We understand that addiction comes in many forms and is most effectively addressed in a holistic manner to make a lasting impact on individuals and their families who suffer.

In order to facilitate the success of the Indiana Problem Gambling Treatment Resource Network, this manual has been produced as a ready reference. The manual contains SYF 2011 Special Conditions for Endorsed Providers, billing definitions, evidence based practices, clinical resources, and instructions on how to use the billing companion system Web Infrastructure for Treatment Services (WITS). It should be noted that this manual will be updated frequently and revisions will be posted on the internet and/or electronically mailed to all Endorsed Providers.

This resource manual will continually evolve over the life of the grant, it is imperative that Indiana Problem Gambling Treatment Resource Network memos/ revisions that are put out by the state office be placed in the manual so that providers always have the newest version at hand.

Please inform us of the portions of this manual that are not clear. We promise to make every effort to revise sections of this manual to create greater clarity and precision. It is my pleasure to work with you to serve the extraordinary people of this great state.

Sincerely,

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Problem Gambling Treatment Resource Network

SECTION 1:

BACKGROUND

Background of Gambling in Indiana

(Information in this section is used with the permission of the Indiana Council on Problem gambling <http://www.indianaproblemgambling.org>)

Hoosier Lottery

The Hoosier Lottery is operated by the State of Indiana. On November 8, 1988 Indiana voters approved a lottery referendum by 62 percent. On May 3, 1989, the Indiana General Assembly ratified the Lottery Act and a week later the governor signed the Lottery Act into law. In June 1989 a Lottery director was appointed and in July the Lottery Commission was appointed. On October 13, 1989, instant, or scratch-off, ticket sales began at 12:10 p.m. More information on the Hoosier Lottery is available at: www.hoosierlottery.com

Hoosier Park Horse Track

Hoosier Park Horse Track in Anderson opened on September 1, 1994. Regulation/oversight of horse racing in Indiana is the responsibility of the Indiana Horse Racing Commission. www.in.gov/ihrcc

Off Track Horse Betting Parlors

Off Track Horse Betting Parlors are located in five Indiana cities. Those in Fort Wayne, Indianapolis and Merrillville opened in 1995 and are operated by Churchill Downs which also owns Hoosier Park. Indiana Downs operates two off track betting facilities which are located in Evansville (2003) and Clarksville (2004). Regulation/oversight of these sites is the responsibility of the Indiana Horse Racing Commission. www.in.gov/ihrcc

Casino Gaming

The Indiana Riverboat Gaming Act was passed on July 1, 1993 allowing riverboat gaming in Indiana. This legislation allowed for ten riverboats. The first of these ten casinos opened in 1995. In 2004 legislation was enacted that allowed a riverboat in French Lick. Regulation/oversight of casino gaming is the responsibility of the Indiana Gaming Commission. www.in.gov/igc

Indiana Downs Horse Track

Indiana Downs Horse Track in Shelbyville opened on December 6, 2002. Regulation/oversight of horse racing in Indiana is the responsibility of the Indiana Horse Racing Commission. www.in.gov/ihrcc

Charity Gaming

Charity Gaming is allowed in Indiana but only by specific types of organizations. Bona fide religious, educational, senior citizens, veterans, or civic organizations operating in Indiana that: operate without profit to the organization's members; is exempt from taxation under Section 501 of the Internal Revenue Code; and has been continuously in existence in Indiana for at least five (5) years or a bona fide political organization operating in Indiana that produces exempt function income (as defined in Section 527 of the Internal Revenue Code) can provide Bingo, Raffle, Door Prize, Pull-Tab, Punchboard, Tip Board, Charity Game Night, Festival, and Special Bingo events. Approval from the Indiana Gaming Commission is required unless the total value of all prizes awarded at the event (including the sale of pull-tabs, punchboards, and tip boards sold at the event) is not more than \$1,000 for a single event and not more than \$3,000 total for all non-licensed events during a calendar year. Regulation/oversight of charitable gaming was the responsibility of the Indiana Department of Revenue prior to July 1, 2006 at which time 2006 legislation transferred responsibility to the Indiana Gaming Commission: www.in.gov/igc

Racinos

In 2007, the Indiana Legislature passed legislation allowing 2,000 slot machines at each of the two horse racing tracks. This brought casino type gaming to Central Indiana at both the Anderson and Shelbyville Race Tracks.

Minimum Age

Minimum Age to Participate in Legalized Gambling in Indiana
Hoosier Lottery 18
Casino Gambling 21
Pari-mutuel Betting 18
Charity Gaming 18

Illegal Gaming in Indiana

Video Poker/Cherry Master machines are in wide spread use throughout the State. These can be found in bars, private clubs and truck stops. These illegal machines number in the thousands. Pea shake parlors, a numbers game, can be found in some communities. Internet gambling, book-making, card games for money and numbers games can also be found in Indiana.

Other High Risk Gambling Activity

Often individuals engage in other activities that have the same pathology as gambling but are not generally recognized as gambling. For example stock and commodity trading.

THE PROBLEM

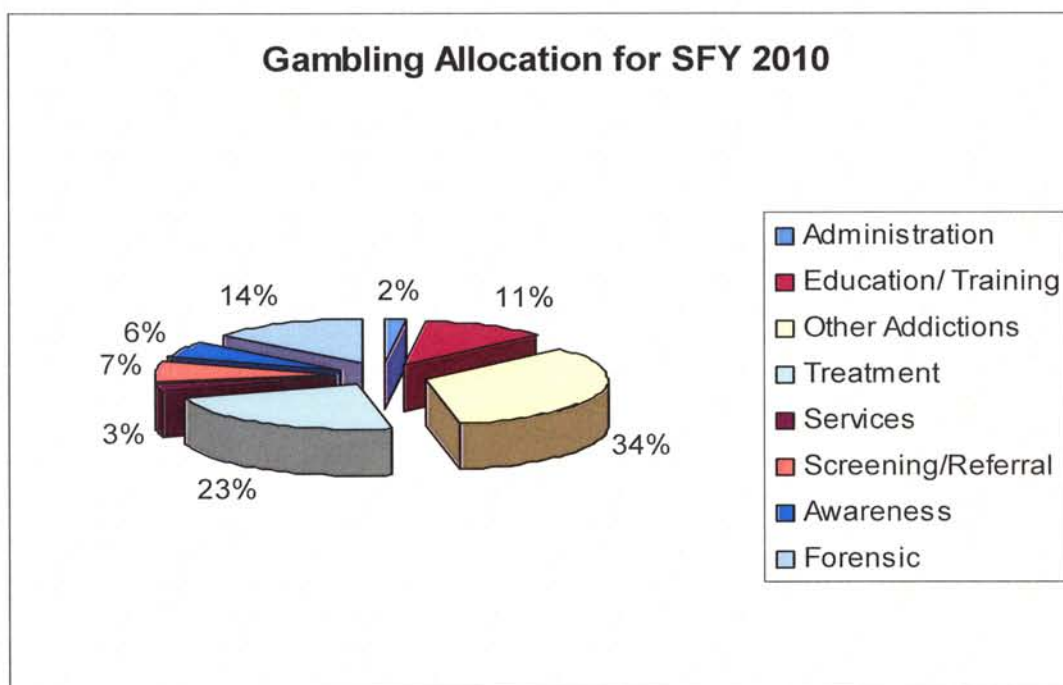
Studies indicate that there is an estimated 1% of the US population who meet the pathological gambling criteria set forth in the DSM-IV and another 2-3% who, while not meeting the full diagnostic criteria as a pathological gambler, have experienced one or more problems as a result of their gambling. Studies also show that within forensic populations the percentage of problem gamblers increases by 1-5%.

FUNDING

DMHA Gambling Appropriation is \$5.2 Million Annual

- 4.2 million Riverboats
- 1.0 million Race Track Slot Machines

The following graphic depicts how the funds were allocated in SFY 2010.



Help Lines and Referrals

The DMHA supports a toll free line for people seeking information and/or resources about problem gambling for themselves or others. The hotline is operated twenty-four (24) hours a day, three-hundred and Sixty-Five (365) days a year. The hotline is linked to the National toll free number of the National Council on Problem Gambling, so when Indiana callers phone this line, they are automatically connected to Indiana's Problem Gambling Help Line number.

Indiana's Toll Free Number is: 1-800-346-3077 (1-800 9-WITHIT)

National Council on Problem Gambling Toll Free Number is: 1-800-552-4700

New & Innovative Projects

In the spring of SFY 2010, the Division of Mental Health and Addiction with the support of the Indiana Problem Gambling Awareness Program (IPGAP) initiated two (2) new problem gambling screening and referral programs. The Forensic Problem Gambling Project (FPGP) is underway in six (6) counties. Participating criminal justice agencies are a combination of Problem Solving Courts, Court Alcohol and Drug Programs, and Community Corrections.

The agencies participating in this project are paid monthly for administering the South Oaks Gambling Screen© (SOGS) to all Individuals involved with their program, referral of Individuals who score a three (3) or more on the SOGS to an Endorsed Problem Gambling Provider for treatment, and monthly reporting of data which includes:

1. Outcome of SOGS de-identified (0- No problem, 1-4 some problem, and 5 or more probably pathological gambler)
2. Basic Demographics (age, race, gender)
3. Name of Endorsed Provider who received the treatment referral
4. Outcome of referral (client enrolled in treatment to address problem gambling/ client refused treatment)
5. Primary Charge
6. County of Residence

The second initiative elicited the support of the Indiana Access to Recovery (ATR) Program. ATR is a SAMHSA Center for Substance Abuse Treatment discretionary grant aimed at expanding the chemical dependency recovery infrastructure in the state to include both faith-based and community organizations that have traditionally not been involved in chemical dependency recovery. The grant pilots the establishment of client choice at the center of chemical dependency efforts throughout the state.

Each client enrolled in ATR works with a Recovery Consultant (RC) who will help them assess their recovery needs and guide them in the development of their Individualized Recovery Plan. The Recovery Consultant will authorize vouchers allowing the client to access ATR funded services and will also help the client to connect with any non-ATR services they may require. ATR providers will be both secular and faith-based, giving the client the option of selecting the provider they are most comfortable with. When a client accesses services at an ATR provider organization, that organization will then be reimbursed by the state.

Adults enrolled in ATR must be residents of Allen, Elkhart, Lake, Marion, St. Joseph, Vanderburgh, and Vigo counties. Indiana ATR funds are available for adults at or below 200% of the federal poverty level. The program is designed to eliminate barriers to treatment and recovery services for adults dealing with substance abuse and addiction issues.

All ATR Recovery Consultants were trained by DMHA on the signs and symptoms of Problem Gambling, and the importance of early screening and referrals to treatment. Beginning January 8, 2010 all Recovery Consultants began administering the SOGS to all active ATR participants within their system and made referrals to Endorsed Problem Gambling Treatment Providers to those Individuals who scored a three (3) or more on the SOGS. Payment points for RC's are the completion of a SOGS and a successful referral to an Endorsed Problem Gambling Treatment Provider. In addition the data base which stores ATR information, Web Infrastructure for Treatment Services (WITS) permits DMHA to extract all data points related to the comprehensive assessment that is completed on all ATR participants.

In addition to the two new initiatives, DMHA contracts with the Indiana Department of Correction (IDOC) to screen offenders for problem gambling utilizing the SOGS, to provide education to all offenders that reside within the IDOC Therapeutic Communities, and provide resources to offenders who score a 3 or more on the SOGS and track the communities that they return to.

The IDOC currently has over 1700 Therapeutic Community (TC) beds for both male and female offenders. These Therapeutic Communities provide intensive substance abuse treatment and the core program is a minimum of eight (8) months in length. The TC's are competency based, and some offenders may take up to a year to complete the core program. Upon successful completion participants are eligible for up to a 6 month credit time cut. Traditionally TC communities have only provided curriculum based on addiction to substances however this project has widened the scope of identification of problem gamblers, provided information on problem gambling, and has given access information to offenders who may want to seek treatment with an Endorsed Problem Gambling provider post incarceration.

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SECTION 2: SPECIAL CONDITIONS DEFINITIONS FOR REIMBURSABLE SERVICES

SPECIAL CONDITONS

I. POPULATION TO BE SERVED

- A. In accordance with the Contract, Contractor is required within the limits of the Contractor's resources, to assure the availability of, and to provide a necessary full continuum of care, as defined at IC 12-7-2-40.6;
- B. The Contractor shall ensure comprehensive services for Individuals receiving treatment by establishing and maintaining formal agreements with other appropriate service providers, including mental health services, social services, educational services, vocational rehabilitation services, and employment services for an Individual who meets the following requirements:
 - 1. The Individual is a resident of Indiana.
 - 2. The Individual is any age.
 - 3. The Individual has a disorder listed as 312.31 Pathological Gambling in the Diagnostic and Statistical manual of Mental Disorders, 4th edition, published by the American Psychiatric Association "DSMIV" as follows:
The Individual has experienced significant impairment in five (5) of the following areas during the course of the previous twelve (12) months:
 - a. Is preoccupied with gambling;
 - b. Needs to gamble with increasing amounts of money in order to achieve the desired excitement;
 - c. Has repeated unsuccessful efforts to control, cut back, or stop gambling;
 - d. Is restless or irritable when attempting to cut down or stop gambling;
 - e. Gambles as a way to escape problem or of relieving a dysphoric mood;
 - f. After losing money gambling, often returns another day to get even;
 - g. Lies to family members, therapist, or others to conceal the extent of involvement of gambling;
 - h. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling;
 - i. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling;
 - j. Relies on others to provide money to relieve a desperate financial situation caused by gambling **OR**
 - 4. The Individual has a score of 3 or more on the South Oaks Gambling Screen (SOGS) reflective of gambling behavior over the past twelve months prior to screening.

II. ADMINISTRATIVE & FUNDING TERMS, REQUIREMENTS & LIMITATIONS

- A. The funding source which may support services in this attachment is the Following:
- The Gambler's Assistance Fund
- B. The following are understood and agreed by the parties:
1. All obligations of the State are contingent upon the availability and continued appropriation of State funds.
 2. As a matter of law, regardless of the event, the State shall not be liable for payment in excess of available appropriated funds for Compulsive Gambling Treatment Services.
 3. The Individual's registration will not cause the aggregate dollar amount paid to Contractor under this Contract to exceed the funds appropriated for that purpose.
- C. The compulsive gambling treatment fee for service shall meet the following requirements:
1. For each person eligible for compulsive gambling services, enrolled by the Contractor, and approved for payment by the DMHA, the Contractor shall submit a voucher and receive a fee for service payment. The definitions for reimbursable services shall be located in the Gambling Treatment Resource Network Operation Manual.
 2. **No income requirements shall be in effect for an Individual seeking gambling treatment services.**
 3. Fee for service payments **will not exceed \$2,500** per Individual. The fee for service scale shall be as follows:

Modality/ Type of Service	Cost	Unit	Maximum Cost Per Client
Individualized Treatment Plan	\$50.00	Flat Fee	\$50.00
24 Hour Crisis Intervention	\$132.00	Flat Fee	No Limit
Case Management (Services to prevent unnecessary treatment & hospitalization)	\$30.00	Per hour (30 hour max)	\$900.00
Intensive Outpatient	\$25.00	Per hour (72 hour max)	\$1,800.00
Substance Abuse Treatment		No Fee for Service Payment	
Counseling and Treatment	\$20.00	Per hour (20 session max)	\$400.00
Acute Stabilization (including detox)	\$78.00	Per Day (3days max)	\$234.00
Problem Gambling Residential Services	\$50.00	Per Day (14 days max)	\$700.00
Problem Gambling Day Treatment	\$35.00	Per Day (14 days max)	\$490.00
Medication Eval and Monitoring	\$10.00	Per day (60 days max)	\$600.00

Psychiatric Consultation	\$120.00	Per hour (max 1)	\$120.00
Financial Counseling	\$30.00	Per hour	No Limit
Transportation	\$10.00	Per trip	No Limit
Family Support Services	\$30.00	Per hour (24 sessions max)	\$720.00
Education Class	\$160.00	Flat Fee for an 8 hour education class (1 max)	\$160.00
Intake (includes the South Oak Gambling Screen and Enrollment)	\$50	Flat Fee (max 1)	\$50.00

4. Contractor shall not submit any voucher for, nor shall the State pay for, any service if the voucher for payment is not submitted or processed in accordance with the State's procedures.
 5. For each Individual eligible for DMHA services, the Contractor shall:
 - a. maximize the use of non-state funds;
 - b. maximize the use of alternative funding for services that are intrinsic elements of other state and/or local programs; and
 - c. pursue all available third party sources of revenue, including Individual co-payments, where appropriate, for providing the full continuum of services needed for eligible Individuals.
- D. The Contractor shall maintain in the clinical record the following information regarding each Individual registered pursuant to this attachment:
1. A completed copy of the Adult Needs and Strengths Assessment (ANSA) assessment tool or CANS (Child and Adolescent Needs and Strengths) assessment tool.
 2. A completed copy of the SOGS. Payment will be made for Individuals meeting eligibility criteria with scores equal to or greater than three (3). The score must reflect gambling activity over the past twelve (12) months and be documented in the clinical record. To alleviate confusion, the following should be put at the top of each SOGS form: the Individual's name, unique ID, date the screen was completed and the time frame reflected on the SOGS (e.g. more than one year ago, less than one year ago or in the past six months). The date on the SOGS should correlate with the progress note.
 - State funding for gambling is allowable only for Individuals with a **current episode** of compulsive gambling. An Individual, who has a history of compulsive gambling but has not experienced problematic gambling behavior within the previous twelve (12) months, is not appropriate for gambling funding.
 3. If an Individual is diagnosed as a compulsive gambler, then this diagnosis must be reflected on the Individual's master treatment plan. The treatment plan should

specifically identify the problem to be addressed as compulsive gambling. Objectives and interventions shall support the goal.

4. If an Individual scores a three (3) or more on the SOGS which reflects gambling behavior over the past twelve (12) months, but refuses services for compulsive gambling, the refusal for treatment must be clearly documented in the progress notes. The progress note should specifically state that the Individual scored a 3 or more on the SOGS and was offered but refused a full continuum of care to address his/her compulsive gambling needs, including financial management counseling and linkage to GA meetings. The date of the progress note should correlate with the date on the SOGS.
 5. DARMHA will be the primary data collection system for the Gambler's Assistance Fund. However, the Contractor shall submit data into a companion data system to generate a voucher for payment of gambling services. The companion data system is the Web Infrastructure for Treatment Services (WITS). Data submission to generate a voucher for payment will include basic demographics, service encounter information and screening. Information will be submitted in accordance with the instructions in the Gambling Treatment Resource Network Operation Manual.
 6. If, upon assessment, the Contractor determines that the Individual is a member of a targeted population for which the Contractor is not certified, the Contractor shall not register the Individual into the DARMHA system, but shall refer the Individual to a provider that is also certified by DMHA. If the Individual has multiple areas of concern (i.e. mental illness and addiction), the contractor shall make every reasonable effort to ensure that the Individual is referred to appropriate services.
 7. During the course of mental health or addiction treatment, if the individual receiving services has a SOGS score of three (3) or more which reflects gambling behavior over the past twelve (12) months, the Contractor shall enter required data into WITS and may begin submitting vouchers for services as outlined in the Special Conditions.
 8. The Contractor shall not receive payment for services rendered until at least one (1) person from the Contractor's agency has successfully completed WITS training provided by DMHA.
 9. All services billed through WITS must be documented in an Individual's progress notes and meet the defined standard set for each payment point. Defined standards shall be located in the Gambling Treatment Resource Network Operation Manual.
- E. Compulsive gambling treatment counselor competency.

Any person who is qualified to provide counseling, therapy, case management, or like services as defined by the Indiana Professional Licensing Agency or by certification organizations recognized by DMHA and;

1. Documentation that the person has successfully completed thirty (30) hours of the DMHA approved training or training endorsed by the National Council on Problem Gambling, American Compulsive Gambling Counselor Certification Board, or the American Academy of Health Care Providers. Training must include a minimum of two (2) hours each of:
 - a. financial counseling;
 - b. screening/ assessment; and
 - c. treatment; or
2. Documentation that the person is working on obtaining thirty (30) hours of approved training and is actively supervised by a person who has successfully completed thirty (30) hours of the DMHA approved training or is nationally certified by the National Council on Compulsive Gambling, American Compulsive Gambling Certification Board, or the American Academy of Health Care Providers; or
3. Be a compulsive gambling counselor nationally certified by the National Council on Compulsive Gambling, the American Compulsive Gambling Certification Board, or the American Academy of Health Care Providers.

F. Special requirements:

1. Contractor shall provide financial management counseling to all Individuals seeking services for problem gambling. Financial management counseling at a minimum includes advice, assistance, and guidance in money management, budgeting, debt consolidation, and other related matters. Financial management counseling shall be clearly documented on an Individual's master treatment plan and recorded in the Individual's progress notes.
2. Linkage to self help groups such as Gamblers Anonymous (GA) will be offered as a part of the treatment episode. Linkage to self help groups should be documented clearly in the Individual's master treatment plan and evidenced in the Individual's progress notes.

3. If the Individual registered pursuant to this attachment has multiple diagnoses that include mental illness or substance abuse, that Individual must be treated for those conditions as well as compulsive gambling.
4. These services shall be available and accessible in as prompt a manner as reasonably possible and shall be available in a manner that preserves human dignity and assures continuity and high-quality care.
5. The Contractor shall provide the DMHA with an updated list quarterly of the persons in the agency qualified to provide gambling treatment services and the person's clinical supervisor.
6. The Contractor shall respond to referrals from the compulsive gambling hotline within one working day of the call.
7. The Contractor shall participate in quality improvement initiatives as requested by the DMHA.
8. The Contractor shall participate annually in a minimum of two (2) meetings or trainings that are specific to gambling and that are provided or authorized by the Division of Mental Health and Addiction.

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Definitions for Reimbursable Services--Compulsive Gambling Treatment and Recovery Support Services

In accordance with the SFY 2011 Contract, the Contractor is required to assure that availability of, and to provide a necessary full continuum of care, as defined at IC 12-7-2-40.6. The following definitions and programming standards are to be used as a general guide and ***do not supersede the SFY 2011 provider Contract or the Services for Treatment of Compulsive Gambling Special Conditions.***

Modalities/ Type of service that is provided to the Compulsive Gambler must be billed as outlined in the SFY 2011 Services for Treatment of Compulsive Gambling Special Conditions. Partial units are not permitted. For example: You are not permitted to enter an encounter note for a thirty (30) minute Case Management session with a client. The SFY 2011 Special Conditions specify that you bill Case Management sessions one hour/ sixty (60) minutes at a time only.

Only counselors who meet Compulsive Gambling Treatment Competency, per the SFY 2011 Special Conditions are authorized to provide direct counseling services to compulsive gamblers. Three (3) categories are considered medically based therefore they are excluded from the Compulsive Gambling Treatment Counselor Competency Requirements. The three (3) categories are: Acute Stabilization including Detox, Medication Evaluation and Monitoring, and Psychiatric Consultation. In addition, Financial Counseling and Transportation services can be provided by an ***individual who does not meet counselor competency*** however they must be ***actively collaborating*** with the primary counselor meeting with the compulsive gambler.

Modality/Type of Service Individualized Treatment Plan	
Definition	The Individualized Treatment Plan (ITP) is developed after completing a holistic clinical and bio-psychosocial assessment. The ITP outlines the course of treatment for the Individual seeking services. It is a comprehensive plan that includes the priorities, goals, objectives, resources and who will be involved in the treatment process.
Programming Standards	All Individuals seeking gambling treatment services must have a treatment plan that integrates all components and aspects of care deemed necessary to achieve recovery. Treatment plans are developed through a collaborative effort that includes the Individual, community supports, and all persons

	involved in assessing and/or providing care for the Individual. Treatment plans must be recovery focused, reflect the Individuals desires and choices and link the Individual to community supports such as Gamblers Anonymous.
24 Hour Crisis Intervention	
Definition	Short-term emergency behavioral health service, available twenty-four (24) hours a day, seven (7) days a week. Crisis intervention includes but is not limited to: Crisis assessment, planning and counseling regarding a specific crisis, intervention at the site of the crisis, and pre-hospital assessment. The goal is to resolve the crisis, and transition the Individual to routine care through stabilization of the acute crisis and linkage to necessary services.
Programming Standard	The Individual must be at imminent risk of harm to self or others; or experiencing a new symptom which puts the Individual at risk. The consulting Physician, Advance Practical Nurse (APN), or Licensed Psychologist (HSPP) must be available twenty-four (24) hours a day seven (7) days a week. A physician or HSPP must approve the crisis treatment plan. Crisis intervention may be provided in an emergency room, crisis clinic setting, or within the community.
Case Management	
Definition	Case Management consist of services that help the Individual gain access to needed medical, social, educational, and recovery services.
Programming Standard	This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services. <i>Case management is a comprehensive process of addressing wrap around services that require a minimum of one hour to address in a single setting.</i> Case Management does not include direct delivery of medical, clinical, or other direct services.
Intensive Outpatient	

Definition	Intensive Outpatient is an intermediate level of care that consists of a minimum of two (2) consecutive hours per day at least three times per week and occurs in a group setting. Intensive Outpatient contains group therapy, interactive education groups, skills training, and financial counseling at a minimum. <i>If the Intensive Outpatient group is comprised of Individuals with substance use disorders and compulsive gambling in order to bill for compulsive gambling Intensive Outpatient the topic of the group has to specifically be related to the compulsive gambling behavior and cannot primarily discuss substance use disorders. This must be clearly documented in the progress note.</i>
Programming Standard	Intensive Outpatient is regularly scheduled sessions that are a minimum of two (2) hours in length, within a structured program, with a minimum of six (6) treatment hours per week. It includes but is not limited to the following components: referral to self help programs and other community supports, education on addiction including co-occurring disorders, skills training in communication, anger management, stress management, and relapse prevention. Individual and family counseling may also be included in programming. Documentation must support how the counseling benefits the Individual. The Intensive Outpatient must be face to face contact and shall consist of regularly scheduled sessions. The Intensive Outpatient group must demonstrate progress toward and/or achievement of the Individuals treatment goals or failure to do so.
Counseling and Treatment	
Definition	Counseling and Treatment is a planned and organized service. It is designed to be less rigorous than Intensive Outpatient. The Individual receiving services is the focus of the counseling.
Programming Standard	Counseling and Treatment may include, but is not limited to the following: Skills training in communication, anger management, stress management, relapse prevention, harm reduction planning, coping skills, and referral to self help groups and community support. Documentation must support how the counseling benefits the Individual. The counseling must be face

	to face contact and shall consist of regularly scheduled sessions. Counseling can be provided as an Individual session or in a group setting that does not meet Intensive Outpatient requirements. The counseling must demonstrate progress toward and/or achievement of the Individuals treatment goals or failure to do so. <i>If the session is facilitated in an outpatient group and comprised of Individuals with substance use disorders and compulsive gambling in order to bill for compulsive gambling Counseling/ Treatment the topic of the group has to specifically be related to the compulsive gambling behavior and cannot primarily discuss substance use disorders. This must be clearly documented in the progress note.</i>
Acute Stabilization Including Detox	
Definition	Detoxification is used to reduce or relieve withdrawal symptoms while helping the addicted Individual adjusts to living without drug use; detoxification is not meant to treat addiction, but be an early step in long-term treatment. Detoxification may be achieved drug-free or may use medications as an aspect of treatment. Detoxification programs vary based on the location of the treatment, but most detox centers provide treatment to avoid the physical withdraw symptoms of alcohol and other drugs. Most will also include counseling and therapy to help with the consequences of withdrawal.
Programming Standards	Detoxification shall include: twenty four (24) hour monitoring by staff that are appropriately licensed, trained, and experienced in dealing with detoxification. The detox facility shall be hospital based or licensed by the Indiana State Department of Health (ISDH), and/or approved by DMHA.
Residential Services	
Definition	Residential Housing must be provided in a facility certified, licensed, and approved under 440 IAC 7.5
Programming Standards	Housing must be an environment that is supportive of recovery. Lack of housing or housing as a barrier to treatment must be tied to the Individuals compulsive gambling and clearly documented in the Individualized Treatment Plan and progress notes.

	Clinical and Recovery services provided to the Individual during the course of receiving Residential Housing must specifically address the Individuals compulsive gambling.
Day Treatment	
Definition	Day Treatment is a planned and organized service. It is designed to be more rigorous than Intensive Outpatient. Day treatment shall be six (6) or more hours in length. The Level of care must be linked to the Individuals compulsive gambling. <i>If the Day Treatment program is comprised of Individuals with substance use disorders and compulsive gambling in order to bill for compulsive gambling Day Treatment the topic of the group has to specifically be related to the compulsive gambling behavior and cannot primarily discuss substance use disorders. This must be clearly documented in the progress note.</i>
Programming Standards	Day Treatment is regularly scheduled sessions that are six (6) hours in length, within a structured program, with a minimum of thirty (30) treatment hours per week. Day Treatment includes but is not limited to the following components: referral to self help groups and other community supports, education on addiction including co-occurring disorders, skills training in communication, anger management, stress management, and relapse prevention. Individual and family counseling may also be included in programming.
Medication Evaluation and Monitoring	
Definition	Medication, Evaluation and monitoring must be provided within the scope of practice as defined by the Indiana Professional Licensing Board. Professionals to provide services are: Physicians, Advanced Practice Nurse (APN), Physician Assistant (PA), Registered Nurse (LPN), Registered Nurse (RN), Licensed Practice Nurse (LPN), and Medical Assistants (MA) who have graduated from a two year clinical program. The service involves face to face contact, in an individual setting.

Programming Standards	The purpose of Medication, Evaluation and Monitoring is to: monitor medication compliance, side effects and to provide other medical/ nursing assessments as needed.
Psychiatric Consultation	
Definition	A Psychiatric Consultation consisting of an assessment and intervention must be provided within the scope of practice as defined by federal and state law. For this purpose only a psychiatrist can provide this service. The assessment and intervention consists of activities that are designed to provide psychiatric assessment, consultation, and intervention services to Individuals who are receiving services for compulsive gambling.
Programming Standards	The programmatic goals of the Psychiatric Consultation must be clearly documented by the provider. Psychiatric assessment and intervention must be available twenty-four (24) hours per day, seven (7) days a week with emergency response. The psychiatric assessment and intervention shall be face to face and may include: symptom assessment, intervention to observe, monitor and care for the physical, nutritional, behavioral health and related psychological issues, problems or crises manifested in the course of an Individuals treatment.
Financial Counseling	
Definition	Financial Counseling is a key component to compulsive gambling treatment. Financial Counseling provides skills and tools to regain financial freedom, assistance in developing a budget and establishing a debt repayment plan.
Programming Standards	Provide financial counseling to all Individuals seeking services for compulsive gambling who have been stable in treatment and abstinent from compulsive gambling behaviors for a minimum of thirty (30) days. Financial Counseling at a minimum includes advice, assistance, and guidance in money management, budgeting, debt consolidation, and other related matters. Financial Counseling must be clearly documented on an Individualized Treatment Plan and recorded in the Individual's progress notes. If the Individual refuses Financial Counseling it must be documented in the progress note. If the Financial

	Counseling is being offered by a person that does not meet counselor competency criteria, active communication with that person and the primary counselor must be documented in the progress notes.
Transportation	
Definition	Transportation to and from recovery activities/ events. Funding is to be utilized for Individuals who identify lack of transportation as a barrier to recovery. Transportation may be provided either by purchase of a bus ticket, cab fare or by providing a ride in your agency's van or bus.
Programming Standards	Acceptable reasons for accessing transportation include: treatment, self help groups, and meetings with probation, parole and community corrections. Transportation services provided must be provided within the scope defined and directly related to the Individuals' compulsive gambling as clearly documented in the progress notes.
Family and Support Services	
Definition	Session that occurs with the Individual seeking services present and family members or other supportive people. It is a series of time-limited, structured, face to face sessions that work toward the goals identified in the Individualized Treatment Plan.
Programming Standards	The documentation must support how the counseling specifically benefits the Individual seeking services and it must be linked to the Individualized Treatment Plan developed with the Individual present as documented in the progress notes.
Education Class	
Definition	Eight (8) hour education class that focuses primarily on Compulsive Gambling. The class must be planned and organized. The educational information provided in the class setting must be from literature that is approved by DMHA.
Programming Standards	Documentation must support how the education class benefits the Individual. The education class must be face to face contact and shall consist of regularly scheduled sessions. The education class shall be provided in a group setting. A group is

	<p>defined as five or more people. The education class must demonstrate progress toward and/or achievement of the Individual's treatment goal as noted on the Individualized Treatment Plan.</p> <p><i>Individuals who receive this level of service may not need financial counseling. However the provider is required to offer financial counseling and document if the Individual refuses the service.</i></p>
Intake (includes the South Oak Gambling Screen and Enrollment)	
Definition	<p>Intake includes the completion of the South Oaks Gambling Screen (SOGS) and enrollment of an Individual meeting eligibility criteria with a score equal to or greater than three (3). The score must reflect gambling activity over the past twelve (12) months and be documented in the clinical record. A SOGS without enrollment in treatment is not sufficient for reimbursement.</p>
Programming Standards	<p>The SOGS must be completed and documented as stated in the SFY 2011 Special Conditions.</p>

Indiana Problem Gambling Treatment Resource Network

SECTION 3: WITS BILLING AND ENTRY

SCOPE OF WORK

Organizations that participate in the Problem Gambling Treatment Resource Network are required to use the Indiana Web Infrastructure for Treatment Services System (WITS) in order to submit vouchers to the State for clinical and recovery support services for problem gamblers. The Data required by the system can be categorized into 4 groups.

Client Profile and Demographics:

This includes the following screens within WITS: Client Profile, Alternate Names, Additional Information, Contact Info, Collateral Contacts, Other Numbers, and Intake

The estimated time to enter data into these screens for a new client is between 1 and 2 minutes.

Assessments and Baseline Data:

This includes the 4 SOGS screens

The estimated time to enter the required data into these screens for a new client is approximately 1 minute. If entering the ANSA and GPRA as well the total estimated time is between 6 and 8 minutes.

Pre-authorization

This data is submitted separately for each 30 day period on the Voucher Screen under the Client Profile Menu.

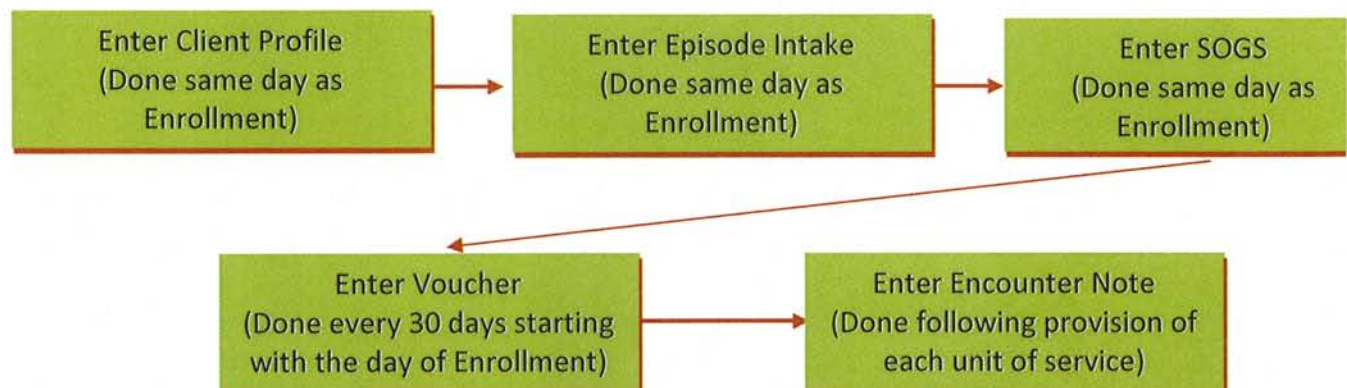
The estimated time to authorize services for a 30 day period is less than 1 minute.

Billing Invoices

This data is submitted in the form of Encounter Notes submitted through the Encounter Screen under the Activities List Menu.

The estimated time to enter an encounter note is less than 1 minute for each services being billed.

These Steps are done according to the following chart:



WITS BILLING PROCEDURES

NEW CLIENT PROCEDURE

1. The Client Profile must be created by selecting "Add Client" from the "Client List" search screen. The Client Profile should be entered the same day as the client enrolls in the program.
 - a. While quite a bit of information can be entered into the Client Profile Screens at least the following Items must be included:
 - First Name
 - Last Name
 - Gender
 - Date of Birth
 - Social Security Number
 - Primary Phone Number
 - One Address
 - DARMHA Number
 - b. While these are the only pieces of required information, it can be very useful to include several other Items as well including:
 - Medicaid Number
 - Ethnicity
 - At least one collateral contact
2. The Episode Intake must be completed next by clicking on either the Activity List, or the Episode List. At this point in entering a new client either will take you to the same place. Click "Start New Episode." All of the Yellow fields must be completed.
 - Intake Facility: This should already be filled in for you but can be changed if necessary.
 - Intake Staff: This should already be filled in for you but can be changed if you are entering data on behalf of another staff.
 - Initial Contact.
 - Residence: Select the county where the client normally resides when not in a residential program.
 - Source of Referral: For Gambling clients this will usually be "Other".
 - Referral Contact: If the client self-referred, the referral contact should be the client. If someone else referred the client, their contact information should be here.

- The Client has been given a list of providers to choose from? This should always be marked YES.
- Special Initiative: For gambling clients the selections need to be "Gambling Only" and "Negative Screen."
- Case Status: this needs to remain "Open Active."
- Intake Date needs to be the first date that the client was enrolled as a gambling client.

The Episode Intake should be entered into WITS the same day as the client enrolls in the program.

3. The South Oaks Gambling Screening is entered into the system at this point. This is done by choosing "assessments" from the "activities list" menu.

- Select SOGS and answer each question remembering to click "save" after each screen.
- Using "next" will then move you to the next screen.
- It is important to remember that the score from this SOGS will determine for what amount of service the client is eligible.

The SOGS should be entered into WITS the same day as the client enrolls in the program.

4. The 30 day service preauthorization is next. This is done by returning to the Client profile and selecting voucher on the left hand side of the screen. Then selecting "Add new Voucher Record"

- All of the required fields should already be filled in for you; so the first step is to click "Save."
- Then "Add Service" This will bring up a new window, Select the first service that you wish to authorize for the client from the drop down menu.
- Once you have selected the service, select the number of units of that service you will be providing to this client over the next 30 days. You will need to refer to the service definitions to remind yourself as to what constitutes a service. *(It is wise to authorize slightly more than will actually be necessary, in case something comes up.)*
- Click "save" and you will be returned to the original voucher window.
- Click "save" and then continue to add services until you have added all of the services that you will need for the next 30 days.

The first voucher should be entered the same day as the client enrolls in the program. Subsequent vouchers should be entered prior to the expiration of the current voucher.

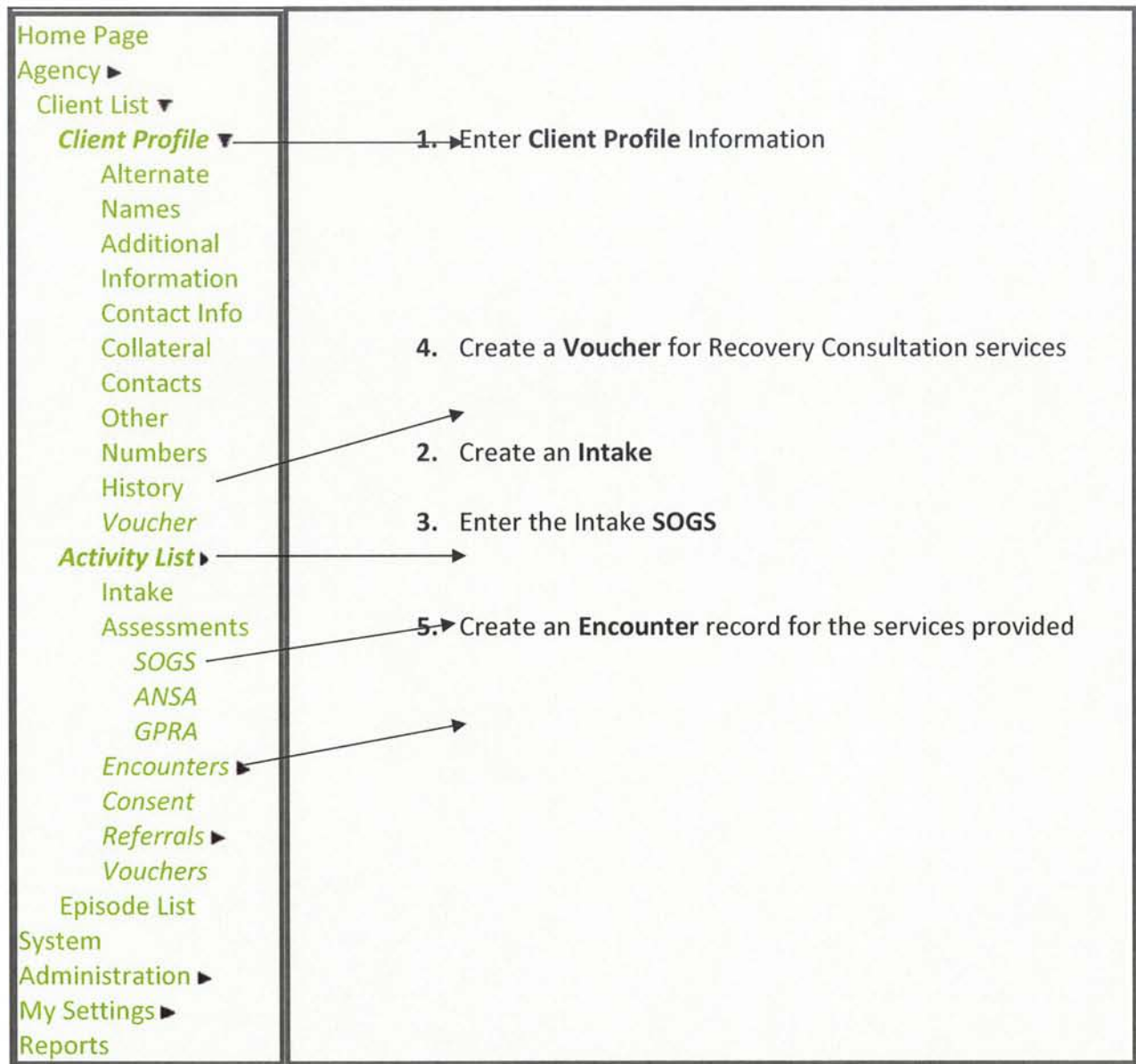
SUBMITTING A BILL

1. Once you have located the client in the client list; select activity list next to the client's gender.
2. Select Encounters on the left hand side menu.
3. Click "Add Encounter Record" this will bring up a new screen. Fill in all of the Yellow fields.
 - Select the service for which you are billing from the drop down list. If the service is not present, then it was not pre-authorized.
 - Program Name: should be filled in for you.
 - Start Date: should be the date that the service was provided.
 - # of Service Units/Sessions:
 - Notes: A brief description of what transpired as part of this unit of service.
4. Click "Save" and Release to Billing.

WITS BILLING CHECK LIST

- | | |
|--|-------|
| 1. Client Profile | _____ |
| 2. Episode Intake | _____ |
| 3. South Oaks Gambling Screen | _____ |
| 4. Voucher <i>(must be created every 30 Days)</i> | _____ |
| 5. Encounter Notes <i>(One for each service event)</i> | _____ |

WITS WORKFLOW FOR GAMBLING PROVIDERS



STEP 1: ENTER CLIENT PROFILE INFORMATION

Client List -> Add Client

Client Profile

- Complete the first screen of the client profile and remember **ALL YELLOW FIELDS ARE REQUIRED**.
- Social Security Number is required.
- Example of completed first page below.

Indiana Training User: Schmid, April Loc: Care Coordinator A, Street St. Client: Doe, Jane | F889850D428100 May 2008, Rev 3

Print Report Print View Logout

Home Page Agency Client List Client Profile Alternate Names Additional Information Contact Info Collateral Contacts Other Numbers History Voucher Activity List Episode List System Administration My Settings Reports

Client Profile

First Name: Jane Middle Name: Last Name: Doe

BHAS ID: Client ID: F889850D428100

Mother's Maiden Name: Record Created By: Schmid, April

Gender: Female Last Updated By: Schmid, April

DOB: 8/8/1988 Created Date: 7/21/2008 3:24 PM

SSN: 193-78-2645 Last Updated Date: 7/21/2008 3:24 PM

Driver's License: Has paper file: Yes

Cancel Save Finish **Next**

Alternate Names

Last Name	First Name	Middle Name	Actions

Addresses

Address Type	Address	Confidential	Created	Updated	Actions

- By clicking "NEXT", you will be taken to other screens where you can store additional client information (see below).

Indiana Training User: Schmid, April Loc: Care Coordinator A, Street St. Client: Doe, Jane | F889850D428100 May 2008, Rev 3

Print Report Print View Logout

Home Page Agency Client List Client Profile Alternate Names Additional Information Contact Info Collateral Contacts Other Numbers History Voucher Activity List Episode List System Administration My Settings Reports

Alternate Names

Last Name	First Name	Middle Name	Actions

Add Alternate Name

First Name: Middle Name: Last Name:

Finish Previous **Next**

- One primary phone number and address must be added to the client profile information in order to continue (see second screenshot below), once this information is added; you can select "FINISH."

Indiana Training

User: Schmid, April
Loc: Care Coordinator 1: Building
Client:

February 2009
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Contact Info

Home Phone # Created

Work Phone # Updated

Mobile Phone #

Primary Phone # (812) 555-7777

Fax #

Email Address

Addresses

[Add Address](#)

Address Type	Address	Confidential	Created	Updated	Actions
Client Home	122 Street St. Indianapolis, IN 46620	No			Review Delete

Cancel Save Finish Previous Next

- As you will notice, the WITS system will generate a unique client ID once you click "SAVE"- please use this in email communication with DMHA and providers to avoid confidentiality issues.

STEP 2: CREATE AN INTAKE

Indiana Training

User: Schmid, April
Loc: Care Coordinator 1, Building
Client: Doe, Jane | F8898500420180

May 2009, Week 3

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Please select a case, or click Start New Episode.

Episode List for Doe, Jane

Case #	Status	Facility	Intake By	Intake Date	Closed Date	Episode

Start New Episode

Activity List -> Create Episode

- Click "Start New Episode" to create the client intake.

Indiana Training

User: Schmid, April
Loc: Care Coordinator 1, Building
Client: Doe, Jane | F8898500420180

February 2009

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Intake Case Information

Intake Facility: Building

Intake Staff: Schmid, April

Initial Contact: Schmid, April

Residence: Schmid, April

Source of Referral: Schmid, April

Referral Contact: Schmid, April

ATR Intake? Yes

Case #1: Schmid, April

Case Status: Open Active

Initial Contact Date: 4/2/2009

Intake Date: 4/2/2009

Pregnant: No

Pre-natal Treatment: No

HIV Positive: No

Problem Area: Schmid, April

The client has been given a list of providers to choose from? Schmid, April

Presenting Problem: Schmid, April

Special Initiative: Schmid, April

Special Initiative Selected: Schmid, April

Inter-Agency Service: Schmid, April

Inter-Agency Service Selected: Schmid, April

Date Closed: Schmid, April

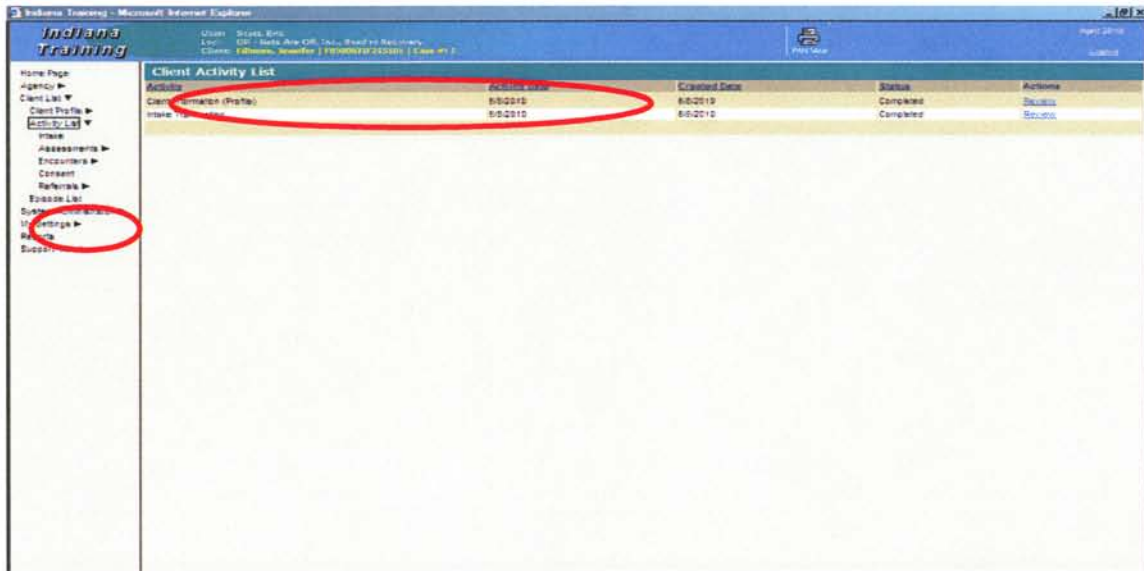
Cancel Save Finish

Intake Case Information

- Remember- **all yellow fields are required.**
- The "Intake Facility" and "Intake Staff" will pre-fill with your name and facility information.
- "Initial Contact" is the way in which you first made contact with the client.
- "Residence" is the county of residence for the client.
- "Source of Referral" is the agency where the referral was initiated, select "Self Referral" if it is a self-referral and "Other" if it is an agency that is not on the list.
- "Intake Date" should be the first day that you met with the client.
- You should "Add a Referral Contact"- complete the contact information for the person that referred the client (if the client was a self referral, input the client's name and information)—then select the name from the dropdown.
- "The client has been given a list of providers to choose from?"

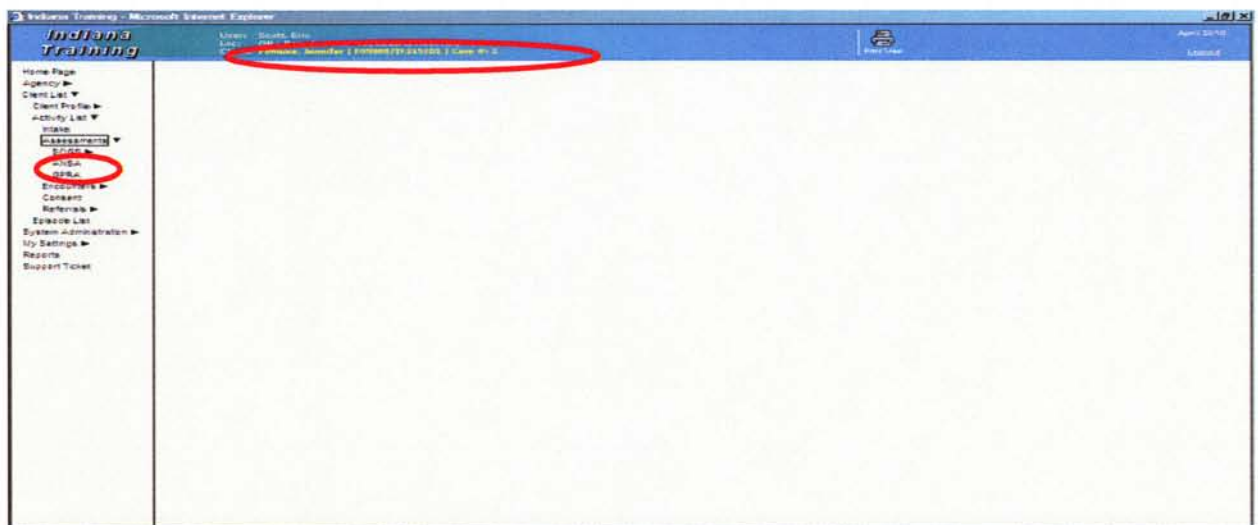
- Under "Special Initiative", you must select each population category the client falls into, you may select more than one (**Negative Screen and Gambling Only**).
- Click "SAVE" and "FINISH."
- Completing the intake will open a number of options under the Activity List.

STEP 3: ENTER THE INTAKE SOGS

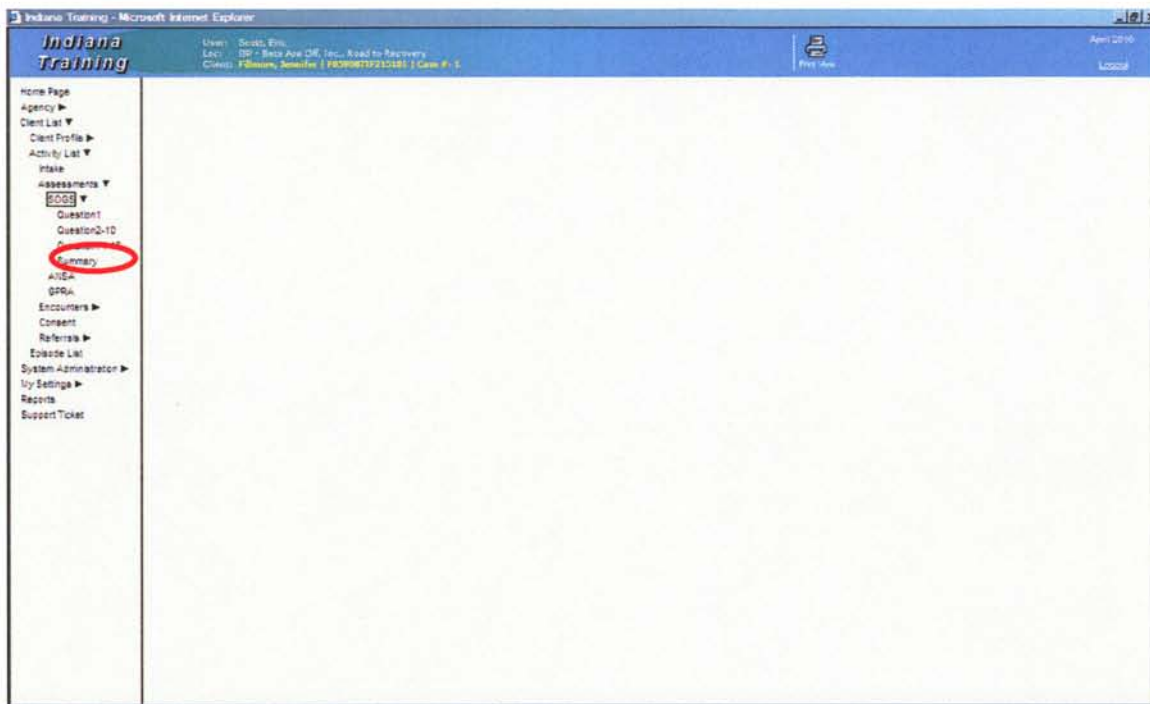


Activity List -> Assessment

- Make sure the correct client is listed at the top. **Note: If not, you can find the correct client by going to "Client List" and clicking "Go" to pull up a list of all your agency's clients. Click the blue "Profile" button next to the correct client.**
- Click "Assessments."



- Click "SOGs."



- Click "Question 1."

Indiana Training

User: Scott, Eric
Loc: 00 - State Ave Off, Inc., Road to Recovery
Client: **Pilchows, Jennifer** | P02900737232101 | Case #: 1

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SOGS Assessment

The South Oaks Gambling Screen is used with the permission of The Long Island Hospital, Amityville, NY

Date: [Redacted]

Please indicate which of the following types of gambling you have done. For each type, mark one answer which describes the last time you performed each listed behavior and how often you did the behavior. If you check "Not at all," you do not need to indicate how often as you will not need to report "how often".

	(When you did the behavior)	(How often?)
Did any kind of gambling	[Dropdown]	[Dropdown]
Played cards for money (such as Texas Hold'em, poker, or other card games)	[Dropdown]	[Dropdown]
Bet on horses, dogs, or other animals (at OTB, the track or with a bookie) for money	[Dropdown]	[Dropdown]
Bet on sports for money (including basketball, football, parlay cards, Jai Alai, or other sports) with friends, a bookie, at work, etc.	[Dropdown]	[Dropdown]
Played dice games (including craps, over and under, or other dice games) for money	[Dropdown]	[Dropdown]
Gambled in a casino or on a casino boat (legal or otherwise) for money	[Dropdown]	[Dropdown]
Played the numbers or bet on lotteries, Keno, or Quick Draw	[Dropdown]	[Dropdown]
Played bingo for money	[Dropdown]	[Dropdown]
Played the stock, options, and/or commodities market	[Dropdown]	[Dropdown]
Played slot machines, poker machines, or other gambling machines	[Dropdown]	[Dropdown]
Bowled, shot pool, played golf or darts, or some other game of skill for money	[Dropdown]	[Dropdown]
Pull tabs or "paper" games other than lotteries (such as Lucky 7's)	[Dropdown]	[Dropdown]
Some form of gambling not listed above (please specify):	[Text Box]	[Dropdown]
Gambled and used alcohol or drugs at the same time	[Dropdown]	[Dropdown]

Cancel Save Print Next

- Answer each of the questions.
- Click "Save" and "Next."

SOGS Assessment - Microsoft Internet Explorer

Indiana Training

User: Scott, Eric
 Loc: GP - Beta Ave OB, Inc., Road to Recovery
 Client: Williams, Jennifer | F0509073725538 | Case #11

Print Report Print View

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SOGS Assessment

2. How troubled or bothered have you been, due to your gambling, in the past six months?

3. Have you ever quit gambling for a period of time?

4. What is the largest amount of money you have ever gambled on any one day?

5a. Check which of the following people in your life has (or had) a gambling problem:

Gambling Contact List Selected Items

Father
 Mother
 A brother or sister
 A parent
 A spouse or partner

5b. Have your family members ever been criticized about their gambling? (Check one)

6. When you gamble, how often do you go back another day to win back money you lost?

7. Do you feel you have had a problem with betting money or gambling?

8. Have you ever claimed to be winning money gambling but weren't really? In fact, you lost?

9. Did you ever gamble more than you intended to?

10. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

Cancel Save Finish Next

- Answer each of the questions.
- Click "Save" and "Next."

SOGS Assessment - Microsoft Internet Explorer

Indiana Training

User: Scott, Eric
 Loc: GP - Beta Ave OB, Inc., Road to Recovery
 Client: Williams, Jennifer | F0509073725538 | Case #11

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SOGS Assessment

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

12. Have you ever felt like you would like to stop betting money or gambling but don't think you could?

13. Have you ever hidden betting slips, lottery tickets, gambling money, I.O.U.'s or other signs of betting or gambling from your spouse, parents, children, or other important people in your life?

14. Have you ever argued with people you live with over how you handle money?

15. (If you answered yes to question 14), Have money arguments ever centered on your gambling?

16. Have you ever lost time from work or school due to betting money or gambling?

17. Have you ever borrowed from someone and not paid them back as a result of your gambling?

18. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from?

Money Lender List Selected Items

From household money
 From your spouse or parents
 From other relatives, friends, co-workers or acquaintances
 From banks, loan companies, or credit unions
 From credit cards or debit cards

Cancel Save Finish Next

South Oaks Screening System (SOGS) SCORE SHEET

TOTAL = 2 (There are 20 questions which are counted)

0 = No problem
 1-4 = Some problem
 5 or more = Possible pathological gambler

- Answer each of the questions.
- Click "Save" and Notice the Client's SOGS score at the bottom of the page.
- Click "Finish."

STEP 4: CREATE VOUCHER/PRE-AUTHORIZATION

[illegible]

Client Profile -> Voucher

- Make sure the correct client is listed at the top. ***Note: If not, you can find the correct client by going to “Client List” and clicking “Go” to pull up a list of all your agency’s clients. Click the blue “Profile” button next to the correct client.***
- Click “Add New Voucher Record.”

Indiana Training

User: Schmid, April
 Loc: Care Coordinator A, Street St.
 Client: Doe, Jane | F28865DD-02186 | Case #14

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Voucher for Doe, Jane

Group Enrollment ATR Status Action

Plan ATR Agreement [Dropdown]

Voucher # Date Approved 7/21/2008

Effective Date 7/21/2008 Updated Date

End Date 8/20/2008 Updated By

ATR Intake [Dropdown]

Comments

Service	Vouched Units	Vouched Amount	Encumbered	Expended	Available	Action

Add Service

Actions [Close]

Total Vouched: 0.0
 Total Encumbered: 0.0
 Total Expended: 0.0
 Total Available: 0.0

Cancel Save Finish

- Each voucher should only be effective for 30 days. Make sure that the “Effective Date” is the first date that you met with the client (intake date). Please change the date if necessary and press tab- the “End Date” should automatically change to 30 days later.
- Change “Agreement” to your agency and “Intake” to the most recent intake (typically there will only be one option for each of these).
- Click “SAVE” and “Add Service”

Indiana Training User: Schmid, April Loc: Care Coordinator A, Street St. Client: Doe, Jane | F8898500428100 | Case #11 May 2008, Rev 3

Home Page Agency Client List Client Profile Alternate Names Additional Information Contact Info Collateral Contacts Other Numbers History **Voucher** Activity List Episode List System Administration My Settings Reports

Voucher for Doe, Jane

Service: **Care Coordination - Intake Administration**

Voucher #: 240

Vouched Units: **8**

Vouched Amount: \$7.00

Cancel Save Finish

- Select the first service from the service dropdown.
- Estimate the number of units you think you will need in the next 30 days and enter the number into the “# of Vouched Units” field. **Note: review the Service Definitions to clarify what counts as a unit.**
- Click “SAVE.”
- Continue to add all the services you will provide for the next 30 days.

Indiana Training User: Schmid, April Loc: Care Coordinator A, Street St. Client: Doe, Jane | F8898500428100 | Case #11 May 2008, Rev 3

Home Page Agency Client List Client Profile Alternate Names Additional Information Contact Info Collateral Contacts Other Numbers History **Voucher** Activity List Episode List System Administration My Settings Reports

Voucher for Doe, Jane

Group Enrollment: ATR Status: Active

Plan: ATR Agreement: 0002584 - Care Coordinator A

Voucher #: 240 Date Approved: 7/21/2008

Effective Date: 7/21/2008 Updated Date: 7/21/2008 3:50 PM

End Date: 8/20/2008 Updated By: Schmid, April

ATR Intake: 7/21/2008-Street St.

Comments:

Vouched Services List

Service	Vouched Units	Vouched Amount	Encumbered	Expended	Available	Actions
Care Coordination - Intake Administration	5	35.0000	0.00	0.00	35.00	Edit Delete
Care Coordination - Intake Interview	8	112.0000	0.00	0.00	112.00	Edit Delete
Care Coordination - Pre-follow-up Electronic Contact	8	56.0000	0.00	0.00	56.00	Edit Delete
Care Coordination - Pre-follow-up Personal Contact	3	42.0000	0.00	0.00	42.00	Edit Delete

Actions:

Total Vouched: 245.0000
Total Encumbered: 0.00
Total Expended: 0.00
Total Available: 245.0000

Cancel Save Finish

- This is what a typical voucher might look like for a new client. The number of units shown coincides with the max units specified in the Policies and Procedures Manual. At first, you may want to authorize more units as it will likely take more time for the first few clients.
- Click “SAVE” and “FINISH” once you are done adding services.

STEP 5: BILL FOR PROVIDED SERVICES

Indiana Training

User: Schmid, April
Loc: Care Coordinator A, Street St.
Client: Doe, Jane | F88986500428100 | Case #: 1

May 2009, Rev 2

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Encounter List *[Export]*

Enc Date	Service	ENC ID	Rendering Staff	Program Name	Location	Start Date	End Date

Add Encounter Record

Activity List -> Encounters

- To bill for the Recovery Consultation services provided, click “Encounters” under the Activity List- then click “Add Encounter Record.”

Indiana Training

User: Schmid, April
Loc: Care Coordinator A, Street St.
Client: Doe, Jane | F88986500428100 | Case #: 1

May 2009, Rev 2

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Encounter For Doe, Jane

ENC ID: Created Date:

Service:

Program Name: ATR: 6/1/2008 -

Service Location:

Start Date: End Date:

Start Time: End Time:

Duration:

of Service Units/Sessions:

Rendering Staff: Schmid, April

Notes:

Administrative Actions
[Release to Billing](#)

Cancel Save Finish

- The above screen will appear.
- Choose the service provided from the dropdown menu.
- The “Start date” should be the date that the service was provided.
- Enter the “# of Service Units.”
- Enter a short description of the service provided.

Indiana Training User: Schmid, April Loc: Care Coordinator A, Street St. Client: Doe, Jane | FB8986500-428108 | Case #: 1 May 2008, Rev 3

Home Page Agency Client List Client Profile Activity List Intake Encounters Profile Consent GPRA Referrals Payments Episode List System Administration My Settings Reports

Encounter For Doe, Jane

ENC ID: Created Date: Service: Care Coordination - Intake Administration Program Name: ATR : 6/1/2008 - Start Date: 07/21/08 End Date: Start Time: End Time: Duration: # of Service Units/Sessions: 6 Rendering Staff: Schmid, April

Notes: Client intake interview and paperwork completed, including GPRA intake and registration form. Client contact log entry added for intake interview and client signed. Client IRP was developed and client chose service providers for referrals. Next appointment on 8/15/08 at 2:30.

Administrative Actions: [Release to Billing](#)

Cancel Save Finish

- This is an example of a completed encounter.
- Click "SAVE" once the encounter is complete.
- If the information is correct and you have the authority to bill for services in your agency, you may click "Release to Billing" at this time. Otherwise, you can click "FINISH" and release the encounter to billing at a later time.
- **Note: DMHA will not be notified that you provided the service until you release the encounter to billing. You should release encounters to billing no more than one (1) business day after the service is provided.**

Indiana Training User: Schmid, April Loc: Care Coordinator A, Street St. Client: Doe, Jane | FB8986500-428108 | Case #: 1 May 2008, Rev 3

Home Page Agency Client List Client Profile Activity List Intake Encounters Profile Consent GPRA Referrals Payments Episode List System Administration My Settings Reports

Encounter List (Export)

Enc Date	Service	ENC ID	Rendering Staff	Program Name	Status	Actions
7/21/2008	Care Coordination - Intake Administration	154	Schmid, April	ATR	Released	Review

- The Encounter List will show all encounters. The "status" column will say "released" when the encounter has been released to billing.

FOR AGENCY RECORD KEEPING PURPOSES

1. To look at all encounters that have been created in the agency or, in other words, all the claims you have submitted to the state, go to:

Agency -> Billing -> Claim Item List

- Change the "Item Status" to blank to see all encounters or search the encounters by some other criteria. Press the blue "Go" to activate the search.

Indiana Training User: Schmid, April Loc: Provider A, Street St. Client: May 2008, Rev 3

Claim Item Search

Plan: [Dropdown] Group Enrollment: [Dropdown] ENC ID: [Text]
 Client First Name: [Text] Client Last Name: [Text] Charge: [Text]
 Subscriber/Resp Party First Name: [Text] S/R Party Last Name: [Text] Service: [Text]
 Subscriber/Resp Party Account #: [Text] Rendering Staff: [Text] Service Date: [Text]
 Voucher #: [Text] Facility: [Dropdown]
 Item Status: [Dropdown] Clear Go

Claim Item List (Export)

Item #	Client Name	Service Date	Service	Duration	Status	Release Date	Charge	Actions
167	1, Client	6/20/2008	4020/AI		Batched	6/20/2008	\$10.00	Profile
177	10, Client	6/20/2008	3070		Batched	6/20/2008	\$5.00	Profile
184	11, Client	6/20/2008	3070		Batched	6/20/2008	\$20.00	Profile
172	12, Client	6/20/2008	3031		Batched	6/20/2008	\$3.00	Profile
173	13, Client	6/20/2008	2060		Batched	6/20/2008	\$150.00	Profile
169	14, Client	6/20/2008	3070		Batched	6/20/2008	\$5.00	Profile
175	16, Client	6/20/2008	3070		Batched	6/20/2008	\$20.00	Profile
179	17, Client	6/20/2008	3031		Batched	6/20/2008	\$30.00	Profile
178	18, Client	6/20/2008	3070		Batched	6/20/2008	\$5.00	Profile
180	2, Client	6/20/2008	3070		Batched	6/20/2008	\$5.00	Profile
186	20, Client	6/20/2008	2060		Batched	6/20/2008	\$25.00	Profile
187	20, Client	6/20/2008	2060		Batched	6/20/2008	\$25.00	Profile
183	21, Client	6/20/2008	3031		Batched	6/20/2008	\$3.00	Profile
197	22, Client	6/25/2008	3070		Released	6/25/2008	\$25.00	Profile
192	25, Client	6/20/2008	3070		Batched	6/20/2008	\$5.00	Profile
190	25, Client	6/20/2008	3070		Batched	6/20/2008	\$25.00	Profile

2. To look at all the vouchers authorized to your agency, go to:

Agency -> Billing -> Voucher List

- Press "Go" to pull up all vouchers. The columns provide helpful information about the status, start date, end date, and amount available on each voucher.

Indiana Training User: Schmid, April Loc: Provider A, Street St. Client: May 2008, Rev 3

Voucher Search

Provider Agency: [Text] Provider A: [Text] Provider Facility: [Dropdown]
 Administrative Agency: [Dropdown] Contracting Agency: [Dropdown]
 First Name: [Text] Last Name: [Text]
 Client ID: [Text] Voucher#: [Text]
 Created on: [Text] Status: [Dropdown]
 Clear Go

Voucher List (Export)

Voucher #	Provider Agency	Admin Agency	Intake Facility	Client	Effective Date	Status	Voucher Amt	Encumbered	Expended	Available	Actions
177	ATR [ATR, 0001234]	Provider A	Care Coordinator A	Street St.	1, Client	6/12/2008	Active	\$50.00	10.00	0.00	40.00 View
178	ATR [ATR, 0001234]	Provider A	Care Coordinator A	Street St.	10, Client	6/12/2008	Active	\$120.00	5.00	0.00	115.00 View
179	ATR [ATR, 0001234]	Provider A	Care Coordinator A	Street St.	11, Client	6/12/2008	Active	\$120.00	20.00	0.00	100.00 View
180	ATR [ATR, 0001234]	Provider A	Care Coordinator A	Street St.	12, Client	6/12/2008	Active	\$30.00	3.00	0.00	27.00 View
181	ATR [ATR, 0001234]	Provider A	Care Coordinator A	Street St.	13, Client	6/12/2008	Active	\$300.00	150.00	0.00	150.00 View
182	ATR [ATR, 0001234]	Provider A	Care Coordinator A	Street St.	14, Client	6/12/2008	Active	\$120.00	5.00	0.00	115.00 View
183	ATR [ATR, 0001234]	Provider A	Care Coordinator A	Street St.	15, Client	6/12/2008	Pending	\$120.00	0.00	0.00	120.00 View
184	ATR [ATR, 0001234]	Provider A	Care Coordinator A	Street St.	16, Client	6/12/2008	Active	\$120.00	20.00	0.00	100.00 View
185	ATR [ATR, 0001234]	Provider A	Care Coordinator A	Street St.	17, Client	6/12/2008	Active	\$120.00	20.00	0.00	100.00 View

Indiana
Problem Gambling Treatment
Resource Network

SECTION 4:
CLINICAL AND
RECOVERY
RESOURCES

Compulsive Gambling Treatment Indiana Service Delivery Guidelines

This Compulsive Gambling Treatment Service Delivery Guide is intended to assist clinicians with screening, assessment, and treatment of individuals who are identified as compulsive gamblers. This guide was specifically designed for Endorsed Gambling Treatment Providers in Indiana. It is important to remember that service delivery guidelines represent only one available tool to promote and shape optimal treatment. Other influences on treatment outcomes include: societies understanding of the illness, funding availability, professional credentialing and ongoing continued education. It is the hope of the Division of Mental Health and Addiction that these guidelines will provide your organization with a solid foundation to improve the quality of care and recovery outcomes for individuals suffering from compulsive gambling.

Compulsive Gambling impacts individuals with mental health and substance abuse problems:

43,093 US adults participated in face to face interviews in 2001-2002.

- 73.2% of those meeting DMS-IV criteria for pathological gambling had an alcohol use disorder;
- 38.1% had a drug use disorder;
- 60.4% had nicotine dependence;
- 49.6% has a mood disorder;
- 41.3% has an anxiety disorder;
- 60.8% has a personality disorder (Pettry, Stinson & Grant 2005).

Treatment for compulsive gambling begins at the first contact with the clinician. The initial screening and assessment builds an alliance with the client that will set the tone for the entire treatment episode. Screening and assessment procedures should be all encompassing because we know that compulsive gambling can and often does co-occur with mental illness or substance use disorders.

Screening: There are a number of instruments that can be used as screening tools for compulsive gambling. The most common instrument is the South Oaks Gambling Screen (SOGS). This instrument is based on DSM-IV criteria and has a good reliability and validity rate in clinical samples (Lesieur & Blume, 1987). The SOGS is the preferred method for screening in Indiana. Clinicians are instructed to complete the form with the client and the questions must be asked to reflect gambling behavior over the past 12 months.

Indiana Screening Requirements:

- A completed copy of the SOGS.
 - Payment will be made for Individuals meeting eligibility criteria with scores equal to or greater than three (3) on the South Oaks Gambling Screen (SOGS). The score must reflect gambling activity over the past twelve (12) months and be documented in the clinical record. To alleviate confusion, the following should be put at the top of each SOGS form: the Individual's name, unique ID, date the screen was completed and the time frame reflected on the SOGS (more than one year ago, less than one year ago or in the past six months) are put on the form. The date on the SOGS should correlate with the progress note.
 - State funding for gambling is allowable only for Individuals with a **current episode** of compulsive gambling. An Individual, who has a history of compulsive gambling but has not experienced problematic gambling behavior within the previous twelve (12) months, is not appropriate for gambling funding.
- SYF 2011 Special Conditions for Endorsed Gambling Providers:
 - If an Individual scores a three (3) or more on the SOGS which reflects gambling behavior over the past twelve (12) months, but refuses services for compulsive gambling, the refusal for treatment must be clearly documented in the progress notes. The progress note should specifically state that the Individual scored a 3 or more on the SOGS and was offered but refused a full continuum of care to address his/her compulsive gambling needs, including financial management counseling and linkage to GA meetings. The date of the progress note should correlate with the date on the SOGS.

Assessment:

The transformation of Indiana's behavioral health system includes a focus on using data to make practice and policy decisions. Indiana is building the capacity to use multiple information-based tools to improve the quality of mental health and addiction services. The Indiana Family and Social Service Administration, Division of Mental Health and Addiction adopted an information integration tool for adults and youth with mental health and substance use disorders.

ANSA

The Adult Needs and Strengths Assessment (ANSA) provide a comprehensive profile of the needs and strengths of an adult (18 and older) and their family. The basic structure of the ANSA includes multiple items under the general domains of Life Functioning, Strengths, Acculturation, Behavioral Health Needs, Risk Behaviors, and Caregiver Strengths & Needs

(optional). The tool helps support development of individualized plans of care and decisions about the appropriate intensity of services and monitors outcomes.

The ANSA incorporates many recovery or quality of life issues including general health, employment/career, social functioning, involvement in recovery, social and community connections. The format requires core items (some core items lead to extension modules): Employment/Career, Developmental Need, Trauma, Substance Use Disorder, Dangerousness and Crime. The ANSA Manual is posted on the Indiana Behavioral Health Assessment System.

CANS

The Child and Adolescent Needs and Strengths (CANS) assessment is a functional assessment that rates multiple domains: child's emotional and behavioral needs, functioning, risk behaviors and strengths and the caregiver needs and strengths.

It is important to note that the ANSA and CANS have not specifically been tailored to problem gamblers

Evidence Based Practices.

Evidence Based Practice is defined as:

- Programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results.
- Evidence-based practices or model programs that have shown the greatest levels of effectiveness are those that have been replicated in different settings and with different populations over time.
- Evidence-based practices ***include but are not limited to*** "treatment manuals". Clinical expertise, the environment in which one practices, and patient values can all be taken into account.

Evidenced based and best practices for substance abuse are supported by the Substance Abuse and Mental Health Administration (SAMHSA) -National Registry of Evidence Based Programs and Practices (NREPP).

Although randomized clinical trials have represented the "gold standard" for determining the success of clinical approaches/ counseling techniques it is important to understand that the field of compulsive gambling has few clinical trials to draw upon and the current trials have small sampling sizes (Chambless & Ollendick 2001).

In addition SAMHSA currently views compulsive gambling as a co-occurring disorder, clinical approaches targeted specifically for a primary diagnosis of compulsive gambling are limited. However, the following approaches are supported by clinicians and researchers who are working with compulsive gamblers across the nation.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is based on the belief that changing negative thoughts impacts behavior. The cognitive behavioral therapy approach has been evaluated extensively and found to result in positive improvements in outcomes (CSAT, 2006). It includes components to address criminal thinking, addictive thinking, concepts of the social-cognitive theory, interpersonal communication skills training, cognitive compulsive solving and restructuring, and reflective communication. When working with compulsive gamblers, CBT focuses on changing unhealthy gambling behaviors and thoughts, such as rationalizations and false beliefs. It also teaches compulsive gamblers how to fight gambling urges, deal with uncomfortable emotions rather than escaping through gambling, and solve financial, work, and relationship compulsives caused by the addiction (Sylvain et al's, 1997).

"A cognitive behavioral treatment component specific to compulsive gambling involves modifying irrational beliefs about gambling and the odds of winning. Research repeatedly demonstrates that gamblers have a true illusion of control that negatively impacts treatment outcomes" (Tip 42).

Motivational Interviewing

The high dropout and relapse rate among compulsive gamblers is an indicator that the gamblers entering treatment may be ambivalent about changing behavior. According to treatment records compulsive gamblers who seek services in Indiana attend 1-5 sessions maximum before discontinuing the treatment episode. One method that has shown to be useful in engaging and retaining the compulsive gambler in treatment is Motivational Interviewing (Wulfert, 2006). Motivational Interviewing (MI) supports the notion that not everyone enters treatment ready to change. The approach is non adversarial and not judgmental, which lends itself to assisting the client in exploring their current stage of change, which reduces resistance and allows the client to explore his or her own consequences as a result of behavior. Studies have shown that MI engages clients in the therapy process and increases retention rates (Miller & Rollnick 1991).

Motivational Enhancement Therapy with Stages of Change Model

Motivational Enhancement Therapy (MET) is a person-centered counseling approach based on principles of cognitive therapy in which the counselor seeks to develop a discrepancy in the client's perceptions between current behavior and significant personal goals. MET is based on the idea that motivation is a necessary and significant factor in making internal changes, which support treatment and recovery efforts. Although MET and the Stages of Change approaches were developed separately, they are often used synonymously. The stages of change compliment the MET approach of finding the gap between current behaviors, motivation and goals. The stages of change are Precontemplation, Contemplation, Preparation/Determination, Action, Maintenance, and Relapse (SAMHSA, n.d.).

Case Management

The goal of case management is continuity of treatment, which can be defined as the ongoing assessment and identification of needs and the provision of treatment without gaps in services or supervision (CSAT, 1998). Early initiation of transition planning is important because it establishes a long-term, consistent treatment process that increases the likelihood of positive outcomes. Case management has also been shown to encourage entry into treatment, and to reduce the time to treatment admission. Case management may be an effective adjunct to addiction treatment because it focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination.

Family Involvement

The disclosure and subsequent impact of compulsive gambling on family members is enormous. Due to the secrecy associated with compulsive gambling, family members are often caught off guard which can be devastating to the entire family system. Furthermore, the financial devastation associated with the disorder and the quickness of which the devastation occurs is abrupt and overwhelming. It is vital to include the family in treatment. Family involvement is viewed as pivotal in the continuum of care because addiction affects the whole family. Families can live in a world of confusion and unpredictability, often feeling helpless, frustrated, and responsible. Interweaving Family Cognitive Therapy, education, and support into all programming can aid family members and significant others in understanding the disease of addiction through education. As family members begin to share their compulsives with others, they learn that they are not alone, that they are not at fault, and that recovery is possible (CSAT, 2004).

Twelve Step Meetings

Gamblers Anonymous (GA) is a twelve-step recovery program patterned after Alcoholics Anonymous. Gamblers Anonymous provides a supportive, non-judgmental atmosphere where you can share what you're going through, and get feedback and advice from fellow gamblers who understand your compulsive gambling. The GA utilizes a 12-step recovery process. These 12 steps are actually statements of belief that participants are encouraged to adopt to resolve their compulsive gambling behavior (GA, 1997). It is recommended that persons who have a co-occurring disorder of substance abuse and compulsive gambling attend separate support groups for gambling and for alcohol/ drug dependence. GA offers support for the individual and their family members which is specific to compulsive gamblers such as financial/ debt management (Tip 42).

Indiana Twelve Step Requirement

- Linkage to self help groups such as Gamblers Anonymous (GA) will be offered as a part of the treatment episode. Linkage to self help groups should be documented clearly in the Individuals master treatment plan and evidenced in the Individual's progress notes.

Peer Support Service

"Peer based recovery is the process of giving and receiving non-professional, non clinical assistance to achieve long-term recovery" (White 2009). The inclusion of peer to peer services is vital. The voices and experiences of people in recovery directly working with someone new to the recovery process are essential. They provide hope, inspiration, and understanding on a level beyond standard treatment.

Contingency Management

This approach has been successfully used to encourage compulsive gamblers to stay in treatment longer. This approach involves providing the client with small rewards and incentives (i.e. food, movie vouchers) to continue their participation. In several studies this approach was found to reinforce compliance with treatment homework, improve session attendance, and initiate behavioral changes. It is important to note that using contingency management with compulsive gamblers does not increase gambling behavior. (Pettry 2006).

Financial Counseling

SAMHSA addresses the need for financial counseling in their guide book: Compulsive Gambling and their Finances, A Guide for Treatment Professionals. Compulsive gamblers and often their loved ones seek treatment as a result of financial compulsives. By addressing the financial devastation early in the treatment process the professional is helping the gambler face the compulsive head on and develop coping skills to handle financial pressures, engage in the recovery process, and provide the person with hope that recovery is possible.

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17910>

Integrated Multimodal Treatment

Counselors, clinicians or multidisciplinary teams provide integrated treatment to support recovery from co-occurring mental illness, substance use disorders and compulsive gambling. They use specific listening and counseling skills to guide individuals' awareness of how co-occurring disorders interact and to foster hopefulness and motivation for recovery. They use cognitive behavioral techniques to assist individuals who are working to reduce or eliminate substance use or who want to prevent relapse and maintain recovery from both disorders. Integrated treatment is considered an evidence-based practice because research shows that individuals who receive it recover better from both their illnesses: they have fewer

hospitalizations and relapses, fewer criminal justice problems and more housing stability (Tip 42).

Indiana Co-occurring Requirement

If the Individual registered pursuant to this attachment has multiple diagnoses' that include mental illness or substance abuse, that Individual must be treated for those conditions as well as compulsive gambling. An excellent resource for treating persons with co-occurring issues is SAMHSA's Tip 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders, this is available at no cost at:

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17910>

Treatment Plan

Treatment plans should be developed with the client. It should reflect a shared understanding of the nature of the problem, the desired treatment outcome, and clinical and recovery interventions that will promote success. In Indiana if an individual is diagnosed as a compulsive gambler' then this diagnosis must be reflected on the Individual's master treatment plan. The treatment plan should specifically identify the problem to be addressed as compulsive gambling. Objectives and interventions shall support the goals. An Individual's treatment plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changed needs. A sample treatment plan is included for your review.

Progress Notes

Individualized progress notes are kept in the clinical file and are required to be written to reflect the modality/ type of service provided to the Individual and voucher processed through WITS. At a minimum progress notes should contain the following:

Data- Describe what occurred in the modality/ type of service that was provided. Indicate how the service provided related to a treatment goal, objective or intervention. Provide linkage between the service that was provided and compulsive gambling behavior.

Assessment- Document the Individual response to the service being provided. Indicate if the Individual seemed engaged in the process, open to learning new things, or maybe the person appeared apprehensive about addressing their compulsive gambling.

Plan- Document the follow up plan. Include assignments that the Individual has been given to complete etc... A sample progress note is included for your review.

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ADDITIONAL REFERENCE

Gambling and Crime Among Arrestees: Exploring the Link
www.ncjrs.gov/pdffiles1/nij/203197.pdf

SAMPLE TREATMENT PLAN FOR A PROBLEM/PATHOLOGICAL GAMBLER

(This is a sample treatment plan provided to you as an example only. It is our hope that you can utilize the ideas/concepts from this sample within your current system.)

☒ Master Treatment Plan ☐ Review ☐ Revised ☐ Transfer

☐ Discharge Summary ☒ Plan was created with the client

☒ South Oaks Gambling Screen/ Score 12

Date: July 1, 2010

Date of Birth: 11-11-73

DSM-IV Axis I – IV

Axis I 312.31 Pathological Gambling
Axis II None
Axis III None
Axis IV Legal involvement, Lack of support
Axis V 58

Admission Mental Status Exam:

Client met with psychologist and completed a comprehensive mental status exam. He was oriented to person, plan, and time. Client is a white male, age 50, married, no children, he appeared well groomed, and his appearance seemed clean and orderly. He had difficulty making eye contact and hung his head low during the interview. His speech was clear, and thought processes seemed appropriate. His judgment and insight about his compulsive gambling seemed poor. He would appear very anxious when asked about his gambling behavior and reasoning for seeking treatment. He did admit that he was recently arrested for theft and was on probation. Throughout the interview he appeared "guarded" when answering questions.

Current Medications:

Strengths:

Client's wife is supportive of treatment. His wife brought him to his intake appointment and agreed to participate in the family program. He stated that his employer is supportive of him seeking treatment for compulsive gambling. He was given the day off to complete his intake and assessment. He is optimistic and wants to learn all he can about his gambling problem so he can "get better". He has a master degree in finance and has been employed with the same company for 20 years.

Barriers:

He has attended treatment before for his compulsive gambling and was unable to abstain for more than 14 days. He struggles with accepting that he cannot stop gambling on his own despite the fact that he was recently arrested for theft and is currently on probation. He has never attended Gamblers Anonymous meetings and stated, "Those people are not like me. They are losers".

Risks of Relapse:
High Risk- He has a Master degree in finance and he believes that he should be able to manage his own money. In the past he has allowed his wife to "attempt" to take care of the bills but in his words "she does not know what she is doing and we almost went broke". He also has a history of dismissing Gamblers Anonymous and feels "superior" to the people who are in attendance at meetings.
Evidence of Continuity and Coordination of Care:
Counselor will work closely with the client's wife. Once client signs release his counselor will contact client's probation officer- he is on probation for a recent theft charge.
Family Involvement:
His wife is very supportive. She completed the family assessment upon intake. She admitted to taking on extra jobs in order to help pay for bills. She stated that she has tried to take over the finances but her husband is unwilling to let her take on that responsibility. She stated that her husband has a PO box and often will not let her get the mail. She stated that he was controlling but she seems to have little insight into the financial devastation that her husband's gambling has caused.
Prognosis:
Guarded

Problem #1:
Client is behind on his mortgage payments, he is over drawn on his bank account, and he owes his bookie money.
As evidenced by:
Client's own report
Measurable Goal, Completion Date:
Client will openly disclose his financial problems as a result of gambling and put a restoration plan in place.
Objective 1: <input type="checkbox"/> Date Completed:
Client will be honest with his spouse about his financial problems.
Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
<ol style="list-style-type: none"> 1. Counselor will ask client to sign a release of confidential information for his spouse; 2. Counselor will ask client and his wife to bring in all bank statements, tax returns, and bills to review with his counselor; 3. Counselor will have client invite his wife to a family session to disclose financial problems based on an information gathering session with his counselor.
Objective 2: <input type="checkbox"/> Date Completed:
Client will take responsibility and shift control of the finance to the non gambler in the household or a designated trustee.
Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
<ol style="list-style-type: none"> 1. Counselor will ask client to remove his name from all credit cards or give them to his wife and/ or designated trustee to destroy, close account, or secure;

2. Counselor will encourage client to have his paycheck deposited into an account that is in his wife's and/ or designated trustees name only and agree to a weekly cash budget;
3. Counselor will assist client and his wife in preparing to call creditors and explain the gambling problem and promise to provide a restitution plan in the next 30-45 days;
4. Counselor will prepare client to educate his friends and family about gambling and tell them not to lend him money;
5. Counselor will encourage client to shift ownership of property to the chosen non gambler in the household and/or designated trustee.

Objective 3: ☐ Date Completed:

Identify Income and assets (client and wife)

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assist client and his wife with listing sources of income;
2. Counselor will assist client and his wife in listing financial assets;
3. Counselor will encourage client to disclose "stash" money that is hidden from his wife

Objective 4: ☐ Date Completed:

Establish a spending plan (client and wife)

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assign client and his wife to write out the plan using the SAMHSA personal and financial strategy guide;
2. Client and wife will be assigned to list monthly sources of income (only count steady monthly income not bonuses);
3. Counselor will review spending habits with the client and his wife;
4. Counselor will educate client and his wife on tips to cutting expenses;
5. Counselor will educate client and his wife on additional budgeting tips (include counseling fees)

Objective 5: ☐ Date Completed:

Repay debt and avoid bankruptcy

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assist client and his wife in determining the amount of debt and list creditors;
2. Counselor will assist client and his wife to establish a debt repayment plan

Problem #2:

Client does not accept his compulsive gambling disorder and does not have a recovery plan

As evidenced by:

Client's own report

Measurable Goal, Completion Date:

Client will verbalized an increased understanding of his compulsive gambling and develop a relapse prevention plan.

Objective 1: ☐ Date Completed:

Client will verbalize understanding of his compulsive gambling disorder.

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will arrange for a GA member in long term recovery to give a lead to the IOP

about the journey of his addiction and recovery and client will write a paper about how he relates to the story;

2. Client will create a life map which outlines his life, significant events, and maps out his gambling behavior and consequences;
3. Counselor will encourage client to bring his wife into a session to share his life map;
4. Counselor will show client and his wife the video "Compulsive Gambling Signs and Symptoms". Client and wife will be asked to verbalize how they related to the information regarding signs/ symptoms/ Impact of compulsive gambling on the family.
5. Client will participate in a six part group session on "Compulsive Gambling and Recovery". The client will actively participate in group discussions on: Feelings about winning, losing, and being in action; Phases of compulsive gambling (winning, losing, and desperation; First experiences with gambling/ parental attitudes; Compulsive gambling as a progressive illness Stages of denial, rationalization; Stages of Recovery;
6. Counselor will ask client to describe his arrest for theft and talk about how it relates to his compulsive gambling.

Objective 2: ☐ Date Completed:

Client will develop a plan to address barriers to recovery and identify warning signs of relapse

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assign client to find out and write down how many places exist within five blocks of their home, office, or school where a bet can be places, a lotto ticket can be purchased, or the person can participate in a game of chance. Write an avoidance plan for high risk places;
2. Counselor will assign client to make a phone number list of people/ agencies that you can contact when you are thinking about gambling. Include: Gamblers Anonymous, GA Sponsor, 1-800 9 With It, suicide helpline etc;
3. Counselor will assign client to map out a typical day in his life when gambling and then develop a plan with the help of the counselor to address high risk times of the day;
4. Counselor will educate client and his wife on relapse triggers and symptoms.
5. Counselor will assign the client to write down his personal relapse triggers and a plan to address each;
6. Counselor will have a session with client and wife to review what the wife will do when she sees the client showing signs of relapse;
7. Counselor will meet with client and his wife to discuss the importance of Gamanon and taking care of self.

Problem #3:

Client does not have an adequate recovery support system.

As evidenced by:

Client stated that his wife and employer are supportive but he does not attend GA, and does not engage in hobbies/ activities other than gambling.

Measurable Goal, Completion Date:

Client will obtain/ maintain a recovery support system

Objective 1: ☐ Date Completed:

Client will determine if Gamblers Anonymous is a support group that he wants to attend.

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assign client to locate 10 GA meetings that he can attend, the client will map out days and times of the meetings;
2. Counselor will assign client to attend 10 meetings and journal how it felt to attend the meeting, what he has in common with the individuals who are in attendance, group topic of discussion and what he learned;
3. After attendance at 10 GA meetings the counselor will assign the client to review their journal of meeting attendance and make a decision on whether attending GA will be a part of his long term recovery;
4. If client decides to attend GA- counselor will encourage client to obtain a GA sponsor.

Treatment Plan Progress Review:

Problems Identified, but Outside Referral Needed

Problem #1:

Client is complaining of migraine headaches on a weekly basis.

As evidenced by:

He is verbalizing the complaint.

Referral for Problem:

Referred him to his primary physician to inquire about medication or further testing to find out the cause of the migraines.

Client Participated in Development of Treatment Plan:

Staff Participating

Staff Participating

Supervised by: Chelsea Moore, LCSW

Client 's Current Address 905 Wind Lane

City Indianapolis State IN Zip 46204

Home Telephone 317-867-9309 Cell Phone 317-555-9999

Sample Progress Note:

D- Individual participated in Intensive Outpatient group. The group was comprised of two compulsive gamblers and three Individuals with substance use disorders. The topic of the group was "Progression of Addiction". The Individual was educated on the progression of pathological gambling. The four phases of compulsive gambling was taught and the Individual had to give an example of how they see themselves progressing through the stages. The assorted group members were also educated to the similarities and differences of substance use disorders and compulsive gambling.

A- The Individual appeared engaged in the group process. He verbalized that he has a better understanding of how his compulsive gambling is similar to group members who use alcohol and drugs.

P-Client stated that to increase his understanding more about compulsive gambling and how it is similar to substance use disorders he made plans to attend an open Alcoholics Anonymous meeting with a peer from group.

Addressing Financial Troubles with the Problem Gambler

Despite popular belief, problem gambling is not a financial issue. You may have heard people say things like, "If he would just play within his means he would be okay". Or "He needs to learn how to manage his money better and this would not be a problem." The fact of the matter is problem gambling is not a financial issue. Money management skills, more money, less money, or bail outs will not curb the problem gamblers appetite for gambling. Problem gambling is "an illness, progressive in its nature, which can never be cured, but can be arrested" (GA 1997).

Once an Individual has not engaged in gambling behavior for a minimum of thirty days and has started the process of gaining insight into their gambling behavior, the financial devastation can be inventoried and the therapeutic process of taking responsibility for their financial plight can begin (SAMHSA TIP 42).

When focusing on finances there are numerous possibilities that should be explored including: transfer of assets, dealing with foreclosure, multiple mortgages, loans, etc... It is crucial that counselors working with problem gamblers become familiar with how to provide financial counseling or work closely with an organization that specializes in financial management and include them in the treatment/ recovery plan for the Individual.

Keys to approaching Financial Issues with Gambler

- Discuss the impact of financial issues with gambler.
- Provide materials/resources to support the gambler such as: *Problem Gamblers and Their Finances: A Guide for Treatment Professionals* (available from SAMHSA).
- As part of discussion have gambler list all debt, include legal and illegal debt.
- Gambler should list all sources of income. This could include:
 - bank accounts
 - certificates of deposit
 - mutual fund accounts
 - individual stock and bond securities
 - retirement accounts
 - individual retirement accounts (IRAs)
 - home equity
 - interests in a small business
 - real estate
 - cash value in life insurance policies
 - trust funds
- Have Gambler obtain credit report and review with them. (This will often identify additional debt that the gambler has forgotten or does not include on list).
- Recommend the gambler find someone to take over payment of household bills and bank accounts.

- If you are working with the non-gambler and the gambler, advise them to destroy, or hide all credit cards. They should also change the pin and access numbers for bank accounts and debit cards. The non-gambler should also put all valuables in a safety deposit box. All of these steps should be done with the full knowledge of the gambler.
- Advise gambler to avoid taking out loans, consolidation loans, loans from friends and family or filing bankruptcy to settle gambling related debt. (This is seen as a bailout of the gambler, which can enable their problem).
- Create a financial plan with gambler (and significant other if the gambler agrees). Plan should include household bills, savings, and repayment of debt. All debt should be replayed, so even illegal debt should be included.

Suggestion for Approaching Financial Issues with the Problem Gambler

- Be patient, revealing the financial devastation can be a slow process because protecting the loss and flow of money is the cornerstone of the Individuals ability to continue to be in action;
- Encourage the non-gambler in the household to be actively involved in the financial counseling. This will allow the Individual to get honest about the seriousness of their problem and work with the non-gambler to address the problem;
- Request the Individual obtain their credit report and if the non gambler in the home is participating in financial management counseling recommend they obtain a copy of their credit report as well.(This will often identify additional debt that the Individual does not disclose);
- Recommend that the non-gambler in the household or a trustee take over payment of household bills and managing the bank account;
- If the non-gambler is participating in financial counseling advise them to destroy or hide all credit cards, and put valuables in a safety deposit box. This should be done with the full knowledge of the Individual seeking gambling treatment;
- Discourage the Individual from taking out loans, consolidation loans, or borrowing from family and friends;
- Discourage bankruptcy. This is seen as a bail out or a quick fix that can enable the gambler and slow the process of recovery;
- Request all debt including legal and illegal money owed.

Financial Warning Signs that Gambling May be a Problem

(http://www.ncpgambling.org/files/public/problem_gamblers_finances.pdf)

- Overdue or unpaid bills
- Suddenly wanting/demanding to take over paying the bills
- Numerous and unaccounted-for cash advances from credit cards, or an increase in the number of active credit cards
- Always short of money, despite adequate income
- Secretive about money
- Unexplained loans including payday, friends, relatives and work
- Large amounts of unexplained cash, yet bills are not paid
- Spouse reports the disappearance of cash (stealing from a child's money jar or a spouse's wallet, for example)
- Unexplained withdrawals from savings, investment and retirement account
- Pawn tickets or missing household items

Resources for Credit Report Information

Federal Trade Commission

<http://www.ftc.gov/freereports>

Credit Reporting Bureaus

- Equifax: 1-800-685-1111 equifax.com
- Experian: 1-888-397-3742 experian.com
- TransUnion: 1-800-916-8800 transunion.com

Resources

Center for Substance Abuse Treatment (2005). Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling). Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 08-4219. Rockville, MD: Substance Abuse and Mental Health Services Administration

Gamblers Anonymous (1997). Gamblers Anonymous (Group Booklet). Melbourne: GA

An excellent resource on working with problem gamblers and financial issues, you may order this guide titled "Problem Gambling Toolkit". It is available at:

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17692>

Indiana

Problem Gambling Treatment Resource Network

SECTION 5:

EDUCATION AND OUTREACH

EDUCATIONAL PROGRAM IDEAS

In this section you will find resources, information and ideas for providing problem gambling educational sessions to your clients. You may bill for educational sessions per your special conditions when the need for education is included in the treatment plan.

An outline for an educational program is included in this section, titled “**Compulsive Gambling Education Program Participant Handbook**”, using this handbook long with some of the videos referred to here would give you approximately 8 hour educational program.

Videos for Problem Gambling Education Program.

These videos are available by contacting Desiree Goetze at dgoetze@indiana.edu or call 812-855-7872.



Running Time
50 minutes
Copyright:
1997
Format: DVD

Compulsive Gambling & Recovery

An in depth look at the attitudes, feelings, and behaviors of compulsive gamblers. Includes an Instructors Guide.



Running Time
28 minutes
Copyright:
2001
Format: DVD

The Other Gamblers: Seniors & Women

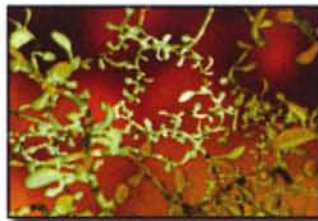
Gambling addiction crosses every sector of society. The number of problem gamblers in these two groups is growing each year.



Running Time
28 minutes
Copyright:
2001
Format: DVD

Compulsive Gambling: Signs & Symptoms

Learn how to identify compulsive and problem gamblers, and gain information on ways to deal with the problem.



Running Time
31 minutes
Copyright:
2009
Format: DVD

The Neurochemistry of Relapse & Recovery

This film explains the neurochemistry of the brain's memory function as it explores the phases of recovery; detoxification, initial and long term abstinence, and recovery.



Running Time
32 minutes
Copyright:
1999
Format: DVD

**Roots Of Addiction:
Drug & Behavioral Compulsions**
Explore the biological and environmental causes of addiction and the conflict between old brain cravings and new brain reasoning.



Running Time
36 minutes
Copyright:
2005
Format: DVD

Co-Occurring Disorders: Mental Health & Drugs
Gain a deeper understanding of the mental illnesses that are a significant element of a dual diagnosis and of how psychoactive drug use can aggravate these conditions.



Running Time
35 minutes
Copyright:
2004
Format: DVD

Prescription & OTC Drugs: Misuse & Abuse
A look at legal drugs and pharmacological principles that determine effects, both desired and damaging.



Running Time
31 minutes
Copyright:
2006
Format: DVD

**Methamphetamine:
Neurochemistry & Recovery**
A powerful exploration of ways meth changes the brain - chemically and structurally, and how these changes interfere with recovery.



Running Time
37 minutes
Copyright:
1999
Format: DVD

Sports & Drugs
A timely exploration of the effects of drugs on performance, health, and ethics. An Instructors Guide accompanies this title.



Running Time
34 minutes
Copyright:
1999
Format: DVD

Heroin: From Pleasure to Pain
A comprehensive, up-to-date and compelling examination of one of the most addictive substances in the world.



Running Time
37 minutes
Copyright:
2005
Format: DVD

Marijuana: Neurochemistry & Physiology
The content focuses on how marijuana works on a cellular level and how those neurochemical changes affect the body.



Running Time
60 minutes
Copyright:
2001
Format: DVD

Alcohol & Its Effects
This two-part video describes alcohol's effects based on blood alcohol levels and length of use; the neurochemistry of tolerance and withdrawal; the social and legal consequences of drinking.

Links

In this section you will find links to PowerPoint's you may modify to fit your needs, factsheets you may copy and other resources to assist you in providing educational opportunities to your clients or providing outreach activities related to Problem Gambling in your community.

<http://www.ipgap.indiana.edu>

<http://www.indianaproblemgambling.org>

<http://www.in.gov/fssa/dmha/2582.htm>

<http://www.ipgap.indiana.edu/tools.html>

<http://www.ipgap.indiana.edu/data.html>

<http://www.ncpgambling.org>

<http://www.indianaproblemgambling.org/Links.cfm>

Compulsive Gambling Education Program

Participant Handbook

**Funded by the Indiana Problem
Gamblers' Assistance Fund, Indiana
Division of Mental Health and Addiction**

Welcome

The Indiana Family and Social Services Administration, Division of Mental Health and Addiction have made it possible for all individuals who score a 3 or more on the South Oaks Gambling Screen to participate in the Compulsive Gambling Education and Awareness Program. We understand that addiction comes in many forms and is most effectively addressed in a holistic manner to make a lasting impact on individuals and their families who suffer.

This may be the first time that you have received education about compulsive gambling. You may have suffered in isolation for years wondering why you were unable to stop regardless of financial problems, ruined credit, and lying to family and friends. You may have thought that there was something morally wrong with you because you were unable to quit. Maybe there was even a time in your life when the urge to gamble was just as strong as your urge to use drugs and alcohol.

On the other hand, you may read this material and think about people in your family who had or have a gambling problem. Maybe you are the adult child of a problem gambler and you remember all the missed opportunities, worries, and concerns that the addiction placed on your family.

The goal of this handbook and accompanying lecture is to educate you about gambling addiction; types/ levels of gambling problems, warning signs, relapse causes, conditions and signs, and to give you hope that there is help if you need help.

We want to thank the National Council on Problem Gambling for giving permission to reprint personal stories of recovery which are posted on their website.

If you desire more information on gambling addiction your counselor will be able to assist you.

Information/ Definitions

At times it is confusing to define what constitutes compulsive gambling as many terms have been used to describe this behavior. These include 'pathological', 'compulsive', 'excessive', 'addictive', and 'problem gambling'. For the purpose of this document the term compulsive gambling will be utilized as this reflects the language in the Indiana statute as it relates to providing gambling treatment services.

Gambling Facts 101

- 85% of US adults have gambled at least once in their life, 80% in the last year.
- Compulsive gambling affects almost 5 million Americans.
- Indiana has 13 casinos, 2 Racinos, as well as Off-Track Betting (OTB) venues, charitable gaming, pull tabs and thousands of lottery outlets.
- 2-3% of the US population will have a gambling problem in any given year.
- Compulsive gambling among people with substance use disorders is at a minimum 4-5% higher than in the general population.
- Problem gamblers can be any age, sex, race or background.

What is Gambling?

You are gambling whenever you take the chance of losing money or belongings, and when winning or losing is decided mostly by chance. There are many different ways to gamble, including:

- Casino games
- Bingo
- Keno
- Slot machines
- Lottery tickets
- Scratch or pull-tab tickets
- Betting on card games or dominoes
- Betting on sports, such as NCAA, NFL, horse racing, etc.
- Betting on games of skill, such as golf or pool
- Internet gambling
- Stock market speculation, day trading

Upon entering treatment you were given a test called the South Oaks Gambling Screen (SOGS). Ask the staff to tell you how you scored. Check which applies to you:

- ☐ No Problem ☐ Some Problem ☐ Problem Gambler
☐ Pathological Gambler

Definitions

Social Gamblers

- Losing is no big deal.
- Gambling doesn't disrupt their life.
- Social gamblers usually gamble with others.
- They can take it or leave it.
- Gambling is harmless fun.

Problem Gamblers

- Exceeds limits (time and money)
- Losing causes financial problems
- Affects relationships, work or your mood
- Hiding the amount of gambling and losses
- Constantly thinking about gambling
- Gambling to win back previous losses
- Borrowing money for gambling
- Gambling until all your money is gone
- Feeling ashamed about your gambling
- Desperation: "I deserve a win, I need a win."

Pathological (Compulsive) Gambling

The Individual has a disorder listed as 312.31 Pathological Gambling in the Diagnostic and Statistical manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM-IV) as follows:

The Individual has experienced significant impairment in five (5) of the following areas during the course of the previous twelve (12) months:

- a. Is preoccupied with gambling;
- b. Needs to gamble with increasing amounts of money in order to achieve the desired excitement;
- c. Has repeated unsuccessful efforts to control, cut back, or stop gambling;
- d. Is restless or irritable when attempting to cut down or stop gambling;
- e. Gamblers as a way to escape problem or of relieving a dysphonic mood;
- f. After losing money gambling, often returns another day to get even;
- g. Lies to family members, therapist, or others to conceal the extent of involvement of gambling;
- h. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling;
- i. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling;

- j. Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Compulsive Gambling and Pathological Gambling have basically the same warning signs/symptoms. However they are more pronounced in Pathological gamblers. It is important to note that only pathological gambling is addressed in the DSM-IV.

Two Types of Gamblers

Action Gambler

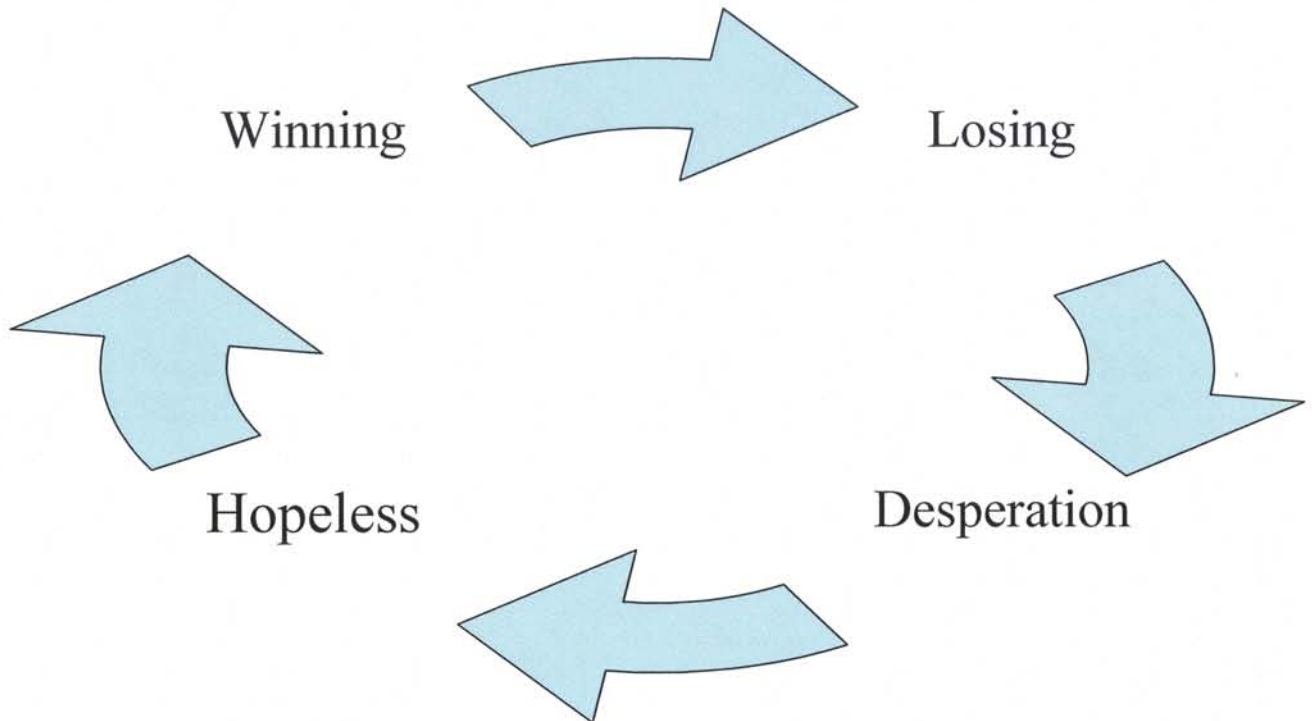
- Domineering
- Controlling
- Large Ego
- Prefer games of skill such as poker
- Legal and illegal sport venues
- Competitive, gamble to beat others and the house

Escape Gambler

- Gamble for recreation/ “do something fun to forget their problems”
- Get relief from emotional/ psychological pain
- Play games of chance/ luck
- Winning has a narcotic like component, numbing them from problems/ pressures
 - Example of escape gambling is playing the slot machines

Compulsive Gambling Cycle of Addiction

Robert L. Custer, MD



Progression of Pathological Gambling

Gambling addiction progressively gets worse. There is an increase in betting, lying, desperation, shame and guilt about the gambling behavior.

There are four phases of compulsive/ pathological Gambling:

1. **Winning Phase** -- Initial Big Win -- Feels Great!

Example: Frequent gains, going often, gambling more, and feeling great -- "I am somebody", upping the ante, gambling alone.

2. **Losing Phase** -- Losses are chased with increased gambling until a major problem occurs which is temporarily resolved by a financial bailout, followed by a higher level of gambling and increased crises.

Example: Extended losses, lying, spending less time with loved ones, work, and irritable, restless, discontent, isolating, borrowing money, unhappy in personal life, funding tight or non-existent

3. **Desperation Phase** --The gambler further withdraws from family and work responsibilities into gambling, often resulting in criminal and suicidal behavior. Help may or may not be sought.

Example: Bailouts, increased time thinking, planning, gambling, sorrowful, nervous about what will happen, people are starting to catch on not paying back debts, increased lying

4. **Hopelessness Phase** -- Gamblers who no longer care and continue to gamble without hope of winning.

Example: Suicidal, criminal activity, legal problems, withdrawal, emotionally and physically falling apart

How does Substance Use Disorders Contrast to Compulsive Gambling?

The rate of co-occurrence of compulsive/ pathological gambling among people with substance abuse disorders has been reported as ranging from 9-30% (Tip 42).

Among compulsive/pathological gamblers, alcohol has been found to be the most common substance (Tip 42).

The Similarities

- Progressive in nature
- Characterized by a loss of control
- Pre-occupation
- Irrational thinking
- Continue despite negative consequences
- Craving -- action/ high feeling/ rush
- Develop tolerance
- Twelve Step support is available for gambler and family
- Individual, group, and family counseling is available
- Denial is a trademark of the illness, the person spends a great deal of time thinking that they DO NOT have a problem
- Recovery is possible

The Differences

- Harder to diagnose the compulsive gambler
- It can take years to develop a gambling problem unlike addiction to chemicals which can occur in a very short period of time
- Fewer 12 step Gamblers Anonymous (GA) meetings are available around the state than Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)
- Cannot overdose
- Cannot use a drug screen to detect "active" addiction
- Financial devastation is often greater
- Financial management and rebuilding is a significant component of recovery

Compulsive Gambling Impacts Individuals with mental health and substance use disorders

43,093 US adults participated in face to face interviews in a 2001-2002 study;

- 73.2% of those meeting DMSIV criteria for pathological gambling had an alcohol use disorder;
- 38.1% had a drug use disorder;
- 60.4% had nicotine dependence;
- 49.6% has a mood disorder;
- 41.3% has an anxiety disorder;
- 60.8% has a personality disorder (Petry, Stinson & Grant 2005)

Phases of Recovery

Robert L. Custer, MD

Critical Phase -- Honest desire for help, realistic/stops gambling, responsible thinking, spiritual needs, decision-making improved

Rebuilding Phase -- Improved relationships, new interests, begins to develop a restitution plan, accepts situation, and develops recovery goals, working on resolving legal issues

Growth Phase -- More time with family/friends, more relaxed, not as irritated/anxious, preoccupation with gambling decreases, engaging in new behaviors in line with recovery

Consequences of Compulsive Gambling

What are the consequences?

- Job Loss
 - Employment write up
 - Divorce
 - Breakup
 - Family will no longer speak to you
 - Loss of friendships
 - Financial devastation
 - Bankruptcy
 - Breaking promises to be people you care about
 - Owing money that you cannot pay back
 - Breaking the law
 - Criminal charges
 - Loss of Freedom
1. Have you experienced any consequences as a result of your gambling?
☐ Yes ☐ No
 2. What has your gambling cost you?

 3. Would you like additional reading material on Compulsive Gambling and Recovery?
☐ Yes ☐ No

If you checked yes please see your counselor for more information.

Gambling Myths and Irrational Thoughts

Cognitive Distortions -- Irrational Thoughts

Superstitious thoughts are an example of irrational thinking, i.e. because you have a rabbit's foot or horseshoe does not mean that you have instant "luck."

There is usually no evidence that there is any such thing as luck. Trying to influence luck with a lucky shirt, socks, pants, jewelry, etc., is just superstitious behavior.

We cannot change the odds of winning lottery or bingo or cards by wishing for luck with a four leaf clover or other types of beliefs.

Some of our irrational thoughts have come to use from parents, family, and friends. Some we learn from TV and movies.

Examples of Irrational Thoughts:

1. Gambling is an important human activity.
2. Gambling is an easy way to earn money.
3. Those who do not gamble are stupid, afraid, or slow.
4. I can win the money back I lost, no problem.
5. I am smart, and I have a system that never fails.
6. People respect a heavy better.
7. Borrowing to gamble is okay.
8. I always win in the long run.

Did you ever have any of these thoughts?

☐ Yes ☐ No

Real Odds

Winning one million dollars	1 in 14,000,000 to 1 in 88 million
Killed in a car accident	1 in 53,000
Choking to death	1 in 68,000
Struck by lightning	1 in 2,000,000
Odds of winning the daily lottery -- 4 digit	1 in 10,000

Relapse

Definitions

Webster's Dictionary Definition of Relapse --A reoccurrence of symptoms of a disease after a period of improvement and the act or instance of backsliding, worsening or subsiding

Relapse in Simple Terms -- Relapse is when a person slips back into old behaviors. In this case it would be slipping back into unhealthy behaviors that could lead to gambling because your addiction will trick you into thinking that gambling will make you feel better.

Relapse is usually caused by a combination of factors. Some possible factors and warning signs might be:

- Money, not enough or too much
- Testing personal controls
- Hanging around old gambling haunts- slippery places
- Isolating – not attending GA meetings – not using the telephone for support
- Obsessive thinking about gambling
- Failing to disclose to a friend in recovery that you quit therapy, or you are skipping appointments
- Feeling overconfident – that you no longer need help
- Relationship difficulties – ongoing serious conflicts – a spouse who still engages in unhealthy behavior
- Setting unrealistic goals – perfectionism – being too hard on ourselves
- Changes in eating and sleeping patterns, personal hygiene, or energy levels
- Feeling overwhelmed – confused – useless – stressed out
- Constant boredom – irritability – lack of routine and structure in life
- Dwelling on resentments and past hurts – anger – unresolved conflicts
- Avoidance – refusing to deal with personal issues and other problems of daily living
- Engaging in obsessive behaviors – workaholism – drinking/drugging – sexual excess and acting out
- Major life changes – loss – grief – trauma – painful emotions
- Untreated psychiatric/ medical issues
- Ignoring relapse warning signs, causes and conditions

We are sure that you have already noticed that gambling warning signs are similar to the ones that you learned about in treatment as it relates to your substance use disorder. Are you making the connection? Compulsive/ Pathological Gambling is just like any other addiction.

Relapse Prevention

Relapse prevention is steps that you can put into place to protect yourself from lapsing into old behaviors.

- Go to GA meetings
- Read GA literature
- Get GA sponsor(s)
- Work the Twelve Steps
- Help a new person in GA
- Increased social support
- Financial Accountability
- Addressing mental health and medical needs appropriately
- Learn new hobbies/develop interests
- Increase spirituality
- Learn new problem solving/coping skills
- Follow your treatment plan
- Develop friendships with people in GA and other non-gamblers that you like
- Learn to ask for help
- Monitor gambling thoughts, urges, and cravings
- Journal your thoughts and share them with a trusted friend, counselor, and/or sponsor
- Invite those that are close to you to tell you their concerns about your behavior, attitude, and personality changes
- Acknowledge that you cannot control your gambling and ask for help
- Accept help
- Get honest with yourself and others
- Recognize character defects as risk factors
- Make amends to decrease guilt, shame, and anger as risk factors
- Keep making amends

What is a craving?

A craving is a strong desire or thought to do something. You can feel excitement and you are in the moment and you want to act now. A craving is associated with an overwhelming, positive, reinforcing feeling.

Cravings typically last 2-3 minutes, they are a normal feeling in recovery and if a craving is not reinforced it will decrease over time. When you have a craving to gamble; talk to a trusted friend, journal the craving so you can gain insight into causes and conditions that may be associated with it. Attend a GA meeting or counseling appointment and discuss it with someone.

A quick way to squash a craving is to play the thought all the way through to the negative consequences, recall the positive benefits of recovery, recall moments of clarity and motivation for recovery, stabilize your thoughts by talking to another person in GA or who understands your gambling addiction.

I Relapsed Now What?

- Tell someone.
- Seek the support of your GA sponsor, friend, spouse, and/or significant other.
- Take responsibility without blaming or shaming others.
- Review your original plan -- what were the gaps?
- What worked/what did not work?
- What needs to be increased/changed -- social support, counseling, meeting attendance, improved coping skills, NOT skipping or skimping a Step.
- Do not get discouraged -- this is a chronic, reoccurring disorder but it is manageable with help.

Personal Stories of Recovery

Reprinted with permission of National Council on Problem Gambling

Real Voice #1

Dear Booze and Gambling,

Because I've sought out a higher power, greater than either of you or that of myself, I must tell you that we have split the sheets! No longer can I lie there sandwiched between such addicting illnesses. At one time it was great to have you both in my bed of life. What one of you wouldn't do, the other would. Believe me when I say that I enjoyed all the pleasures you gave me.

However, the pleasures came with a price. That price I will pay for the rest of my life. You both kept me from marriage and having a family. My health is much poorer; my money is all but gone. You have wasted 35 years of my life, because you gave me some thrills and highs.

Now I must go on, not by myself but with my higher power and a hope of happiness.

So long. I can't say it was good to know you, and I hope we don't meet again.

P.S. I'm spreading the word about you!

Real Voice #2

Greetings,

I'm a compulsive gambler. I've been in the Las Vegas Gambler's Anonymous program since 1992. I've gone out there countless times to try to prove I can gamble like others. I am currently living my program, and am very happy.

I am also a songwriter. I've had songs on the radio, and on CD releases by artists. I have a song I wrote about gambling, called "I Agree." I wrote this song while in the fog of gambling, and it has many deep feelings in it. I believe this song can help other compulsive gamblers.

Lyrics

I WAS BORN A GAMBLING MAN, BUT ALWAYS HOLDING THAT LOSING HAND.
LADY LUCK DON'T SMILE ON ME, AND MY BEST FRIEND IS MISERY.
I'M AFRAID YOU'LL WALK AWAY, WHILE I'M SATISFYING MY GAMBLING

CRAZE.

I DON'T WANT TO SEE THE PROOF, OF THE TOLL THIS LIFESTYLE TAKES ON YOU.

ALWAYS HIDING FROM THE TRUTH

CHORUS:

I'M A GAMBLING MAN, ROLL THAT DICE,
SUCH A FOOLISH MAN, IF I ASKED YOUR ADVICE,
YOU'D SAY, SOMEDAY, IT'LL BE THE DEATH OF ME.
I AGREE, OH, I AGREE.

BRIDGE:

JUST ONE MORE CHANCE AND I PROMISE, GIRL THESE DAYS ARE THROUGH,
I WOULD NEVER EVER CHOOSE THEM, OVER YOU, OVER YOU.

NO SIGN OF YOU WHEN I GOT HOME, I BET YOU WAITED UP 'TILL DAWN.
PACKED YOUR BAGS AND LEFT BY NINE, YOU NEVER EVEN SAID GOODBYE;
I BET I KNOW THE REASON WHY.

CHORUS

.....I AGREE, OH, I AGREE, I AGREE, OH, I AGREE, YEAH, I AGREE.

Real Voice #3

ON GAMBLERS

G amblers always are trying new ways to make a bet
A nd then end up getting themselves deeper into debt
M oney is not there when needed to put food on the table
B ecause they throw it away as soon as they're able
L ook how often this tragic habit affects their health
E ver they constantly strive to create easy wealth
R eally, all that they accomplish is to lose their wives
S urely, there must be a way out that will save their lives.

Real Voice #4

Dear NCPG,

Hi, I'm 12 years old and have three sisters. And well my dad is addicted to gambling. My mom and dad have been fighting ever since he started his problem which is about three years ago and now it scares me to think that they might get a divorce. Well finally after talking everything out my dad has agreed to find some help so I decided to help them find some help. So that's why I decided to ask you for some help If you could take some time to help our family from falling apart and go back to being the happy family it used to be it would mean a lot to me. Thank you.

Take a moment to reflect on what your Real Voice would say...

Write a letter, poem, or song to describe how gambling has negatively impacted your life.

Help is Available

To find Gambling Treatment in your area Call: 1-800-994-8448

If you have access to the internet the following web sites can provide valuable information, encouragement and support.

Indiana Council on Problem Gambling, Inc

<http://www.indianaproblemgambling.org/>

Gamblers Anonymous and GA Meetings in Indiana

<http://www.gamblersanonymous.org/>

GAM-ANON (for families) Meetings in Indiana

<http://www.gam-anon.org/>

National Council on Problem Gambling

<http://www.ncpgambling.org/>

The State of Indiana Voluntary Exclusion Program

<http://www.in.gov/igc/2331.htm>

References

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th Text Revision ed. Washington DC: American Psychiatric Association. 2000

Center for Substance Abuse Treatment (2005). Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling). Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 08-4219. Rockville, MD: Substance Abuse and Mental Health Services Administration.

National Research Council, Committee on the Social and Economic Impact of Pathological Gambling, and Committee on Law and Justice. Pathological Gambling: A Critical Review. Washington DC: National Academy Press, 1999.

Petry, N. M., Stinson FS, Grant BF. Co morbidity of DSM-IV pathological gambling and other psychiatric disorders: results from the National Epidemiological Survey on Alcohol and Related Conditions. J Clin Psychiatry. 2005 May; 66 (5):564-74

Milt, H., & Custer, R. L. (1985). In When Luck Runs Out: Help for Compulsive Gamblers and their Families. New York, N.Y: Facts on File.

The first part of the paper discusses the importance of the study of the history of the English language. It is a branch of linguistics which deals with the changes in the language over time. The study of the history of the English language is important for several reasons. First, it helps us to understand the development of the language and the factors which have influenced it. Second, it helps us to understand the relationship between the English language and other languages. Third, it helps us to understand the cultural and social changes which have influenced the language.

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Indiana

Problem Gambling Treatment Resource Network

SECTION 6:

TRAINING AND CERTIFICATION

INFORMATION ON TRAINING CERTIFICATION

Trainings and certification support is provided by a contract with the Division of Mental Health and Addiction (DMHA) through the Indiana Problem Gambling Awareness Program (IPGAP). You may find information about upcoming trainings on their website at www.ipgap.indiana.edu.

The IPGAP also provides clinical consulting calls for those counselors who would like to discuss cases with other counselors or who need supervision hours to obtain their credential. You will find the schedule at: <http://www.ipgap.indiana.edu/treatment.html>

To join the mailing list and receive regular updates, go to <http://www.ipgap.indiana.edu/index.aspx> and use the ListServ registration link on the front page.

Currently, Indiana does not require a counselor to be certified to provide problem gambling treatment. The following describes what is required of providers who have the endorsement for problem gambling services from DMHA.

From SFY 2011 Special Conditions (refer to Section 2 of this manual for complete Special Conditions)

“E. Compulsive gambling treatment counselor competency.

Any person who is qualified to provide counseling, therapy, case management, or like services as defined by the Indiana Professional Licensing Agency or by certification organizations recognized by DMHA and;

1. Documentation that the person has successfully completed thirty (30) hours of the DMHA approved training or training endorsed by the National Council on Problem Gambling, American Compulsive Gambling Counselor Certification Board or the American Academy of Health Care Providers. Training must include a minimum of two (2) hours each of:

- a. financial counseling;
- b. screening/ assessment; and
- c. treatment; or

2. Documentation that the person is working on obtaining thirty (30) hours of approved training and is actively supervised by a person who has successfully completed thirty (30) hours of the DMHA approved training or is nationally certified by the National Council on Compulsive Gambling, American Compulsive Gambling Certification Board, or the American Academy of Health Care Providers; or

3. Be a compulsive gambling counselor nationally certified by the National Council on Compulsive Gambling, the American Compulsive Gambling Certification Board, or the American Academy of Health Care Providers.”

Indiana

Problem Gambling Treatment Resource Network

SECTION 7:

CONTACTS AND DMHA UPDATES

CONTACTS

DIVISION OF MENTAL HEALTH AND ADDICTION

Treatment Resources

Jennifer Fillmore
Program Director
Problem Gambling Treatment, Co-Occurring Disorders and Forensic Programs
Division of Mental Health and Addiction
402 W Washington Street
Indianapolis, IN 46204
317-232-7821
Jennifer.fillmore@fssa.in.gov

Prevention and Training Resources

Mary Lay
Project Manager
Indiana Problem Gambling Awareness Program
Division of Mental Health and Addiction
402 W Washington Street
Indianapolis, IN 46204
317-232-7854
mary.lay@fssa.in.gov

Desiree Goetze
Assistant Project Manager
Indiana Problem Gambling Awareness Program
Indiana Prevention Resource Center
501 N Morton, Suite 110
Bloomington, IN 47404
812-855-4872
dgoetze@indiana.edu

WITS ASSISTANCE

Ramzi Nimry
Program Coordinator
Division of Mental health and Addiction
402 W Washington Street
Indianapolis, IN 46204
317-232-7803
ramzi.nimry@fssa.in.gov

Jennifer Fillmore

Program Director

Problem Gambling Treatment, Co-Occurring Disorders and Forensic Programs

Division of Mental Health and Addiction

402 W Washington Street

Indianapolis, IN 46204

317-232-7821

Jennifer.fillmore@fssa.in.gov

INDIANA PROBLEM GAMBLING AWARENESS PROGRAM

www.ipgap.indiana.edu

Services:

- Training
- Counselor Clinical Consultation
- Resources
- Prevention Services
- Technical Assistance on Problem Gambling Issues

INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION

Link to gambling Resources

<http://www.in.gov/fssa/dmha/2582.htm>

INDIANA GAMING COMMISSION

Voluntary Exclusion Program

Indiana Gaming Commission

101 W. Washington Street

Suite 1600, East Tower

Indianapolis, IN 46204

(317) 234-3600

<http://www.in.gov/igc/2331.htm>

Indiana
Problem Gambling Treatment
Resource Network
Policies and Procedures Manual

SECTION 8:
APPENDIX AND
RESOURCES

<http://www.in.gov/fssa/dmha/index.htm>

On the left select Service Provider Information

You may access linked rules and regulations through the site above or:

http://www.in.gov/legislative/ic_iac/ has the **Indiana Code and Indiana Administrative Rules**. Click on Indiana Code (IC) or Indiana Administrative Code (IAC).

Related Indiana Code and Administrative Code Cites:

IC 12-23-18	Methadone Diversion Control & Oversight Program
IC 12-25	Licensure of Private Mental Health Institutions
IC 12-27	Rights of Individuals Treated for Mental Illness/Developmental Disabilities
IC 16-39	Health Records
440 IAC 1.5	Licensure of Free-Standing Psychiatric Inpatient Treatment Facilities
440 IAC 4-3	CMHC Mandatory Services
440 IAC 4.1	Certification of CMHCs
440 IAC 4.3	Certification of Managed Care Providers
440 IAC 4.4	Certification of Addiction Service Providers
440 IAC 5	Community Care
440 IAC 5.2	Certification of Assertive Community Treatment (ACT)
440 IAC 6	Certification of Residential Care Providers
440 IAC 7.5	Residential Living Facilities for Individuals with Psychiatric Disorders
	or Addictions (includes requirements for Alternative Families for Adults (AFA), Semi Independent Living Programs (SILP), Transitional Living Facilities (TRS), Supervised Group Living Facilities (SGL) and Sub Acute Facilities (SUB).
440 IAC 8	Populations served by CMHCs and MCPs
440 IAC 9	Continuum of Care Minimum Standards for CMHCs & MCPs

Other applicable rules

42 CFR Part 2 Confidentiality of drug and alcohol abuse patient records.

http://www.access.gpo.gov/nara/cfr/waisidx_99/42cfr2_99.html

42 CFR Part 8 Methadone Rule: drugs used for treatment of narcotics addicts.

<http://dpt.samhsa.gov/regulations/legreg.aspx> and for other reporting

requirements: <http://www.in.gov/legislative/bills/2003/HE/HE1141.1.html>

QUESTIONS? CALL (317) 232-7800

December
2009

**INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION
APPROVED ADDICTIONS COUNSELING CREDENTIALS
OCTOBER 2008**

The following credentialing bodies and credentials are approved by the Division of Mental Health and Addiction:

**International Certification and Reciprocity
Consortium Alcohol and Other Drug Abuse
(IC&RC/AODA)**

6402 Arlington Boulevard, Suite 1200
Falls Church, VA, 22042-2356
Phone: 703 – 294 - 5827
Fax: 703 – 875 - 8867
www.icrcaoda.org

**National Association of Alcoholism and Drug Abuse
Counselors (NAADAC)**

901 North Washington Street, Suite 600
Alexandria, VA 22314
Phone: 800 – 548 - 0497
Fax: 800 – 377 - 1136
www.naadac.org

**American Academy of Health Care Providers in the
Addictive Disorders**

314 West Superior Street, Suite 702
Duluth, MN 55802
Phone: 218 – 727 - 3940
Fax: 218 – 722 - 0346
www.americanacademy.org

Credential: Certified Addictions Specialist

**Indiana Counselors Association on Alcohol and Drug
Abuse (ICAADA)**

1800 N. Meridian, Suite 507
Indianapolis, IN 46202
Phone: 317 – 923 - 8800
www.icaada.org

Credential: CADAC II, CADAC IV or CCS only

**Indiana Association for Addiction Professionals
(IAAP), a NAADAC Affiliate**

1829 Cunningham Road
P. O. Box 24167
Indianapolis, IN 46224-0167
Int. IAAP President Stewart Turner-Ball
Phone: 317 - 481 - 9255
Fax: 317 - 481 - 1825
E-mail: candie@centraloffice1.com
www.iaapin.org

Credential: Indiana Certified Addiction Counselor Level II
(ICAC II)

LICENSED PHYSICIANS

American Society of Addiction Medicine

4601 North Park Avenue
Upper Arcade Suite 101
Chevy Chase, MD 20815-4520
Phone: 301 – 656 - 3920
Fax: 301 – 656 - 3815
www.asam.org

Credential: Certification in diagnosis and treatment
of Alcoholism and other Drug Dependencies

American Board of Psychiatry and Neurology

500 Lake Cook Road, Suite 335
Deerfield, IL 60015-5249
Phone: 847 – 945 - 7900
Fax: 847 – 945 - 1146

www.abpn.com

Credential: Additional certification of Addiction
Psychiatry for persons with Psychiatry certification.

LICENSED PSYCHOLOGIST (HSPP)

American Psychological Association

College of Professional Psychology
750 First Street NE
Washington, DC 20002-4242
Phone: 202 – 336 - 6100
Fax: 202 – 336 - 5797
www.apa.org/college/

Credential: Certificate of proficiency in treatment of
alcohol and other psychoactive substance use
disorders

South Oaks Gambling Screen

Name: _____

Date: _____

1. Please indicate which of the following types of gambling you have done.

For each type, mark one answer which describes the last time you performed each listed behavior and how often you did the behavior. If you check "Not at all" simply go on to the next item as you will not need to report "how often".

(When you did the behavior)

(How often?)

Not at all	More than one year ago	Less than one year ago	In the past six months		Less than one time per week	One to two times per week	Three or more times per week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	did any kind of gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played cards for money (such as Texas Hold'em, poker, or other card games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bet on horses, dogs, or other animals (at OTB, the track or with a bookie) for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bet on sports for money (including basketball, football, parlay cards, Jai Alai, or other sports) with friends, a bookie, at work, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played dice games (including craps, over and under, or other dice games) for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gambled in a casino or on a casino boat (legal or otherwise) for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played the numbers or bet on lotteries, Kino, or Quick Draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played bingo for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played the stock, options, and /or commodities market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played slot machines, poker machines, or other gambling machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bowled, shot pool, played golf or darts, or some other game of skill for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pull tabs or "paper" games other than lotteries (such as Lucky 7's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	some form of gambling not listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gambled and used alcohol or drugs at the same time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How troubled or bothered have you been, due to your gambling, in the past six months? (Circle one)

Not at all	Slightly	Moderately	Considerably	Extremely
------------	----------	------------	--------------	-----------

3. Have you ever quit gambling for a period or time?

<input type="checkbox"/>	I have never gambled
<input type="checkbox"/>	No, I have never quit
<input type="checkbox"/>	Yes, more than one year ago to today
<input type="checkbox"/>	Yes, more than six months but less than one year ago to today
<input type="checkbox"/>	Yes, in the past six months to today
<input type="checkbox"/>	Yes, in the past month to today
<input type="checkbox"/>	Yes, in the past week to today

South Oaks Gambling Screen

4. What is the largest amount of money you have ever gambled on any one day?

<input type="checkbox"/>	Never have gambled	<input type="checkbox"/>	More than \$100 up to \$1,000
<input type="checkbox"/>	\$1 or less	<input type="checkbox"/>	More than \$1,000 up to \$10,000
<input type="checkbox"/>	More than \$1 up to \$10	<input type="checkbox"/>	More than \$10,000
<input type="checkbox"/>	More than \$10 up to \$100		

5a. Check which of the following people in your life has (or had) a gambling problem.

<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	A brother or sister	<input type="checkbox"/>	A grandparent
<input type="checkbox"/>	My spouse or partner	<input type="checkbox"/>	My child (ren)	<input type="checkbox"/>	Another relative		
<input type="checkbox"/>	A friend or someone else important in my life						

5b. Have your family members ever been criticized about their gambling? (Check one) ☐ Yes ☐ No

6. When you gamble, how often do you go back another day to win back money you lost?

<input type="checkbox"/>	I do not or have not ever gambled
<input type="checkbox"/>	Never
<input type="checkbox"/>	Some of the time (less than half the time I lost)
<input type="checkbox"/>	Most of the time I lost
<input type="checkbox"/>	Every time I lost

7. Do you feel you have had a problem with betting money or gambling?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, in the past but not now
<input type="checkbox"/>	Yes

7a. If you answered yes to item seven, how long ago did you have a problem betting?

<input type="checkbox"/>	More than one year ago
<input type="checkbox"/>	Less than one year ago
<input type="checkbox"/>	In the past six months
<input type="checkbox"/>	In the past month
<input type="checkbox"/>	In the past week

8. Have you ever claimed to be winning money gambling but weren't really? In fact, you lost?

<input type="checkbox"/>	I have never gambled
<input type="checkbox"/>	Never
<input type="checkbox"/>	Yes, less than half the time I lost
<input type="checkbox"/>	Yes, most of the time

Please circle "yes" or "no" for each of the following statements as they describe you.

- | | | | |
|-----|-----|----|--|
| 9. | Yes | No | Did you ever gamble more than you intended to? |
| 10. | Yes | No | Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true? |
| 11. | Yes | No | Have you ever felt guilty about the way you gamble or what happens when you gamble? |
| 12. | Yes | No | Have you ever felt like you would like to stop betting money or gambling but didn't think you could? |
| 13. | Yes | No | Have you ever hidden betting slips, lottery tickets, gambling money, I.O.U.'s or other signs of betting or gambling from your spouse, parents, children, or other important people in your life? |
| 14. | Yes | No | Have you ever argued with people you live with over how you handle money? |
| 15. | Yes | No | (If you answered yes to question 14): Have money arguments ever centered on your gambling? |
| 16. | Yes | No | Have you ever lost time from work or school due to betting money or gambling? |
| 17. | Yes | No | Have you ever borrowed from someone and not paid them back as a result of your gambling? |

South Oaks Gambling Screen

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

- | | | |
|--------|----|--|
| a. yes | no | From household money |
| b. yes | no | From your spouse or parents |
| c. yes | no | From other relatives, friends, boyfriends or girlfriends, or in-laws |
| d. yes | no | From banks, loan companies, or credit unions |
| e. yes | no | From credit cards or debit cards |
| f. yes | no | From loan sharks |
| g. yes | no | You cashed in stock, bonds, or other securities |
| h. yes | no | You sold personal or family property |
| i. Yes | no | You borrowed from your checking (you passed bad checks) |
| j. yes | no | You have (had) a credit line with a bookie |
| k. yes | no | You have (had) a credit line with a casino |

South Oaks Gambling Screen (SOGS)

SCORE SHEET

Scores on the SOGS are determined by adding up the number of questions which show an "at risk" response:

Questions 1, 2, 3, 4, 5a, & 5b – Not Counted

Question 6 – Most of the time I lost

Or

Every time I lost

Question 7 – Yes, in the past but not now

Or

Yes

Question 7a – Not Counted

Question 8 – Yes, less than half the time I lose

Or

Yes, most of the time

Question 9 – Yes

Question 10 – Yes

Question 11 – Yes

Question 12 – Yes

Question 13 – Yes

Question 14 – Not Counted

Question 15 – Yes

Question 16 – Yes

Question 17 – Yes

Question 18 a – Yes

b – Yes

c – Yes

d – Yes

e – Yes

f – Yes

g – Yes

h – Yes

i – Yes

Questions 18 j & k – Not Counted

TOTAL = _____ (There are 20 questions which are counted)

0 = No problem

1-4 = Some problem

5 or more = Probable pathological gambler

DSM-IV DIAGNOSTIC CRITERIA

The following are the diagnostic criteria from the DSM-IV for 312.31 (Pathological Gambling):

- A. Persistent and recurrent maladaptive gambling behavior as indicated by at least five of the following:
 - 1. is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
 - 2. needs to gamble with increasing amounts of money in order to achieve the desired excitement
 - 3. has repeated unsuccessful efforts to control, cut back, or stop gambling
 - 4. is restless or irritable when attempting to cut down or stop gambling
 - 5. gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression.
 - 6. after losing money gambling, often returns another day in order to get even ("chasing" one's losses)
 - 7. lies to family members, therapist, or others to conceal the extent of involvement with gambling
 - 8. has committed illegal acts, such as forgery, fraud, theft, or embezzlement, in order to finance gambling
 - 9. has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
 - 10. relies on others to provide money to relieve a desperate financial situation caused by gambling
- B. The gambling behavior is not better accounted for by a Manic Episode.

American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, D.C.: Author.

Gamblers Anonymous®
Twenty Questions

1. Did you ever lose time from work or school due to gambling?
2. Has gambling ever made your home life unhappy?
3. Did gambling affect your reputation?
4. Have you ever felt remorse after gambling?
5. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Did gambling cause a decrease in your ambition or efficiency?
7. After losing did you feel you must return as soon as possible and win back your losses?
8. After a win did you have a strong urge to return and win more?
9. Did you often gamble until your last dollar was gone?
10. Did you ever borrow to finance your gambling?
11. Have you ever sold anything to finance gambling?
12. Were you reluctant to use "gambling money" for normal expenditures?
13. Did gambling make you careless of the welfare of yourself or your family?
14. Did you ever gamble longer than you had planned?
15. Have you ever gambled to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?
17. Did gambling cause you to have difficulty in sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. Did you ever have an urge to celebrate any good fortune by a few hours of gambling?
20. Have you ever considered self destruction or suicide as a result of your gambling?

Seven or more positive answers suggest pathological gambling.

South Oaks Gambling Screen – RA (revised for adolescents)

R. Stinchfield, K. Winters

Client code: _____

Date: _____

Age: _____

1. Indicate how often, if at all, you have done these activities in your lifetime and in the past 12 months.	<u>LIFETIME</u>		<u>DURING PAST 12 MONTHS</u>				
	Never	At least once	Never	Less than monthly	Monthly	Weekly	Daily
a. Played cards for money							
b. Flipped coins for money							
c. Bet on games of personal skill like pool, golf or bowling							
d. Bet on sports games							
e. Bet on horses, dogs or other animals							
f. Played bingo for money							
g. Played dice games (such as craps or over and under)							
h. Played slot machines, poker machines or other gambling machines							
i. Played scratch tabs							
j. Played the lottery by picking numbers							
k. Played pull tabs							
l. Played Jai-Alai							
m. Bet at a casino							
n. Bet on a gambling cruise ship							
o. Played bolita							
p. Bet on video games							
q. Played the stock, options or commodities market for money							
r. Bet on some form of gambling not listed above (Specify) _____							

2. What is the largest amount of money you have ever gambled at one time in the past 12 months?

- ☐ \$1 or less
- ☐ More than \$1 up to \$10
- ☐ More than \$10 up to \$49
- ☐ \$50-\$89
- ☐ \$100-\$199
- ☐ \$200 or more

3. Do either of your parents (or guardians) play any games of chance for money?

- ☐ Yes
- ☐ No
- ☐ I don't know

If "yes," which one?

- ☐ Mother only
- ☐ Father only
- ☐ Both mother and father
- ☐ Other (specify) _____

4. Do you think that either of your parents (or guardians) gamble too much?

n. Yes

- ☐ No
- ☐ Don't know

If yes, which one?

- ☐ Mother only
- ☐ Father only
- ☐ Both Mother and Father
- ☐ Other (specify) _____

5. In the past 12 months, how often have you gone back another day to try to win back money you lost?

- ☐ Every time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

6. In the past 12 months when you were betting, have you ever told others you were winning when you really weren't winning?

- ☐ Yes
- ☐ No

7. Has your betting money, in the past 12 months, ever caused any problems for you such as arguments with family and friends, or problems at school or at work?

- ☐ Yes
- ☐ No

8. In the past 12 months, have you ever gambled more than you had planned to?

- ☐ Yes

- ☐ No
9. In the past 12 months, has anyone criticized your betting or told you that you had a gambling problem, regardless of whether you thought it was true or not?
- ☐ Yes
☐ No
10. In the past 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?
- ☐ Yes
☐ No
11. Have you ever felt, in the past 12 months, that you would like to stop betting money but didn't think you could?
- ☐ Yes
☐ No
12. In the past 12 months, have you ever hidden from family or friends any betting slips, IOUs, lottery tickets, money that you've won, or other signs of gambling?
- ☐ Yes
☐ No
13. In the past 12 months, have you had money arguments with family or friends that centered on gambling?
- ☐ Yes
☐ No
14. In the past 12 months, have you borrowed money to bet and not paid it back?
- ☐ Yes
☐ No
15. In the past 12 months, have you ever skipped or been absent from school or work due to betting activities?
- ☐ Yes
☐ No
16. Have you borrowed money or stolen something in order to bet or to cover gambling debts in the last 12 months?
- ☐ Yes
☐ No

If yes, check (☐) from whom or where you got the money or goods (check all that apply):

- | | |
|---|---|
| a. <input type="checkbox"/> Parents or guardians | e. <input type="checkbox"/> Loan sharks |
| b. <input type="checkbox"/> Brother(s) or sister(s) | f. <input type="checkbox"/> You sold personal or family property |
| c. <input type="checkbox"/> Relatives | g. <input type="checkbox"/> You passed a bad check on your checking account |
| d. <input type="checkbox"/> Friends | h. <input type="checkbox"/> You stole from someone |

Score _____ (Completed by Provider) Provider Code _____

SOUTH OAKS GAMBLING SCREEN: REVISED FOR ADOLESCENTS (SOGS-RA)

The 12 scored items for the SOGS-RA from Winters, K.C., Stinchfield R.D. and Fulkerson, J. (1993a) are listed below.

a. How often have you gone back another day to try and win back money you lost gambling?

Every time/Most of the time/Some of the time/Never

b. When you were betting, have you ever told others you were winning money when you weren't?

Yes/No

c. Has your betting money ever caused any problems for you such as arguments with family and friends, or problems at school or work?

Yes/No

d. Have you ever gambled more than you had planned to?

Yes/No

e. Has anyone criticized your betting, or told you that you had a gambling problem whether you thought it true or not?

Yes/No

f. Have you ever felt bad about the amount of money you bet, or about what happens when you bet money?

Yes/No

g. Have you ever felt like you would like to stop betting, but didn't think you could?

Yes/No

h. Have you ever hidden from family or friends any betting slips, IOUs, lottery tickets, money that you won, or any signs of gambling?

Yes/No

i. Have you had money arguments with family or friends that centered on gambling?

Yes/No

j. Have you borrowed money to bet and not paid it back?

Yes/No

k. Have you ever skipped or been absent from school or work due to betting activities?

Yes/No

l. Have you borrowed money or stolen something in order to bet or to cover gambling activities?

Yes/No

Scoring Rules for SOGS-RA

Each item is scored either 1 (affirmative) or 0 (nonaffirmative). Item "a" is scored 1 if respondent indicates "every time" or "most of the time" and is scored 0 otherwise. Calculations for broad and narrow rates come from Winters, Stinchfield and Kim, 1995.

Calculation of Narrow Rates

Level 0 = No past year gambling.

Level 1 = SOGS-RA score of _ 1

Level 2 = SOGS-RA score of 2 or 3

Level 3 = SOGS-RA score of _ 4

Calculation of Broad Rates

Level 0 = No past year gambling

Level 1 = Gambling less than daily and SOGS-RA score = 0, OR, less than weekly gambling and SOGS-RA score _ 1.

Level 2 = At least weekly gambling and SOGS-RA score _ 1 OR gambling less than weekly and SOGS-RA score _ 2.

Level 3 = At least weekly gambling + SOGS-RA score _ 2 OR daily gambling

Winters, K.C., Stinchfield, R.D, & Fulkerson, J. (1993). Toward the development of an adolescent problem severity scale. *Journal of Gambling Studies*, 9, 63-84.

**Indiana Family and Social Services Administration
Division of Mental Health and Addiction**

Problem Gambling Treatment Workgroup Accomplishments

- 1. Provide support to current providers to promote screening, increase enrollments and retain clients in treatment. Include review of continuum of care.**
- 2. Provided continued support for current endorsed problem gambling treatment providers**

Progress/ Updates:

- Residential level of care is a payment point on the new fee for service protocol
- DMHA continues to track the Hotlines calls and enrollments monthly
- DMHA through a vendor contract with the Indiana Prevention Resource Center is collaborating with the Indiana Judicial Center to pay problem solving courts and court alcohol and drug programs to screen for problem gambling and make referrals to endorsed providers. Participating counties are: Monroe, Allen, and Warrick, and Shelbyville counties.
- IDOC continues to give all offenders in Therapeutic Communities a SOGS and provides educational classes on problem gambling and provides DMHA with pre and post scores along with SOGS scores.
- DMHA worked with the Indiana Department of Correction to begin recommending PG counseling upon release to individuals whose SOGS scores as problem or pathological gambler
- DMHA Director approved a proposal to reimburse mileage for recovering individuals who travel to providers throughout the state to tell their story of recovery and hope.
- DMHA in conjunction with its Problem Gambling Technical Assistance provider at the Indiana Prevention Resource Center provided training on: motivational interviewing 7/15/09 phase training 1/12 and 1/13/ 2010, 3/3 and 3/4 2010, 4/6/2010 and 4/7/2010, 4/27 and 4/28, 2010, Problem Gambling Advanced CEU Registration 8/11/2010 and 8/12/2010, Problem Gambling 101 11/17/2009, Wits and SOGS training 12/18/2009, and Problem Gambling 101 4/22/2010 and 5/18/2010
- DMHA amended it's two Forensic Diversion Contracts to include SOGS, pre and post test, and education and intervention for all clients with a referral for follow up after the 90 residential component
- DMHA in conjunction with it's Problem Gambling Technical Assistance provider at the Indiana Prevention Resource Center provided GA educational videos and instructional materials to IDOC TC units and both DMHA forensic diversion programs
- Updated the DMHA web page to include educational/ informative links about PG
- Offered Indiana Professionals 30 scholarships to the Mid Central Alliance Conference on Problem Gambling held October 2009
- In partnership with the Indiana Council on Problem Gambling DMHA is offering full day training on Financial Counseling March 2010, full day training on post traumatic stress disorder with a lunch speaker on problem gambling, and a billboard campaign during the month of problem gambling awareness week.
- Provided technical assistance to Porter Stark Mental Health Center, and Salvation Army Harbor Light and three endorsed Gam providers were audited by FSSA- Salvation Army Harbor Light, Second Chance, and Aspire, previously known as the Center for Mental Health

March 22, 2010

- DMHA in conjunction with its Problem Gambling Technical Assistance provider at the Indiana Prevention Resource Center is supporting the NIATX process which supports quality improvement through coaching and leadership support.
 - Revised the DMHA service policy for Endorsed Gambling Providers; clarified expectation of care, required linkage to financial counseling and self help groups and treatment and documentations requirements.
 - Sent out a memorandum of clarification to all providers to clarify treatment expectations and followed up with a mandatory conference call and provided all Endorsed Gambling Providers with transcripts of the meeting.
- 3. Establish problem gambling treatment subcommittee within the Addictions Advisory Group.**

Progress/ Updates:

- Integrate the Problem Gambling Workgroup structure into the Addictions Advisory Group.
- 4. Develop and issue media awareness campaign RFP for SFY 2010. Vendor needs to be selected by March, 2009.**

Progress/ Updates:

- Small scale media campaign was approved- The Indiana Council on Problem Gambling paid for billboards through their current contract. The billboards were displayed before, during and after Problem Gambling Awareness Week.
- The Indiana Problem Gambling Awareness Program (DMHA's Problem Gambling Technical Assistance provider at the Indiana Prevention Resource Center) supports awareness through the purchase posters and other promotional information with the hotline number for providers to distribute and use for marketing in their catchments area
- DMHA promoted awareness through active involvement in the 23rd Annual National Conference on Problem Gambling held in Indianapolis in June
- DMHA and ICPG sponsored two training days during Problem Gambling Awareness Week- March 10 Financial Counseling, and March 11 Trauma with a lunch speaker on PG
- DMHA and Contract Staff promote/ educate professional and community members about problem gambling through speaking engagements- Dates: June 30, 2009- Indiana Department of Correction- Medical and Mental Health Referral Training- Continuum of Care Inside Out, June 29, 2009-August 6, 2009- Five Regional Trainings for Vocational Rehabilitation- Navigating Treatment and Recovery Resources, June 26, 2009- Annual National Conference on Problem Gambling, Prevention, Treatment, Responsible Gaming, Research- Poster Session; Problem Gambling in Forensic Populations, June 26, 2009- 23rd Annual National Conference on Problem Gambling, Prevention, Treatment, Responsible Gaming, Research and Recovery-Gambling Court in Action, July 9, 2009-NAMI Indianapolis-Diverting People with Serious Mental Illness from the Criminal Justice System, September 11, 2009- Key Consumer Conference- Addiction 101, September 17, 2009- Addiction Recovery Month Symposium- Problem Gambling in Indiana, October 1, 2009- Mid Central Alliance on Problem Gambling Fall Conference - Problem Gambling in Forensic Populations; Indiana's Sequential Intercept Model, October 8, 2009- 2009 Problem Solving Courts Workshop- The Evolution of Problem Gambling in Indiana: Where does the Innovation of Problem Solving Courts Fit in?, December 10, 2009- Indiana APSE (Advancing Employment Connecting People) - Recovery Works, January 22, 2010- Monroe County Criminal Justice Training- The Criminal Justice System: Pathological Gambling, Screening, & Case Management Techniques, January 25, 2010- Allen County Criminal Justice Training- The Criminal Justice System: Pathological Gambling, Screening, & Case Management Techniques and presented at the Court Alcohol and Drug Conference on March 11, 2010: Court Alcohol and Drug

March 22, 2010

Program: The Silent Addiction Pathological Gambling screening, referral and case management techniques.

- 5. Review problem gambling hotline criteria and develop procedures for new RFP to be issued for contracting in SFY 2011. Vendor needs to be selected by March, 2010.**

Progress/ Updates:

- This is underway
- 6. Establish a Problem Gambling Treatment and Prevention Bureau at DMHA within the Office of Addiction Services and Disaster Management that would include an Assistant Deputy, Program Director and Support Staff.**

Progress/ Updates:

- Due to current economic conditions no additional staff is being approved by the state however support has been elicited by co-workers and contractors for the Access to Recovery Grant who have aided in implementing additional screens for Problem Gambling and referrals to Endorsed Gambling Providers using their established Recovery Consultant network.
- 7. Establish criteria for DMHA issued problem gambling counselor certification to provide more opportunities for currently certified addiction counselors to provide gambling treatment.**

Progress/ Updates:

- Competency definition as of SFY 2011 is as follows:
 1. Any Individual who is qualified to provide counseling, therapy, case management, or like services as defined by the Indiana Professional Licensing Agency or by certification organizations recognized by DMHA and;
 - a. Documentation that Individual has successfully completed 30 hours of the DMHA approved training or training endorsed by the National Council on Problem Gambling, American Compulsive Gambling Counselor Certification Board, or the American Academy of Health Care Providers. Training must include a minimum of two hours each of financial counseling, screening/ assessment, and treatment; or
 - b. Documentation that the Individual is working on obtaining 30 hours of approved training and is actively supervised by an Individual who has successfully completed 30 hours of the DMHA approved training or is nationally certified by the National Council on Compulsive gambling, American Compulsive Gambling Certification Board, or the American Academy of Health Care Providers; or
 - c. Be a nationally certified compulsive gambling counselor by the National Council on Compulsive Gambling, the American Compulsive Gambling Certification Board, or the American Academy of Health Care Providers.

8. Establish minimum standards for agencies that may provide state supported treatment.

Progress/ Updates:

- Updated the special conditions and policy and procedure manual which includes special requirements for Gam Clients:
 1. Financial management counseling- Financial counseling at a minimum includes services, advice, assistance, and guidance in money management, budgeting, debt consolidation, and other related affairs. Financial management counseling shall be clearly documented on the Individuals master treatment plan and evidenced in the Individual's progress notes.
 2. Linkage to self help groups such as Gamblers Anonymous (GA) will be offered as a part of the treatment episode. Linkage to self help groups should be documented clearly in the Individuals master treatment plan and evidenced in the Individual's progress notes.
 3. If the Individual registered pursuant to this attachment have multiple diagnoses that include mental illness or substance abuse, that Individual must be treated for those conditions as well as compulsive gambling.
 4. These services shall be available and accessible in as prompt a manner as appropriate and shall be available in a manner that preserves human dignity and assures continuity and high-quality care.
 5. The contractor shall provide the DMHA with an updated list quarterly of the Individuals in their agency qualified to provide gambling treatment services and the Individual's clinical supervisor.
 6. The Contractor shall respond to referrals from the compulsive gambling hotline within one working day of the call.
 7. The Contractor shall participate in quality improvement initiatives as requested by the DMHA.
 8. The Contractor shall participate in a minimum of two gambling specific meetings and/or trainings provided and/or authorized by the DMHA annually.
 - Collaborating with Access to Recovery to pilot the Gambling Resource Network. Currently all Recovery Consultants in the ATR program seven counties are screening clients using the South Oaks Gambling Screen (SOGS) and are making referrals to Endorsed Gambling Treatment Providers.
 - ATR Recovery Consultants received training on Problem Gambling December 2009 and the Gambling Resource Network started screening for problem gambling as of January 8, 2010
- 9. Revise current Indiana Administrative Code to allow for expansion of those agencies/individuals that may provide state supported treatment.**

March 22, 2010

Progress/ Updates:

- SB 295, SB 289 and its successors included language regarding addiction funding, the continuum of care, and case management, but none of these provisions made it through the process

10. Review current funding structure and establish a test pilot for alternative funding systems such as the ATR (voucher) model.

Progress/ Updates

- Gambling treatment funding will be distributed through the Web Infrastructure for Treatment Services (WITS) database. Fee for service payment structure is established.

11. Provided continued support for current problem gambling prevention and education activities.

Progress/ Updates:

- Continued support of Afternoon's R.O.C.K. in Indiana
- Problem Gambling 101 for Afterschool Program Supervisors 11/4/2009
- Revision of Website is still in progress, new website launched March 15, 2010
- Website to expand to provide more resources for problem gamblers seeking treatment
- Expansion of clinical supervision to provide more advanced skill building for experienced counselors- A clinical call is offered twice monthly and an advanced call is offered every other month.
- Continued exhibiting and presentations at conferences and professional events

