

National Council on Problem Gambling

GAMBLING ASSESSMENT MANUAL

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NCPG

National Council on Problem Gambling

Gambling Assessment Manual

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INTRODUCTION

This manual is not meant to be exhaustive, but rather a quick guide describing best and accepted practices that are utilized in clinical settings. In the previous manual, we explored screening tools and procedures to integrate gambling into an overall behavioral health evaluation process when identifying potential risk of problem gambling. In this manual, we will discuss assessment, that may occur after screening, where one may follow up after a positive evaluation screening to evaluate the scope and severity of problematic gambling after an individual indicates readiness for additional intervention.

The gold standard in assessing for severity is the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for gambling disorder (click on the following link for the [diagnostic criteria](#)), which was moved from the ‘Impulse Control Disorder Not Otherwise Specified’ category in earlier iterations of the DSM to the ‘Substance-Related and Addictive Disorders’ section in the Fifth Edition. In this edition, specifiers and severity are included, which are comparable to those for substance use disorders.

As when assessing for other mental disorders, an intake typically does not begin with discussing diagnostic criteria. Often clinical interviews begin by exploring biopsychosocial factors that may facilitate “getting to know” the person seeking treatment and may place the gambling behaviors into an appropriate context. This process may progress to identifying problematic areas that may be a focus of treatment. This manual will consider this process and introduce ways of bringing gambling into the assessment protocol.

PERSONAL GAMBLING HISTORY

When conducting an assessment, learning about an individual's personal history of mental health and substance use can be helpful in creating treatment goals. Likewise, providers could learn about the individual's gambling history. The earlier someone starts gambling, the more problematic it may become later in life.¹

We want to discover some of the following **specifics for a gambling assessment:**

- How old were you when you first started gambling?
- What types of gambling do you participate in?
- How often do you participate in these behaviors?
- How much do you wager on a daily/weekly/monthly/annual basis?
- If gambling is problematic, when did the problems begin?
- Have you had treatment for gambling in the past?
- Do you attend Gamblers Anonymous meetings? If so, how often?

When asking the above questions, the questions can be worded in a variety of time spans (e.g., over the past 30 days, over the past 3 months, over the past 6 months, over the past 12 months, etc.). The following are assessments used in clinical practice, where you can find questions about personal gambling history.

¹ <https://govinfo.library.unt.edu/ngisc/reports/4.pdf>

Gambling Treatment Outcome Monitoring System (GAMTOMS) – pages 126, 128-134.

ASAM Gambling Assessment (Evergreen Council on Problem Gambling) – pages 1-5. This assessment is also structured using the American Society of Addiction Medicine (ASAM) criteria. The ASAM Criteria (2013) have included a list of questions (see pages 362-363)² to be asked in a multidimensional assessment of individuals. Click on the following link for more on using the ASAM criteria for [Gambling Disorder](#).

Gambling Intake Assessment (Connecticut) – pages 1-2.

Gambling Client Survey – Enrollment (Oregon Health Authority Problem Gambling Services Integrated Assessment Tool) – page 4.

² Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies; 2013.

FINANCIAL SITUATION, INCOME/DEBT, GAMBLING IMPACTS

If an assessment tool does not include financial questions, then it is important for the counselor to include gambling-specific vectors when assessing the financial health of the individual. Talking about money is important in addressing an individual's gambling-related behaviors. Having access to money, or not enough money, can be a trigger for the individual. Individuals working through problem or disordered gambling should address attitudes and values regarding money, including but not limited to: spending, income, savings, retirement and/or college funds, involvement in trading activities, expenses (budgeting), restitution plans, and limitations on abilities to replace gambled-away security. Specific dollar amounts should be addressed (those who gamble may talk in generalities) for losses, restitution, daily allowance planning, a receipts system, etc. "Pressure relief" is a very specific practice within Gamblers Anonymous (GA), with which gambling counselors can collaborate. A "snapshot" of the individual's financial health is important when it comes to creating a healthy financial plan for recovery, and the different kinds of gambling-related and non-gambling-related debts (to families and friends, coworkers, bookies, pay day loans, and credit card advances, markers at casinos, etc.). You can access the following link from the National Council on Problem Gambling (NCPG) for more information on [budgeting](#). You can also explore online budgeting apps for assistance.

Specifics for a Gambling Assessment:

- How do you spend your money?
- What do you like to purchase when you get paid?
- Do you have any debt due to gambling?
- Define the debt. To whom and how much? What is the debt from?
- Are there any payday loans? Credit Card advances?
- Are there post office boxes opened that loved ones do not know about?
- Are bills being sent to somewhere other than the home?
- What financial as well as emotional impacts has your gambling had on you?
- What financial as well as emotional impacts has your gambling had on your loved ones?
- Have you ever filed for bankruptcy due to gambling?

The following are assessments used in clinical practice, where you can find questions about the financial impacts of gambling.

Gambling Treatment Outcome Monitoring System (GAMTOMS) - page 131.

ASAM Gambling Assessment (Evergreen Council on Problem Gambling) – pages 3 and 11.

Legal History

If all or a portion of your work includes treating individuals in the Criminal Justice System, assessment for gambling is important for holistic care. According to a Connecticut study of gambling within the correctional population, on average 52% of the inmates surveyed identified some level of problem gambling.³ Gambling is a behavior that, while often prohibited, occurs regularly within incarceration settings. Due to the stigma associated with gambling, it is not likely to be reported by someone who gambles, without directly assessing for the behavior.

When assessing general legal history, consider these **specifics for a gambling assessment:**

- Have you done anything illegal due to gambling?
- Did gambling play a role in any crimes?
- Did you commit a crime to get money for gambling?
- Have you taken money from work to gamble (whether it was paid back or not)?
- Have you “borrowed” money from family members or friends without their knowledge or permission?
- Have you written a bad check as a result of gambling?
- If you have violated parole/probation in the past, was gambling a factor?

The following are assessments used in clinical practice, where you can find questions about legal history.

³ <https://portal.ct.gov/-/media/DMHAS/PGS/Gambling-DOC.pdf>

Gambling Treatment Outcome Monitoring System (GAMTOMS) – page 135.

Gambling Intake Assessment (Connecticut) – page 3.

Biological Factors

When completing a thorough mental health or substance-use assessment, collecting standard biological information may be helpful. Biological factors may have a direct impact on mental and behavioral health. With individuals working through gambling-related harms, research has identified numerous problem-gambling-associated health factors, such as poorer general health, more inpatient hospitalizations and emergency room visits, heartburn, frequent headaches, backaches, liver disease and heart conditions.⁴ Within a gambling assessment, it is important to collect standard biological information normally collected in a mental health or substance-use disorder assessment, as well as a few unique factors that may be more specific to gambling. Some examples are provided below, but this is not an exhaustive list. As always, it is important to attend to the unique circumstances of each individual.

Specifically for a Gambling Assessment:

- Family history: any gambling or gambling problems?
- How does gambling affect physical health, and how does physical health
- affect gambling? Include a review of sleep and other concerns.
- Do you gamble in order to not worry about your medical problems?
- Does your chronic pain feel better when you are gambling?
- Does gambling impact your ability to pay for medication?
- Do you not take, or forget to take, your medication when you are gambling?

⁴ <https://portal.ct.gov/-/media/DMHAS/PGS/GamblingandPrimaryCarePlainTextpdf.pdf>

- Do you gamble to try to get money to pay for your medicine?
- Have you ever had chest pain while gambling, or thought you were having a heart attack?
- Do you forget to eat while gambling?
- How does gambling affect diet and exercise, and how does diet and exercise affect gambling? Include a review of physical activity.
- Have you lost bladder control while gambling?

Psychological, Mental, Emotional, Cognitive Factors

It is important to consider multiple psychological variables that may directly or indirectly contribute to gambling, may be generated, or exacerbated by gambling, may interfere with or help recovery, or otherwise may have an impact on the individual's daily living and ability to achieve goals.

Specifics for a Gambling Assessment:

- How has gambling impacted your emotional and mental health?
- Do you feel guilt or shame about gambling?
- Are you less depressed when gambling?
- Has gambling been used as an escape from certain events, situations, memories, thoughts, etc.?
- What has the “ripple effect” of gambling been on emotions, sleep, relationships, productivity, etc.?
- Are other behaviors correlated to gambling behaviors? (e.g., alcohol use, tobacco, other drugs, video gaming, shopping, etc.)

Social Involvement And Relationships

Mental health and addiction concerns often impact those closest to the individual. On average, the challenges each individual affected by problem gambling faces also impact an additional 7 to 20 people in their families and communities⁵, so typically, treatment is not only important for the individual working through a gambling disorder, but also for their loved ones and others. Problematic gambling behaviors can be devastating for family members, particularly when they are also dealing with physical and mental health challenges.⁶

Specifics for a Gambling Assessment:

- Factors limiting treatment options.
- Competitiveness.
- Lying or hiding gambling from any relationships?
- Any tensions, arguments or trust issues in relationships related to gambling?
- Gambling's interference in relationship roles or responsibilities (e.g., parenting, house chores, bill paying, etc.)
- How has gambling impacted the lifestyles of those closest to them?
- Are family or friends willing to participate in the treatment process?
Is the client willing to involve them?

⁵ <https://www.ncpgambling.org/march-is-pgam-awareness-plus-action-needed-with-increased-sports-betting/>

⁶ <https://www.problemgambling.ca/gambling-help/support-for-families/how-are-families-affected.aspx>

Specifics for a Loved One Impacted by Gambling:

- What impact has gambling had on you and your family?
- How long have you been aware of your loved one's gambling?
- What is the current money management plan in the home?
- Are there ways to improve transparency?
- Would you feel safe playing a part in overseeing the finances or taking the lead role?
- Who are some of your supports?
- Have you ever attended a Gam-Anon meeting?

The following are assessments used in clinical practice, for loved ones impacted by gambling.

Significant Other Assessment Interview (Evergreen Council on Problem Gambling)

Significant Other / Person Affected Assessment (Connecticut)

Spirituality, Values, And Purpose

Assessing for spiritual components may be overlooked in many assessments, but it can be critical to understanding the whole person. Spirituality in this context is not necessarily about involvement in religious affiliations or traditions, though it is an aspect for some. Spirituality should be assessed in terms of the individual's values, motivations, and what gives their life purpose. It is especially important to evaluate how gambling has affected their sense of spirituality, and conversely, how their spirituality affects their gambling, or is pushed to the side by a gambling disorder.

Specifics for a Gambling Assessment:

- How has gambling impacted the sense of spirituality?
- Are there spiritual strengths that can enhance recovery?
- What aspects of spirituality might clients want to develop as part of recovery from gambling?

Cultural Factors from Family, Geography, Occupation, Generation, Gender, Ethnicity, etc.

People are multi-cultural. There are cultures of immediate and extended families and peer groups. There are cultures based on geographical location such as town or city, county, state, and country of residence. There is a culture in what career is chosen, as well as main hobbies or sports. A person's cultural identity is also influenced by their sexual identity, age group, social status, sexual orientation, race/ethnicity, and language(s) spoken. A person may experience the intersection of privilege in one area, and marginalization in another. In this regard, it is best to refrain from assuming the cultural affiliations of an individual, but rather ask them to name their identified cultures and the significance they play in their relationships, values, gambling, and lives in general.

Specifics for a Gambling Assessment

- What was your first gambling experience?
- What are your family's attitudes toward gambling?
- What is gambling's role in family activities/traditions?
- Do the forms of gambling played have any cultural connections?
- What is the role of gambling in cultural traditions?

- Cultural attitudes towards gambling problems (Disorder vs. “bad habit” etc.)
- Cultural views toward help and help-seeking.
- Beliefs about ability to “control luck” or outcomes.

Safety Planning

Safety planning is important when treating individuals with a gambling disorder and should be addressed first in initial treatment planning. According to the DSM-5: “Up to half of individuals in treatment for gambling disorder have suicidal ideation, and about 17% have attempted suicide.”⁷

There is also a higher prevalence of emotional, physical, and sexual trauma in individuals with gambling disorder.⁸ Examples of screening tools for suicidality and trauma are discussed later in this manual.

Specifics for a Gambling Assessment

- What is the impact of your gambling on thoughts of suicide or self-worth?
- Has a gambling experience ever led you to feeling suicidal?
- If you have attempted suicide in the past, was gambling a factor?
- Do you feel unsafe as a result of your gambling?
- Have you had any money-related arguments around gambling?
- Has gambling ever played a role in domestic violence?

⁷ American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

⁸ Kaush, O., Rugle, L., Rowland, D. (2006). Lifetime Histories of Trauma among Pathological Gamblers, *The American Journal on Addictions* 15: 35-43.

Motivational Interviewing and Stage of Change

Assessing for Stage of Change⁹ can help in learning the most appropriate ways to help individuals, while also developing a rapport with them and encouraging hope. What is the meaning of gambling for the individual? And what motivates gambling behaviors? If someone is ready to start looking at their gambling behaviors, should the goals pertain to abstinence or harm reduction? Or abstinence from *some* types of gambling, while engaging in harm reduction with *other* types of gambling? What are some of the external and internal motivating factors? The National Association of Administrators for Disordered Gambling Services (NAADGS) has created examples of each Stage of Change to help guide clinicians towards paths that offer less resistance, and focus more on completing treatment goals.

| Stage of Change | Stage of Change Statement ¹⁰ |
|-----------------|--|
| Preoccupation | I have no intentions of stopping my gambling. |
| Contemplation | I am considering reducing or stopping my gambling. |
| Preparation | I plan to quit or reduce in the next month. |
| Action | I have already begun to reduce/quit my gambling behaviors in the past 6 months. |
| Maintenance | I reduced/quit my gambling over 6 months and have been able to maintain these changes. |

⁹ Prochaska, J. O., & Norcross, J. C. (2002). *Stages of Change*. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (p. 303–313). Oxford University Press.

¹⁰ The National Association of Administrators for Disordered Gambling Services, 2018, Proposed NAADGS / TEDS / MH/ SUD / PG Crosswalk.

The following assessment – that may be used in clinical practice – has an additional example of the gambling stages of change.

Gambling Treatment Outcome Monitoring System (GAMTOMS) – page 141.

The Three Pathways

As research has progressed on the identification of particular gambling behaviors that can lead someone towards the problem area of the continuum, different theories have been proposed. In the early years of the treatment of gambling, some proposed that there were two types of gambling: those motivated by action and those motivated by escape. **Action gambling** was often performed by males and involved strategic forms of gambling, like card playing, sports betting, horse racing, etc., with the goal of gambling for excitement. **Escape gambling** was often performed by females and involved non-strategic forms of gambling, like electronic gambling (slot machines), scratch tickets, etc., with the goal of gambling to relieve uncomfortable mood states.

Another model has proposed three pathways. The following are the pathways as defined by Nower & Blaszczynski in 2002:

- 1) “Behaviorally-conditioned” individuals display an absence of premorbid psychopathology and develop gambling problems, mainly in response to reinforcement contingencies, cognitive distortions regarding the probability of winning, and the nature of randomness and control;
- 2) “Emotionally-vulnerable” individuals present with mood disorders, a history of poor coping and problem-solving skills, childhood disturbances, and major traumatic life events that may promote gambling in order to escape from aversive mood states; and
- 3) Individuals who possess vulnerabilities relating to those described in 2), but have elevated impulsivity, attentional deficits and antisocial

personality features that are associated with a variety of maladaptive behaviors and comorbid addictions.¹¹ The following is a link to the **Gambling Pathways Questionnaire, which can provide insight into whether someone with a gambling disorder may fit into one of the three pathways.**

¹¹ Nower, L., & Blaszczynski, A. (2016, December 12). Development and Validation of the Gambling Pathways Questionnaire (GPQ). *Psychology of Addictive Behaviors*. Advance online publication.

<http://dx.doi.org/10.1037/adb0000234>

Adolescents

With the changing landscape of gambling and youth often being exposed to gambling in both land-based and online formats, it is important for providers treating youth to assess for gambling. Assessing for gambling with adolescents may start with creative, non-judgmental conversations, where the emphasis is more about getting to know the individual than on diagnosing.

- Define gambling (placing something of value [usually money, but can vary] at risk in hopes of receiving something of greater value; providing examples [e.g., lottery/scratch-offs, card games for money, dice, sports/fantasy sports/e-sports] may be helpful; see the National Council on Problem Gambling's Screening Manual) and let adolescents know that gambling may involve more than just money. Gambling could be wagering items of value like sneakers, video games (including items within video games), valued cards, etc.
- What do you like to do for fun?
- Have you ever won anything?
- Have you ever purchased a loot box while playing video games?
- If you have skins within video games, have you ever gambled with them?
- What types of games do you play with your friends?

The following is an example of an assessment used with adolescents.

Canadian Adolescent Gambling Inventory (CAGI) – pages 56 – 58

Relapse Potential And Risks

Individuals who enter treatment primarily because of substance use and mental health disorders often do not understand the role gambling problems may have on their recovery. If gambling problems remain hidden, they may exacerbate current behavioral health symptoms. Gambling may also be a replacement behavior for individuals with sustained recovery from other substances (e.g., “I have been cocaine-free for over 3 years, but I found that playing the lottery, especially when I win, gives me the feelings I had when I used cocaine.”) or act as an escape mechanism from mental health challenges (e.g., “One of the ways I cope with my Posttraumatic Stress Disorder is by playing slot machines, because when I play the machines, I do not think about all the trauma I experienced.”). Here are some other statements to consider within a recovery context:

- “If I am in treatment for an alcohol use disorder, can being offered free drinks while sitting at a table gambling in the casino impact my recovery?”
- “If I am in treatment for an opioid use disorder, and one of the places I used heroin is at the local poker game in my community, how may it impact my recovery if I attend this week?”
- “If I’ve been making improvements over the past several months with my Major Depressive Disorder, and now I place bets at the Off-Track Betting Establishment near my home whenever I feel depressed, is this keeping me from finding healthier ways to deal with my mental health disorder?”

The bottom line is that if gambling behaviors are not being considered in treatment, it could be putting individuals in treatment at risk for additional harms.

Co-Occurring Screening

Ideally, individuals seeking treatment for gambling problems/disorder would enter a gambling-specific treatment program in their state, but there may be limited options. Additionally, the proportion of people with gambling disorder seeking gambling-specific treatment is low, given that as few as ¼ of 1% of people who need gambling disorder treatment may have received gambling-specific care.¹² Assessing for gambling behaviors within a mental health and substance-use disorder program is a more common way to identify people with gambling disorder. Integrating the suggestions discussed in this manual into intakes when assessing health disorders (including screening for co-occurring disorders) may help to keep gambling on a level of parity with other factors that could be impacting treatment-seeking individuals.

TIP 42 from SAMHSA on Substance Abuse Treatment for People with Co-Occurring Disorders (updated 2020) states that being aware of likely co-occurring disorders is useful when diagnosing and treating an individual with a gambling problem/disorder. Co-occurring conditions often exist and, when not identified, may negatively impact treatment efforts.

¹² Marotta, J., Hynes, J., Rugle, L., Whyte, K., Scanlan, K., Sheldrup, J., & Dukart, J. (2017). 2016 Survey of Problem Gambling Services in the United States. Boston MA: Association of Problem Gambling Service Administrators.

“Assessment of the client with a co-occurring disorder (COD) is an ongoing process that should be repeated over time to capture the changing nature of the client’s status, and to give the client additional disclosure opportunities as the therapeutic alliance strengthens.” It is critical to approach gambling assessment from the viewpoint of screening for co-occurring disorders. When it comes to problem gambling, co-occurring disorders are the rule, not the exception.¹³

¹³ Substance Abuse and Mental Health Services Administration. *Substance Use Disorder Treatment for People With Co-Occurring Disorders*. Treatment Improvement Protocol (TIP) Series, No. 42. SAMHSA Publication No. PEP20-02-01-004. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

Additional Screening Tools/Information

Alcohol

- Alcohol Use Disorders Identification Test (AUDIT) – Based on the data from a multinational World Health Organization collaborative study, the AUDIT has become the world's most widely used alcohol-screening instrument since its publication in 1989. It is currently available in approximately 40 languages.

Other Drugs

- Drug Abuse Screening Tool (DAST-10) – The Drug Abuse Screen Test (DAST-10) was designed to provide a brief, self-report instrument for population screening, clinical case finding and treatment evaluation research. It can be used with adults and older youth.

Mental Health

- PHQ-9 – The Patient Health Questionnaire (PHQ) is a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD) diagnostic tool for common mental disorders. The PHQ-9 is a brief, 9-item scale that includes only the depression-related items from the PHQ. The PHQ-9 has been validated for use in primary care settings, and can be used to make a tentative diagnosis of depression and to monitor symptoms.
- General Anxiety Disorder-7 (GAD-7) – A seven-question screening tool that identifies whether a complete assessment for anxiety is indicated.
- Ask Suicide Screen Questions (ASQ) – The Ask Suicide-Screening Questions (ASQ) tool is a brief validated tool for use among both youth and adults.

Quality of Life

- The World Health Organization (WHO) defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. Measuring Quality of Life during treatment helps to track the impact of counseling/ treatment on overall wellbeing and quality of life.

Trauma

- Adverse Childhood Experiences (ACEs) – Adverse Childhood Experiences (ACEs) have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. Screening tools are available for children and adults. [Download more information](#).
- TIP 57: A Treatment Improvement Protocol – Trauma-Informed Care in Behavioral Health Services.

Compulsive Disorders

- Often, individuals in treatment for a gambling disorder may also experience compulsive disorders involving food, shopping, Internet, gaming, sex, pornography, smartphones, etc.

Physical

- A special note: some medications may cause an increase in impulsive behaviors, including increased gambling. Some drugs, such as pramipexole (Mirapex) and ropinirole (Requip) for Parkinson's disease and restless leg syndrome, zolpidem (Ambien) for insomnia, and aripiprazole (Abilify, Abilify Maintena, and Aristada) for mental health concerns including schizophrenia and bipolar disorder, include information on their packaging inserts alerting consumers that they should alert their prescribers if they have changes in their thoughts or behaviors relating to gambling while they are taking these medications.

Resource Links for Assessment Tools

a. Gambling Treatment Outcome Monitoring System (GAMTOMS)

The GAMTOMS assessment upon admission asks questions about some of the following areas:

- Demographics
- Clinical history (gambling, mental health and substance use)
- Stage of Change regarding gambling
- Gambling frequency by behavior over the past 12 months
- A detailed gambling timeline over the past 4 weeks
- Gambling behavior (including gambling history and debt due to gambling)
- DSM-IV Diagnostic Criteria
- The South Oaks Gambling Screen, and
- Questions about mental health.

Research from Minnesota, including different variations of the GAMTOMS, can be found in the above link.

b. Gambling Pathways Questionnaire

The Gambling Pathways Questionnaire helps providers to identify which of the three gambling subtypes most closely resembles an individual's behavior, in order to assist with treatment planning.

c. Inventory of Gambling Situations (IGS)

The IGS is a 63-item self-report questionnaire developed by researchers at the Centre for Addiction and Mental Health (CAMH). The tool can help to identify triggers, and assist with treatment planning.

d. ASAM Gambling Assessment

(Evergreen Council on Problem Gambling) – The ASAM Gambling Assessment asks questions about some of the following areas: basic demographics, the South Oaks Gambling Screen, DSM-5 Diagnostic Criteria, ASAM placement criteria from the six dimensions:

1. Withdrawal
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions or Complications
4. Readiness to Change
5. Relapse Potential and
6. Recovery/Living Environment), with a primary focus on gambling, and including mental health, substance use and physical health.

e. Gambling Intake Assessment (Connecticut)

The Gambling Intake Assessment asks questions about some of the following areas:

- Basic demographics
- Medical status
- Gambling
- DSM-5 Diagnostic Criteria
- Employment status
- Legal status
- Family and social relationships
- Psychiatric status
- Substance use

f. Gambling Client Survey – Enrollment (Oregon Health Authority Problem Gambling Services Integrated Assessment Tool)

The Gambling Client Survey assesses some of the following areas:

- Gambling Behavior
- Gambling History
- Financial Assessment
- Gambling Disorder Diagnosis and Severity

g. Co-Occurring Disorders Screening Tool & Severity Index (Oregon Health Authority Problem Gambling Services)

The Co-Occurring Disorders Screening Tools assessment asks questions about some of the following areas:

- DSM-IV diagnostic criteria for Pathological Gambling (gambling disorder's name before DSM-5)
- Post-Traumatic Stress Disorder (PTSD) screening
- Adverse Childhood Experiences (ACE) Questionnaire
- The Alcohol Use Disorder Identification Test (AUDIT)
- Drug Screening Questionnaire (DAST)
- DSM-5 criteria for Substance-Use Disorders
- Mental Health Screening & Severity Tool
- Anxiety, depression, mania, repetitive thoughts and behaviors screening tools
- The Gambling Pathways Questionnaire

h. Canadian Adolescent Gambling Inventory (CAGI)

The CAGI is a 44-question assessment available for adolescents and asks about some of the following areas:

- Basic demographics
- A variety of questions about gambling over the past three months, including participation in gambling behaviors, frequency, debt, and impacts of the behavior.

Research supporting the use of the inventory along with the CAGI can be found in the above link.

i. Significant Other Assessment Interview (Evergreen Council on Problem Gambling)

The Significant Other Assessment Interview is an evaluation for loved ones impacted by gambling behavior and asks questions about some of the following areas:

- Basic demographics
- National Opinion Research Center (NORC) Diagnostic Screen for Gambling Problems gambling history
- Biomedical conditions and complications
- Emotional/behavioral cognitive conditions or complications
- Motivations, environment, support and gambling impacts
- Treatment recommendations

j. Significant Other / Person Affected Assessment (Connecticut)

The Significant Other / Person Affected Assessment is an evaluation for loved ones impacted by gambling behavior and asks questions about some of the following areas:

- Basic demographics
- Medical status
- Gambling information
- Family and social relationships
- Psychiatric status
- Substance use

Other Resources

- a. Gambling Motivations Questionnaire (GMQ)
- b. Screening Assessment for Alcohol and other Drug Abuse Among Adults in the Criminal Justice System

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