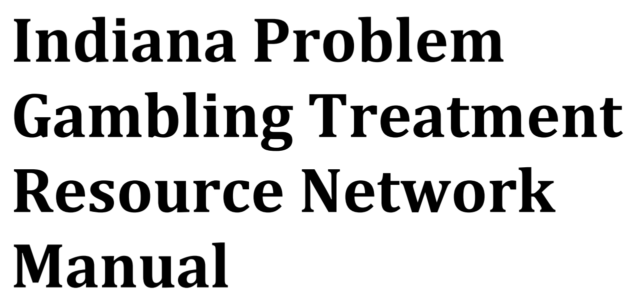
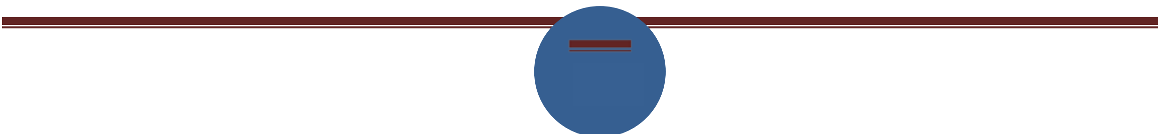


Indiana Problem Gambling Treatment Resource Network Manual

SFY 2013



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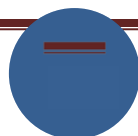

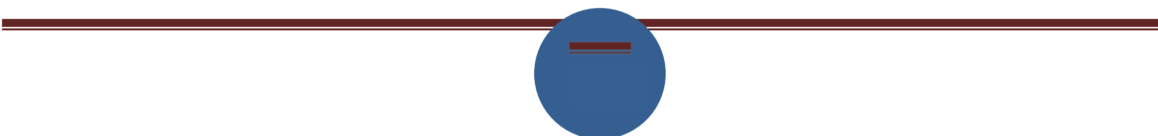

Introduction

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%.

The Indiana Family and Social Services Administration- Division of Mental Health and Addiction (DMHA) understands the impact of compulsive gambling and is committed to providing quality evidence based treatment, intervention, prevention and education resources for professionals who work with compulsive gamblers in Indiana. In order to facilitate the success of the Indiana Problem Gambling Treatment Resource Network this manual has been produced as a ready reference.

This manual was developed by a multi-disciplinary team dedicated to helping compulsive gamblers and their families. The content reflects the most current information on treatment options and the service delivery system utilized in Indiana. This manual will provide you with resources and tools to assist you with the provision of care for compulsive gamblers 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 Addition (DSM-IV) only provides diagnosis criteria for 'pathological' gambling.

This manual was prepared by the Indiana Problem Gambling Awareness Program, through a contract with FSSA/DMHA with funding from the Indiana Gamblers' Assistance Fund. 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

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/ihrc

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/ihrc

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/ihrc

Charitable 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.

Child Support Intercepts:

On March 17, 2010, Governor Daniels signed Senate Enrolled Act 163 into law. This law, among other things, contains a requirement that casinos withhold delinquent child support from the casino winnings of child support obligators whenever the obligator's winnings generate a W-2G and the obligator's delinquency exceeds $2,000.

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 as well as dog fighting. In addition, internet gambling, book-making, card games for money and numbers games can also be found in Indiana.

Other High Risk Gambling Activities:

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

Indiana information regarding the hotline, lottery sales, and other annual reports:

HTTP://WWW.INDIANAPROBLEMGAMBLING.ORG/DATAWAREHOUSE.CFM

DMHA Gambling Appropriation is $5.2 Million Dollars Annually

- $4.2 million dollars-Riverboats
- $1.0 million dollars- Race Track Slot Machines

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: 1-800-994-8448 (1-800 9-WITHIT)
National Council on Problem Gambling Toll Free Number is: 1-800-552-4700

Data Collection

All Endorsed Problem Gambling Treatment Providers utilize two data systems. The Data Assessment Registry Mental Health and Addiction (DARMHA) system is the primary data collection system for the Gambler's Assistance Fund. All information about the problem gambler must be entered into DARMHA in accordance to the documents on the DARMHA website at https://dmha.fssa.in.gov/DARMHA/mainDocuments.aspx and any updates thereto. Specifically the following documents contain instructional and user information related to the submission of data:

- DARMHA User Manual
- Policy Manual
- Data Field Definitions
- Import/Export Process
- Web Services Specifications

All Endorsed Problem Gambling Treatment Providers must also 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 must be submitted in accordance with the instructions in the Indiana Problem Gambling Treatment Resource Network Manual.

It is imperative that all Endorsed Problem Gambling Treatment Providers enter the identical name into each system. For example: If a consumers name is Charles do not enter Charley or Chuck into one system and Charles in another. The consumers **legal name** should be entered into both systems **not** a nick name or a shortened version.

DMHA is responsible to many internal and external stakeholders and often the data collected in both systems are reported to demonstrate success of the Problem Gambling Treatment Resource Program. For example, DMHA collects and reports information to the Governor's office each quarter. DMHA is required to define and measure data as it relates to the Problem Gamblers Assistance Fund. DMHA measures the following: **"Percentage of adults identified as problem gamblers who attend social support groups 4-7 times or more in the past month".**

Information about problem gamblers who attend social support groups is located in DARMHA. It is vital that this information is reported accurately so that DMHA can illustrate that problem gamblers have established community supports.

The definitions in this section are specifically for Endorsed Problem Gambling Treatment Providers in Indiana. Details provided in the SFY 2013 contract are not repeated in this excerpt to clarify or expand on definitions for reimbursable services.

The following definitions and programming standards are to be used as a general guide and **do not supersede the SFY 2013 contract.**

Modalities/ Type of service that is provided to the Compulsive Gambler must be billed as outlined in the SFY 2013 contract and must follow the definitions for reimbursable services as outlined in this section. **Partial units are not permitted unless otherwise specified**.

Compulsive Gambling Treatment Counselor Competency

An Individual who is competent in compulsive gambling treatment is defined as any person who is qualified to provide counseling, therapy, or like services as defined by the Indiana Professional Licensing Agency, any person who is certified by a certification organization recognized by DMHA and any person who has a master degree in counseling and meets one of the following requirements;

- Person has successfully completed thirty (30) hours of the DMHA-approved training endorsed by the National Council on Problem Gambling, American Compulsive Gambling Counselor Certification Board, or the American Academy of Health Care Providers and maintains documentation in their staff file;

- 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; or

- Have 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.

    - A person who requires supervision and is working toward thirty (30) hours of DMHA-approved training has twelve (12) months to complete the required hours.
    - Competency documentation shall be maintained in the counselor’s personnel file and available upon request.

DMHA-approved training consists of the following:

- Training offered by state councils such as The MidCentral Alliance on Problem Gambling;
- Online training offered by North American Training Institute;
- Courses offered by credentialed counseling organizations such as the association of addiction professionals, American Compulsive Gambling Counselor Certification Board, American Academy of Healthcare Providers in the Addictive Disorders Certification, National Council on Problem Gambling, Indiana Association of Addiction Professionals, Indiana Counselors Association on Alcohol and Drugs, IC&RC, and the National Association of Alcohol and Drug Abuse Counselors;
- Training offered by Mental Health America Indiana, National Alliance on Mental Illness
- Courses offered by Universities

If you plan to attend a training to reach 30 hours of competency offered by an organization not listed please contact DMHA to ensure that the organization is approved.

Counselors, who meet Compulsive Gambling Treatment Competency as outlined, are authorized to provide the following modality/ type of service: Individualized treatment plan, Individualized treatment plan review, Case management, Intensive outpatient treatment, Outpatient treatment, Individual counseling, Residential, Financial counseling, Family support services, Education, and Intake.

Compulsive Gambling Treatment Counselor Competency Limitations

Three (3) modalities are <u>outside the scope of practice</u> for a professional meeting Compulsive Gambling Treatment Counselor Competency Requirements. The three (3) modalities are Acute Stabilization including Detox, Medication Evaluation and Monitoring, and Psychiatric Consultation. DMHA requires that acute stabilization including detox be under the supervision of a physician. The following providers may provide medication, evaluation, and monitoring within the scope of practice as defined by federal and state law: licensed physician, Authorized Health Care Professional, Registered Nurse, Licensed Practical Nurse, and a Medical Assistant who graduated from a two year clinical program. In addition, the following professionals can provide psychiatric consultation within the scope of practice as defined by federal and state law: licensed Physician and an Authorized Health Care Professional.

The following modalities can be provided by an Individual who <u>does not</u> meet Compulsive Gambling Treatment Competency: Intake, Financial counseling, Transportation, and Case management services. However, the Individual must be **actively collaborating** with the counselor who meets competency requirements meeting with the compulsive gambler.

Furthermore, the modality/ type of service Peer Recovery Specialist **can only be provided by** Individuals who have successfully completed the DMHA approved Certified Recovery Specialist training.

Professional Definitions/ Acronyms Utilized in this Document

A licensed professional is defined by any of the following provider types:

- A psychiatrist, physician
- Licensed psychologist or a psychologist endorsed as a HSPP
- Licensed Clinical Social Worker (LCSW)
- Licensed mental health counselor (LMHC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed clinical addiction counselor (LCAC) as defined under IC 25-23.6-10.5.

Certification Organizations approved by DMHA for addiction counseling other than those approved for problem gambling are:

- The International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse (IC&RC/AODA)
- National Association of Alcoholism and Drug Abuse Counselors (NAADAC)
- American Academy of Health Care Providers in the Addictive Disorders
- Indiana Counselors Association on Alcohol and Drug Abuse (ICAADA)
- Indiana Association of Addiction Professionals (IAAP)

Qualified Behavioral Health Professional (QBHP) is defined by any of the following provider types:

- An Individual who has had at least two (2) years of clinical experience treating persons with mental illness under the supervision of a licensed professional, as defined above, such experience occurring after the completion of a master's degree or doctoral degree, or both, in any of the following disciplines:
- In psychiatric or mental health nursing from an accredited university, plus a license as a registered nurse in Indiana;
- In pastoral counseling from an accredited university; or
- In rehabilitation counseling from an accredited university.

- An Individual who is under the supervision of a licensed professional, as defined above, is eligible for and working toward licensure, and has completed a master's or doctoral degree, or both, in any of the following disciplines:
    1. In social work from a university accredited by the Council on Social Work Education;
    2. In psychology from an accredited university;
    3. In mental health counseling from an accredited university; or
    4. In marital and family therapy from an accredited university.

- A licensed independent practice school psychologist under the supervision of a licensed professional, as defined above.

An Authorized Health Care Professional (AHCP) is defined as:

- A physician assistant with the authority to prescribe, dispense, and administer drugs and medical devices or services under an agreement with a supervising physician and subject to the requirements of IC 25-27.5-5; or a nurse practitioner or a clinical nurse

specialist, with prescriptive authority and performing duties within the scope of that person's license and under the supervision of, or under a supervisory agreement with, a licensed physician pursuant to IC 25-23-1.

Other Behavioral Health Professional (OBHP) is defined by any of the following provider types:

- An Individual with an associate or bachelor degree, and/or equivalent behavioral health experience, meeting minimum competency standards set forth by the CMHC and supervised by a licensed professional, as defined above, or QBHP, as defined above.
- Licensed Addiction Counselor (LAC) and Licensed Clinical Addiction Counselor (LCAC), as defined under IC 25-23.6-10.5 supervised by a licensed professional, as defined above, or QBHP, as defined above.

Telemedicine

Definitions utilized for approved Telemedicine services

- Hub Site – Location of the provider rendering consultation services.
- Spoke Site – Location where the problem gambler is physically located when services are provided.
- Interactive Television (IATV) – Videoconferencing equipment at the hub and spoke sites that allows real-time, interactive, and face-to-face consultation.
- Store and Forward – Electronic transmission of medical information for subsequent review by another healthcare provider.

  Note: Telemedicine is <u>not</u> the use of the following:

  (1) Telephone transmitter for transtelephonic monitoring; or

  (2) Telephone or any other means of communication for consultation from one provider to another

Conditions of Payment

- Reimbursement for telemedicine services will occur only when the hub and spoke sites are greater than 20 miles apart.
- The member must be present and able to participate in the visit.
- The audio and visual quality of the transmission must meet the needs of the provider located at the hub site. The IATV technology must meet generally accepted standards to allow the provider at the hub site to render treatment decisions.

The following reimbursable services can be rendered using Telemedicine by a clinician who meets competency:

- Individual Counseling

Documentation Standards

- Documentation must be maintained at the hub and spoke locations to substantiate the services provided. Documentation must indicate the services were rendered via telemedicine.

- Documentation requirements of modality/ type of service rendered must follow the modality/type of service reimbursable definitions.
- Documentation must clearly indicate the location of the hub and spoke sites.
- Providers must have written protocols for circumstances when the member must have a hands-on visit with the consulting provider. The member should always be given the choice between a traditional clinical encounter versus a telemedicine visit. Appropriate consent from the member must be obtained by the spoke site and maintained at the hub and spoke sites.

Relay Indiana Telecommunication Services for Deaf and Hard of Hearing

Relay Indiana is a free service that provides full telecommunications accessibility to people who are deaf, hard of hearing, or speech impaired. This service allows users with special telecommunication devices to communicate with standard users through specialty trained Relay Operators. Relay Indiana provides free and loaned equipment to those that qualify. Their website is: http://relayindiana.com

The following reimbursable services can be rendered using Relay Indiana Telecommunication Services by a clinician who meets competency:

- Individual Counseling

Documentation requirements of modality/type of service rendered must follow the modality/type of service reimbursable definitions. Documentation must include that Relay Indiana Telecommunication services were utilized to deliver treatment to the consumer.

Modality/ Type of Service Reimbursable Definitions

This section includes definitions of reimbursable modalities/ types of services rendered to individuals with a gambling problem. Services that are reimbursed on an hourly basis can include up to 10 minutes of documentation i.e. an individual session is 50 minutes in length and 10 minutes is utilized for documentation.

Intake (Includes SOGS & Enrollment)	Cost $90.00	Flat Fee (1 max)	$90.00

Modality/ Type of Service: Intake (includes the South Oak Gambling Screen (SOGS) and Enrollment)
Intake includes the completion of the South Oaks Gambling Screen (SOGS) or South Oaks Gambling Screen Revised Adolescent (SOGS-RA) 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 twelve (12) month period prior to screening and be documented in the clinical record. **A SOGS or SOGS-RA without enrollment in treatment is not sufficient for reimbursement.** The SOGS must be completed and documented as stated in the SFY 2013 contract.

Individual Treatment Plan	**Cost $100.00**	**Flat Fee**	**Maximum per Consumer $100.00**

All Individuals seeking gambling treatment services must have a treatment plan that integrates all components and aspects of care deemed necessary to achieve recovery. The Individualized treatment plan (ITP) is a treatment plan that integrates all components and aspects of care deemed medically necessary, are clinically indicated, and provided in the most appropriate setting to achieve recovery.

An ITP must be developed for each Consumer. The ITP must include all indicated medical and remedial services needed by the Consumer to promote and facilitate independence and recovery. In addition, the ITP focuses on treating the addiction and improving the Consumer's level of functioning.

The ITP is developed through a collaborative effort that includes the Consumer, identified community supports (family/non-professional caregivers), and all Individuals involved in assessing and/or providing care for the Consumer. The ITP is developed after completing a holistic clinical and biopsychosocial assessment. The holistic assessment includes documentation in the Consumer's medical record of the following:

- Discussion and documentation of the Consumer's recovery desires, needs, and goals;
- When appropriate, review of psychiatric symptoms and how they affect the Consumer's functioning;
- Ability to attain recovery desires, needs and goals;
- Review of the Consumer's skills and the support needed for the Consumer to participate in a recovery process, including the ability to function in living, working, and learning environments;
- Review of the Consumer's strengths and needs, including medical, behavioral, social, housing, and employment.

An ITP is developed with the Consumer and must reflect the Consumer's desires and choices. The Consumer's signature demonstrating his/her participation in the development is required. If a Consumer refuses to sign, the provider must document that the ITP was discussed and the Consumer chose not to sign.
It also must include the following documentation:

- Outline of goals directed at recovery that promotes independence and integration into the community;
- Treatment of compulsive gambling;
- Rehabilitating areas of functional deficits related to the compulsive gambling;
- Individuals or teams responsible for treatment, coordination of care, linkage, and referrals to internal or external resources and care providers to meet identified needs;
- A comprehensive listing of all specific treatments and services that will be provided to the Consumer, frequency, duration, and timeframe of each service.

Individualized Treatment Plan Review	**Cost $25.00**	**Per Hour (10 Hour max)**	**Maximum per Consumer $250.00**

The Consumer's signature demonstrating his/her participation in the ongoing ITP review is required. If a Consumer refuses to sign, the provider must document that the ITP review was discussed and the Consumer chose not to sign. The ITP review includes monitoring/follow-up activities and contacts necessary to ensure the Individualized treatment plan is effectively implemented and adequately addresses the needs of the Consumer. The activities and contacts may be with the Consumer, family members, non-professional caregivers, providers, and other entities. Monitoring and follow-up are necessary to help determine if services are being furnished in accordance with a service plan of the Consumer, the adequacy of the services in the Individualized treatment plan, and changes in the needs or status of the Consumer. This function includes making necessary adjustments in the Individualized treatment plan and service arrangement with providers. It also must include review of the following documentation:

- Outline of goals directed at recovery that promotes independence and integration into the community;
- Treatment of compulsive gambling;
- Rehabilitating areas of functional deficits related to compulsive gambling;
- Individuals or teams responsible for treatment, coordination of care, linkage, and referrals to internal or external resources and care providers to meet identified needs;
- Comprehensive listing of all specific treatments and services that will be provided to the Consumer, frequency, duration, and timeframe of each service.

Treatment plan reviews shall be completed face-to face at intervals not to exceed 90 days.

Twenty Four Hour Crisis Intervention	**Cost $132.00**	**Flat Fee**	**No Limit**

Crisis Intervention is a 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 specific to the crisis, intervention at the site of the crisis (when clinically appropriate), and pre-hospital assessment. The goal of Crisis Intervention is to resolve the crisis and transition the Consumer to routine care through stabilization of the acute crisis and linkage to necessary services. Crisis Intervention may be provided in an emergency room, crisis clinic setting, or within the community. 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 following providers may provide Crisis Intervention: licensed professional, QBHP, and OBHP. The consulting Physician, AHCP, 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. Approval can be verbal or written. Program standards to include:

- The ITP must be updated to reflect the crisis intervention for Consumers currently active with the behavioral health service provider;
- A brief crisis ITP must be developed and certified by a physician or HSPP for Consumers new to the system, with a full ITP developed following resolution of the crisis;

- Crisis Intervention is face-to-face services, and may include contacts with the family and other non-professional caretakers to coordinate community service systems. These collateral contacts are not required to be face-to-face, but must be in addition to face-to-face contact with the Consumer;
- A face-to-face service must be delivered to the Consumer, in order to bill Crisis Intervention;
- Crisis Intervention is, by nature, delivered in an emergency and non-routine fashion;
- Crisis Intervention should be limited to occasions when a Consumer suffers an acute episode, despite the provision of other community behavioral health services;
- The intervention should be Consumer-centered and delivered on an Individual basis;
- Crisis Intervention is available to any Consumer in crisis;
- Documentation of action to facilitate a face-to-face visit must occur within one (1) hour of initial contact with the provider for a Consumer at imminent risk of harm to self or others;
- Documentation of action to facilitate a face-to-face visit must occur within four (4) hours of initial contact with the provider for a Consumer experiencing a new symptom that place the Consumer at risk.

Case Management	**Cost $7.00**	**Per Half Hour (15 Hour Max)**	**Maximum Per Consumer $105.00**

Case Management consists of services that help Consumers gain access to needed medical, social, educational, and other services. This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services. Case Management does not include direct delivery of medical, clinical, or other direct services. Case Management is on behalf of the Consumer, not to the Consumer, and is management of the case, not the Consumer. Case Management **can include** referral/linkage to activities that help link the Consumer with medical, social, educational providers, and/or other programs and services that are capable of providing needed rehabilitative services.

Intensive Outpatient Treatment	**Cost $20.00**	**Per Hour (72 Hour Max)**	**Maximum Per Consumer $1,440.00**

Intensive Outpatient Treatment (IOT) is a treatment program that operates a minimum of (2) consecutive hours per day at least three (3) days per week, and is based on an ITP. IOT is planned and organized with addiction professionals and clinicians providing multiple treatment service components for rehabilitation of compulsive gambling and alcohol and other drug abuse or dependence in a group setting. IOT includes group therapy, interactive education groups, skills training, random drug screenings if warranted, and counseling. If the IOT is comprised of Individuals with substance use disorders and compulsive gambling in order to bill for compulsive gambling IOT the topic of the IOT 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. Documentation must support how the counseling benefits the Individual. The IOT must be face-to-face contact and shall consist of regularly scheduled

sessions. The IOT must demonstrate progress toward and/or achievement of the Individual's treatment goals or failure to do so.

Outpatient Treatment	**Cost $25.00**	**Per Hour (30 Hour Max)**	**Maximum Per Consumer $750.00**

Outpatient Treatment (OT) is a planned and organized service. It is designed to be less rigorous then Intensive Outpatient. The Individual receiving services is the focus of the counseling. OT 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 OT benefits the Individual. The counseling must be face-to-face contact and shall consist of regularly scheduled sessions. OT is provided in a group setting that does not meet Intensive Outpatient requirements. The counseling must demonstrate progress toward and/or achievement of the Individual's treatment goals or failure to do so. 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 OT 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.

Individual Treatment	**Cost $50.00**	**Per Hour (25 Hour Max)**	**Maximum Per Consumer $1,250.00**

Individual counseling (IC) is a planned and organized service with the Consumer and/or family members or non professional caregivers where counselors provide counseling intervention that works toward the goals identified in the ITP. Individual counseling is designed to be a less intensive alternative to IOT. IC may include, but is not limited to, the following: skills training in communication, anger management, stress management, relapse prevention, harm reduction planning, coping skills, family counseling, and referral to self help groups and community support. Documentation must support how IC benefits the Individual. The counseling shall be face-to-face contact and shall consist of regularly scheduled sessions. The counseling must demonstrate progress toward and/or achievement of the Individualized treatment goals or failure to do so.

Acute Stabilization (including detox)	**Cost $78.00**	**Per Day (3 days max)**	**Maximum Per Consumer $234.00**

Detoxification is used to reduce or relieve withdrawal symptoms while helping the addicted Individual to prepare 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. 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. (DMHA requires detox be under the supervision of a physician). In order to bill acute stabilization/ detox with compulsive gambling funding the detox episode must be directly related to the compulsive gambling behavior. It must be clearly documented in the progress note that the Individual receiving detox has a South Oaks Gambling Screen score of three (3) or more and in order to address their gambling behavior they must first complete detox. The Individual receiving detox must be willing to address their gambling behavior once the detox episode is complete. If an Individual refuses further treatment for compulsive gambling after completing detox then this must be clearly documented in the progress note.

Residential Services	**Cost $75.00**	**Per Day (7 days max)**	**Maximum Per Consumer $525.0**

Residential Housing must be provided in a facility certified, licensed, and approved under 440 IAC 7.5. 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 Individual's compulsive gambling and clearly documented in the ITP and progress notes. Clinical and Recovery services provided to the Individual during the course of receiving Residential Housing must specifically address the Individual's compulsive gambling.

Medication, Evaluation, & Monitoring	**Cost $20.00**	**Per day (60 days max)**	**Maximum Per Consumer $1,200.00**

Medication, Evaluation, and Monitoring involves face-to-face contact with the Consumer and/or family or non-professional caregivers in an Individual setting, for the purpose of monitoring medication compliance, providing education and training about medications, monitoring medication side effects, and providing other nursing or medical assessments. The Consumer must be the focus of the service. The following providers may provide Medication, Evaluation, and Monitoring within the scope of practice as defined by federal and state law: licensed physician, AHCP, Registered Nurse (RN), Licensed Practical Nurse (LPN), and Medical Assistant (MA) who has graduated from a two (2) year clinical program. Medication, Evaluation, and Monitoring may also include the following services that are not required to be provided face-to-face with the Consumer: transcribing physician or AHCP medication orders, setting or filling medication boxes, consulting with the attending physician or AHCP regarding medication-related issues, ensuring linkage that lab and/or other prescribed clinical orders are sent, ensuring that the Consumer follows through and receives lab work and services pursuant to other clinical orders, and follow up reporting of lab and clinical test results to the Consumer and physician. Documentation must support how the service benefits the Consumer, including when the Consumer is not present and it must demonstrate movement toward and/or achievement of Consumer treatment goals identified in the ITP.

Psychiatric Consultation	**Cost $120.00**	**Per hour (Max 2)**	**Maximum Per Consumer $240.00**

Psychiatric Consultation (PC) consists of face-to-face activities that are designed to provide psychiatric assessment, consultation, and intervention services to Consumers. The following providers may provide psychiatric consultation within the scope of practice as defined by federal and state law: licensed Physician, and an AHCP. The programmatic goals of the psychiatric consultation must be clearly documented by the provider. PC is intensive and must be available twenty-four (24) hours per day, seven (7) days a week with emergency response. The Consumer is the focus and documentation must support how the service benefits the Consumer. PC must demonstrate movement toward or achievement of Consumer treatment goals identified in the ITP. Services may include: symptom assessment and intervention to observe, monitor, and care for the physical, nutritional, behavioral health, and related psychosocial issues, problems or crises manifested in the course of a Consumer's treatment, monitoring a Consumer's medical and other health issues that are either directly related to the mental health, substance-related disorder, compulsive gambling or to the treatment of the disorder.

Financial Counseling	**Cost $30.00**	**Per hour**	**No Limit**

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. All Individuals seeking services for compulsive gambling must receive financial counseling. The appropriate time to begin financial counseling must be individualized. Some Individuals may wait until they have been stable in treatment and abstinent from compulsive gambling behaviors for a minimum of thirty (30) days, while others may begin financial counseling right away. 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. Individuals who receive an education level of care may not need financial counseling. However, the provider is required to offer financial counseling and document if the Individual refuses the service.

Transportation	**Cost $10.00**	**Per trip**	**No Limit**

Transportation in an agency vehicle can only be reimbursed to endorsed problem gambling treatment providers funded by the Division of Mental Health and Addiction. This service is to be reimbursed to the provider agency at a rate of $10 per trip. A trip is defined as going to a destination and returning. The following must be adhered to in order to receive reimbursement. The transportation modality/ type of service can only be utilized if the need for transportation is directly related to the consumer's recovery as indicated on their individualized treatment plan. Acceptable use of transportation includes transportation to treatment, self help groups, and meeting with probation, parole and community corrections.

Transportation in an agency vehicle must be fully documented including client name, date of service, destination of transportation, and explanation of how the transportation service relates to the consumers problem gambling recovery.

It is the sole responsibility of the provider to ensure that the agency vehicle is fully insured and that the driver has a valid driver's license. Proof of compliance with insurance, driver competency, and registration of the vehicle used for transportation must be readily available upon request.

Family Counseling	**Cost $30.00**	**Per Hour (24 hours max)**	**Maximum Per Consumer $720.00**

Family Counseling is a planned and organized service with the Consumer and/or family members or non professional caregivers where counselors provide counseling intervention that works toward the goals identified in the ITP. Family counseling may include, but is not limited to, the following: skills training in communication, anger management, stress management, relapse prevention, harm reduction planning, coping skills, counseling and referral to self help groups and community support. Documentation must support how family counseling benefits the Individual. The counseling shall be face-to-face contact, consist of regularly scheduled sessions, and is time limited. The counseling must demonstrate progress toward and/or achievement of the Individualized treatment goals or failure to do so.

Education	**Cost $20.00**	**Per Hour (10 hour max)**	**Maximum Per Consumer $200.00**

An education level of treatment focuses primarily on compulsive gambling. The education must be planned and organized. The information provided during the session must be from literature approved by DMHA i.e. Safe Bet Change Companies Interactive Journal. Documentation must support how the education session benefits the Individual. The delivery of educational information must be face to face and scheduled. The education shall be provided in a group setting dedicated to the education of compulsive gambling or the educational information may be introduced during a scheduled IOT and OT group whose primary purpose is to address substance use disorders. Integrating educational information on compulsive gambling increases Individual's awareness of sequential addiction and co-occurring disorders.
A group is defined as five or more people. Individuals receiving educational information must demonstrate progress toward/ and or achievement of the ITP. 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.

Session with Peer Recovery Specialist	**Cost $34.00**	**Per Hour (35 hour max)**	**Maximum Per Consumer $1,190.00**

Individuals facilitating a Peer Recovery Specialist Meeting must complete the Peer Recovery Coach Training geared toward compulsive gamblers and approved by DMHA. Individuals

providing peer services shall be in recovery from compulsive gambling and shall have been trained to motivate peers to succeed in their personal recovery, through planning, goal setting, self-esteem augmentation, shared personal experiences. For the purposes of this manual recovery is personally defined by the Individual.

Peer Recovery Services are Individual face-to-face services that provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Peer Recovery Services must be identified in the ITP and correspond to specific treatment goals. The Consumer is the focus of Peer Recovery Services. Peer Recovery Services must demonstrate progress toward and/or achievement of Consumer treatment goals identified in the ITP. Services must be age appropriate for a Consumer age eighteen (18) and under receiving services. Documentation must support how the service specifically benefits the Consumer. Services include: assisting the Consumer with developing self-care plans and other formal mentoring activities at increasing active participation in person-centered planning and delivery of Individualized services, supporting day-to-day problem solving related to normalization and reintegration into the community, and education and promotion of recovery and anti-stigma activities associated with compulsive gambling. **Exclusions for Peer Recovery Specialist Meetings include: services that are purely recreational or diversionary in nature, or have no therapeutic or programmatic content, interventions targeted to groups, and activities that may be billed under case management services.**

Compulsive Gambling Treatment- Indiana Service Delivery Guidelines

This Indiana Problem Gambling Treatment Resource Network is intended to assist clinicians with screening, assessment, and treatment of Individuals who are identified as compulsive gamblers. This manual 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.

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) and South Oaks Gambling Screen Revised Adolescent (SOGS-RA). This instrument is based on DSM-IV criteria and has a good reliability and validity rate in clinical samples (Lesieur & Blume, 1987). The SOGS and SOGS-RA is the preferred method for screening in Indiana. Clinicians are instructed to complete the form with the Consumer and the questions must be asked to reflect gambling behavior 12 months prior to the screening.

Indiana Screening Requirements:

1. A completed SOGS or SOGS-RA. 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, paper SOGS or SOGS-RA should indicate the following: the Individual's name, unique ID, the date the screen was completed and the time frame reflected on the SOGS or SOGS-RA (e.g. more than one year ago, less than one year but more than six months ago or in the past six months). The date on the SOGS or SOGS-RA should correlate with the Individual's progress note located in the clinical record.

    a. 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 state funding for gambling.

2. If an Individual is identified as a compulsive gambler, then this 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.

3. If an Individual scores a three (3) or more on the SOGS or SOGS-RA, 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 or SOGS-RA 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.

Child and Adolescent Needs and Strengths and Adult Needs and Strength 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 Child and Adolescent Needs and Strengths (CANS, Lyons, 2009) is an evidence based, multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to monitor progress (outcomes), and to facilitate quality improvement initiatives. Indiana uses a comprehensive multi-system version of the CANS across public services (mental health and addiction services, child welfare and Medicaid). Specific needs and strengths in six domains (life functioning, behavioral/emotional needs, risks, strengths, acculturation and caregiver strengths and needs) are rated using a 4-point scale that easily translates into the appropriate level of intervention (none, watchful waiting/further assessment/prevention, action, or immediate/intensive action). Rating information is used to identify the appropriate intensity services, to develop individualized intervention plans, to monitor progress and to improve services (through care coordination, supervision and using practice based evaluation information).
Similarly, Indiana is using a comprehensive version of the Adult Needs and Strength Assessment (ANSA 2) in behavioral health and addiction services. The ANSA was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The original version, the Severity of Psychiatric Illness (SPI), was created in the 1990's to study decision-making in psychiatric emergency systems. The ANSA expands on the concepts of the SPI to include a broader description of functioning and include strengths with a recovery focus. Domains are similar to those in the CANS; specific items expand to additional "questions" based on the needs of an individual. In Indiana, rating information is used to help determine Medicaid Rehabilitation Option service packages, to develop person centered intervention plans, and to monitor progress (adjusting individualized plans of care and linking outcome performance measures to mental health and addiction funding).
The CANS and ANSA are open domain tools that are free for anyone to use. The Praed Foundation holds the Copyright for the communimetric tools.
It is important to note that the ANSA and CANS have not specifically been tailored to compulsive gamblers however the assessment tools are capable of capturing life domains negatively affected by compulsive gambling behavior.

Every effort has been made to incorporate the language and the scoring for the South Oaks Gambling Screen into the ANSA section as it relates to Gambling. Currently the ANSA glossary reads as:

Gambling
This item includes behaviors related to gambling and functioning associated with problem and pathological gambling. If an individual has a significant history with problem gambling or if further assessment is needed, rate gambling as a 1. If gambling causes functional problems (such as interpersonal, legal or financial), rate the need as a 2. A rating of 2 on the ANSA gambling item is consistent with a South Oaks Gambling Screen (SOGS) score of 3 or 4. The individual would be rated a 3 on the ANSA gambling risk if DSM diagnostic criteria is met for Pathological Gambling. An ANSA gambling rating of 3 is consistent with a SOGS score of 5 or more.

The criteria for Pathological Gambling from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM-IV-TR) follow:
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.

Conversation Starters:
Do you know that gambling involves risking something of value when you don't know the outcome….such as the lottery, bingo, office pool, NCAA bracket, and card games?
Have you ever done something like that? Recently?
Do you know that gambling involves risking something of value when you don't know the outcome….such as the lottery, bingo, office pool, NCAA bracket, and card games
Have you ever done something like that? Recently?

Effective Treatment and Recovery Options

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).

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.

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. 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. 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 Consumer in exploring their current stage of change, which reduces resistance and allows the Consumer to explore his or her own

consequences as a result of behavior. Studies have shown that MI engages Consumers 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 Consumer'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 progress notes concerning the Individual.

Peer Recovery Specialist:
"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 Consumer 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 (Petry 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 compulsion 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

Addressing Financial Troubles with the Compulsive 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).

Professionals agree that addressing the financial devastation of compulsive gambling is imperative for healing and recovery to take place. However, professionals do not have a consensus of when finances should be addressed with compulsive gamblers.

According to some experts in the field, financial problems should not be addressed with an Individual until the person has not engaged in gambling behavior for a minimum of thirty days. This period of abstinence allows the Individual to gain insight into their gambling behavior. Once this occurs the financial devastation can be inventoried and the therapeutic process of taking responsibility for their financial plight can begin. On the other hand, some professionals have indicated that compulsive gamblers often seek help as a result of financial devastation thus addressing the issue as a priority keeps the Individual engaged and aids in overall treatment compliance.

Regardless of approach, remember that Individuals are unique with specific needs, strengths, goals behaviors and expectations. The Individual seeking treatment should have a voice in choosing their pathway to recovery. Treatment should always be Individualized for the person seeking treatment, know the Consumer, understand his or her expectations, and provide him/her with the support and guidance needed to be successful.

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:

- 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;
- Discuss the impact of financial issues.
- Provide materials/resources to support the gambler such as: *Problem Gamblers and Their Finances: A Guide for Treatment Professionals (available from SAMHSA).*
- Have the Consumer list all debt, include legal and illegal debt.
- 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 the Consumer obtain credit reports and review with them. (This will often identify additional debt that the gambler has forgotten or does not include on their 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.

- Suggest the Consumer 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 the 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.

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 Reporting:

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

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

Documentation Guidelines

Treatment Plans:
Treatment plans should be developed with the Consumer. 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 notes are included for your review.

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Wulfert, Edelgard, Blanchard, B Edward, & Freidenberg, Brian (2006). Retaining Pathological Gamblers in Cognitive Behavior Therapy through Motivational Enhancement. Journal of Behavior Modification, Vol. 30, No. 3, 315-340.

Additional Resource:

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

Sample Treatment Plan

(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 Consumer

☒ 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:	
Consumer met with psychologist and completed a comprehensive mental status exam. He was oriented to person, plan, and time. Consumer 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:
Consumer’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 Consumer’s wife. Once Consumer signs release his counselor will contact Consumer’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:
Consumer is behind on his mortgage payments, he has over drawn on his bank account, and he owes his bookie money.
As evidenced by:
Consumer’s own report
Measurable Goal, Completion Date:
Consumer will openly disclose his financial problems as a result of gambling and put a restoration plan in place.
Objective 1: ☐ Date Completed:
Consumer will be honest with his spouse about his financial problems.

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
1. Counselor will ask Consumer to sign a release of confidential information for his spouse; 2. Counselor will ask Consumer and his wife to bring in all bank statements, tax returns, and bills to review with his counselor; 3. Counselor will have Consumer invite his wife to a family session to disclose financial problems based on an information gathering session with his counselor.
Objective 2: ☐ Date Completed:
Consumer 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:
1. Counselor will ask Consumer 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 Consumer 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 Consumer 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 Consumer to educate his friends and family about gambling and tell them not to lend him money; 5. Counselor will encourage Consumer 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 (Consumer and wife)
Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
1. Counselor will assist Consumer and his wife with listing sources of income; 2. Counselor will assist Consumer and his wife in listing financial assets; 3. Counselor will encourage Consumer to disclose "stash" money that is hidden from his wife
Objective 4: ☐ Date Completed:
Establish a spending plan (Consumer and wife)
Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
1. Counselor will assign Consumer and his wife to write out the plan using the SAMHSA personal and financial strategy guide; 2. Consumer 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 Consumer and his wife; 4. Counselor will educate Consumer and his wife on tips to cutting expenses; 5. Counselor will educate Consumer 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 Consumer in and wife in determining the amount of debt and list creditors; 2. Counselor will assist Consumer and his wife to establish a debt repayment plan
Problem #2:

Consumer does not accept his compulsive gambling disorder and does not have a recovery plan
As evidenced by:
Consumer’s own report
Measurable Goal, Completion Date:
Consumer will verbalized an increased understanding of his compulsive gambling and develop a relapse prevention plan.
Objective 1: ☐ Date Completed:
Consumer 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 Consumer will write a paper about how he relates to the story; 2. Consumer will create a life map which outlines his life, significant events, and maps out his gambling behavior and consequences; 3. Counselor will encourage Consumer to bring his wife into a session to share his life map; 4. Counselor will show Consumer and his wife the video “Compulsive Gambling Signs and Symptoms”. Consumer and wife will be asked to verbalize how they related to the information regarding signs/ symptoms/ Impact of compulsive gambling on the family. 5. Consumer will participate in a six part group session on “Compulsive Gambling and Recovery”. The Consumer 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 Consumer to describe his arrest for theft and talk about how it relates to his compulsive gambling.
Objective 2: ☐ Date Completed:
Consumer 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 Consumer 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 Consumer 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 Consumer 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 Consumer and his wife on relapse triggers and symptoms. 5. Counselor will assign the Consumer to write down his personal relapse triggers and a plan to address each; 6. Counselor will have a session with Consumer and wife to review what the wife will do when she sees the Consumer showing signs of relapse; 7. Counselor will meet with Consumer and his wife to discuss the importance of Gamanon and taking care of self.
Problem #3:

Consumer does not have an adequate recovery support system.
As evidenced by:
Consumer 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:
Consumer will obtain/ maintain a recovery support system
Objective 1: ☐ Date Completed:
Consumer 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 Consumer to locate 10 GA meetings that he can attend, the Consumer will map out days and times of the meetings; 2. Counselor will assign Consumer 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 Consumer 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 Consumer decides to attend GA- counselor will encourage Consumer to obtain a GA sponsor.
Treatment Plan Progress Review:

Problems Identified, but Outside Referral Needed
Problem #1:
Consumer 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.

Consumer Participated in Development of Treatment Plan:	
Staff Participating	Staff Participating

Sample Progress Notes

Case Management Example:
In order to help the Consumer gain access to safe housing, the case manager performs the following activity on behalf of him. The case manager assists with exploring available housing options to review with him. The case manager conducts a housing needs assessment with him, develops ITP goals for locating and maintaining housing, and provides supportive housing information.
This is billable as Case Management

Crisis Intervention Example:
Scenario
The Consumer has been seen by his Endorsed Problem Gambling Treatment Provider for the last two months for compulsive gambling, depression, chronic, recurrent. He has missed his last two appointments, which is atypical. His daughter phones the provider and reports that the Consumer has refused to eat for the last three days. He says the television is telling him not to eat, as there is poison in the food and he believes someone is trying to kill him. Sam has never before presented symptoms of a thought disorder. The counselor arranges an emergency appointment to assess the Consumer's mental status, the new symptoms and potential need for hospitalization.

Crisis Intervention Note:
Consumer was seen in my office today from 10-10:43 am, for Crisis Intervention. He has been seen at the Endorsed Problem Gambling Treatment Provider for the last 2 months for compulsive gambling, major Depression, chronic, recurrent. Sam has missed his last 2 appointments which is atypical. He says he's afraid to eat because his food is being poisoned. His thinking was disorganized, and he showed evidence of a thought disorder as described by his daughter. The Consumer does not appear to be at imminent risk for harm. The following plan has been put in place and added to his ITP. Arrangements were made for him to see the psychiatrist for medication assessment and to stay with his daughter for the next three days to ensure his safety. The Consumer will be seen again for an Individual Therapy appointment in three days.
This is billable as Crisis Intervention

Intensive Outpatient Treatment Note (co-occurring problem gambling and substance use disorders):
Individual participated in Intensive Outpatient Treatment 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. 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. Individual stated that to increase his understanding more about compulsive gambling and how it is similar to substance use disorders he plans to attend an open Alcoholics Anonymous meeting with a peer from group.

This is billable as Intensive Outpatient Treatment

Peer Recovery Specialist Meeting:
The Consumer verbalized she was bored and restless so she called her recovery coach and asked for her to help her find something to do. The recovery coach met with her to work on her ITP goal to become more active. They brainstormed ideas of what kinds of things she can do when she is bored and restless. She decided she could take a walk around the block, go to the library, or attend a support group meeting. On this date, the recovery coach took a walk with the Consumer and developed a plan for her to take a walk each afternoon after lunch to decrease her restlessness. They will meet again in one week to discuss how many walks she took in one week.
This is billable as Peer Recovery Specialist Meeting

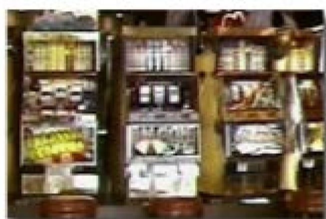
Education Sessions

In this section you will find resources, information and ideas for providing problem gambling educational sessions to your Consumers. 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

These videos along with a variety of substance use 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

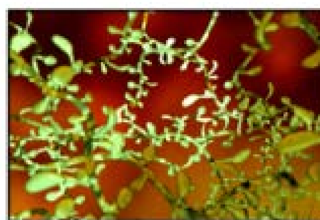
The Other Gamblers: Seniors & Women
Gambling addiction crosses every sector of society. The number of problem gamblers in these two groups is growing each year.

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.

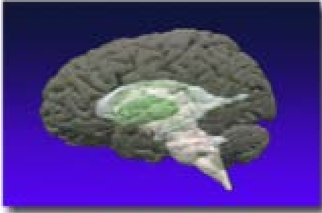


Running Time
31 minutes

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.

Links & Resources

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 Consumers 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

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

Resources for Credit Reporting:

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

Compulsive Gambling Education Program Participant Handbook

The following information is available as an online training. Please view this program titled "Problem Gambling 101" at the following website: www.ipgap.indiana.edu.

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 statue 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. Circle which applies to you:

No Problem Some Problem Problem Gambler Pathological Gambler

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.

Type of Gambler: Action

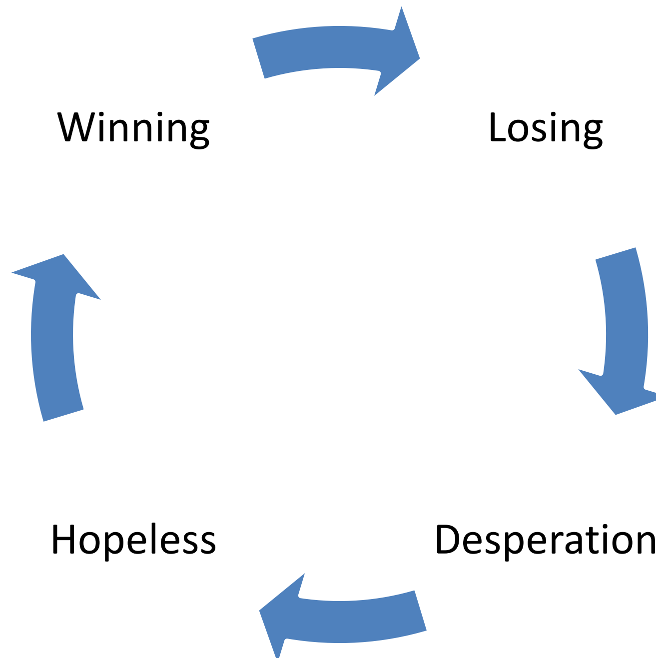
- Domineering
- Controlling
- Large Ego
- Prefer games of skill such as poker
- Legal and illegal sport venues
- Competitive, gamble to beat others and the house

Type of Gambler: Escape

- 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 loses, 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)

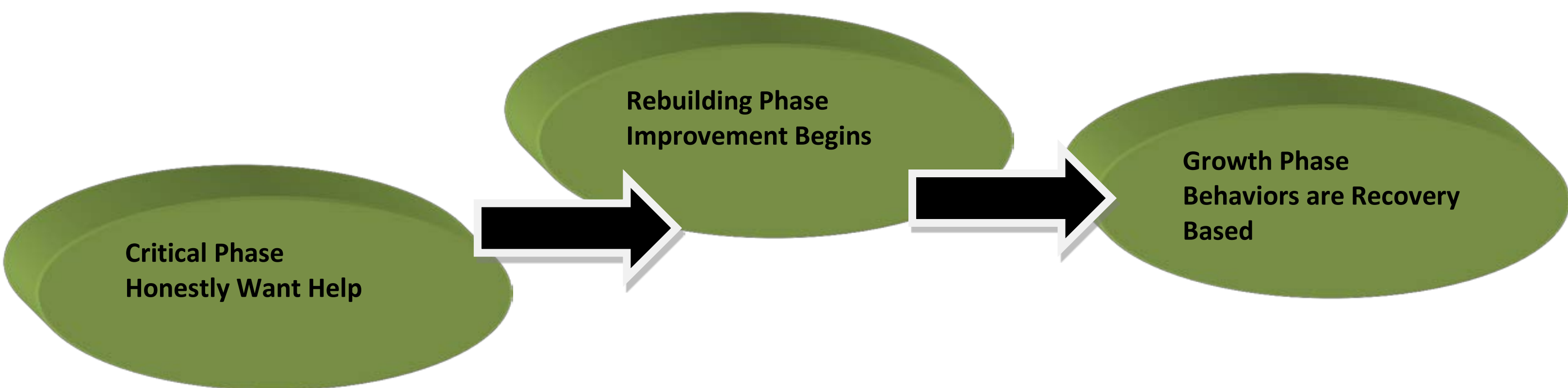
Phases of Recovery

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

- 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 circled yes please see your counselor for more information.

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 the 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 us 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
- Isolation – 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

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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.

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. To determine counselor competency required in Indiana ***refer to SFY 2013 Contract located in this manual.***

Contacts

DMHA- Treatment Resources/ Training on Problem Gambling or WITS:

Larry Long
Program Director
Problem Gambling Treatment, Co-Occurring Disorders and Forensic Programs
Division of Mental Health and Addiction
402 W. Washington Street W353
Indianapolis, IN 46204
317-232-7891
John.Long@fssa.IN.gov

Prevention and Training Resources (Including "Safe Bet" Interactive Journals):
Mary Lay
Project Manager
Indiana Problem Gambling Awareness Program
Division of Mental Health and Addiction
402 W. Washington Street W353
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

Important Links

Indiana Problem Gambling Awareness Program:
www.ipgap.indinana.edu

Indiana Division of Mental Health and Addiction:

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 Mental Health and Addiction Information online:

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

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