



# ACCBO

2054 N Vancouver Ave, Portland, OR 97227

(503) 231-8164

accbo@accbo.com

<http://www.accbo.com>

[richardjohnson@accbo.com](mailto:richardjohnson@accbo.com)

Dear Applicant,

Enclosed is the application & information packet you requested. The 2010 test dates are as follows.

**Complete application due to ACCBO by:**

- February 5, 2010 for the April 10-24, 2010 testing period
- June 11, 2010 for the August 14-28, 2010 testing period
- October 1, 2010 for the December 4-18, 2010 testing period

You must have a **completed** application packet, the Test Application form, and the appropriate fees in our office **no later than** the above application due date, *regardless of postmark*, for the appropriate test date.

The Application for International Certification Examination for Gambling Counselors is now included in this packet. This form is absolutely necessary to get you into the test. Please sign in both places on the second page.

If you are sending packages overnight mail at the last minute, we suggest that you sign the waiver to allow the carrier to leave the package without a signature. Certified mail that requires a signature also can cause your package to arrive late.

The \$50 application fee is non-refundable. The \$195 test fee is **absolutely non-refundable** and **non-transferable** after the application due date. If you have submitted your applications and fees and find **prior** to the application due date that you are unable to attend the test, please notify us immediately and your fee can be refunded or applied to the next test. When you have sent us a completed application, including the test fee and the completed GCCB test registration, you will be automatically enrolled in the next available test date unless you contact us and request otherwise.

**FEE SCHEDULE:**

|   |        |
|---|--------|
| Application Fee.....  | \$ 50  |
| Objective Exam Fee (for Level I or II).....                     | \$ 195 |
| Objective Exam Retake Fee (if you did not pass previously)..... | \$ 145 |
| File Copying (moving to another state, etc.).....               | \$ 13  |

If you have any other questions, please feel free to email [RichardJohnson@ACCBO.com](mailto:RichardJohnson@ACCBO.com)

**Gambling Counselor  
Certification**

**Board of Oregon**

**Gambling Addiction  
Counselor Certification  
Application Packet**

**Director of Gambling Addiction  
Counselor Certification**

**Richard Johnson, M.A.**

CADC III, CGAC II, NCGC II, BACC  
(National Council on Problem Gambling Board  
Approved Clinical Consultant)

*2054 N Vancouver Ave  
Portland, Oregon 97227-1917*

**Contact Information**

971-235-2954

[richardjohnson@ACCB O.com](mailto:richardjohnson@ACCB O.com)

**New Rules effective  
January 1, 2008**

# Contents

Certification Overview-Checklist

Applicant Registration Form

Ethics Statement

Education Log Form

Supervised Experience Form

Board Approved Clinical Consultant  
Supervision Form for CGAC II (only)

**Certified Gambling  
Addictions Counselor  
Level I  
Entry Level Certification**

**Overview and Applicant  
Checklist**

**Applicant Registration**

----- Complete the applicant registration form with identifying information and candidate statement. Enclose appropriate fees: \$50 application fee and \$195 testing fee.

**Education and/or Credentialing Requirements**

----- You must submit proof of an **advanced level credentialing** in a mental health or addictions discipline demonstrating basic human service competencies (a minimum of CADC II, CADC III or QMHA/QMHP, etc.)

**Experience Requirements**

----- **100 Hours of Supervised Experience** in the Gambling Addiction Counselor Domains. Experience may include any gambling specific counseling services rendered in the Four Domains; Clinical, Documentation, Administrative and Client Advocacy. (1 Full Time Month = 160 experience hours).

**"Gambling" Educational Requirements**

- **60 Hours Problem/Compulsive Gambling Education** (a minimum of 2 hours in each category), including a minimum of:
- .. Gambling Client Assessment/Intake
  - .. Gambling Financial Planning & Budgeting
  - .. Gambling Counseling (Individual, Group, Family)
  - .. Gambling Casemanagement
  - .. Professional Responsibility and Ethics
  - .. Crisis Intervention
  - .. Co-occurring Disorders

**Gambling Counselor Ethics Agreement**

----- Sign/date the Ethics Agreement.

**Exam Registration**

Complete the exam registration form in order to register for the exam. You must successfully pass the examination.

**NOTE**

You must submit a completed registration packet by the application deadline in order to be registered for the National Exam.

Questions: email [RichardJohsnon@ACCBO.com](mailto:RichardJohsnon@ACCBO.com)

**Certified Gambling  
Addictions Counselor  
Level II  
Advanced Certification**

**Overview and Applicant  
Checklist**

**Applicant Registration**

----- Complete the applicant registration form with identifying information and candidate statement. Enclose appropriate fees: \$50 application fee and \$195 testing fee.

**Education and/or Credentialing Requirements**

----- You must submit proof of a graduate degree in the Human Arts (counseling, sociology, psychology, social work, etc.). Official transcript must be submitted.

**Experience Requirements**

----- **2,000 Hours of Supervised Experience in the Gambling Addiction Counselor Domains** Experience may include any gambling specific counseling services rendered in the Four Domains; Clinical, Documentation, Administrative and Client Advocacy. (6 Full Time Months = 1,000 experience hours).

**Professional Supervision**

----- **24 Hours of Professional Supervision** from a Board Approved Clinical Consultant (Oregon ACC or National BACC).

**"Gambling" Educational Requirements**

----- **60 Hours Problem/Compulsive Gambling Education** (a minimum of 2 hours in each category), including a minimum of:

- .. Gambling Client Assessment/Intake
- .. Gambling Financial Planning & Budgeting
- .. Gambling Counseling (Individual, Group, Family)
- .. Gambling Casemanagement
- .. Professional Responsibility and Ethics
- .. Crisis Intervention
- .. Co-occurring Disorders

**Gambling Counselor Ethics Agreement**

----- Sign/date the Ethics Agreement.

**Exam Registration**

Complete the exam registration form in order to register for the exam. You must successfully pass the examination

**NOTE**

You must submit a completed registration packet by the application deadline in order to be registered for the National Exam.

*Questions: email RichardJohnson@ACCBO.com*

## Applicant Registration

|  |
|--|
| <b>Name:</b> Last                      First                      M.I.                   |
| <b>Date of Application</b>   |
| <b>Home Address:</b> Street Number   |
| City                                      State                                      Zip |
| <b>Work Address:</b> Agency Name   |
| Street Address   |
| City                                      State                                      Zip |
| <b>Home Phone</b>  |
| <b>Work Phone</b>  |
| <b>Message Phone</b>   |
| <b>Email</b>   |
| <b>Social Security Number</b>  |
| <b>Title of Current Certification/License &amp; Expiration Date</b>                      |
| <b>Certification/License Number</b>  |
| <b>Name of Certification/Licensing Board</b>   |
| <b>Level of Education</b><br>(AA/AS, BA/BS, M A/MS,...) and Major.                       |

## Statement of Abstinence

*Only for those who are recovering from problem/compulsive gambling behavior.*

I hereby attest that I have been abstinent from gambling for the \_\_\_\_\_ years immediately preceding this application.

Applicant Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

## Candidate Statement

I hereby apply for certification in Oregon as a Gambling Addictions Counselor. I understand that the application and examination fee is non-refundable & non-transferable from one examination date to another.

Furthermore, I attest that the information I have given in this application and all supporting documentation is correct and true. I give ACCBO permission to verify any statements given in any part of this application.

Applicant Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

What Level of Gambling Certification are you applying for? Check one of the following.

\_\_\_\_\_ CGAC I

\_\_\_\_\_ CGAC II

*Questions: email Richard.Johnson@ACCBO.com*

# Ethics Statement

## Professional Code and Ethical Standards

1. Orientation in all efforts toward goal of recovery for client and family.
2. Respect confidentiality of all records, materials and communications concerning clients.
3. Respect for client evidenced by an objective, non-possessive professional relationship at all times.
4. No discrimination among clients or professionals on the basis of race, color, creed, age, sex, or sexual orientation.
5. Respect for the rights and views of other gambling counselors and professionals.
6. Respect for institutional policies and cooperation with management functions.
7. Evidence of genuine interest in helping persons with gambling problems and dedication to helping them to help themselves.
8. Willingness to assess his/her own personal and vocational strengths, limitations, and biases. Ability and willingness to recognize when it is to the clients best interest to refer or release

him/her to another counselor or program.

9. Willingness to take personal responsibility for continued professional growth through further education or training.
10. Total commitment to providing the highest quality of care through both personal effort and utilization of any other health professionals or services which may assist the client in his/her recovery plan.
11. Does not gamble, use alcohol or drugs, or behave in a manner that will reflect adversely on the credibility and integrity of the profession.

Name and title of Candidate

\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_



# Supervised Experience Requirements

## Experience Requirements

**CGAC I:** 100 Hours of Supervised Experience in the Gambling Addiction Counselor Domains.

**CGAC II:** 2,000 Hours of Supervised Experience in the Gambling Addiction Counselor Domains.

Experience may include any gambling specific counseling services rendered in the Four Domains; Clinical, Documentation, Administrative and Client Advocacy. (6 Full Time Months = 1,000 experience hours).

Make as many copies of this form as you need to document the minimum of hours. You will most likely need one form for each gambling program you have worked in.

Approximate the number of hours in each category of the Gambling Addiction Counselor Domains. You must present a majority of hours in the Clinical Domain.

Candidate Name (print)

Name of Gambling Addiction Program or Agency/Practice where services were provided.

Name & Title of your supervisor (print)

Dates of Experience (From - To)

Questions: email [Richard.Johnson@ACCBO.com](mailto:Richard.Johnson@ACCBO.com)

# Domains & Hours

| Domains  | Hours Accrued |
|--|---------------|
| <p><b><u>Clinical</u></b><br/>                     Intake, Assessment, Treatment Planning, Case-management, Individual-Group-Family Counseling, Client Education, Crisis Intervention, Client Follow-up, Medical Recommendations &amp; Treatment, Aftercare Services, etc.</p> |               |
| <p><b><u>Documentation</u></b><br/>                     Referrals-reporting to other resources, client records, ROI's, etc.</p>  |               |
| <p><b><u>Administrative</u></b><br/>                     Administrative responsibilities, Program Management, Quality Assurance Monitoring, Program Development, Research, etc.</p>  |               |
| <p><b><u>Client Advocacy</u></b><br/>                     Prevention, Community Activities-Education, Orientation, Outreach, etc.</p>  |               |
| <p><b>Total Hours Accrued</b> in all of the Gambling Addiction Counselor Domains</p>   |               |

-----  
 Candidate Signature date

-----  
 Supervisor Signature date

# Professional Supervision Form for CGAC II (only)

## Professional Supervision Requirements

**CGAC II:** 24 Hours of Professional Supervision from a Board Approved Clinical Consultant (Oregon ACC or National BACC).

|                        |
|------------------------|
| Candidate Name (print) |
|------------------------|

|   |
|---|
| Name of Gambling Addiction Program or Agency/Practice where services were provided. |
|---|

|                                      |
|--------------------------------------|
| Name & Title of your "ACC" or "BACC" |
|--------------------------------------|

|                                  |
|----------------------------------|
| Dates of Supervision (From - To) |
|----------------------------------|

Questions: email [RichardJohnson@ACCBO](mailto:RichardJohnson@ACCBO).

## Supervision Hours

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
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| Date of Supervision Session |  |
| Hours Accrued               |  |

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| Date of Supervision Session |  |
| Hours Accrued               |  |

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| Date of Supervision Session |  |
| Hours Accrued               |  |

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| Date of Supervision Session |  |
| Hours Accrued               |  |

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| Hours Accrued               |  |

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| Hours Accrued               |  |

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| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|   |  |
|---|--|
| <b>Total Hours Accrued from all professional supervision sessions</b> |  |
|---|--|



## Eligibility and Background Information

**I. IN WHICH OF THE FOLLOWING ARE YOU LICENSED OR HOLD CERTIFICATION OR REGISTRATION?**  
(Darken all that apply.)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Social work | <input type="checkbox"/> Nursing                         |
| <input type="checkbox"/> Psychology  | <input type="checkbox"/> Employee assistance programming |
| <input type="checkbox"/> Counseling  | <input type="checkbox"/> Marriage and family therapy     |
| <input type="checkbox"/> Medicine    | <input type="checkbox"/> Other                           |

**J. HAVE YOU TAKEN THIS EXAMINATION BEFORE?**

- No  Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): \_\_\_\_\_

Name: \_\_\_\_\_

**K. ARE YOU A MEMBER OF THE NATIONAL COUNCIL ON PROBLEM GAMBLING (NCPG)?**

- No  Yes *NOTE: Membership is not required.*

**L. ARE YOU A MEMBER OF NAADAC?**

- No  Yes *NOTE: Membership is not required.*

**OPTIONAL INFORMATION**

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

- |  |                                |                              |
|--|--------------------------------|------------------------------|
| <b>Race:</b>                           | <b>Age Range:</b>              | <b>Gender:</b>               |
| <input type="radio"/> African American | <input type="radio"/> Under 25 | <input type="radio"/> Male   |
| <input type="radio"/> Asian            | <input type="radio"/> 25 to 29 | <input type="radio"/> Female |
| <input type="radio"/> Hispanic         | <input type="radio"/> 30 to 39 |                              |
| <input type="radio"/> Native American  | <input type="radio"/> 40 to 49 |                              |
| <input type="radio"/> White            | <input type="radio"/> 50 to 59 |                              |
| <input type="radio"/> Other            | <input type="radio"/> 60+      |                              |

## Release Authorization

**Must be completed by all candidates authorizing release of test results to a state/commonwealth.**

State/Commonwealth

|  |  |
|--|--|
|  |  |
|--|--|

*Please print the two letter state/commonwealth abbreviation in the boxes provided. For Bureau of Prisons print "BP".*

I hereby authorize the International Gambling Counselor Certification Board (IGCCB) to release the results of my certification examination to the state/commonwealth indicated. I understand that these test results will be used only for state/commonwealth certification at this time.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Candidate Signature

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is accurate, correct, and complete.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

FOR OFFICE USE ONLY

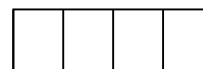
Date

Fee: \_\_\_\_\_

CC  Check

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

27130



INTERNATIONAL  
CERTIFICATION  
EXAMINATION  
FOR  
GAMBLING  
COUNSELORS

Handbook for Candidates



International Gambling Counselor  
Certification Board

CERTIFICATION

The International Gambling Counselor Certification Board (IGCCB) (formerly known as the National Gambling Counselor Certification Board (NGCCB)) supports the concept of voluntary certification by examination of gambling counselors. Certification is one part of a process called credentialing. Certification focuses specifically on the individual and is an indication of one's current level of knowledge in gambling counseling.

PURPOSES OF CERTIFICATION

TO PROMOTE COMPETENCY IN GAMBLING COUNSELING BY:

1. Promoting high standards of training, competence, skills, and knowledge.
2. Providing a national and international standard for requisite knowledge in gambling counseling.
3. Recognizing formally those individuals who meet the standards of eligibility established by the IGCCB.
4. Encouraging continued professional growth in gambling counseling for the purpose of improving the quality of care to addicted persons and their families.
5. Establishing, measuring, and monitoring the level of knowledge required for certification in gambling counseling.



International Gambling Counselor  
Certification Board

ADMINISTRATION

The Certification Program is sponsored by the International Gambling Counselor Certification Board. The International Certification Examination for Gambling Counselors is administered for the IGCCB by the Professional Testing Corporation (PTC), 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com). Questions concerning the examination should be referred to PTC.

EXAMINATION ADMINISTRATION

The International Certification Examination for Gambling Counselors is administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by LaserGrade Computer Testing, Inc. LaserGrade has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: [www.lasergrade.com](http://www.lasergrade.com) or call LaserGrade at (800) 211-2754. Please note: Hours and days of availability vary at different centers. **You will not be able to schedule your examination appointment until you have received an Eligibility Notice from PTC.**



1350 BROADWAY • 17th FLOOR  
NEW YORK, NY 10018  
(212) 356-0660  
[WWW.PTCNY.COM](http://WWW.PTCNY.COM)

## SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your Application has been received and processed, and your eligibility verified, you will be sent a postcard confirming receipt. Within 2 weeks prior to the first day of the testing window, you will be mailed an Eligibility Notice. The Eligibility Notice plus photo identification must be presented in order to gain admission to the testing center. A candidate not receiving an Eligibility Notice or other correspondence at least three weeks before the beginning of the two-week testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660 with their fax number.

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

It is highly recommended that each candidate becomes familiar with the testing site.

## SPECIAL NEEDS

Special testing arrangements may be made for special needs individuals submitting the Application, examination fee, and a letter describing the nature of the disability and the special accommodations needed for testing. Requests for special testing needs individuals must be received at least EIGHT weeks before the testing period begins.

## CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period you must contact LaserGrade at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

If you fail to arrive for your appointment or cancel without giving the required notice, you will forfeit your testing fee.

## RULES FOR THE EXAMINATION

1. No signaling devices, including pagers, cellular phones, and alarms, may be operative during the examination.
2. No books or reference materials may be taken into the examination room.
3. Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones, blackberries, etc. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.

## REFUNDS

There will be no refund of fees. Fees will not be transferred from one testing period to another.

## REPORT OF RESULTS

Candidates will be notified within six weeks whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported.

## REEXAMINATION

The International Certification Examination for Gambling Counselors may be taken as often as desired upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

## CONFIDENTIALITY

1. The IGCCB will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to IGCCB or the Professional Testing Corporation.

## CONTENT OF EXAMINATION

1. The International Certification Examination for Gambling Counselors is a computer-based examination composed of a maximum of 200 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 8.
3. The questions for the examination are obtained from individuals with expertise in gambling counseling and are reviewed for construction, accuracy, and appropriateness by the IGCCB.
4. The IGCCB, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The International Certification Examination for Gambling Counselors will be weighted in approximately the following manner:
  - I. Basic Knowledge of Problem and Pathological Gambling.....20%
  - II. Gambling Counseling Practice .....40%
  - III. Special Issues in Gambling Treatment .....30%
  - IV. Professional Issues .....10%

# CONTENT OUTLINE

## I. BASIC KNOWLEDGE OF PROBLEM AND PATHOLOGICAL GAMBLING

- A. Scope of Legalized Gambling
  - 1. Prevalence of Gambling Problems
    - a. Among Adults
    - b. Among Youth
    - c. Among Treatment Populations
  - 2. Definition of Pathological Gambling
  - 3. Operationalized Definition of Problem Gambling
  - 4. The Pathological Gambling Disorder
    - a. Terminology
    - b. Progression of the Disorder
    - c. Withdrawal Symptoms from Gambling
- B. Client Evaluations
  - 1. Screening
  - 2. Intake
  - 3. Assessment
  - 4. Diagnostic Criteria

## II. GAMBLING COUNSELING PRACTICE

- A. Examination of Attitudes/Feelings
  - 1. Real Meaning of Money
  - 2. Deception and Self-Deception
  - 3. Fantasy and Dissociation
  - 4. Spirituality
  - 5. Transference and Countertransference
- B. Considerations of Alternative Solutions
- C. Skills
  - 1. Individual Counseling
  - 2. Group Counseling
  - 3. Family/Significant Others
  - 4. Interventions
  - 5. Treatment Planning
  - 6. Financial Management Issues
    - a. Restitution
    - b. Budget Preparation
    - c. Pressure Relief Group
  - 7. Legal Issues
- D. Relationship to Substance Abuse
- E. Client Care
  - 1. Case Management
  - 2. Crisis Management
    - a. Identification
    - b. Resolution
  - 3. Referral Resources
  - 4. Reports and Record Keeping
  - 5. Consultation
- F. Education
  - 1. Orientation
  - 2. Gambling Information
  - 3. Co-Occurring Disorders
    - a. Mental
    - b. Emotional
    - c. Psychological
    - d. Recreation/Leisure
  - 4. Self-Help Programs
    - a. Gamblers Anonymous
    - b. Gam-Anon
    - c. Other 12-Step Resources for Gambling Clients
  - 5. Research
    - a. Neurobiology
    - b. Treatment
- G. Continuing Care

## III. SPECIAL ISSUES IN GAMBLING TREATMENT

- A. Adolescence
- B. Older Adults
- C. Female Gamblers
- D. Cultural Minorities
- E. Relapse and Relapse Prevention
- F. Suicide
- G. Dual/Multiple Diagnosis
- H. Survivors Issues
- I. Chronic Illness
- J. Criminal Justice

## IV. PROFESSIONAL ISSUES

- A. Law and Regulation
  - 1. Client Rights
    - a. Confidentiality
    - b. Informed Consent
    - c. Reporting
      - 1. Child/Other Abuse
      - 2. Duty to Warn
  - 2. Discrimination
  - 3. Continuous Quality Improvement
  - 4. Managed Care
    - a. Utilization Review
    - b. Outcome Studies
- B. Ethics
  - 1. Non-Discrimination
  - 2. Counselor Responsibility
  - 3. Competence
  - 4. Legal Standards
  - 5. Media Statements
  - 6. Publication Credit
  - 7. Client Welfare
  - 8. Confidentiality
  - 9. Client Responsibility
  - 10. Interprofessional Relationships
  - 11. Remuneration
  - 12. Societal Advocacy
- C. Supervision
  - 1. Administrative
  - 2. Clinical
  - 3. Gambling Specific Consultation

## SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

1. If, during a session, a client speaks about suicide, which of the following is the most appropriate initial step?
  1. Telephone the client's next-of-kin
  2. Seek a consultation with a professional colleague
  3. Make a decision about the seriousness of the situation
  4. End the session and accompany the client to the nearest hospital
2. Pathological gambling should be listed on what DSM-IV Axis?
  1. I
  2. II
  3. III
  4. IV
3. Which of the following is a common characteristic of a gambler who plays skill games?
  1. Is competitive
  2. Uses gambling as an escape
  3. Has relationship problems
  4. Experiences a later onset of gambling behavior
4. The most recent federally funded national study of problems and pathological gambling was completed in
  1. 1976.
  2. 1980.
  3. 1987.
  4. 1999.
5. Which of the following substances are pathological gamblers most likely to abuse?
  1. Alcohol
  2. Cocaine
  3. Marijuana
  4. Amphetamine
6. Which of the following screening tools is used to assess for pathological gambling?
  1. ASI
  2. NED
  3. DIGS
  4. NORC

### CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 3 2. 1 3. 1 4. 4 5. 1 6. 3

## REFERENCES

The International Gambling Counselor Certification Board has prepared a suggested reference list to assist in preparing for the International Certification Examination for Gambling Counselors. These references contain journals and textbooks which include information of significance to gambling counseling practice. Inclusion of certain journals and textbooks on this list does not constitute an endorsement by the IGCCB of specific professional literature which, if used, would guarantee candidates' successful passing of the certification examination.

American Psychiatric Association. *DSM IV: Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC: American Psychiatric Association (1994).

Berman, L. and Siegel, M. *Behind the Eight-Ball: A Guide for Families of Gamblers*. New York, NY: Simon & Schuster (1992).

Ciarrocchi, J. *Counseling Problem Gamblers: A Self Regulation Manual for Individual and Family Therapy*. San Diego, CA: Academic Press (2002).

Custer, R. and Milt, H. *When Luck Runs Out*. New York, NY: Facts on File (1985).

Grant, J. and Potenza, M. *Pathological Gambling. A Clinical Guide to Treatment*. Washington, DC: American Psychiatric Publishing, Inc. (2004).

Heineman, M. *Losing Your Shirt: Recovery for Compulsive Gamblers and Their Families*. Center City, MN: Hazelden (1992).

Heineman, M. *When Someone You Love Gambles*. Center City, MN: Hazelden (1993).

Lesieur, H. *Understanding Compulsive Gambling*. Center City, MN: Hazelden (1993).

Miller W. and Rollnick, S. *Motivational Interviewing, Second Edition*. New York, NY: Guilford Press (2002).

National Council on Problem Gambling and National Endowment for Financial Education. *Financial Issues for Loved Ones of Problem Gamblers*. Denver, CO: National Endowment for Financial Education (2000).

National Gambling Impact Study Commission. *Final Report*. Washington, DC: National Gambling Impact Study Commission (1997).

National Research Council. *Pathological Gambling: A Critical Review*. Washington, DC: National Academy Press (1999).

Petry, N. *Pathological Gambling: Etiology, Comorbidity, and Treatment*. Washington, DC: American Psychological Association (2005).

Prochaska, J., Norcross, J., DiClemente, D. *Changing for Good*. Avon Books (1994).