# Collaborative Intensive Outpatient Program (C-IOP)

*Oregon Health Authority Problem Gambling Services*

Oregon Health Authority

# OHA PGS Collaborative Intensive Outpatient Program (C-IOP)

## Toolkit Contents



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# OHA PGS Collaborative Intensive Outpatient Program (C-IOP)

**Introduction & Scope**

Oregon Health Authority, Problem Gambling Services is partnering with Bridgeway Recovery Services in the development and implementation of a Collaborative Intensive Outpatient Program (C-IOP) for the treatment of Problem Gambling and Gambling Disorder. The program creates a treatment coordinated partnership between OHA PGS outpatient programs (an enrolled client's home community program) and Bridgeway Recovery Services (providing specialty group counseling through distance counseling and in-person formats). Clients participating in the program will be dually enrolled in their "home" outpatient program and Bridgeway Recovery Services. C-IOP clients will receive services through a structured coordination model through Bridgeway and their home community Problem Gambling Treatment Program.

The C-IOP program structure follows a "stagewise" model – meaning that frequency of treatment contacts in a given period of treatment is based on the current stage of change and relationship to problem gambling behavior for the client.

**Entry, Referral & Dual Enrollment**

To qualify for the OHA PGS C-IOP program, the following criteria is required:

- ✓ Client must be currently enrolled in OHA funded Problem Gambling Services program or partner organization.
- ✓ Client must meet criteria for ASAM level 2.1 or higher level of care for gambling disorder demonstrated through ASAM based, problem gambling focused assessment (recommended: utilize OHA PGS Assessment Tools and OHA PGS Level of Care Tool).
    - If client's assessed LOC is higher than 2.1, assessment must include information addressing need to refer to level 2.1 treatment.
- ✓ Client Stage of Change. It is recommended that client be in preparation or action stage of change. If client is in pre-contemplation or contemplation, stage of change, referral to C-IOP will be reviewed with specific evaluation of readiness, and may be deferred. Documentation of Level of Care utilizing OHA PGS level of care tool is required. (Recommended: utilize SOC tools if more clarity is needed).
- ✓ Client must have access to required technology needed to participate in video-based distance counseling.

- ✓ Client will be dually enrolled in their home community program and Bridgeway Recovery Services. Releases of Information will be required. (See OHA PGS Guideline Statement: "Concurrent Enrollment in Multiple Agencies").

*Referral Package.* The referral package must include:

1. Completion of the Bridgeway Recovery Services Referral Form.
2. Latest ASAM based assessment with:
    a. Sufficient information regarding gambling behavior.
    b. Most current service/treatment plan.
    c. Level of Care tool, completed.
    d. Stage of Change information.
3. Completed Release of Information between referring agency and Bridgeway Recovery Services.
    a. Any other relevant Releases of Information.
4. Informed Consent to Participate in Distance Counseling for Problem Gambling.
5. Opening GPMS from Community Program.
6. Completed "Client Commitment to C-IOP" agreement.
7. Recommended: PGSI (Problem Gambling Severity Index) & Gambling Pathways Questionnaire.

**Assessing Level of Care & Stage of Change**

When considering referral to the OHA PGS C-IOP, it will be necessary to have sufficient information in the assessment/referral to describe level of care recommendation of at least ASAM 2.1.

Due to the nature of intensive outpatient treatment, as well as client engagement through telehealth mediums, it is recommended that participants be in preparation or action stage of change. If client is in pre-contemplation or contemplation, this may indicate low readiness to engage in more intensive treatment. When considering orientation to level of care, OHA PGS differentiates between a *restrictive* orientation and a *recovery* orientation. Clients that are in need of a more restrictive environment rather than a more supportive environment may be likely to struggle with engaging in C-IOP.

**Establishing Use of Technology**

C-IOP requires engaging with groups through video conferencing. In order to participate fully, participants will need to have a secure and stable internet connection with enough bandwidth to download and upload streaming audio/video content. They will need a microphone, speakers (or headphones), and webcam. At time of acceptance into C-IOP, an appointment will be scheduled for the specific intent of testing and coordinating the hardware, software and network parameters needed to participate in C-IOP groups.

The Home Community Program can provide confidential space with needed equipment on site.

**Video participation is required. Phone only connection is not permitted.**

**Client Expectations**

In addition to technology and treatment readiness needs outlined above, clients accepted into the C-IOP program will be expected to attend all scheduled appointments and groups. Clients will also be expected to follow group norms as established by the group counselors. Should a client miss more than one session consecutively - or miss more than two sessions in a given calendar week - their participation in the C-IOP program may be suspended while the challenges causing the compromised engagement to occur are addressed through treatment planning in the clients home community program.

**Home Community Program Treatment Team Role (Counselor and Recovery Mentor)**

The hybrid C-IOP model calls for a high level of collaboration between the community PG program and the IOP group provider (Bridgeway Recovery Services). The community program treatment counselor is responsible for:

1) Completing assessment, LOC recommendation and SOC evaluation.
2) Completing referral packet, ensuring that the items listed above are included.
3) Ensuring client has had opportunity to test technology needed to participate in IOP groups, including facilitating technology access & intake session with BRS.
4) Completing a treatment plan that reflects specific work in the C-IOP as well as work in the community program.
5) Following through with all standards involved with providing outpatient Problem Gambling treatment services.
6) The community program counselor and recovery mentor (if available) are responsible for adhering to the Problem Gambling C-IOP Program Structure Guidelines in regards to treatment frequency, collaborative therapy and coordination meetings.
7) The community program staff are responsible for working with clients experiencing challenges with engagement in C-IOP.

**Bridgeway Recovery Services (BRS) Staff Roles**

The hybrid C-IOP model calls for a high level of collaboration between the community PG program and the IOP group provider (Bridgeway Recovery Services). The C-IOP treatment counselor is responsible for:

1) Reviewing and approving/declining referrals to the program.

2) Ensuring client has had opportunity to test technology needed to participate in IOP groups.
3) Review and adhere to service plans provided by community program.
4) Following through with all standards involved with providing outpatient Problem Gambling treatment services.
5) The C-IOP counselor and recovery mentor (if available) are responsible for adhering to the Problem Gambling C-IOP Program Structure Guidelines in regards to treatment frequency, collaborative therapy and coordination meetings.

**Integration of Peer Services**

OHA PGS supports the integration of Peer/Recovery Mentor Services across the continuum of care. Peer Support Specialists and Recovery Mentors that meet the training standards of OHA PGS are encouraged to be a part of C-IOP treatment in both the Community Program setting and the C-IOP setting (mentors may be part of group facilitation).

## Problem Gambling C-IOP Structure

The C-IOP program is a two-phase program. Phase I consists of approximately six weeks of programming at eight hours/week of group therapy through BRS, and one hour per week of individual therapy with home community counselor. After six weeks, client will meet with BRS counselor for check-in and evaluation of progress and process (using PGSI and SOC tools). If progressing successfully, client will move to phase II of the program. If it is determined that client is not ready to move to phase II, client will remain in phase I, and process and progress will be reviewed every two to four weeks.

Phase II of the program consists four hours of group therapy a week through BRS, and one hour week of individual therapy with home community counselor. Progress and process will be reviewed collaboratively at the end of the four-week period, and client will complete C-IOP treatment if clinically appropriate (using PGSI and SOC tools).

| TREATMENT PHASE | STAGE OF CHANGE | COMMUNITY PROGRAM COUNSELOR | GROUP THERAPY | COLLABORATIVE THERAPY | COORDINATION MEETING (as needed) |
|---|---|---|---|---|---|
| One (Six Weeks) | Contemplation/Preparation | 1-2 times/week | 10 hours/week | 2 times per month | |
| Two (Four Weeks) | Preparation/Action | 1 time/week | 5 hours/week | 1 time per month | |
| | | | | Program completion | |
| | | | | | |
| | *Utilize PGSI tool to measure change every four weeks or more frequently.* | *Mentor/PSS recommended at least 1x/week* | *See separate curriculum Info from BRS.* | *Client, Home Counselor and IOP Counselor.* | *Case Consult: Home Counselor & IOP Counselor* |

*Program Length: Based on SOC, 10 weeks estimated.*

**Structure of Collaboration**

BRS and the Home Community Program Staff will need to connect and collaborate as needed during client treatment. Specific collaboration points are:

1) Initial intake appointment – collaboration to connect technology for client
2) Collaborative discussion between BRS counselor and Home Program Counselor (bill 99368, professional conference).
3) Phase I Treatment – Collaborative therapy with client, BRS staff and Home Program staff two times per month. Roughly every other week.

4) Phase II Treatment -- Collaborative therapy with client, BRS staff and Home Program staff one time per month, roughly in week two of phase II.
5) C-IOP completion.
6) Status reports. Program staff with each agency should utilize their internal status report forms to update each other on specific events of concern regarding the client. These status reports should be sent as secure email attachments. OHA PGS can provide status report forms if an agency does not have a form for internal use.

Health Systems Division, Problem Gambling Services

# Concurrent Enrollment in Multiple Agencies Policy Statement/Guidelines

*March 15, 2016*

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Although rare, there is occasion when a client will be enrolled simultaneously in two problem gambling treatment programs. This may be due to a client living part-time in two different locations; temporarily relocating to a different location for some purpose; or the need to coordinate care with another PGS agency for unique problem gambling treatment services.

Concurrent enrollments for the purpose of this policy statement/guidelines is defined as a short temporary transfer of a client by one agency to another agency. Due to the shortness of this transfer, the client would stay enrolled in the initial agency and would also enroll in the agency they are being transferred. Best practice would entail the initial gambling clinician to connect with the gambling clinician at the transfer agency to explain the situation and make introductions between the client and the temporary new clinician.

Concurrent enrollment in different agencies for problem gambling treatment services is authorized as long as the following conditions are met:

1. The treatment/service plan in both agencies clearly reflects the need for concurrent enrollment.
2. There is a formal release of information on file at both agencies allowing the exchange of information, appropriate to the individual's circumstances.
3. Coordination of care is demonstrated by the regular and routine sharing of information regarding progress to treatment goals and is clearly evident in the progress notes to commensurate with the individual's circumstances.
4. The claims processor (Herbert and Louis) is notified of concurrent enrollment, as we would expect to not see encounter data from both agencies for the same period of time.

This pertains only to problem gambling specific services at another agency. Enrollment/admission for mental health or other addictions treatment, for example, is not considered concurrent gambling treatment.

Additional questions, contact:
Greta Coe, Problem Gambling Services Manager
Greta.l.coe@state.or.us

Bridgeway
Freedom Through Recovery

# Problem Gambling Collaborative Intensive Outpatient Program

## Referral Form

Date of Referral:

Client Name:

Date of Birth:

Phone:

Email:

Referring Counselor Name:

Agency:

Phone:

Email:

## Required documents to attach to referral form

Copy of most recent Client assessment, including all ASAM dimensions: ☐

Current level of care recommendation (can be included in assessment): ☐

Current stage of change information (can be included in assessment): ☐

Release of information between referent and Bridgeway Recovery Services signed by Client: ☐

C-IOP Client Agreement Form signed by Client: ☐

Copy of most recent Treatment Plan: ☐

## Recommended documents to attach to referral form

PGSI

Pathways assessment

Please email referral form and all required/recommended documents to Dee Simmons at: dsimmons@bridgewayrecovery.com

Call BRS PGS staff with questions at: **503-399-0670**

# Oregon Health Authority Problem Gambling Services

## Collaborative Outpatient Program (C-IOP)

## Client Information & Agreement

*The Oregon Problem Gambling Services Collaborative Outpatient Program (C-IOP) is a program that works through cooperation with your home community program and Bridgeway Recovery Services. In the program, you will be able to continue to live in your community, and attend individual therapy and services with your home program, while participating in intensive, problem gambling specific recovery groups by video conference with Bridgeway Recovery Services staff. The Oregon Health Authority Problem Gambling Services Treatment Community is happy to be of service to you!*

*Before your first groups, you will have the opportunity to meet with Bridgeway Recovery Problem Gambling Services Staff, ensure that your technology works well, and you are comfortable with using it, and talk about your specific concerns and ideas about your work in the program. In order to make your experience and the experience of other clients the best it can be, please make sure to observe the following expectations:*

- ✓ Attend all scheduled sessions
- ✓ Be on time to all scheduled sessions
- ✓ Attend all sessions from a confidential place
- ✓ Attend all sessions through video. Connections via phone are not allowed
- ✓ Ensure camera is on throughout all sessions
- ✓ Ensure that your microphone is useable during all sessions
- ✓ Contact Bridgeway Recovery Problem Gambling Services Staff in Advance about any problems or challenges with above
- ✓ Limit distractions during sessions (Please do not eat or smoke during sessions. Please silence all electronic devices/notifications, televisions, music, other computers, etc.)
- ✓ Observe group norms per Bridgeway Problem Gambling Services Staff

*By signing this document, you agree to observe the above listed expectations.*

**Client Signature: _____ Date: _____**

**Staff Witness Signature: _____ Date: _____**

# OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA

CLIENT: Level of Care Placement:

**DIMENSION 1- GAMBLING BEHAVIOR:** **Placement level:**

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

NOTES:

**DIMENSION 2-PHYSICAL HEALTH CONDITIONS & COMPLICATIONS:** **Placement level:**

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

*Severe medical conditions must be stabilized to be eligible for residential treatment.*

NOTES:

**DIMENSION 3-EMOTIONAL/BEHAVIORAL/SUDs/ CONDITIONS/COMPLICATIONS:** **Placement level:**

| **Level I** | **Level II** | **Level III** |
|---|---|---|
| None or very stable, the Ct. is receiving concurrent mental health monitoring | Mild severity with some sporadic potential to distract from recovery; the Ct. needs frequent monitoring | Mild to moderate severity, with some potential to distract from recovery; the Ct. needs to practice active containment skills. |

*Co-Occurring Screening Tools Recommended*

NOTES:

# OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA

**DIMENSION 4-READINESS TO CHANGE:** **Placement level:**

| Level I | Level II | Level III |
|---|---|---|
| The Ct. is ready for recovery but needs motivating/monitoring strategies to strengthen readiness. **Or** There is high severity in this dimension but not in other dimensions The Ct. needs Level I Mot. Enhance. | Restrictive Orientation: The Ct. has variable engagement in tx, ambivalence or low insight into triggers to gamble. Recovery Orientation: High motivation to engage in focused recovery. | Restrictive Orientation: Ct. has poor significant ambivalence, or lacks awareness of the gambling problem. Requiring a near daily structured program. Recovery Orientation: High motivation to engage in focused recovery. |

NOTES:

**DIMENSION 5-PROBLEM OR RELAPSE POTENTIAL**: **Placement level:**

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

NOTES:

**DIMENSION 6-RECOVERY ENVIRONMENT:** **Placement level:**

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

NOTES:

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

# OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA

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

| Level of Functioning/Severity | Intensity of Service Need | Dim 1 | Dim 2 | Dim 3 | Dim 4 | Dim 5 | Dim 6 |
|---|---|---|---|---|---|---|---|
| **Low Severity-**Minimal current difficulty or impairment. Absent, minimal or mild signs and symptoms. Acute or chronic problems mostly stabilized; or soon able to be stabilized and functioning restored with minimal difficulty. | **1** No immediate services or low intensity of services needed for this Dimension. Treatment strategies usually able to be delivered in outpatient settings | | | | | | |
| **Medium Severity-**Moderate difficulty or impairment. Moderate to serious signs and symptoms. Difficulty coping or understanding, but able to function with clinical and other support services and assistance. | **2** Moderate intensity of services, skills training, or supports for this dimension. Treatment strategies may require intensive levels of outpatient care. | | | | | | |
| **High Severity-**Severe difficulty or impairment. Serious, gross or persistent signs and symptoms. Very poor ability to tolerate and cope with problems | **3** High intensity of services, skills training or supports needed. More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services at a frequency greater than daily. | | | | | | |

SUMMARY:

**Dimension 1:**
**Dimension 2:**
**Dimension 3:**
**Dimension 4:**
**Dimension 5:**
**Dimension 6:**

Clinician Signature:_____Date:

# Stage of Change Tools

**URICA:** https://habitslab.umbc.edu/urica/

**SOCRATES:** https://casaa.unm.edu/inst/socratesv8.pdf

# Oregon Problem Gambling Services C-IOP Client Status Form

*For Internal Use Only. Confidential.*

Client Name:

Home Program Client ID#:

Date:

Current Relationship to Problem Gambling Recovery:

Change in Status is in:

___ Gambling Behavior ___ Physical Health ___ Co-Occurring SUD or MH

___ Readiness for Change ___ Problem Gambling Recurrence ____ Recovery Environment

Specific Details of Change:

# Problem Gambling Severity Index

This self-assessment is based on the Canadian Problem Gambling Index. It will give you a good idea of whether you need to take corrective action.

**Thinking about the last 12 months…**

Have you bet more than you could really afford to lose?
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

When you gambled, did you go back another day to try to win back the money you lost?
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have you borrowed money or sold anything to get money to gamble?
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have you felt that you might have a problem with gambling?
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Has gambling caused you any health problems, including stress or anxiety?
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Has your gambling caused any financial problems for you or your household?
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have you felt guilty about the way you gamble or what happens when you gamble?
**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

**TOTAL SCORE**

Total your score. The higher your score, the greater the risk that your gambling is a problem.

Score of 0 = Non-problem gambling.

Score of 1 or 2 = Low level of problems with few or no identified negative consequences.

Score of 3 to 7 = Moderate level of problems leading to some negative consequences.

Score of 8 or more = Problem gambling with negative consequences and a possible loss of control.

Ferris, J., & Wynne, H. (2001). The Canadian problem gambling index: Final report. Submitted for the Canadian Centre on Substance Abuse.

# Gambling Pathways Questionnaire (GPQ)

**The following statements refer to your views about gambling and beliefs about yourself and your life. Please check ONE box that best reflects how much you agree or disagree with each statement ☑**

| | Strongly DISAGREE 1 | 2 | 3 | 4 | 5 | Strongly AGREE 6 |
|---|---|---|---|---|---|---|
| 1. I gamble mainly to relieve tension, to "blow off steam." | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. I like doing or saying crazy things just to shock others. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Gambling gives me purpose in life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I often say mean and hurtful things when I'm angry. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. When I gamble, I can forget my responsibilities for a while. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. If I want sex, I am willing to pay for it. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. A big win at gambling would give my life meaning. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. I'll often take a dare, even if it's dangerous. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. I frequently buy things on impulse, even if I can't afford them. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. When I'm angry, I always feel better if I can hit or throw something. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. If I won at gambling, I wouldn't' feel like such a failure. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. I am often impatient when standing in line or waiting for other people. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. I only follow the rules if I think I could get caught. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. I gamble mainly to cope with the stress and pressures of life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**The next series of statements refer to feelings and behaviors you experienced *before* or *after* gambling became a problem for you. The questions will repeat, but you may have different answers, depending on the time frame. Please check ONE box for each statement ☑.**

| ***"BEFORE gambling became a problem for me…"*** | Strongly DISAGREE 1 | 2 | 3 | 4 | 5 | Strongly AGREE 6 |
|---|---|---|---|---|---|---|
| 15. I often felt panicky. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. I often felt tense and nervous. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. I worried a lot. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. I often felt sad and down for periods of time (lasting at least two weeks). | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| ***"SINCE gambling became a problem for me…"*** | **Strongly DISAGREE** 1 | 2 | 3 | 4 | 5 | **Strongly AGREE** 6 |
|---|---|---|---|---|---|---|
| 19. I often feel panicky. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. I often feel tense and nervous. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 21. I worry a lot. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22. I often feel sad and down for periods of time (lasting at least two weeks). | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Next, we would like to ask you about things you experienced as a *child or teenager*. Please check ONE box that best reflects to what extent you disagree or agree with each statement ☑.**

| ***"As a child or teenager, I was…"*** | **Strongly DISAGREE** 1 | 2 | 3 | 4 | 5 | **Strongly AGREE** 6 |
|---|---|---|---|---|---|---|
| 23. Hit, punched, or kicked at home. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24. Frequently teased or bullied at school. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 25. Often called hurtful names like "worthless," "no good," or "stupid." | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 26. Subjected to unwanted or inappropriate sexual contact. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 27. Abandoned emotionally or ignored by my caregivers. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 28. Often left at home alone or without proper clothing, food, heat or other necessities. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 29. Exposed to (witnessed) physical violence against someone else. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Finally, a few more questions about your views on gambling and beliefs about yourself and your life. Please check ONE box that best reflects how much you disagree or agree with each statement ☑.**

| | **Strongly DISAGREE** 1 | 2 | 3 | 4 | 5 | **Strongly AGREE** 6 |
|---|---|---|---|---|---|---|
| 30. The only time I feel important is when I'm gambling. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 31. I will pick up someone just for sex. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 32. Since childhood, I've always been prone to get in trouble. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 33. I would bet on anything just for the excitement. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 34. I gamble to distract myself from problems. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 35. If necessary, I'll do illegal things unrelated to gambling. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Strongly DISAGREE 1 | 2 | 3 | 4 | 5 | Strongly AGREE 6 |
|---|---|---|---|---|---|---|
| 36. People who know me would say my behavior is unpredictable and inconsistent. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 37. If only I could win at gambling, I wouldn't feel so powerless over my life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 38. I often get into physical fights with other people. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 39. If something feels good, I'll do it regardless of the consequences. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 40. Gambling helps me forget bad memories in my life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 41. Sometimes my temper explodes for no good reason. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 42. I've been known to have unprotected sex with someone I don't know well. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 43. Gambling helps me avoid dealing with difficult situations and/or people in my life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 44. It's OK to lie to gain an advantage. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 45. Gambling numbs me out so I don't feel bad emotions. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 46. I often manipulate others to get what I want. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 47. I often say or do things without stopping to think. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 48. If someone tells me not to do something, I'll want to do it even more. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# INSTRUCTIONS

## How to Score the GPQ:

Scoring the GPQ is based on sum totals of high/medium/low responses to instrument's nine sub-scales:

1. Transfer item responses into the spaces provided by sub-scale. For example, if the client marked "4" on question 10, put "4" in that box and add all numbers in that subscale at the end).
2. Total each sub-scale and place the sum in the "SUM" box.
3. Compare sum totals for each specified sub-scale to the threshold numbers provided and ADD or SUBTRACT as directed to identify the number of conditions met for each pathway. If conditions are met for BOTH Pathways 2 and 3, assign client to Pathway 3. If ONLY conditions for Pathway 2 are met, assign client to Pathway 2. If NEITHER conditions for Pathways 2 or 3 are met, assign client to Pathway 1.
4. Compare your client's sum totals for all subscales to the low/medium/high ranges provided to determine which etiological factors are most important for treatment.

## How to Use the GPQ:

The GPQ is a stand-alone instrument for sub-typing problem gamblers based on etiological factors. It is intended to assist clinicians in better individualizing client treatment plans. The GPQ should be used in conjunction with a clinical measure of problem severity; the measure was developed using the Problem Gambling Severity Index (PGSI) of the Canadian Problem Gambling Index (Ferris & Wynne, 2001). The GPQ provides a clinical snap-shot of the most likely origins of gambling problems, however, it is not an exhaustive test battery. In addition, the GPQ is designed to differentiate among subtypes not to identify all client risk factors. For that reason, we recommend that clinicians supplement the GPQ with other instruments that explore single risk factors of interest in greater depth. We also recommend that clinicians conduct in-depth evaluations on any risk factors in the "high" range on this questionnaire.

# Pathways Scoring Sheet

Mood Pre

| Score | | + | | + | | + | | = | | 1A |
|---|---|---|---|---|---|---|---|---|---|---|
| Question # | 15 | | 16 | | 17 | | 18 | | SUM | |

Mood Post

| Score | | + | | + | | + | | = | | 2A |
|---|---|---|---|---|---|---|---|---|---|---|
| Question # | 19 | | 20 | | 21 | | 22 | | SUM | |

Child Abuse, Neglect & Trauma

| Score | | + | | + | | + | | + | | + | | + | | = | | 3A |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Question # | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | SUM | |

Stress-Coping Motivation

| Score | | + | | + | | + | | + | | + | | + | | = | | 4A |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Question # | 1 | | 5 | | 14 | | 34 | | 40 | | 43 | | 45 | | SUM | |

Impulsivity

| Score | | + | | + | | + | | = | | 1B |
|---|---|---|---|---|---|---|---|---|---|---|
| Question # | 9 | | 12 | | 36 | | 47 | | SUM | |

Meaning Motivation

| Score | | + | | + | | + | | + | | = | | 2B |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Question # | 3 | | 7 | | 11 | | 30 | | 37 | | SUM | |

Risk-Taking

| Score | | + | | + | | + | | = | | 1C |
|---|---|---|---|---|---|---|---|---|---|---|
| Question # | 2 | | 8 | | 33 | | 39 | | SUM | |

Sexual Risk-Taking

| Score | | + | | + | | = | | 2C |
|---|---|---|---|---|---|---|---|---|
| Question # | 6 | | 31 | | 42 | | SUM | |

Antisocial Traits/Behaviors

| Score | | + | | + | | + | | + | | = | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Question # | 4 | | 10 | | 13 | | 32 | | 35 | | Total | | | |
| | | | | | | | | | | | + | = | | 3C |
| Score | | + | | + | | + | | + | | = | | SUM | |
| Question # | 38 | | 41 | | 44 | | 46 | | 48 | | Total | | | |

**Trait Severity Scales**

| Mood Pre & Mood Post (1A & 2A) | | Child Maltreatment (3A) | |
|---|---|---|---|
| Low | 0-8 | Low | 0-14 |
| Medium | 9-14 | Medium | 15-22 |
| High | ≥15 | High | ≥23 |
| **Stress-Coping Motivation (4A)** | | **Impulsivity (1B)** | |
| Low | 0-19 | Low | 0-8 |
| Medium | 19-36 | Medium | 9-18 |
| High | ≥37 | High | ≥19 |
| **Meaning Motivation (2B)** | | **Risk Taking (1C)** | |
| Low | 0-11 | Low | 0-8 |
| Medium | 12-18 | Medium | 9-18 |
| High | ≥19 | High | ≥19 |
| **Sexual Risk-Taking (2C)** | | **Antisocial Traits/Behaviors (3C)** | |
| Low | 0-4 | Low | 0-18 |
| Medium | 5-10 | Medium | 19-36 |
| High | ≥11 | High | ≥37 |

## Pathway Scoring:

The number in (1A) is greater than or equal to **12, ADD 1** _____

*The number in (2A) is greater than or equal to **18, ADD 1*** _____

*The number in (3A) is greater than or equal to **18, ADD 1*** _____

*The number in (4A) is greater than or equal to **35, ADD 1*** _____

*The number in (1B) is greater than or equal to **18, ADD 1*** _____

*The number in (2B) is greater than or equal to **22, ADD 1*** _____

**TOTAL** ☐

**If TOTAL (1A+2A+3A+4A+1B+2B) equals 3 or more, then conditions for Pathway 2 have been met.**

**Conditions for Pathway 2 met?**

**Yes** ☐ **No** ☐

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The number in (1B) is greater than or equal to ***18, ADD 1*** _____

The number in (2B) is greater than or equal to ***22, ADD 1*** _____

The number in (1C) is greater than or equal to ***15, ADD 1*** _____

The number in (2C) is greater than or equal to ***9, ADD 1*** _____

The number in (3C) is greater than or equal to ***30, ADD 1*** _____

**Sub-Total:** _____

**If TOTAL (1B+2B+1C+2C+3C MINUS 1A) equals 2 or more, then conditions for Pathway 3 have been met.**

**Conditions for Pathway 3 met?**

**Yes** ☐ **No** ☐

The number in (1A) is greater than or equal to ***12***,

***SUBTRACT 1*** from **Sub-Total** _____

**TOTAL** ☐

***If BOTH conditions for Pathways 2 and 3 are met, assign to Pathway 3.***
***If NETHER condition for Pathway 2 or 3 is met, assign to Pathway 1.***

**Final Pathway:** **Pathway 1** ☐ **Pathway 2** ☐ **Pathway 3** ☐