# Gambler Addiction Index

## Scale Interpretation
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Scale Description

Scale Interpretation

Test Features

## Applications

● Gambler assessment in clinics, employee assistance programs, counseling settings, courts, probation departments, mental health professionals and service provider offices.

## Description

The Gambler Addiction Index (GAI) is a test specifically designed for gambler assessment.  The GAI has 166 items and takes 35 minutes to complete.  It is computer scored with reports printed within 2½ minutes on-site.  The GAI is standardized on gamblers (male and female) ranging in age from 17 to 74.

The GAI contains seven measures (scales) that measure client truthfulness, gambling involvement, gambler classification, suicidal ideation, substance (alcohol and other drugs) use and abuse, and stress handling abilities.  The interaction of these seven attitude and behavior scales largely determines the gamblers outlook and subsequent behavior.

The GAI has been standardized on gamblers.  More specifically, the GAI's standardization studies involved people being treated for gambling and probationers with gambling-related problems.  GAI research is summarized in the document titled "GAI: An Inventory of Scientific Findings" which can be provided upon request.

## Seven GAI Measures (Scales)

1. **Truthfulness Scale**: measures how truthful the gambler was while completing the GAI.  This scale identifies defensiveness, denial, attempts to "fake good" and problem minimization.

2. **Gambling Severity Scale**: measures gambling interest and involvement on a continuum from normal (low risk) to pathological (severe problem). This scale measures **severity** of gambling problems.

3. **DSM-IV Gambling Scale:** in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) a person must agree to 5 or more of 10 criteria to be classified a Pathological Gambler. This classification scale identifies pathological gamblers.

4. **Alcohol Scale**: measures alcohol (beer, wine and other liquor) use and abuse. This scale measures the **severity** of alcohol abuse.

5. **Drugs Scale**: measures illicit drug (marijuana, crack, cocaine, ecstasy, amphetamines, barbiturates and heroin) use and abuse. This scale measures the **severity** of illicit drug abuse.

6. **Suicide Scale**: identifies suicide prone individuals. Gamblers are often desperate, overwhelmed and potentially suicidal when losing a lot of money.

7. **Stress Coping Abilities Scale**: measures how well the gambler copes with stress, tension and pressure. Stress exacerbates emotional problems. This scale is a non-introversive way to screen for established (diagnosable) emotional and mental health problems.

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# GAI SCALE INTERPRETATION

There are several levels of GAI interpretation ranging from viewing the GAI as a self-report to interpreting scale elevations and scale inter-relationships.

The following table is a starting point for interpreting GAI scale scores.

| SCALE RANGES | | |
|---|---|---|
| **Risk Category** | **Risk Range Percentile** | **Total Percentage** |
| Low Risk | 0 - 39% | 39% |
| Medium Risk | 40 - 69% | 30% |
| **Problem Risk** | **70 - 89%** | **20%** |
| **Severe Problem** | **90 - 100%** | **11%** |

Referring to the above table, a problem is not identified until a scale score is at the 70th percentile or higher. **Elevated scale scores** refer to percentile scores that are at or above the 70th percentile. These gamblers are problematic. **Severe problems** are identified by scale scores at or above the 90th percentile. Severe problems represent the highest 11 percent of gamblers evaluated with the GAI. The GAI has been normed on

gamblers. And this normative sample continues to expand with each GAI test that is administered.

# SCALE INTERPRETATION

**1. Truthfulness Scale:** measures how truthful the gambler was while completing the test. It identifies guarded and defensive people who attempt to "fake good." Truthfulness Scale scores at or below the 89th percentile mean that all GAI scale scores are accurate. When the GAI Truthfulness Scale score is in the 70 to 89th percentile range other GAI scale scores are accurate because they have been Truth-Corrected. In contrast, when the Truthfulness Scale score is at or above the 90th percentile this means that **all** GAI scales are inaccurate (invalid) because the gambler was overly guarded, read things into test items that aren't there, was minimizing problems, or was caught faking answers. If not consciously deceptive, gamblers with elevated Truthfulness Scale scores are usually uncooperative (likely in a passive-aggressive manner), fail to understand test items or have a need to appear in a good light. **Truthfulness Scale scores at or below the 89th percentile mean that all other GAI scale scores are accurate.** One of the first things to check when reviewing a GAI report is the Truthfulness Scale score.

**2. Gambling Severity Scale:** measures gambling involvement on a continuum from none or some gambling (low risk, zero to 39th percentile), through social gambling (medium risk, 40 to 69th percentile), to problem gambling (problem risk, 70 to 89th percentile) and severe problem (90 to 100th percentile) gambling. **The Gambling Severity Scale measures the severity of gambling problems.**

Problem gamblers (70 to 89th percentile) manifest emerging gambler problems. These individuals are losing control over their gambling. Problem gamblers are experiencing gambling-related problems (not just losing money) and their consequences go beyond DSM-IV pathological gambling criteria. Consequently most, if not all, other GAI scales directly interact with the Gambling Severity Scale. There is general consensus that gamblers are often negatively affected by substance (alcohol and other drugs) abuse, experienced stress and even suicidal ideation. The question often becomes "which came first?" Are the gambler's problems exacerbated by substance abuse, ineffective stress coping abilities and emotional problems or vice versa?

**How do the Gambling Severity Scale and the DSM-IV Gambling Scale Differ?**

DSM-IV Gambling Scale criteria only pertains to pathological gambling. A person admitting to 5 or more of the DSM-IV criteria is classified a "pathological gambler." Fisher (1996) included admissions to 3 or 4 criteria to identify "problem gamblers." And GAI methodology extended this logic to include people admitting to 1 or 2 of these criteria being classified as "social gamblers." The DSM-IV criteria methodology is a classification system.

In contrast, the "Gambling Severity Scale" consists of 53 items and incorporates gambling-related attitudes, feelings/emotions, behavior and consequences. This is a much broader and inclusive approach to gambler involvement. The Gambling Severity

Scale measures the severity of gambling involvement and gambling-related problems. It is an understatement to say the etiology of problem gamblers is complex.

**3. DSM-IV Gambling Scale:** is based upon individual's admissions to ten DSM-IV pathological gambler criteria. This procedure stipulates that a person admitting to 5 or more of the DSM-IV criteria is classified as a pathological gambler. Fisher (1996) in her university of Plymouth publication identified people admitting to 3 or 4 of the 10 DSM-IV criteria as "problem gamblers." Expanding this logic, people admitting to 1 or 2 of these 10 criteria are designated "social gamblers" in the GAI's DSM-IV Gambling Scale.

Since the DSM-IV ten criteria represent the "gold standard" for identifying pathological gamblers, the ten criteria were reworded and reformatted for use in the GAI's DSM-IV Gambling Scale. This DSM-IV criteria procedure is a classification procedure, whereas the Gambling Severity Scale is a gambler problem "severity" measure. The GAI now classifies gamblers as "No Gambling Problem," "Social," "Problem," or "Pathological" and concurrently measures the severity of gambler problems. Comparison of these two methodologies classification-measurement procedures helps in understanding their relationship.

| CLASSIFICATION-MEASUREMENT COMPARISON | | |
|---|---|---|
| **DSM-IV Gambling Scale** | **Gambling Severity Scale** | **Synonyms/Classification** |
| 1 or 2 admissions........ | ......0 to 69th percentile ...... | .... abstainer, social gambler |
| 3 or 4 admissions........ | ......70 to 89th percentile .... | .... Problem gambler |
| 5+ admissions ............. | ......90 to 100th percentile .. | .... Very serious or pathological |

A growing debate appears to be focusing on the measurement or classification models used. On the one side is DSM-IV diagnostic criteria and on the other side is a continuum measurement model that measures gambler problem severity. Toce et al. (2003) in their adolescent article note "these different measurement models may serve different purposes and are conceptually compatible with each other." With the inclusion of the GAI DSM-IV Gambling Scale, the GAI is one of the few tests containing both assessment models.

**4. Alcohol Scale:** measures alcohol use and the **severity** of abuse. Alcohol refers to beer, wine and other liquors. An elevated (70 to 89th percentile) Alcohol Scale is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies established and serious drinking problems. Elevated Alcohol Scale scores do not occur by chance.

A history of alcohol problems (e.g., alcohol-related arrests) could result in an abstainer (current non-drinker) attaining a low to medium risk scale score. Consequently safeguards have been built into the GAI to identify "recovering alcoholics." For example, the gambler's self-reported court history is summarized on the first page of the GAI report. And on page 3 of the report the gambler's structured interview (items 159 to 166) answers are printed for easy reference. **The gambler's answer to the "recovering**

**alcoholic" question (item 165) is printed on page 3 of the GAI report.** Items numbered 45, 72, 86 and 115 refer to present tense alcohol-related admissions. In addition, elevated Alcohol Scale paragraphs caution staff to establish if the offender is a recovering alcoholic. If recovering, how long?

Severely elevated Alcohol and Drugs Scale scores indicate polysubstance abuse and the highest score usually identifies the gambler's substance of choice. Scores in the severe problem (90 to 100th percentile) range are a malignant prognostic sign. Elevated Alcohol Scale, Drugs Scale and Suicide Scale scores identify a particularly dangerous gambler. Here we have a suicidal individual who is even further impaired when drinking or using drugs.

Stress exacerbates emotional and mental health symptomatology and alcohol abuse magnifies these problems even further. Consequently, alcohol abuse magnifies the pathology associated with GAI scales.

In intervention and treatment settings the Alcohol Scale score can help staff work through gambler denial. More people accept objective standardized assessment results as opposed to someone's subjective opinion. This is especially true when it is explained that elevated scores do not occur by chance. The Alcohol Scale can be interpreted independently or in combination with other GAI scales.

**5. Drugs Scale**: measures drug (marijuana, ice, crack, ecstasy, cocaine, amphetamines, barbiturates and heroin) use and severity of drug abuse. An elevated (70 to 89th percentile) Drugs Scale score identifies emerging drug problems. A Drugs Scale score in the severe problem (90 to 100th percentile) range identifies established drug problems and drug abuse.

A history of drug-related problems (e.g., drug-related arrests) could result in an abstainer (current non-user) attaining a low to medium risk Drugs Scale score. For this reason precautions have been built into the GAI to insure correct identification of "recovering" drug abusers. Many of these precautions are similar to those discussed in the above Alcohol Scale description. **And the gambler's answer to the "recovering drug abuser" question (item 165) is printed on page 3 of the GAI report**. Items numbered 21, 74, 81, 107, 117 and 122 refer to present tense drug-related admissions. In addition, elevated Drugs Scale paragraphs caution staff to establish if the gambler is a recovering drug abuser. If recovering, how long?

Concurrently elevated Drugs and Alcohol Scale scores are indications of polysubstance abuse, and the highest score reflects the gambler's substance of choice. Very dangerous gamblers are identified when both the Drugs Scale and the Suicide Scale are elevated. Any Drugs Scale score in the severe problem (90 to 100th percentile) range should be taken very seriously. And elevated GAI Scale scores can be exacerbated when the gambler is also abusing drugs. The Drugs Scale can be interpreted independently or in combination with other GAI scales.

**6. Suicide Scale**: In almost every act of suicide, there are hints of suicidal thinking before the suicide occurs. Currently, one of the major obstacles in suicide prevention is not remediation, rather it is in identification. Most individuals who are contemplating

suicide are acutely aware of their intentions. On the other hand the suicidal person may be unaware of their own lethality. Yet, they usually give many hints of their intention. Most suicidal acts stem from a sense of emotional isolation and some intolerable emotion. Many believe suicide is an act to stop an intolerable existence. Unfortunately, each of us defines "intolerable" in our own way. Yet, in almost every case there are precursors to suicide. Recognizing these clues is a necessary first step in suicide prevention.

The Suicide Scale in the GAI assesses verbal clues such as "I can't stand it anymore" and behavioral clues like "successive approximations" of involvement with instruments of suicide like razors, pills, and the like along with moods such as depression or emotional isolation. An elevated Suicide Scale score can reflect early symptoms of emotional detachment, defiance and loss of interest or withdrawal. Substance (alcohol and other drugs) abuse is often associated with the suicidal act. It's like striving for numbness of mind, a non-think state that can facilitate an impulsive act. A person's attitude, particularly if resistant and negativistic can foreshadow emotional isolation and "giving up" or "internalization." Although depression is the most recognized synonym for suicide-it is not the only one. Consequently, the presence of emotional or mental health problems should not be ignored. Elevated Stress Coping Abilities Scale scores often reflect the presence of these problems.

To accurately identify suicidal individuals, we must combine separate symptoms. No one symptom by itself would necessarily be a good suicide predictor. And to a large extent that is what the GAI does. When you have an elevated Suicidal Scale score, particularly in the severe problem (90 to 100th percentile) range, with another elevated scale score the assessor must consider suicide a possibility and take appropriate steps. The higher the scores, the more serious the situation.

The assessor's judgment and experience will influence decisions involving the client's family, friends, support group, counseling and/or treatment.

**7. Stress Coping Abilities Scale:** measures the gambler's ability to cope effectively with stress, tension and pressure. How well a person manages stress affects their overall adjustment. A Stress Coping Abilities Scale score in the elevated (70th percentile and higher) range provides considerable insight into co-determinants while suggesting possible intervention programs like stress management, lifestyle adjustment, gamblers anonymous or counseling.

A gambler scoring in the severe problem (90 to 100th percentile) range on the Stress Coping Abilities Scale should be referred to a mental health specialist for further evaluation, diagnosis and a treatment plan. We know that stress exacerbates emotional and mental health problems. The Stress Coping Abilities Scale is a non-introversive way to screen for established (diagnosable) mental health problems. And gambling, particularly when one is losing, can be a very stressful experience.

A particularly unstable and perilous situation involves an elevated Stress Coping Abilities Scale with an elevated Alcohol Scale, Drugs Scale or Suicide Scale. Poor stress coping abilities along with substance (alcohol or other drugs) abuse in a suicide prone

individual defines high risk.  **The higher the elevation of these scales - the worse the prognosis**.  The Stress Coping Abilities Scale can be interpreted independently or in combination with other GAI scales.

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In conclusion, it was noted that several levels of GAI interpretations are possible, they range from using the GAI as a self-report to interpreting scale elevations and inter-relationships.  Staff can then put a gambler's GAI findings within the context of the gamblers' life situation.

## Unique Test Features

**Truthfulness Scale:** identifies denial, problem minimization and faking.  It is now known that most gamblers attempt to minimize their problems.  A Truthfulness Scale is a necessary and important component in contemporary tests.  The GAI Truthfulness Scale has been validated with the Minnesota Multiphasic Personality Inventory (MMPI), polygraph exams, other tests, truthfulness studies and experienced staff judgment.  The GAI Truthfulness Scale has been demonstrated to be reliable, valid and accurate.  In some respects the GAI Truthfulness Scale is similar to the MMPI's L and F-Scales.  It consists of a number of items that most people agree or disagree with.

**Truth-Corrected Scores:** have proven to be very important for assessment accuracy.  This proprietary truth-correction process is comparable to the MMPI K-Scale correction.  The GAI Truthfulness Scale has been correlated with other scale scores.  The Truth-Correction equation then converts raw scores to Truth-Corrected scores.  Truth-Corrected scores are more accurate than raw scores.  Raw scores reflect what the gambler wants you to know. Truth-Corrected scores reveal what the gambler is attempting to hide.

**Gambling Severity Scale:** measures client gambling involvement on a continuum from none or some gambling (low risk, zero to 39th percentile), through social gambling (medium risk, 40 to 69th percentile), to problem gambling (problem risk, 70 to 89th percentile) and severe problem (90 to 100th percentile) gambling.  The Gambling Severity Scale quantifies gambling involvement.  This scale assesses attitudes and behaviors important for understanding gamblers.  It measures **severity** of gambler-related problems.

**DSM-IV Gambling Scale:** incorporates DSM-IV pathological gambler criteria.  The ten DSM-IV criteria were reworded and reformatted into the "DSM-IV Gambling Scale."  Admission to 5 or more to these criteria items results in classification as a pathological gambler.  This is a classification procedure.  Admission to 3 or 4 of these DSM-IV criteria classifies the respondent as a "problem gambler."  And admission to 1 or 2 of these DSM-IV criteria classifies the respondent as a "social gambler."

**Suicide Scale:** identifies suicide prone individuals.  These are usually people who are emotionally overwhelmed, desperate and potentially suicidal.  Gamblers, or perhaps unsuccessful gamblers, are often concerned with "getting even" and taking "financial risks" in an effort to get even.  Many of these individuals spend their wages, borrow

money or use pawnshop monies in their need to "win."  These gambling-related stressors often put pressure on a gambler's relationships with family, friends and creditors.  When such individuals "bottom out" they can be desperate.  Gamblers have a higher probability of suicide than most other clinical and offender groups.

**Alcohol Scale** and the **Drugs Scale** refer to substance (alcohol and other drugs) use and abuse. Gambler's typically have a high percentage of alcohol and other drug problems. Many gambling situations are associated with drinking and/or illicit drug use. When a gambler encounters "bad luck" they often self-medicate with substance abuse. Substance (alcohol and other drugs) abuse is often associated with gambling and in many cases it becomes one of many focal issues in the gambling milieu or setting.

**Stress Coping Abilities Scale:** measures how well the gambler handles stress, tension and pressure.  How a person handles stress can directly affect their emotional and mental health symptoms.  This scale is a non-introversive way to screen diagnosable mental health problems.  A person scoring at or above the 90th percentile on the Stress Coping Abilities Scale should be referred to a certified or licensed mental health professional for a more comprehensive evaluation, diagnosis and treatment plan.  A person scoring at or above the 90th percentile very likely has a diagnosable DSM-IV disorder; however, many gambler assessors are not certified or licensed in the mental health field. Consequently gamblers scoring at or above the 90th percentile should often be referred to certified/licensed mental health professionals.

**Confidentiality:** Behavior Data Systems, Ltd. encourages test users to delete gambler names.  Once client names are deleted they are gone and cannot be retrieved.  Deleting client names does not delete demographics or test data which is downloaded into the GAI database for subsequent analysis.  This proprietary name deletion procedure involves a few keystrokes and insures client confidentiality.  **This "name deletion" procedure insures confidentiality and compliance with HIPAA (federal regulation 45 C.F.R. 164.501) requirements.**

**Test Data Input Verification:** allows the person that inputs test data from the answer sheet into the computer to verify the accuracy of their data input.  In brief, test data is input twice and any inconsistencies between the first and second data entry are highlighted until corrected.  When the first and second data entry match, or are the same, the staff person can continue.  This proprietary Data Input Verification procedure is optional, yet strongly recommended by Behavior Data Systems, Ltd.

**GAI: Inventory of Scientific Findings:** much of the GAI research has been gathered together in this document.  GAI research is summarized chronologically - as the studies were completed.  This chronological reporting format was established largely because of the GAI database which permits annual database analysis of all tests administered that year.  This chronological reporting procedure allows the reader the opportunity to see the evolution of the GAI into a state-of-the-art gambler assessment instrument or test.  **Behavior Data Systems, Ltd.'s** website **www.bdsltd.com** is a source of GAI information.

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                      New Jersey Gambler Addiction Index
                      ********************************
```

NAME OR ID#      : <u>Example</u> Report                CONFIDENTIAL REPORT
AGE: 37     SEX : Male
ETHNICITY/RACE   : Caucasian
EDUCATION/GRADE  : High school graduate
MARITAL STATUS   : Married
DATE GAI SCORED  : 12/11/2014


GAI results are confidential and should be considered working  hypothe-
ses. No diagnosis or decision should be based solely upon GAI  results.
The GAI is to be used in conjunction with experienced staff judgment.


```
MEASURES            %ile                      GAI PROFILE
--------            ----      +---------------+-----------+-------+---+
                              -   LOW RISK    -  MEDIUM   -PROBLEM-MAX-
                              -               -          -        -   -
TRUTHFULNESS         44       *******************.......-........-...-
                              -               -          -        -   -
GAMBLING SEVERITY    72       *****************************.......-...-
                              -               -          -        -   -
ALCOHOL              88       *********************************.-...-
                              -               -          -        -   -
DRUGS                42       ****************..........-.......-...-
                              -               -          -        -   -
SUICIDE              73       ****************************......-...-
                              -               -          -        -   -
STRESS COPING        68       *************************.-      -   -
                              +---------------+-----------+-------+---+
                              0               40          70      90 100
                              ----------- PERCENTILE SCORES -----------
```

              DSM-IV GAMBLING SCALE CLASSIFICATION: Social Gambler


                    ADDITIONAL INFORMATION PROVIDED BY CLIENT
                    -----------------------------------------
Total number of arrests......  2   Alcohol-related arrests........  2
Times on probation..........  1   Drug-related arrests...........  0
Probation revocations.......  0   # of months employed past year.. 12
Early Recovery/Abstinent.....  No   Current Relapse Prevention......Yes


                      GAI RESPONSES          (GAI TEST # 1 )
                      -------------
```
  1- 50   FTTTFTFTTT TFFTTFFFTF FTFTTTFTTF FFFTFFFFTFT TFTTFFTFTF
 51-100   TFFFTFFFFF TFFFFFFTFF TFFFTFTFFF FFTFTFFFFT FTTFFFFFFF
101-150   FTFFFFFFTF FTTFTFFFTF FFFTTTF321 2122212312 1222221212
151-166   2222222232 322442
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**\* \* SUMMARY PARAGRAPHS EXPLAINING CLIENT'S ATTAINED SCALE SCORES \* \***
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**TRUTHFULNESS SCALE: MEDIUM RISK RANGE              RISK PERCENTILE:44**
This client's score on the  Truthfulness  Scale is in the Medium  Risk
(40 to  69th  percentile)  range. This  is  an  accurate GAI  profile.
However, there is a tendency for this  person  to deny common problems
and to portray self in an overly favorable  light.  Specific questions
will usually be answered more accurately  than open  ended  or general
type questions. This client  has  adequate  reading skills. This is an
accurate profile and other GAI scale scores are accurate.

**DSM-IV GAMBLING SCALE                                    SOCIAL GAMBLER**
This client admitted to one or two of the 10 DSM-IV pathological
gambling criteria.  The GAI initiated a one or two criteria admissions
"social gambler" classification.  The terms "problem gambler" (3 or 4
criteria) and "pathological gambler" ( 5 or more criteria) do not
apply in this 10 criteria DSM-IV categorization.  The gambler admitted
to 1 or 2 of the DSM-IV's criteria.  Problem "severity" takes
precedence over classification so review the GAI Gambling Severity
Scale.  This client manifests "social gambler" features.

**GAMBLING SEVERITY SCALE: PROBLEM RISK RANGE          RISK PERCENTILE:72**
 This gambler scored in the Problem Risk (70 to 89$^{th}$ percentile) range.
 Problem Risk scorers are often in the early stages of problematic
 gambling.  Carefully review any other elevated (70$^{th}$ percentile or
 higher) GAI scale scores.  Pay particular attention to the Alcohol
 Scale, Drugs Scale and Suicide Scale.  This individual manifests
 gambling-related problems.  A definite pattern of gambler-related
 admissions is needed to attain this score.  Gambler's Anonymous (GA)
 or counseling (individual or group) should be considered.

**ALCOHOL SCALE: PROBLEM RISK RANGE                    RISK PERCENTILE:88**
 This person's Alcohol Scale score is in  the Problem  Risk (70 to 89th
 percentile)  range.  Alcohol (beer,  wine  or  liquor)  problems   are
 indicated.  Either  this  client  has  a  drinking  problem or  is  a
 recovering  (alcohol  problem,  but  has  stopped  drinking)  alcoholic.
 A pattern of alcohol  abuse  is  evident. Relapse is possible. Alcohol-
 related  counseling (or treatment) and/or  Alcoholics  Anonymous (AA)
 participation are  recommended. This is a problem risk  Alcohol  Scale
 score.

**DRUGS SCALE: MEDIUM RISK RANGE                       RISK PERCENTILE:42**
 This  client's  score on the Drugs Scale is in the Medium Risk  (40 to
 69th percentile)  range. Some  indicators  of  drug use  are present,
 however, an established pattern of drug abuse  is  not  evident. Drug-
 related  problems  are  not likely  and not focal issues. Participation
 in an educational (alcohol and  other drug  abuse)  program  might  be
 considered. Interview to  establish  this client's history and pattern
 of drug involvement. This is a medium risk Drugs Scale score.

**SUICIDE SCALE: PROBLEM RISK RANGE                    RISK PERCENTILE:73**
This client scored in the Problem Risk (70 to 89th percentile)  range.
Any suicidal threats or  suicidal  ruminations  or  suicidal  ideation
should be taken seriously. In interview explore any sense of  depriva-
tion of affection and love, feelings  of  rejection  or  hopelessness,

desperation, serious financial losses or chronic pain. Substance (alcohol or drugs) abuse or impaired stress coping abilities can exacerbate suicidal ideation. Consider referring this person for counseling (individual or group). This is a problem risk score.

STRESS COPING SCALE: MEDIUM RISK RANGE               RISK PERCENTILE:73
Stress coping abilities are not well established. Stress is likely a focal area of concern. This person is not coping effectively with stress, tension, anxiety or pressure. Symptoms of stress include irritability, depression, marital/family problems, impaired concentration and in some cases even substance abuse. Stress is contributing to emotional and adjustment problems. This is a problem risk Stress Coping Abilities Scale score.


SIGNIFICANT ITEMS:  Answers are either client self-admissions or unusual responses that should be explored within the context of the client's lifestyle.

ALCOHOL                          DRUGS
-------                          -----
 3. Is concerned about drinking  No significant items were
15. Drinking caused social problms reported for this scale.
57. Missed work due to drinking

GAMBLING SEVERITY                    SUICIDE
--------                            --------
71. Told gambling ruining life      48. States "Nobody cares about me"
112. Can't stop gambling            111. Loneliness becoming unbearable

STRUCTURED INTERVIEW: Client's answers with all their biases (items 159 through 166) reflect the respondent's attitude and outlook.

            159. Gambling: a slight problem
            160. Drinking: moderate problem
            161. Drug use: a slight problem
            162. May need gambling treatment
            163. May need alcohol treatment
            164. No need for drug treatment
            165. Not a recovering person
            166. Rates gambling under control

OBSERVATIONS AND RECOMMENDATIONS:_____

_____

_____


_____     _____
   STAFF MEMBER SIGNATURE                  DATE