Nebraska Gamblers Assistance Program
GAP DATA AT DISCHARGE - Family Member Client
Your answers are confidential. Thank you.

Agency Name: _____ Date: _____

CLIENT DOB: _____/_____/_____	**CLIENT ID:**

Have you experienced any of the following outcomes of counseling? **(Check <u>all</u> that apply)**	□ Help with financial problems □ Regained connection with family member with gambling problem □ Decreased emotional distress □ Improved communication	□ Improved social life □ Improved health □ Clarity about life choices □ Reduction of problem gambling behavior □ Elimination of problem gambling behavior

What is your relationship to the family member with a gambling problem?	□ Spouse □ Domestic partner □ Child □ Sister □ Brother □ Parent

How many sessions did you complete before you knew counseling would help you?	□ 1 - 6 □ 7 - 12	□ 13 - 21 □ 21 +

What is the primary reason you are ending counseling? **(<u>Select ONE</u>)**	□ Family member has not gambled for a significant period □ Family member continues to gamble □ Family member and I have ceased communications □ Family member started counseling for his/her gambling problem	□ Problem gambling is no longer an element in my life □ Counselor and I agree counseling is at an end □ I am ready □ Counseling is not meeting my needs nor expectations

Did your family member continue to gamble while you were in counseling?	□ Yes □ No

Did your family have gambling debt when you started counseling?	□ Yes □ No

Today, approximate gambling debt (nearest 1,000): $ _____

How would you describe your gambling debt in comparison to when you started counseling?	□ Decreased □ No change □ Increased

Is your family member's problem gambling	□ Worse? □ Unchanged? □ Better?

Living Situation:	□ Living with family member with gambling problem □ Living alone □ Remarried □ Living with relative

Employment:	□ Employed full time for salary or wages □ Retired □ Employed part time for salary or wages □ Self-employed □ Student □ Unemployed □ Disability

Did you attend any self-help support groups for family members of people with a gambling problem during counseling?	□ Yes □ No

Are you interested in finding a self-help support group to help you after counseling has ended?	□ Yes □ No

How important was it that problem gambling counseling was paid for?	□ Major factor □ Minor factor □ Not a factor

Did you request or participate in any online counseling sessions with your counselor?	□ Yes □ No

Do you feel counseling met your needs?	□ Yes □ No

Will you return to counseling if gambling becomes a problem for you again?	□ Yes □ No

Since you have started treatment, has your spouse or intimate partner threatened to harm you?	□ Yes □ No □ Not applicable

Since you have started treatment, has your spouse or intimate partner physically harmed you?	□ Yes □ No □ Not applicable

Since you have started treatment, have you threatened to harm your spouse or intimate partner?	□ Yes □ No □ Not applicable

Since you have started treatment, have you physically harmed your spouse or intimate partner?	□ Yes □ No □ Not applicable

The following questions ask you to compare your life situation when you started counseling and your life today:	
How would you describe your **financial status** today compared to when you started counseling?	□ Worse □ No change □ Better
How would you describe the **relationship with your friends** today compared to when you started counseling?	□ Worse □ No change □ Better

How would you describe your **alcohol use** today compared to when you started counseling?	□ Lower □ No change □ Higher □ Not applicable
How would you describe your **tobacco use** today compared to when you started counseling?	□ Lower □ No change □ Higher □ Not applicable
How would you describe your **drug use** today compared to when you started counseling?	□ Lower □ No change □ Higher □ Not applicable
How would you describe your **gambling** today, if any, compared to when you started counseling?	□ Lower □ No change □ Higher □ None
How would you describe your **sense of well-being** today compared to when you started counseling?	□ Worse □ No change □ Better
How would you describe your overall **physical health** today compared to when you started counseling?	□ Worse □ No change □ Better
How would you describe your **relationship with your family member with a gambling problem** today compared to when you started counseling?	□ Worse □ No change □ Better □ Not applicable
How would you describe your **relationship with your children or other family members** today compared to when you started counseling?	□ Worse □ No change □ Better □ Not applicable
How would you describe your **relationship with your friends** today compared to when you started counseling?	□ Worse □ No change □ Better □ Not applicable
How would you describe your **outlook** today compared to when you started counseling?	□ Bad □ No change □ Good

THIS PAGE TO BE COMPLETED BY THE COUNSELOR

End of counseling date: _____/____/_____	Date last seen: _____/____/_____

Family member has had how many hourly counseling sessions?	_____

Date family member began long-term counseling?	_____/____/_____

End of counseling status:

- ☐ Counseling complete – agency decision
- ☐ Counseling complete – client decision
- ☐ Counseling complete – agency and client decision
- ☐ Partial completion – agency decision
- ☐ Partial completion – client decision
- ☐ Client inaccessible
- ☐ Referred to different counselor or agency. Client referred to: _____

Counselor's general impression of client's experience in therapy:

DISCHARGE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS (please sign and date below):

_____ ____/___/_____

Signature **Date**