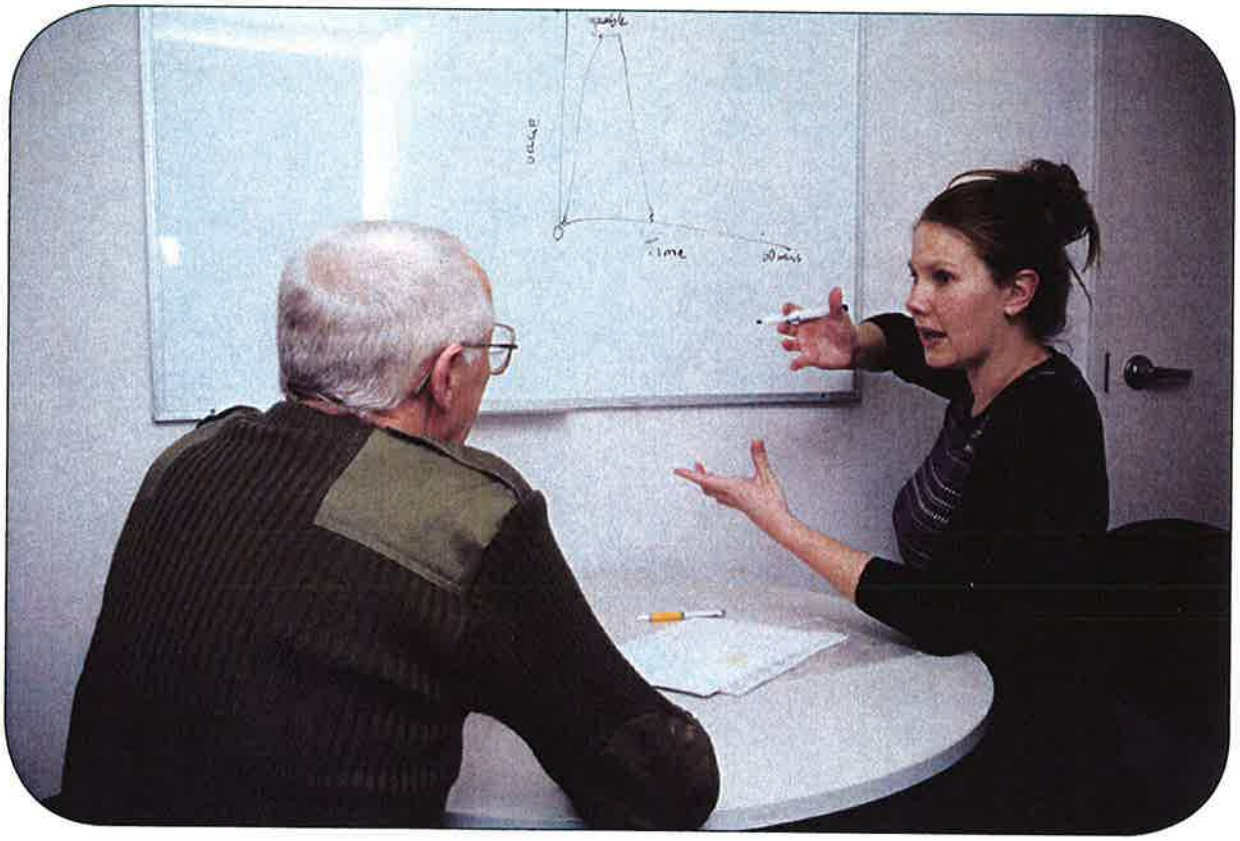
Statewide Gambling Therapy Service



Annual Report 2008–09

Statewide Gambling Therapy Service

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STATEWIDE GAMBLING THERAPY SERVICE IS PROVIDED BY THE SOUTHERN ADELAIDE HEALTH SERVICE WITH FLINDERS UNIVERSITY

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Requests for additional copies of this report can be made to Statewide Gambling Therapy Service, Block E2, The Flats, Flinders Medical Centre, Flinders Drive, BEDFORD PARK SA 5042.

website: www.sagamblingtherapy.com.au

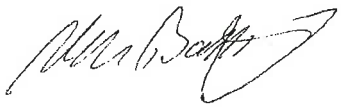
email: fmc.sgts@health.sa.gov.au

Foreword

Firstly, I would like to acknowledge the people who contact and attend our service, those South Australians whose lives are profoundly affected by problem gambling. Secondly, I would like to congratulate our Manager Peter Harvey, and the team of therapists and administrative staff who have established a new service at a number of sites whilst maintaining service quality and outcomes for our clients, consistent with the program developed and tested at the Flinders Medical Centre site. The transition from a single site to a Statewide service has been achieved with the collaboration and support of many individuals and organisations including our consumer consultants, the regional gambling help services, the Gambling Help Line, the Office of Problem Gambling and industry partners.

This report provides a comprehensive overview of the work of our team reported against a set of key performance indicators which were mostly exceeded. In the last 12 months, we have provided services to 524 gambling clients and their partners and families. In particular we have made significant advances in engaging Aboriginal and culturally diverse populations. Whilst these are achievements in themselves, they have been underpinned by reaching key milestones in administrative, clinical and data collection systems at all sites, ethics approval to request all clients to consent to ongoing collection of gambling and health related outcomes, and the completion of a major research project in determining predictors of relapse in problem gambling. There is still much to be done and improvements in reaching out to the many people with problem gambling who are yet to seek help, in the way that therapy is delivered and research into the most effective forms of therapy that will assist problem gamblers.

2009 has ended with the South Australian government agreeing to continuing the work of the Statewide service for a further three years to June 2012 and a decision by Flinders University to establish the Flinders Centre for Gambling Research based in the Southgate Institute. We believe that these decisions will support our ongoing endeavours to provide a benchmark for provision of services to problem gamblers and their families nationally and internationally.



Malcolm Battersby
PhD FRANZCP FAChAM MBBS
Director
Statewide Gambling Therapy Service

Contents

Executive Summary

During 2008-9 the SGTS team members have done an outstanding job in consolidating our service model in the central office at the Flinders Medical Centre and in Port Adelaide and Salisbury. The Salisbury site has been particularly successful in attracting over 140 new clients in the past year as demand continues to grow in this region. In May and June, SGTS treated over 45 new clients each month.

During the past financial year SGTS registered 410 *new* clients (treating a total of 524) across all metropolitan and rural sites. Of this total, 213 completed a course of treatment and of those, 96% have either achieved or substantially achieved their personal goals in relation to managing or eliminating their gambling problems. Clients who complete a course of treatment show major improvements in their clinical outcomes and gambling activity scores, with many clients completely overcoming their gambling problems.

In order to support demand for our services in rural and metropolitan areas, we expanded our therapy team during 2008-09. This expansion included establishing a part-time therapist in Port Lincoln. However, funding constraints mean that we will be unable to sustain staffing at this level into 2010.

Our Culturally and Linguistically Diverse Populations and Aboriginal and Torres Strait Islander project has been an outstanding success in terms of engaging with people from diverse communities. In the 10 years prior to 2008-09, SGTS treated only 21 Aboriginal clients. This number has increased significantly; 24 Aboriginal and Torres Strait Islander clients were treated during the 2008/09 financial year; more than in the previous 10 years of service operation.

A new suite of promotional materials has been developed for the service during the past year and a website promoting the work of our service is now operational. In addition, we are working to develop a more integrated data management system that enables much better data collection, storage and reporting procedures than does the current structure with which we have operated for some time. In the next phase of operations we aim to consolidate our operations, refine our clerical and administrative procedures in line with our recent review of practices and explore new peer education strategies.

Peter Harvey
DipT BEd PhD
Manager
Statewide Gambling Therapy Service

SGTS Locations

Metropolitan Offices

Southern Metro Area

Flinders Medical Centre
Block E2, The Flats
Flinders Drive
BEDFORD PARK
Tel: (08) 8204 6982

Clients are no longer seen at the Noarlunga office.

Northern Metro Area

20B John Street
SALISBURY
Tel: (08) 8182 4911

Western Metro Area

Suite 9, Port Adelaide Medical Centre
60 Marryatt Street
PORT ADELAIDE
Tel: (08) 8240 0522

Rural services

During 2008/09, SGTS employed a local therapist in Port Lincoln to deliver therapy for problem gambling, and a therapist visits Mt Gambier monthly to deliver face to face therapy, supplemented by tele-counselling. Therapists fly or drive into other regional areas.

Current information regarding regional services can be obtained by ringing the main office at the Flinders Medical Centre.

Staff

Therapists

Jane Oakes
MMentHlthSc, GDipHlthCounsel, RPN, RN
PSO3 1.0 FTE
Team Leader
Psychotherapist
Lecturer

Paula Redpath
MMentHlthSc, MAASW, BA(Hons)
PSO3 0.8 FTE
Psychotherapist
Associate Lecturer

Ben Riley
MMentHlthSc, BSW, BMus
PSO3 1.0 FTE
Psychotherapist
Associate Lecturer

Mey Teoh
MPsych(Clin), BPsych(Hons)
PSO2 1.0 FTE
Clinical Psychologist

Trainee Therapists

Sharon Harris
MMentHlthSc RN, RPN, DipApScPN, GDipCPN
PSO2 1.0 FTE
Trainee
Psychotherapist
(now Psychotherapist)

Linda Stanway
BSW(Hons)
PSO2 1.0 FTE
Trainee
Psychotherapist

Vanessa Hounslow
MMentHlthSc, BCounsel
PSO2 1.0 FTE
Trainee
Psychotherapist

Sue Bertossa
BSocSc(SocWelf), BA
HEO6 1.0 FTE
Trainee
Psychotherapist

Elizabeth Moncrieff-Philp
MSW, Bth, BA
PSO2 0.2 FTE
Trainee
Psychotherapist

Consumer Consultant

Elsie Cairns
OPS2 0.1 FTE
Consumer
Representative

Research and Administration

Kate Morefield
BPsych(Hons)
PhD Candidate
Res Academic B 0.8 FTE
Research Fellow

Rupali Saikia
MA(Econ)
HEO5 1.0 FTE
Research
Administration

Sonia Bateman
ASO3 1.0FTE
Administrative Officer

Margie Blackwood
ASO2 1.0FTE
Administrative Officer
FMC

Cherald Aston
ASO2 1.0FTE
Administrative Officer,
Salisbury

Sharyn Potiuch
ASO2 1.0FTE
Administrative Officer
Port Adelaide

Affiliated Clinicians

SGTS benefits from the expertise of Dr Rene Pols and Associate Professor Michael Baigent who provide clinical input as part of their roles at the Flinders Medical Centre and Flinders University.

Dr Rene Pols
MBBS, FRANZCP, FAChM, FAFPHM, FFPMANZCA
Deputy Director, Flinders Human Behaviour and Health Research Unit
Senior Lecturer in Psychiatry

Assoc Prof Michael Baigent
MBBS, FRANZCP, FAChAM
Clinical Director, Centre for Anxiety and Related Disorders
Assoc Prof in Psychiatry

Former Staff

A small number of Statewide's staff moved on to positions in other organisations during 2008-09.

Dr Matt Smout
MPsych(Clin), PhD, Bsc(Hons)
PS03 0.8 FTE
Clinical Psychologist
Lecturer

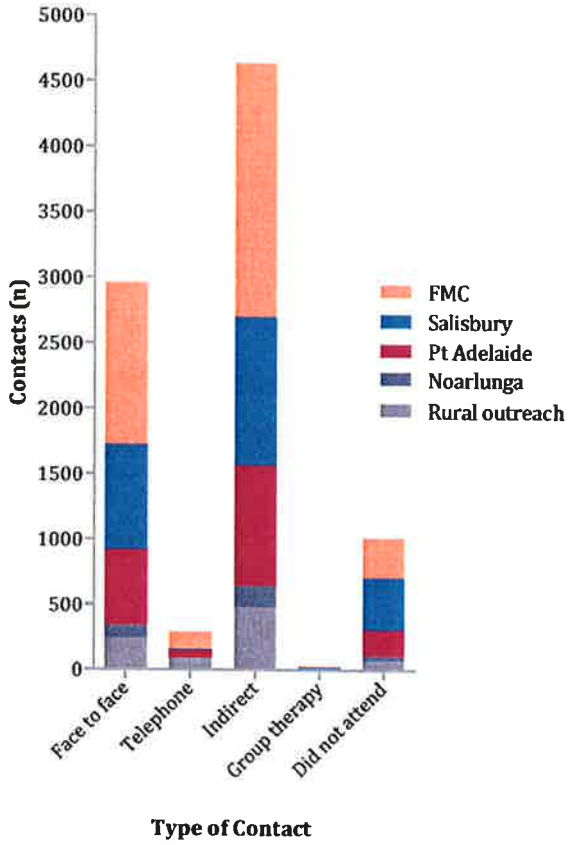
Dr Amber Keast
PhD(ClinPsych), BPsych(Hons)
PS03 0.6 FTE
Clinical Psychologist

Laufey Thordardottir
MSW, MPhil, BA(Hons)
PS02 1.0 FTE
Trainee
Psychotherapist

Greg Olbrich
OPS2 0.1 FTE
Consumer
Representative

Overall Service Activity

SGTS's ("Statewide's") funding is administered through the Office for Problem Gambling, which maintains a database in which information relating to clients and services is recorded.



Contacts with Gambling Help Services are categorised in the database as being face to face contact, telephone contact, group therapy, indirect contact (which includes activities such as writing referrals to other agencies on behalf of a client) and occasions on which clients did not attend the appointment made for them.

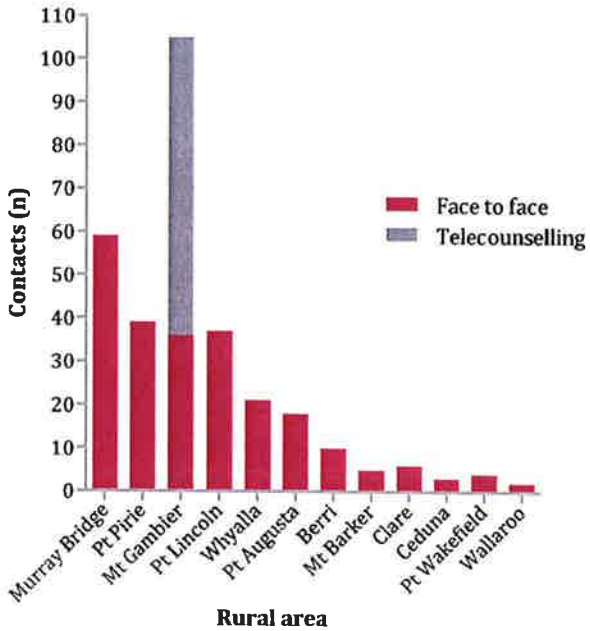
Figure 1 provides an overview of the client contacts with Statewide Gambling Therapy Service for the 2008-09 financial year.

Nearly three thousand (n=2962) occasions of face to face contact with clients were provided by Statewide during this financial year.

The greater part of the present report relates to the (524) individuals who received face to face treatment for their problems with gambling from Statewide's therapists during 2008/09.

Figure 1 Overall client contact activities for 2008/09.

Service in Regional Areas



Statewide employs a local therapist based in Port Lincoln to provide treatment to problem gamblers. Visiting therapists either drive or fly into the other regional areas to provide treatment.

In addition to the face to face treatment provided by the therapist who flies into Mount Gambier monthly, 69 telecounselling sessions were conducted; 12 gamblers received treatment by this means. See Figure 2 for more detail regarding the number of contacts SGTS provided in the various rural/regional areas.

Figure 2 Therapy provided to clients in regional areas.

KPI One: Registered Clients Provided with Direct Service

Target: 400 clients will be provided with a direct service per year.

Six hundred and ninety-five registered clients had some form of contact (see preceding page regarding categories of contact) with Statewide during 2008-09. Direct contact (face to face or by telephone) was provided to 611 clients, of whom 541 were gamblers and 70 were non-gamblers (individuals attending in support of gambling clients).

611 clients were provided with a direct service

Face to face contact

Five hundred and ninety-two clients received face to face contact. Just over 3% of the total number of face to face contacts were provided by Consumer Consultants (n=96 out of the total 2962), and these were delivered to 53 individual clients (of whom 2 were non-gamblers).

During 2008/09, Statewide provided 524 clients with face to face therapy for their gambling problems.

Statewide provided 524 clients with face to face therapy for their gambling problems during 2008/09.

Telecounselling

Sixty-nine sessions of telecounselling (these are recorded as telephone contact but noted by therapists as being telecounselling) were provided by Statewide's therapists to 12 individual gamblers from Mount Gambier; these sessions provide a good alternative to face to face counselling where the latter cannot be provided due to distance or cost (see article by Oakes and colleagues, 2008), and all telecounselling recipients also received face to face treatment from visiting therapists during the year.

Group Therapy

Twenty-two clients (including 4 non-gamblers) participated in group therapy. These occurred on a total of 15 occasions (sessions) during the financial year. Fourteen clients attended one session only, 4 attended two, 3 attended 3, and one client attended 4 group sessions.

Inpatient treatment

Twenty clients received the intensive hospital-stay treatment option using the inpatient bed available to SGTS clients in Ward 4G at the Flinders Medical Centre.

** From this point in the report, unless otherwise stated, the term 'clients' refers to the **524 gamblers** who received face to face treatment from SGTS therapists.

Comparison with earlier financial years

2008-09 saw an increase in clients treated during the financial year from the 370 gamblers (and 59 non-gamblers) treated during the previous year. Figure 3 illustrates the numbers of clients treated by Statewide since 2003-04.

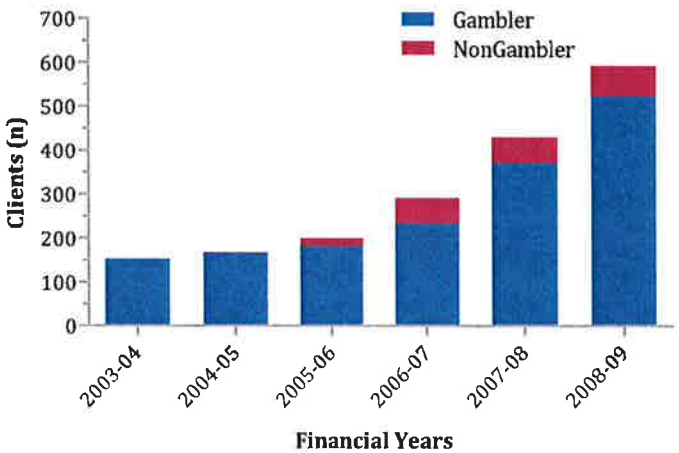


Figure 3 Clients treated by Statewide Gambling Therapy Service 2003-04 to 2008-09.

Demographic and Socioeconomic Characteristics

The section profiles Statewide's clients in terms of gender, age, living arrangements, cultural origins, employment and economic characteristics. NB For many of the individual items illustrated below, a small amount of missing data exists (incomplete forms returned by clients).

Gender

Male and female gamblers were treated by SGTS in almost equal proportions (51.5%, n=270 and 48.5%, n=254 respectively).

Age

Gamblers' mean age was 45.1 years (SD=13.3); the youngest gambler treated during this year was 19 years old and the oldest was 83. Half of all gamblers treated were aged between 35 and 54 years inclusive; Figure 4 provides the distribution of client ages.

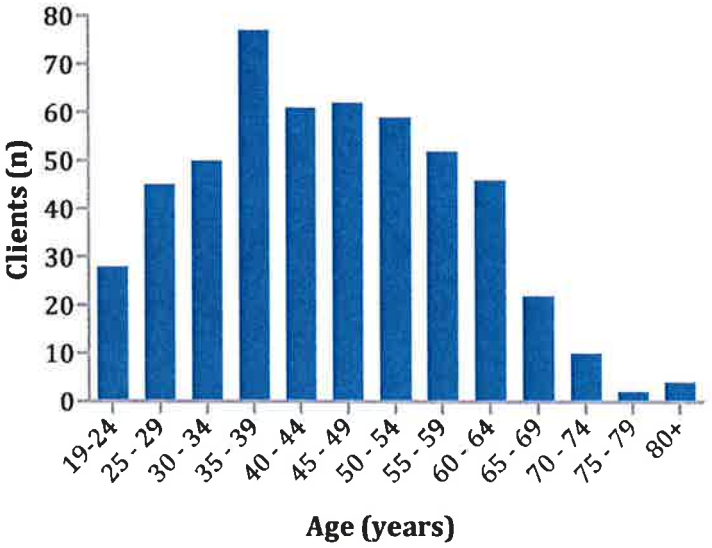


Figure 4 Age profile of clients.

Personal circumstances

Most commonly, clients reported being part of an intact domestic partnership, whether married or de facto. Table 1 presents more detailed information regarding clients' personal circumstance.

Table 1 Personal circumstance.

Description	%	Clients (n)
Married / de facto	41.8	219
Never married	26.7	140
Separated / divorced	22.9	120
Widowed	4.8	25
Other	2.1	11
Not stated	1.7	9
Total	100	524

Table 2 Living arrangements.

Description	%	Clients (n)
Living alone	27.7	145
Couple w/out dependent children	20.6	108
Couple with dependent children	20.0	105
Living with parents	11.5	60
Single parent family	8.6	45
Other	9.4	49
Not stated	2.3	12
Total	100	524

Table 2 provides detail regarding clients' living arrangements. Although the most commonly nominated living arrangement was "living alone" (27.7%), 40.6% reported that they lived with a partner, either with or without children. Approximately one-third of clients (186, 35.5%) indicated that they had at least one dependent child. Of these clients, 40.9% of these clients had 1 dependent child, and 37.6% had 2 dependent children.

Culture and country of origin

Twenty-four clients indicated that they were either Aboriginal persons (n=21), of Torres Strait Islander origin (n=1), or of both Aboriginal and Torres Strait Islander (ATSI) heritage (n=2). This number (24) and proportion of ATSI clients (4.6% of the total number of gamblers) represents a significant increase from the number of ATSI clients treated in the previous financial year (11 people, 3.0% of gambling clients). Figure 5 shows the number of ATSI clients Statewide has treated during each financial year since 2004-05.

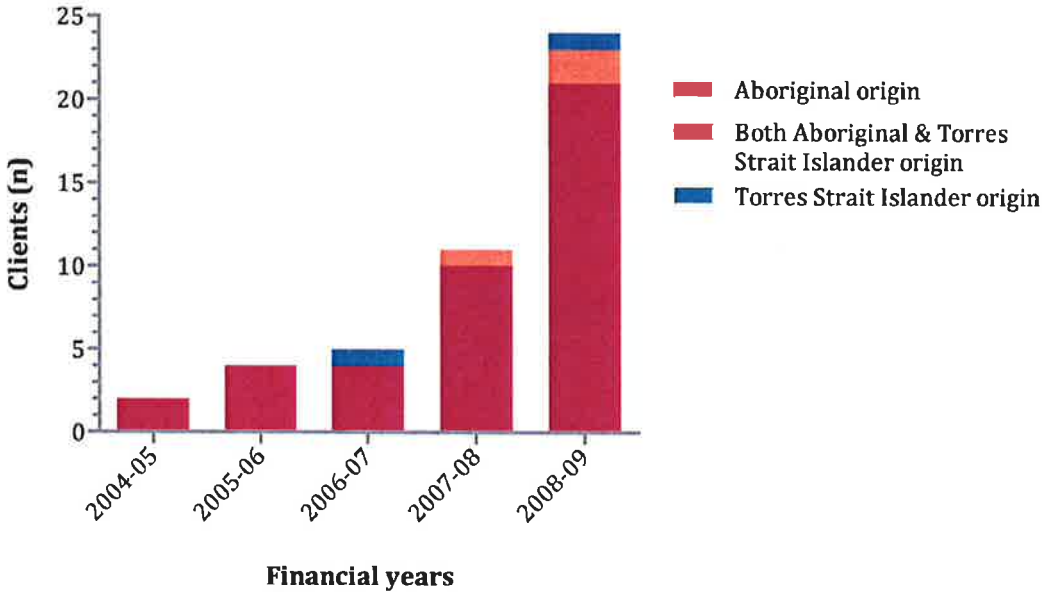
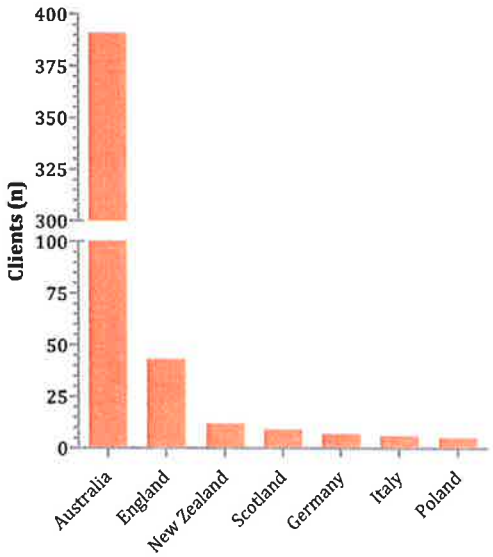


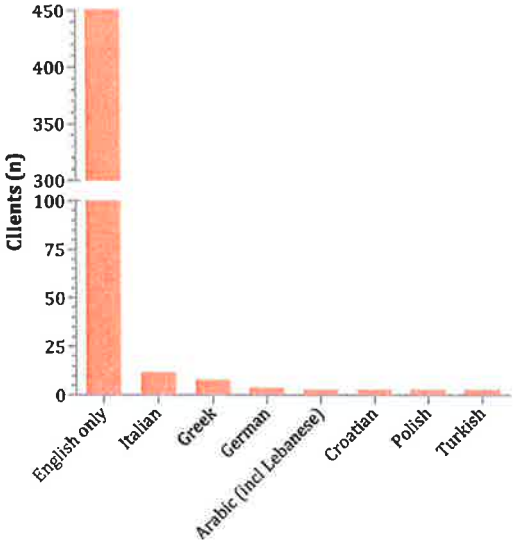
Figure 5 Clients of ATSI origin treated each financial year since 2004-05.

Three-quarters of SGTS clients (74.8%, n=391) were Australian-born. Where clients were born elsewhere, this was most commonly England (n=43) and New Zealand (n=12). Figure 6 shows the most frequently reported countries of birth for Statewide's clients.



Presented later in this report (in the section titled Culturally and Linguistically Diverse Populations) is a full list of clients' country of birth.

Figure 6 Country of birth.

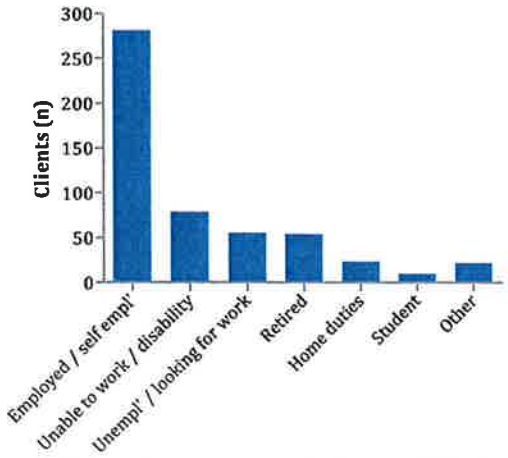


Most clients (86.2%, n=451) reported speaking English as the only language at home. The other languages spoken in clients' homes were most commonly Italian (n=12) or Greek (n=8). Figure 7 shows the languages most frequently reported as being spoken at home by Statewide's clients. A comprehensive list of languages spoken at home by Statewide's clients is presented in the Culturally and Linguistically Diverse Populations section of this report.

The services of interpreters are available to Gambling Help Services clients and are used as required. The findings with regard to countries of birth and languages spoken at home are consistent with the data reported in Statewide's 2007-08 Annual Report.

Figure 7 Language(s) spoken at home.

Employment and income



Just over half of Statewide's clients (53.6%, n=281) reported that they were employed or self employed. Fewer clients (42.2%, n=221) described themselves as being outside the paid workforce.

Figure **8** indicates the numbers of clients that endorsed the various descriptors of their employment situation.

Figure 8 Employment circumstance.

Consistent with the finding that over 40% of Statewide's clients are outside the paid workforce, the most commonly reported income bracket was $200-$299 per week (government benefits tend to fall within this bracket). Figure 9 provides detail regarding clients' weekly and annual gross incomes.

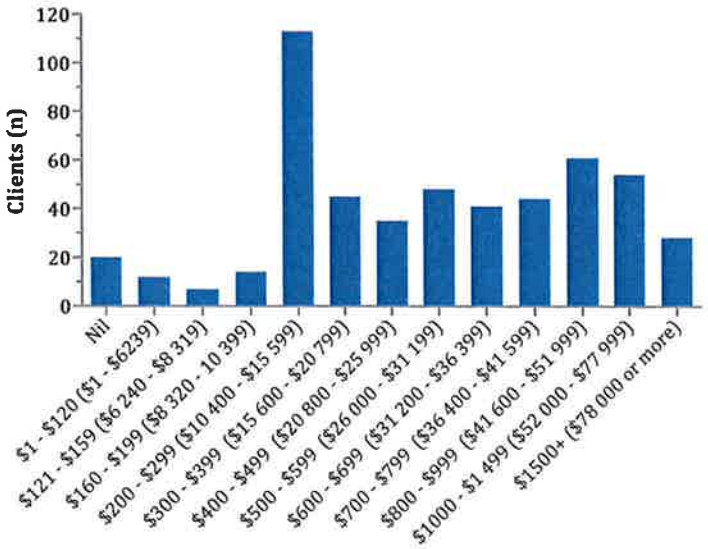
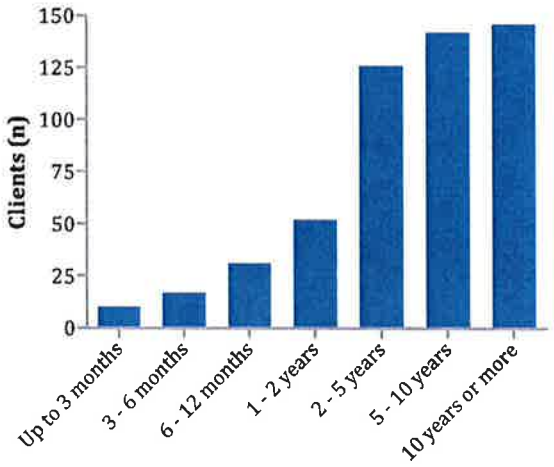


Figure 9 Gross weekly (and annual) income.

Duration of Problem Gambling



Over three-quarters of clients (79.0%, n=414) reported gambling at problematic levels for 2 or more years, and for over half of clients gambling had been a problem for 5 or more years (55.0%, n=288).

Figure 10 illustrates the length of time that gambling had been a problem for Statewide's clients.

Figure 10 Duration of problematic gambling.

Pathway to Treatment

Clients most commonly came to know of SGTS from a health professional or related agency (31.1%, n=163). Friends or relatives told 14.5% of clients (n=76) about the service.

Figure 11 illustrates the proportions of clients reporting the various means by which they came to be aware of SGTS.

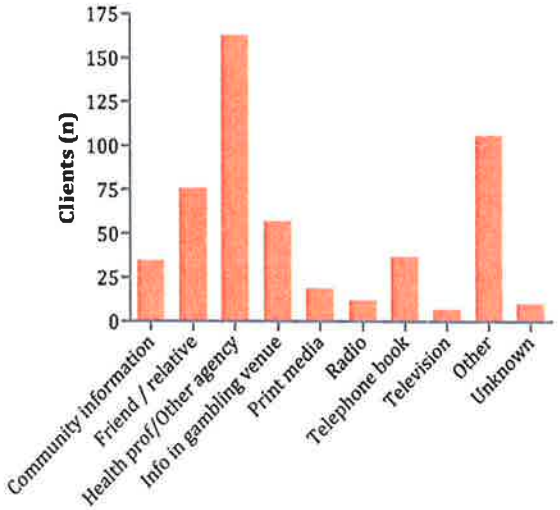


Figure 11 How clients came to know of SGTS.

Table 3 Sources of referral to SGTS.

Description	%	Clients (n)
Gambling Helpline	19.2	110
Self	46.8	244
Other help service	4.4	23
Community health service	3.5	18
Family support agency	0.6	3
Financial counselling svc	1.7	9
Gamblers Anon	2.5	13
Gambling industry	0.8	4
General practitioner	5.4	28
Indep Gambling Authority	0.2	1
Legal services	0.8	4
Mental health worker	2.5	13
Missing	9.8	51
Total	100	521

Table 3 provides detail regarding the numbers of clients reporting the various sources of their referral to Statewide.

Just under half of Statewide's clients (46.8%, n=244) self-referred. Nearly 20% (n=110) were referred by the Gambling Helpline.

Helping people who attend treatment in support of problem gamblers

Research suggests that having a "significant other" involved in treatment is associated with better outcomes for problem gamblers, including increased retention in treatment and improved likelihood of successful treatment outcomes (for example, see Ingle, Marotta, McMillan & Wisdom, 2008). Nearly half of the non-gamblers to whom SGTS provided treatment during 2008-09 were the partner of a gambler being treated by Statewide. Figure 12 shows the relationship between gamblers and the non-gamblers attending as support to them.

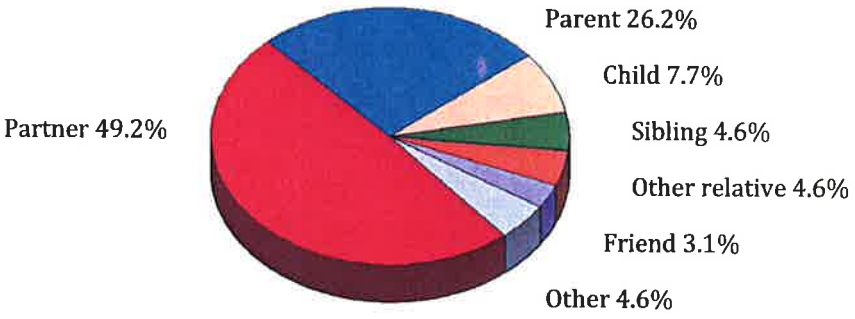


Figure 12 Relationship between non-gambling clients and the supported gambler.

Nearly three quarters (74.2%, 49 individuals) of the non-gamblers were female. The mean age of non-gamblers was 45 years (SD=13.9). The mean age of female non-gamblers (44.5, SD=14.6) was similar to that of male non-gamblers (46 years, SD=12.1).

In most cases (80.0%), the non-gamblers attended only the initial face-to-face treatment session with the gambler to whom they were providing support. 9.2% attended two treatment sessions, and 7.7% attended 3 sessions. One non-gambler attended 4 sessions and one attended 5.

Statewide prides itself on providing prompt service following initial client's contact; the following section of this report illustrates the minimal waiting periods experienced by our clients.

Key Findings

- Statewide treats approximately equal numbers of male and female gamblers, and clients are on average aged in their 40s.
- Progressively greater success is evident in engaging with Aboriginal and Torres Strait Islander clients.
- Over three-quarters of clients report gambling in a problematic fashion for more than 2 years before seeking help from the Statewide service.
- Non-gamblers attending in support roles tend to be the partner of the gambler.
- Females are over-represented among non-gamblers attending in support roles.
- Clients tend to hear of Statewide's services from health professionals or other agencies, and largely self-refer, with a substantial number of referrals from the Gambling Helpline.

KPI Two: Comprehensive Assessment

Target: 80% of clients will be comprehensively assessed within 3 weeks of referral.

The 524 gamblers that received help from SGTS therapists during 2008-09 can be divided into three categories relevant to this Key Performance Indicator:

- *New* clients who had never been treated by SGTS before presenting for the first time during the 2008-09 financial year (n = 339)
- *Renewed* clients, who had at some point received treatment from SGTS, but had not done so in the 3 months prior to the start of the financial year (n = 71)
- *Existing* clients, who had received treatment in the 3 months prior to the start of the financial year and continued to receive treatment during 2008-09 (n = 114).

The relative proportion of clients in each of these categories is shown in Figure 13. Only new and renewed clients (total N = 410) are included in the calculations of treatment and assessment latency.

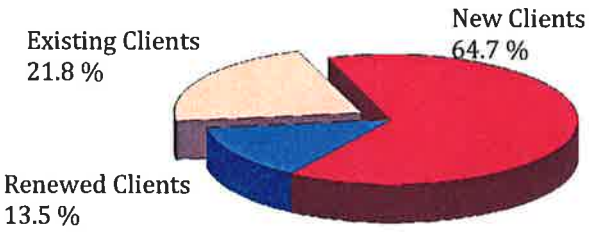


Figure 13 Proportion of new, renewed and existing clients.

Days between initial contact and receiving face to face assessment and treatment

The authors of a report produced by the South Australian Department of Human Services in 2001 estimated that of the approximately 2% of the SA population with gambling problems, only 21% consider getting help, and of that 21% only around a third actually do seek help. Responding promptly to approaches for help reduces service-related barriers to engaging clients in treatment (see Pulford, Bellringer, Abbott, Clarke, Hodgins & Williams, 2009). Statewide is committed to reducing such barriers wherever feasible and takes pride in providing face to face treatment as soon as possible once clients have taken the difficult step toward getting help for their gambling problems. Figure 14 presents the number of days that clients waited after first making contact with SGTS before they received their first face to face treatment from a therapist.

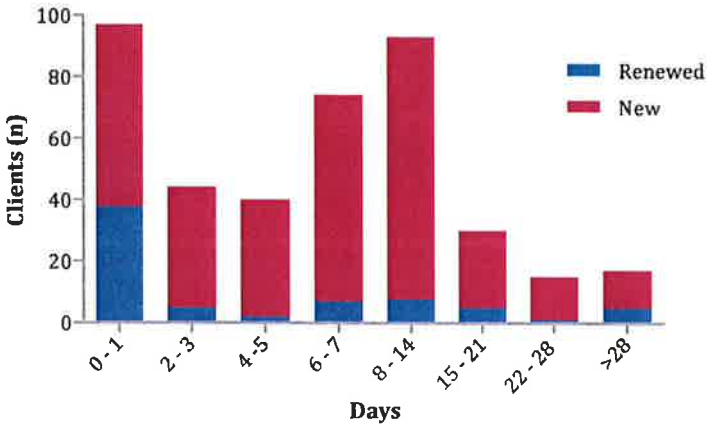


Figure 14 Days between initial contact and first face to face treatment.

Sixty-eight clients (34 new and 34 renewed) received face to face therapy on the same day as that on which they first made contact with SGTS. 42.6% of these individuals were clients of the Salisbury SGTS site, which has street frontage and a prominent sign, thus increasing the likelihood of client "walk-ins".

Nearly 30% of clients (29.3%) saw a therapist within 2 days of making contact with SGTS administrative staff, 62.2% (255 clients) received therapy within a week of their first contact, and 84.9% had seen a therapist within a fortnight. 378 clients (92.2%) saw a therapist within 3 weeks (21 days) of first making contact with Statewide.

Almost all clients (93.4%) were comprehensively assessed for the nature and extent of their gambling-related problems on the same day that they presented for treatment. Comprehensive assessment was not conducted with 2.9% of clients (n = 12), of whom 10 were renewed clients for whom this data had been gathered on an earlier occasion. Two new clients lacked outcome data; in both cases language or cultural factors were such that this data could not be feasibly collected at the commencement of therapy. These clients may be assessed at a future point if appropriate.

92.2% of clients saw a therapist within 3 weeks of their first contact

Key Findings

- Clients experience minimal delays before treatment; most (nearly two-thirds) are treated within a week of contacting the service.
- Almost all clients are comprehensively assessed on the same day as their first face to face treatment.

Gambling Context

Clients are asked to nominate the kinds of gambling with which they experience problems. Multiple responses were allowed and 81.0% of clients reported that one kind of gambling was problematic whist 13.6% nominated two forms of gambling.

By far the most common type of gambling that clients indicated to be causing the problems was the use of Electronic Gaming Machines (EGM).

Figure 15 illustrates the numbers of clients reporting problems with the different forms of gambling.

87.4% of clients (n=458) reported that EGM were causing problems, and 17.0% (n=89) reported having problems with gambling relating to the TAB or other racing codes.

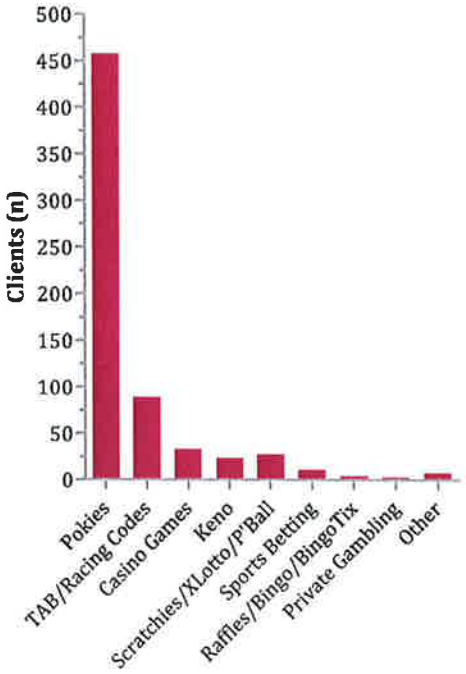


Figure 15 Forms of gambling causing problems.

Clients are also asked to nominate the location in which they last gambled (only one response was allowed for this question). As is evident from Table 4, clients overwhelmingly (83.0%, n=434) reported that they had last gambled in a hotel or club (the former being far more prevalent in South Australia). Gaming machines (EGM) are almost exclusively located in these venues. Many hotels/clubs also offer facilities for gambling on racing codes, sports betting and Keno.

Table 4 Location of most recent gambling.

Description	%	Clients (n)
Hotel/club	83.0	434
TAB	10.5	55
Casino	4.4	23
On Course betting	0.2	1
Internet/online betting	0.4	2
Other venue	1.5	8
	100	523

Key Findings

- Electronic Gaming Machines were overwhelmingly the most commonly nominated form of gambling causing problems.
- Clients typically reported having problems with one form of gambling only.
- Hotels (or clubs) were the venue at which the majority of clients had most recently gambled.

KPI Three: Treatment outcomes: Gambling

Target: 50% of clients report a reduction in gambling expenditure and/or behaviour within a 3-6 month period from the date of the first intervention.

In order to assess the impact of the therapeutic interventions delivered by Statewide during 2008-09, reports from clients that commenced treatment with Statewide for the first time during 2008-09 (new clients, n=339) were analysed, as were the reports from clients who returned to Statewide for further treatment during this financial year after a period of absence (renewed clients, n=71). Outcomes from clients who were already engaged in active treatment at the change of financial year are excluded from these analyses; in total, the number of clients for whom data could be included in the following analyses was 410. The specific numbers of clients for whom data were available are indicated on the graphs.

After the initial assessment, the goal is for clients to be reassessed in person approximately every 4 treatment sessions and then again at 1, 3, 6 & 12 months after they complete treatment (see Figure 31 for an illustration of the number of treatment sessions that clients attended during 2008/09).

Most commonly 4 weeks elapsed between the first and second outcome dates (35 days); this period was consistent with the modal period between the second and third outcome measurement dates (28 days), and that between the third and fourth outcome measurement dates (28 days), for those clients participating in the later assessments.

In the graphs to follow, the indicated Assessment Contexts (beyond Pre Treatment) are presumptive given the variable times at which measures are taken. The precise context will vary client to client, depending on factors such as duration of treatment, attendance at scheduled appointments and willingness to be followed up.

Problem gambling severity

Self-rated severity of gambling problem

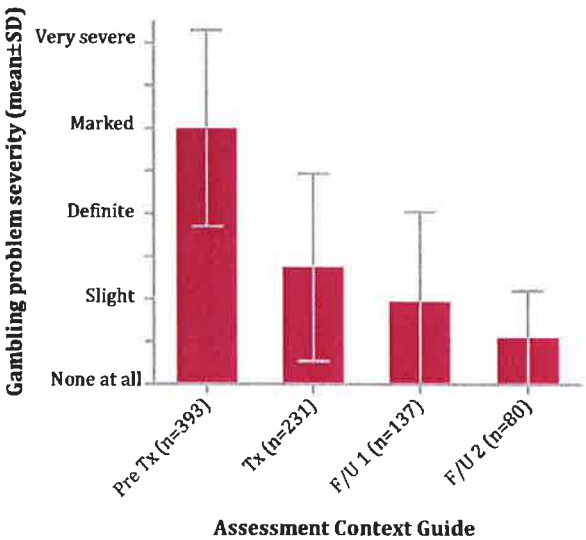
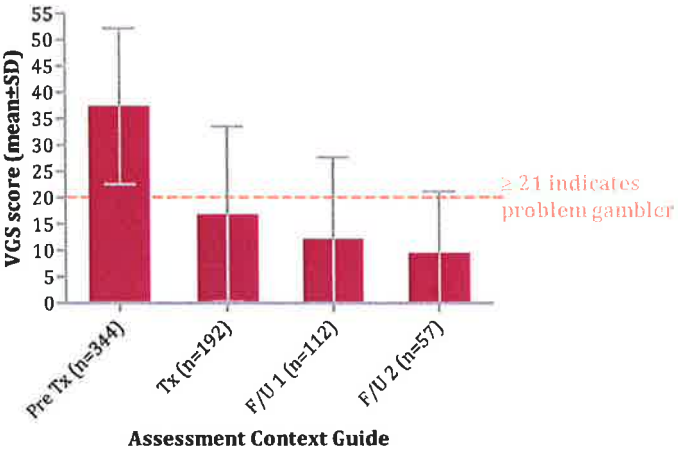


Figure 16 Severity of gambling problem.

Clients are asked to rate the present state of their gambling problem. Prior to treatment by Statewide, nearly 70% (69.7%) rated the severity of their problem as marked to very severe. Far fewer clients rated their problem in these terms at the second set of Outcome measures (14.7%), and fewer still do so at the third Outcome measure (8.7%). By the fourth Outcome measure, 1.3% of clients rated their gambling problem as marked to very severe. Figure 16 shows the average rating clients gave their gambling problem prior to treatment, and the average ratings applied at the second, third and fourth set of measures (by those clients participating in assessment at those points).

Victorian Gambling Screen Score

During 2008-09, the Victorian Gambling Screen (VGS) was replaced by the South Oaks Gambling Screen (SOGS) as the tool used to assess problem gambling. Since it was introduced part of the way through the year, the numbers of clients for whom VGS data are available are lower than for the other outcome measures.



The Victorian Gambling Screen
The VGS was developed and validated in Australia to provide a problem gambling assessment built around the concept of harm caused by problem gambling, and the need for a tool better suited to the Australian socio-cultural context. Scores range from 0 to 60, with a score of 21 or higher identifying a person as a problem gambler. Validity analyses indicate that the VGS correlates very highly with the SOGS but provides a wider range of responses (see Ben-Tovim et al 2001).

Figure 17 Mean Victorian Gambling Screen Scores.

Figure 17 presents the mean VGS scores pre-treatment and at 3 points after commencing treatment commenced. A clear decline in mean VGS scores is evident after treatment. Prior to treatment, 87.5% of clients were identified by the VGS as "problem gamblers". This proportion had reduced to 34.9% at the second Outcome measurement, 25.0% at the third, and by the fourth time that outcomes were measured this proportion had declined to 19.3%.

Strength of urge to gamble

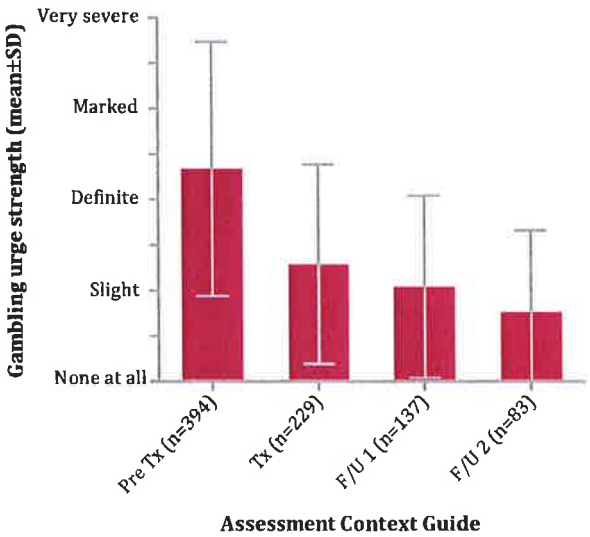


Figure 18 Strength of urge to gamble.

Addressing clients' urge to gamble is among the key components of Statewide's therapeutic approach. Prior to treatment, nearly half (47.5%) reported a marked or severe urge to gamble, but by the second set of measures, this had reduced to 14%, and by the third to 8.8%. Of clients who participated in a fourth set of Outcome measures, only 3.6% reported that their urge to gamble was marked or severe. Figure 18 shows clients' average reported urge strength.

Gambling Behaviour

Gambling frequency

Clients were asked to nominate how often they gambled on EGM and on other forms of gambling during the past month. The proportions of clients who endorsed the response categories relating to more frequent gambling (being "daily or more often" and "a few times a week") are presented in Figure 19 below. The proportions of clients reporting very frequently gambling using EGM and other forms of gambling were found to markedly reduce after commencing treatment.

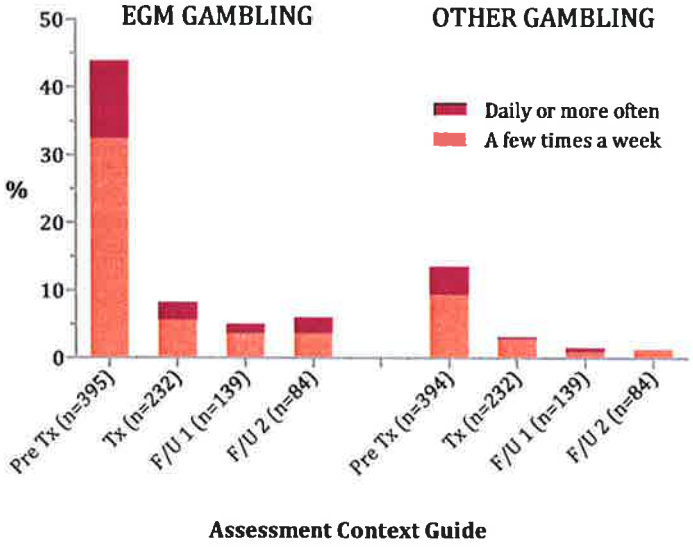
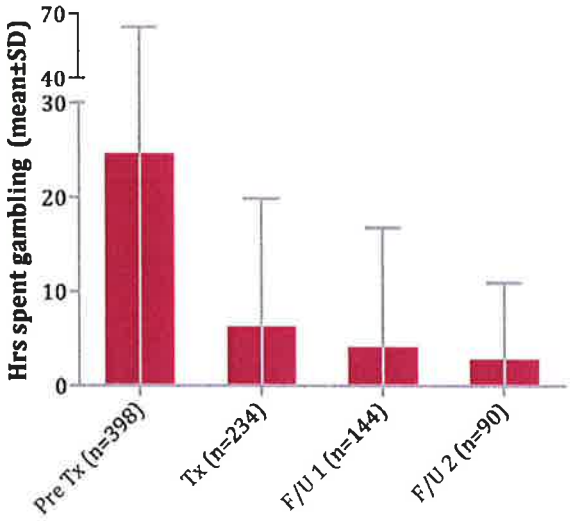


Figure 19 Percentages of clients reporting high frequency gambling on EGM (left) and other gambling (right).

Before treatment commenced, most clients (84.8%) reported *some* gambling using EGM in the preceding month. The proportion of clients still using EGM (to any extent) reduced to 45.7% at the second assessment, and 30.7% at the third (of clients participating in Outcomes measurement at those points). By the fourth Outcome measurement, only 22.6% of responding clients reported *any* gambling on EGM. Fewer clients reported participating in other forms of gambling. Prior to treatment, 38.6% of clients reported that they had gambled in ways other than using EGM. Of the 84 clients who provided a fourth set of outcomes, only 22.6% reported that they had gambled at all in ways other than EGM in the preceding month.



Time spent gambling

The number of hours that clients reported that they spent playing EGMs was combined with the hours spent on other gambling activities, both for the past month. As is evident from the lines indicating SD (Standard Deviations) in Figure 20, there was much variation in the total number of hours that clients reported spending gambling, particularly prior to starting treatment.

Clients who engaged in subsequent assessments reported spending much less time gambling than they had before they started treatment with Statewide.

Figure 20 Time spent gambling.

Gambling Expenditure

Money spent on gambling

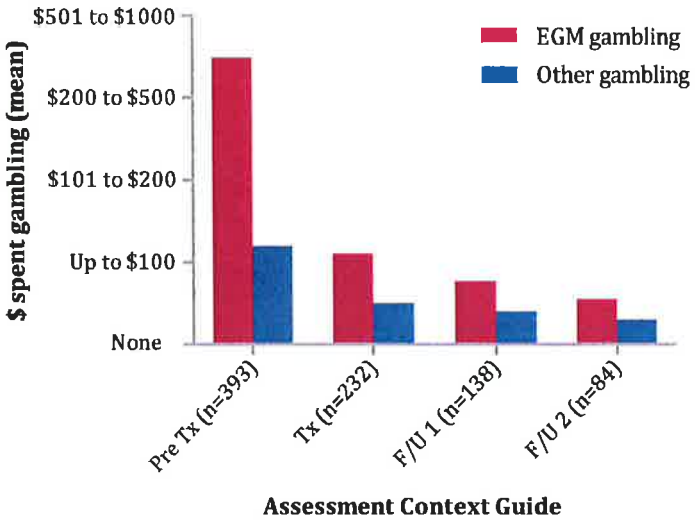


Figure 21 Average amount of money spent on EGM and other gambling.

As noted in the description of gambling frequency, Statewide's clients reported low rates of participation in gambling activities other than EGM. Nevertheless, the treatment appears to be associated with reductions in spending on other gambling activities as well as its more striking effects on EGM-related expenditure (see Figure 21).

Spending more money than planned in a gambling session

Clients are asked to nominate the frequency with which they had spent more than they planned to during a session of gambling (in the past month).

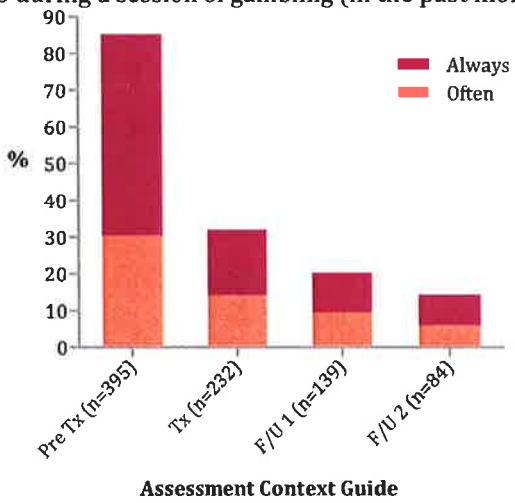


Figure 22 Proportion of clients 'often' or 'always' spending more money than planned in a gambling session.

Just over 85% of clients endorsed the responses "always" or "often" spending more than planned. Of the 232 clients who provided a second set of outcome measurements, the number of clients endorsing these responses had reduced by nearly two-thirds (see Figure 22).

Changes in gambling

As specified in the Target, outcome measurements are included in determinations of change where the measures are 180 days or less apart, beginning in March 2008 (March was used rather than June 2008 to allow inclusion of early outcomes from renewed clients).

Clients' responses to gambling related questions were analysed for whether they reflected an improvement in their situation; all assessments occurring during 180 days of the first measurement were included in these analyses. The proportions of clients reporting improvements for the items directly relating to gambling (and the number of clients who were included in each change analysis) are presented in Figure 23.

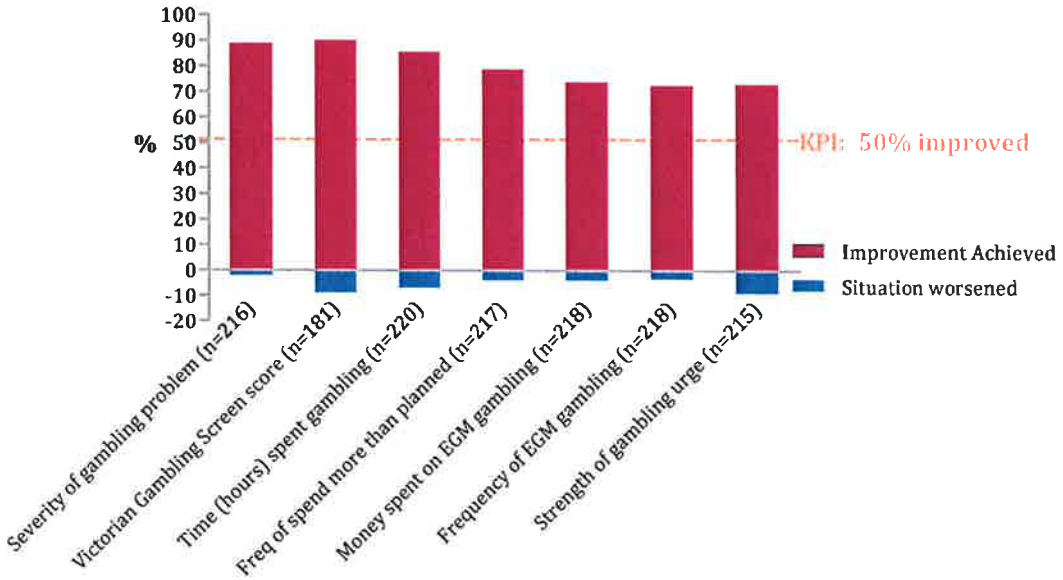


Figure 23 Changes in gambling behaviour achieved within 6 months of commencing treatment.

Figure 23 clearly demonstrates that within 6 months of commencing treatment with Statewide, over 50% of clients reported reduced gambling behaviour and expenditure.

Over 70% of clients reported reduced gambling problem severity, frequency of gambling, time spent gambling, gambling expenditure and urge to gamble.

Key Findings

- Over half of Statewide's clients were assessed on more than one occasion during the year; most commonly, the duration between assessments approximated one month.
- Of those clients that participated in more than one assessment of outcomes within 180 days, over 70% were found to have improved gambling outcomes, those being reductions in indices gauging the severity of the gambling problem, or in self-reports of gambling frequency, time or money spent, or on ratings of the urge to gamble.

Treatment outcomes: Financial

Problem gambling can be associated with considerable and sometimes catastrophic personal financial outcomes. Financial problems tend to be powerful motivators driving problem gamblers to seek treatment (Pulford et al 2009a). At the commencement of clients' treatment with Statewide, a cash management strategy is implemented to help clients avoid gambling in the early stages of their treatment. Statewide's therapists also work with local financial counsellors who can give specialist financial guidance as it is needed, to augment the financial benefits associated with reduced gambling.

Clients are asked about two aspects of their financial situation during the routine assessments; data relating to these are presented in Figure 24 and Figure 25. The specific numbers of clients for whom data were available are indicated on the graphs.

Severity of financial problem

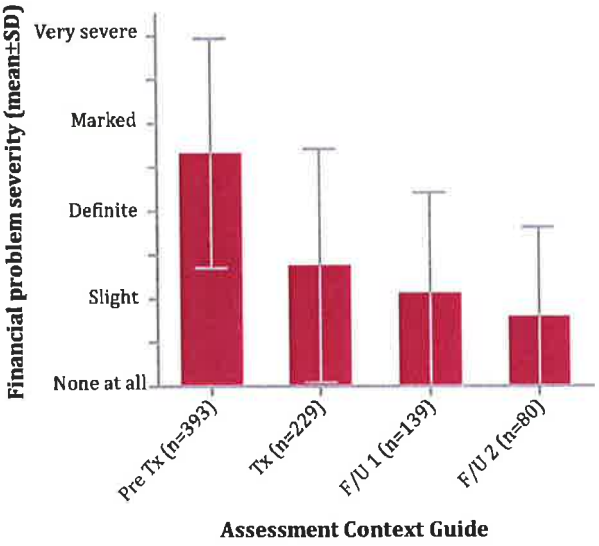


Figure 24 Severity of financial problem.

Prior to commencing treatment, many clients reported considerable financial problems; nearly one-third (31.8%, n=125) reported that their financial problem was very severe. Of those participating in a second assessment, this proportion had dropped to 8.3%. The average (mean) severity of clients' financial problems showed clear reductions following the commencement of treatment with Statewide (Figure 24).

Satisfaction with financial management

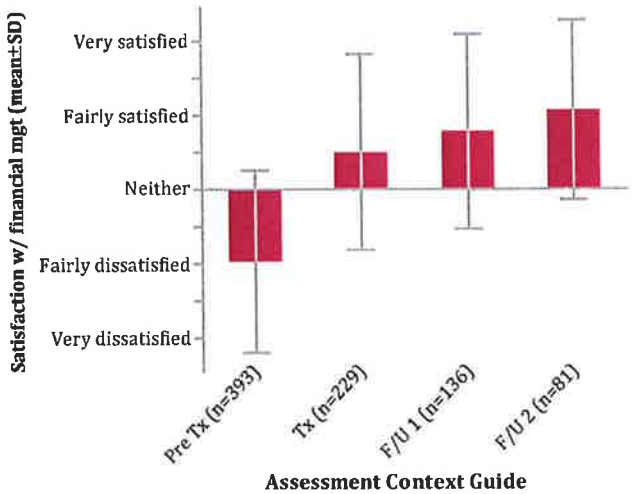


Figure 25 Satisfaction with own financial management.

Clients are also asked to nominate how satisfied they are with the way they manage their finances. The proportion of clients reporting that they were dissatisfied with their own financial management dropped from nearly three-quarters (72.5%) at pre-treatment, to just over one-quarter (25.8%) of those participating in a second set of outcome measurements.

Among the 229 clients who participated in a second set of assessments, the average level of satisfaction with financial management approximated mild satisfaction. Of the clients participating in subsequent assessments, average levels of satisfaction continued to rise (see Figure 25).

Changes in financial circumstances

As has been described earlier, investigations of the direction in which clients' circumstances changed subsequent to treatment with Statewide were conducted with clients who participated in another outcome assessment within 180 days of their first assessment. Figure 26 illustrates that over 80% of clients (in whom this determination could be made) evidenced improvements in their financial circumstances within 6 months of commencing treatment with Statewide.

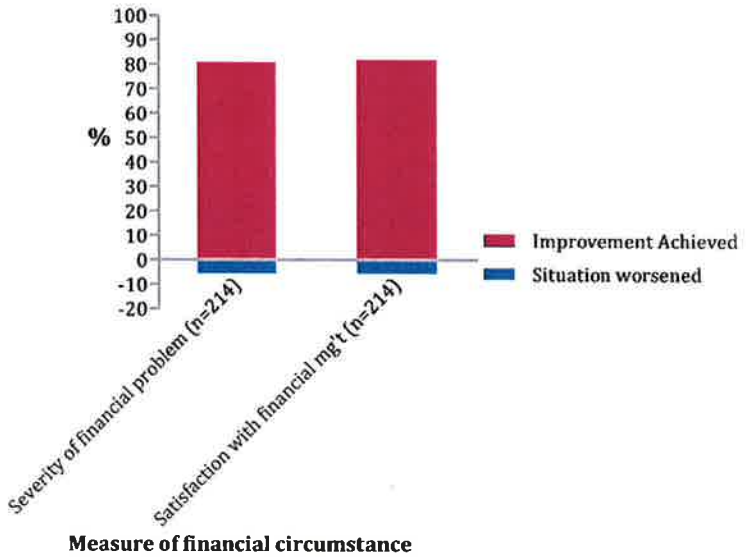


Figure 26 Changes in financial circumstances.

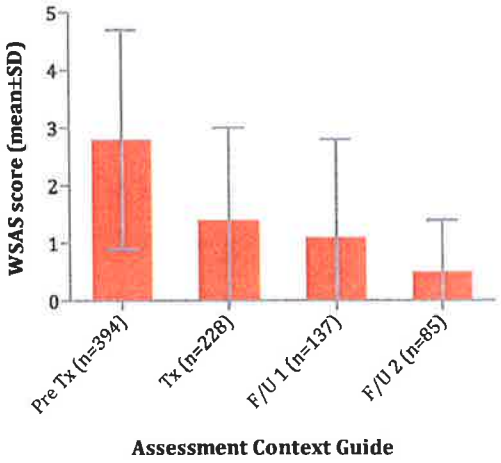
Key Findings

- Treatment by Statewide was associated with reduced severity of financial problems and increased satisfaction with personal financial management.

Treatment outcomes: Personal wellbeing

Psychological distress was the second most common reason for help-seeking (after financial problems) for problem gamblers in a recent study by Pulford and colleagues (2009a). Statewide assesses clients' personal wellbeing using the Work and Social Adjustment Scale (WSAS), the Kessler 10 (K10) and the Goldney Scale of Suicidality.

The Work and Social Adjustment Scale



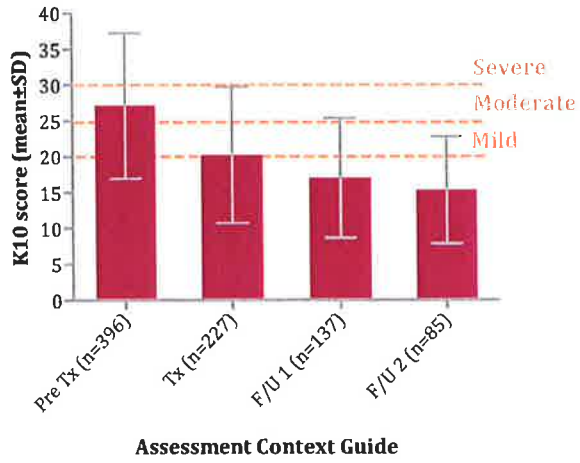
The Work and Social Adjustment Scale

The WSAS is a brief measure of the extent to which a problem impairs five areas of functioning: work, home management, social leisure activities, private leisure activities, and family/relationships. See Mundt et al (2002)

Figure 27 shows the average scores of Statewide's clients on the Work and Social Adjustment Scale. The mean WSAS score at the second outcome measure was half of the mean score measured prior to treatment (in the 228 clients assessed); the degree to which gambling problems affected clients' general functioning reduced subsequent to treatment.

Figure 27 Work and Social Adjustment Scale Scores.

The Kessler-10 Scale



The Kessler 10 Scale (K10)

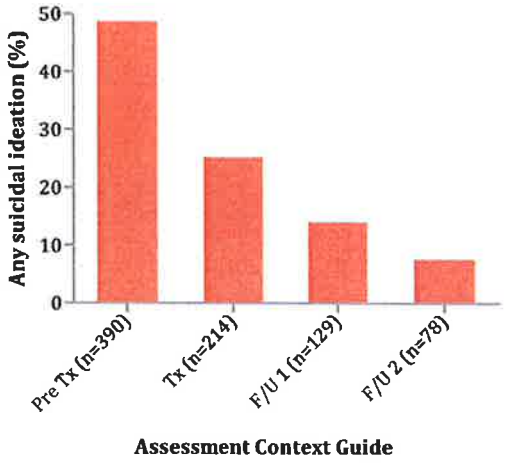
The K10 is a 10-item scale measuring degree of psychological distress, particularly anxiety and depression. Scores range from 10 to 50 (higher scores indicate greater distress). Scores 20-24 are consistent with a diagnosis of mild depression and/or anxiety disorder, 25-29 with moderate, and 30 – 50 with severe depression and/or anxiety disorder. See Andrews & Slade (2001).

Figure 28 Kessler 10 (K10) scale scores.

Clients' mean K10 scores were found to reduce subsequent to treatment (Figure 28). Prior to treatment from Statewide, 42.7% (n=169) had K10 scores indicating they were experiencing severe levels of psychological distress consistent with a diagnosis of severe depression and/or anxiety disorder. By the second time this was assessed, this had reduced to 17.6% (40 clients).

The Goldney Scale of Suicidality

Treatment-seeking problem gamblers have reported higher rates of suicidal ideation than is typical in the broader community (e.g. Battersby et al 2006), and reports suggest that gambling problems may be higher among people who attempt suicide than would be expected if problem gambling were unrelated to suicidality (e.g., Penfold et al 2006).



The Goldney Scale of Suicidal Ideation

The Goldney is a four-item indicator of recent suicidal thinking. See Watson et al. (2001).

Figure 29 Proportion of clients reporting suicidal ideation.

Figure 29 shows the percentages of clients who reported any suicidal thinking on the Goldney Scale. Nearly half (48.7%) of clients reported some suicidal thinking before they received treatment, but this proportion was nearly halved at the time of the second set of Outcomes, where 25.2% of those for whom data were available reported some suicidal thinking.

Changes in personal wellbeing

Using data from clients for whom at least one assessment was conducted after they commenced treatment, analyses were performed to determine whether improvements had been achieved in clients' personal wellbeing; this data is presented in Figure 30.

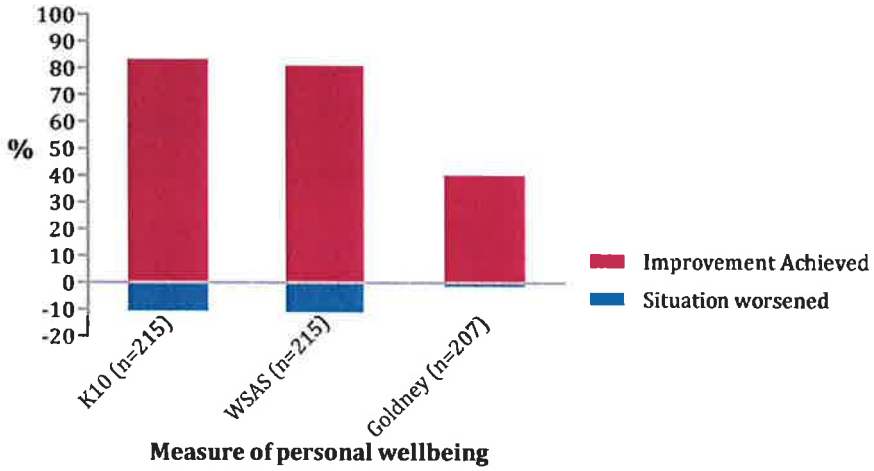


Figure 30 Changes in personal wellbeing achieved within 6 months of starting treatment.

Over 80% of clients assessed more than once within 180 days of commencing treatment showed improvements in K10 scores, indicating reduced levels of psychological distress, and improvements in general functioning, as assessed by the WSAS.

Key Findings

- Following treatment from Statewide, clients' mean levels of depression and anxiety reduced, considerably fewer reported having suicidal thoughts, and the average impact of gambling on clients' general functioning had reduced.

KPI Four: Treatment Completion

Target: 50% of registered clients complete a course of treatment or service plan.

Statewide has a high rate of success in engaging clients in treatment.

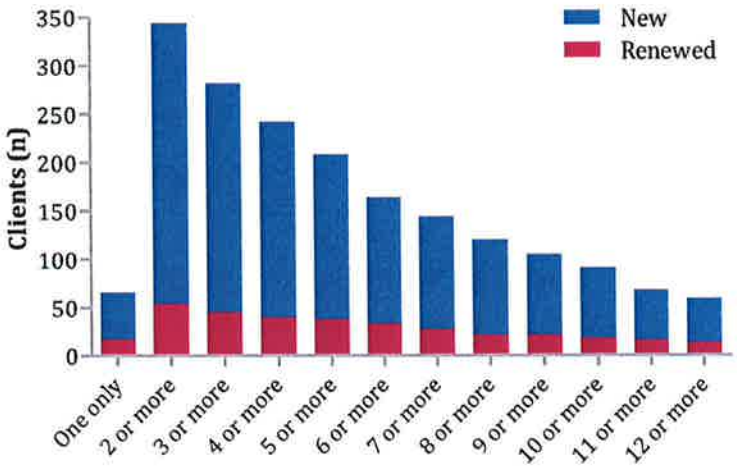


Figure 31 Number of face to face treatment sessions attended.

Figure 31 shows the number of treatment sessions attended by new and renewed clients between the start of July 2008 and the end of September 2009 (the extension to dates at the end of the financial year is to include treatment provided to new or renewed clients as part of treatment programs commenced during the financial year). Most clients (83.9%, n=344) were successfully engaged, attending more than one therapy session.

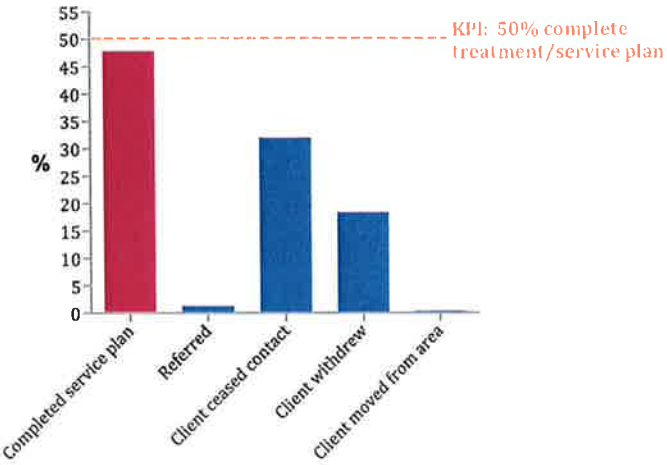


Figure 32 Reasons for case closure.

456/524 clients had formalised closure data available; this data was missing (likely pending) for 13%, consistent with the finding described earlier that 21.8% of clients were "existing" at the start of the 2008-09 financial year. Figure 32 shows the recorded reasons for case closure; nearly half (48%) were recorded as having completed a service plan.

Nearly 50% of clients were recorded as having completed a service plan.

KPI Five: Goal Attainment

Target: 80% of clients who complete a course of treatment or service plan report substantially or fully achieving their goals.

As described in the previous section, a determination was made at discharge as to the reason for clients' case closure. Nearly 50% of clients were found to have completed treatment. At discharge, therapists make another determination regarding the progress that clients have made during their treatment with Statewide.

Progress is gauged using one of the core components of Statewide's therapy – the client and therapist setting goals at the start of treatment.

The proportions of clients who were determined to have achieved the various extents of goal achievement are presented in Figure 33.

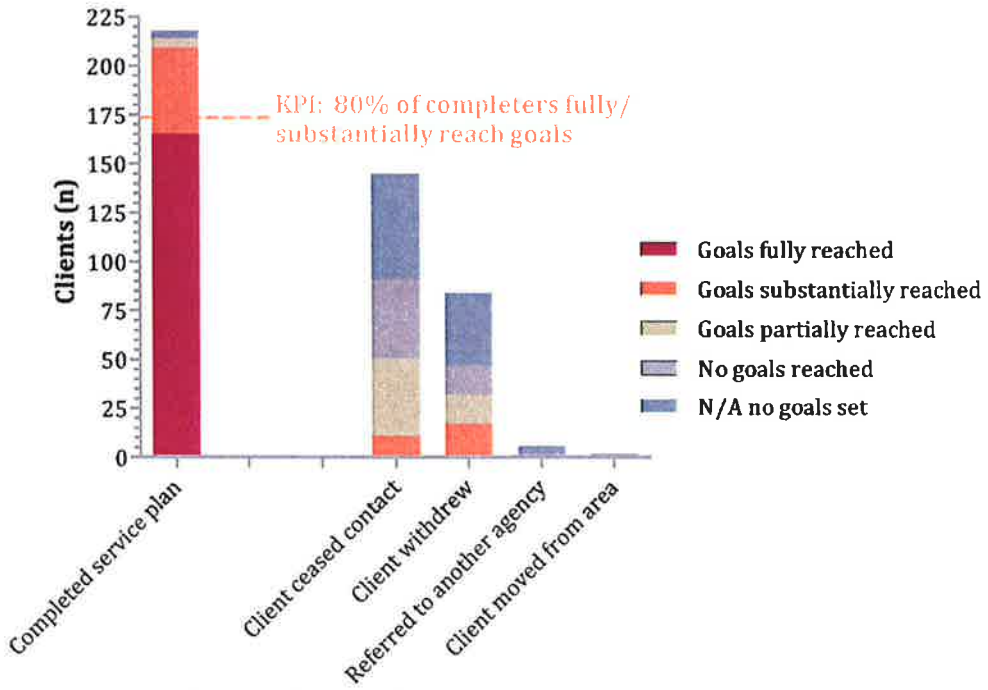


Figure 33 Reasons for case closure and goal attainment.

Most clients (78.3%) had goals set at the start of therapy. Completing the service plan or treatment was clearly associated with higher levels of goal attainment; of those clients who completed the service plan, most (75.7%) fully reached their goals, and 20.2% substantially reached their goals.

When clients who ceased contact with Statewide (n=145) and those who withdrew (n=84) were combined with those clients considered to have completed the service plan (n=218), 53.0% of clients had fully or substantially reached their goals.

96% of clients who completed treatment fully or substantially reached their goals.

Key Performance Indicators: Overview

Targets	Achievements
400 clients will be provided with a direct service each year	**524 gamblers** were provided with therapy during 2008-09
80% of clients will be comprehensively assessed within 3 weeks of referral	**92%** of clients saw a therapist within 3 weeks of making contact, almost all assessed same day
50% of clients report reduced gambling within 6 months of the first intervention	**Over 70%** of clients report reduced gambling behaviour or expenditure within 6 months where data available
50% of registered clients complete a course of treatment	**48%** of clients completed a course of treatment
80% of clients who complete treatment substantially or fully achieving their goals	**96%** of clients who completed a course of treatment fully or substantially achieved their goals

New Website: www.sagamblingtherapy.com.au

The team at Bridgehead Australia have worked with us during 2008-09 to design and develop a new website for Statewide Gambling Therapy Services.

Statewide's earlier site comprised part of the Centre for Anxiety and Related Disorders webpage. The new site provides more detail regarding the services provided and is more in keeping with the organisation as it currently exists.

New Brochure

Bridgehead also worked with us on the design and production of new paper-based promotional materials.

Statewide Gambling Therapy Service

Statewide Gambling Therapy Service delivers treatment for problem gambling at our three offices in metropolitan South Australia and provides visiting services to some regional areas.

Southern Metro & Rural Areas

Flinders Medical Centre
Block E2, The Flats, Flinders Drive
Bedford Park

P: (08) 8204 6982

Northern Metro Area

Salisbury
20B John Street, Salisbury

P: (08) 8182 4911

Western Metro Area

Port Adelaide
Suite 9, Port Adelaide Medical Centre
60 Marryatt Street, Port Adelaide

P: (08) 8240 0522

www.sagamblingtherapy.com.au

Gambling Helpline
P: 1800 060 757

Statewide Gambling Therapy Service

DOES SOMEONE YOU KNOW HAVE A

GAMBLING PROBLEM?

www.sagamblingtherapy.com.au

Funded through the Gamblers Rehabilitation Fund

The Statewide Gambling Therapy Service is provided by the Southern Adelaide Health Service

Is gambling a problem for you or someone close to you?

Gambling may be a problem if you are:

- Spending more money and time on gambling than you intended
- Hiding your gambling from other people
- Borrowing money to pay for living expenses e.g. to pay for your phone bill, groceries or petrol, because you used the money for gambling
- Losing interest in other activities
- Finding that work or your role as a parent is affected by your gambling behaviour
- Lying about where you have been when you have been gambling
- Not going to work or not being home as often as usual

Help is available

We provide a **free, effective** and **confidential** service that helps problem gamblers **overcome the urge to gamble and get control of their lives**.

Statewide Gambling Therapy Service uses mainly cognitive behavioural therapy to help people gradually face situations and feelings that have made them want to gamble, and assist them in learning that with help and practice they can work through and overcome their gambling problems.

We offer several services to help people who have problems with gambling:

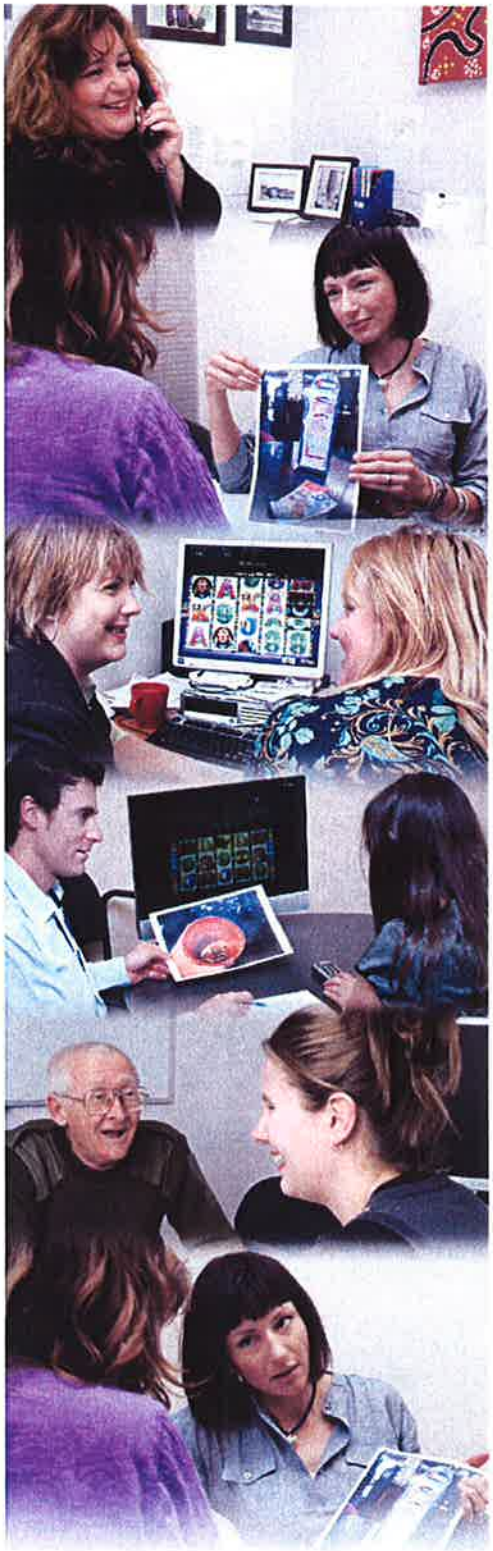
- **One-on-one therapy** for people with gambling problems as well as for friends and family as needed.
- Optional **hospital-stay program** delivering intensive treatment over two weeks with follow-up therapy.
- **Support groups** for problem gamblers and people who care about them.

Treatment typically involves from **4 – 10 weekly one-on-one sessions** with a qualified therapist; the number of sessions is determined by clients' individual needs and circumstances.

In addition to tackling the gambling problem, our therapists assess for and treat other related mental health problems such as depression and anxiety.

We encourage partners and family members to be involved in therapy where appropriate and provide support for them too. New clients also have the option of speaking with previous clients of our service; people who have had first-hand experience with a gambling problem and overcome it.

New Poster



Statewide Gambling Therapy Service

IS GAMBLING BECOMING A PROBLEM?

For confidential advice or an appointment call:

Southern Metro & Rural Area
P: (08) 8204 6982

Northern Metro Area
P: (08) 8182 4911

Western Metro Areas
P: (08) 8240 0522

www.sagamblingtherapy.com.au

The Statewide Gambling Therapy Service is provided by the Southern Adelaide Health Service and is funded through the Gamblers Rehabilitation Fund

www.problemgambling.sa.gov.au

Gambling Help Line
P: 1800 060 757

Commissioned Projects

Statewide Gambling Therapy Service and Flinders Human Behaviour and Health Research Unit have conducted a number of commissioned projects during 2008-09:

1. Predictors of Relapse in Problem Gambling project
2. Longitudinal Study of Outcomes for Statewide Gambling Therapy Service
3. Naltrexone Feasibility, Acceptability & Preliminary Effectiveness study
4. (a) Aboriginal and Torres Strait Islander Clients and
   (b) Culturally & Linguistically Diverse Clients project(s)

Project 1: Predictors of Relapse in Problem Gambling

Commissioned by Gambling Research Australia, overview by Dave Smith, Project Officer.
The complete report can be downloaded from www.gamblingresearch.org.au.

Background

In recent years the research literature has documented the considerable prevalence of problem gambling, which is predicted to rise with the legislation of new forms of gambling. Corresponding to the high numbers of identified problem gamblers there has been an increase in studies into treatment for problem gambling. However, there remains a paucity of quality research evaluating the phenomenon of relapse in problem gambling.

To better understand relapse processes a project commissioned by Gambling Research Australia (GRA) titled 'Predictors of relapse in problem gambling' was conducted by the Flinders Human Behaviour and Health Research Unit and SGTS. Results from this study will help increase treatment retention, improve treatment outcomes and help predict those who are vulnerable to relapse. The following overview summarises the project's objectives, methods and findings.

Objectives

Provide a definition of lapse and relapse in problem gambling
Identify predictors of relapse in problem gambling
Develop a preliminary model of relapse processes.

Methods and Results

Systematic literature review

A literature review was conducted to identify conceptual, methodological and analytical issues of relapse in problem gambling and other addictions. Findings included:
Limited prospective studies on predictors of relapse in problem gambling
Significant predictors of relapse in problem gambling included:
Anxiety
Disinhibition & impaired decision-making
Gambling urges
Tolerance of negative affect
Cognitions related to winning.
Preliminary findings from the literature review informed the design of a Delphi study.

Delphi study

The aim of this study was to achieve consensus between national and international experts on predictors and definitions of lapse and relapse. Findings included consensus on the following as potential predictors of relapse:
Gambling urges
Gambling related cognitions
Alcohol use
Sensation-seeking traits
Negative affectivity
Work & social functional ability
Trait anxiety
Perceived social support.
These potential predictors of relapse in problem gambling guided the selection of measures for a 12 month observational study.

Focus groups
To develop key themes of reasons for relapse in problem gambling a number of focus groups were conducted with cognitive behavioural therapists, consumer consultants, counsellors, and clients and significant others. Potential predictors of relapse identified by participants included:
Cognitions
Intervention
Urge to gamble
Social support
Negative affective states
Environmental factors.

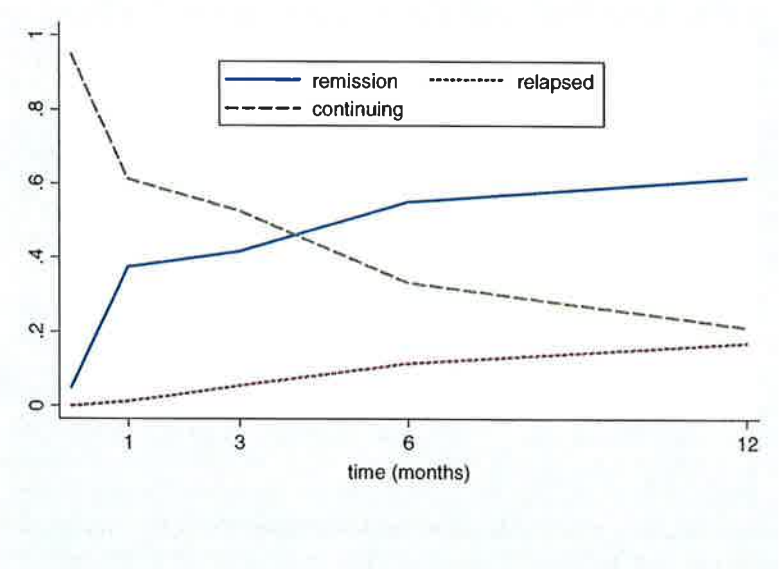
Observational study
An observational study was conducted to test the predictors and definitions of relapse identified in the focus groups and Delphi study. The study was conducted over a 12 month period with repeated assessments at 1, 3, 6, and 12 months. Participants were treatment seeking problem gamblers (n=158) at study commencement. Participants were classified as either in remission, continuing to problem gamble, or relapsed at each follow-up assessment using two alternative measures:

(1) Victorian Gambling Screen, and
(2) Changes in gambling behaviour.

Main results:

- Urge to gamble a significant predictor of relapse on both outcome measures
- Gambling related cognitions predicted relapse when the outcome was measured with the Victorian Gambling Screen
- Work and social ability/impairment was a significant predictor of participants continuing to problem gamble

The graph below presents the proportion of relapse, remission and continuing to problem gamble events during the study period.



Graph: Proportion versus time for relapse outcome status using the Victorian Gambling Screen as measure.

Implications
Results from this research have a number of implications including:

- Ability to differentiate those who are likely to succeed and relapse following treatment.
- Enable clinicians to educate clients vulnerable to relapse and target treatments to reduce risk.
- Multiple measures of relapse to promote more dynamic treatment planning specific to individual needs.
- Use of standard tools for measuring urge, cognitions, and work and social adjustment are warranted and will assist in the implementation of relevant treatments.

Project 2: Longitudinal Study of Statewide Gambling Therapy Service

Commissioned by the Office for Problem Gambling, overview by Dave Smith, Project Officer.

Background

While the reporting of gambling treatment outcome studies has increased in recent years limited progress has been made toward a solid evidence base specific to gambling treatments. Although controlled studies are often considered the 'gold standard' in terms of rigor, they tend not to account for heterogenous groups which are often the reality in community-based gambling help services. Further development of an evidence base for problem gambling treatments requires complementary assessment methods including ongoing treatment effectiveness and treatment outcome studies.

In this overview, we present preliminary findings from the first outcome study for clients of the Statewide Gambling Therapy Service (SGTS) in South Australia. While not an empirical investigation of treatment efficacy with formal conclusions drawn from inferences, it is an exploration of client progress, or a natural history of client change following treatment engagement with SGTS. To enhance the research quality of this investigation, additional qualitative methods have been employed in attempt to better understand the multiple realities of problem gambling.

Objectives

Evaluation of outcomes following treatment for problem gambling,
To identify determinants of treatment attrition,
Establish key themes on treatment of problem gambling from the client's perspective.

Methods

Cohort study
The aims of this study were twofold: to analyse outcomes following treatment engagement with SGTS and to identify factors associated with treatment dropout.

A cohort of treatment-seeking problem gamblers was recruited through the SGTS in 2008 with follow-up conducted at 1, 3, 6, and 12 months. Outcome measures were problem gambling screening, gambling related cognitions, urge to gamble, negative affectivity, work and social functionality ability, and alcohol use. Potential predictors of treatment dropout investigated were socio-demographic variables, clients' perceived social support, anxiety and sensation-seeking traits.

Interviews

To date eight face-to-face semi-structured in-depth interviews have been conducted with SGTS clients in metropolitan and country regions of South Australia. These interviews have enabled investigators to explore perceptions of individuals and how they give meaning to or interpret their experiences with treatment for problem gambling. Theoretical sampling has been employed in which the research officer has jointly collected, coded, and analysed data with subsequent informing of further participant selection for interviewing.

The final report was presented to the Office for Problem Gambling in December 2009.

A paper describing the findings from the Longitudinal Study has been accepted for presentation at the AUT International Gambling Conference, Auckland, February 2010.

Project 3: Naltrexone Feasibility, Acceptability & Preliminary Effectiveness

Commissioned by the South Australian Independent Gambling Authority, overview by Faye Forbes, Project Officer.

During 2008-2009 researchers at Flinders University, Flinders Medical Centre and the Statewide Gambling Therapy Service (SGTS) conducted a pilot project investigating the use of a pharmacotherapy (a drug known as naltrexone) in the treatment of problem gambling. Researchers headed by Prof Battersby received funds from the Independent Gambling Authority (IGA) to investigate the feasibility of offering this medication as a viable treatment option to clients, or to conduct a larger randomised controlled trial at a later date.

The pilot study aimed to investigate the feasibility, tolerability and acceptability of naltrexone in patients who have been unsuccessful with the psychotherapy normally offered by the SGTS.

The project employed a naturalistic design, following the progress of a small cohort of ten patients who had been previously unsuccessful with psychological therapy. The patients were monitored over the course of 4-6 months as they trialled a pharmacological therapy usually prescribed for people suffering alcohol dependency (naltrexone hydrochloride).

Over the course of the project the effectiveness and feasibility of naltrexone treatment was assessed using a number of psycho-social measures. These measures included:

- Semi-structured interviews
- The Gambling Urge Scale
- Gambling Activities questionnaire
- The Victorian Gambling Screen (VGS) Harm to Self Scale;
- The Work & Social Adjustment Scale (WSAS)
- The Kessler Psychological Distress Scale (K10)
- The Information Biases Scale
- The Gambling Related Cognitions Scale
- The Canadian Problem Gambling Index (CPGI)
- The Alcohol Use Disorders Test (AUDIT) and
- The Goldney Suicidal Ideation Scale.

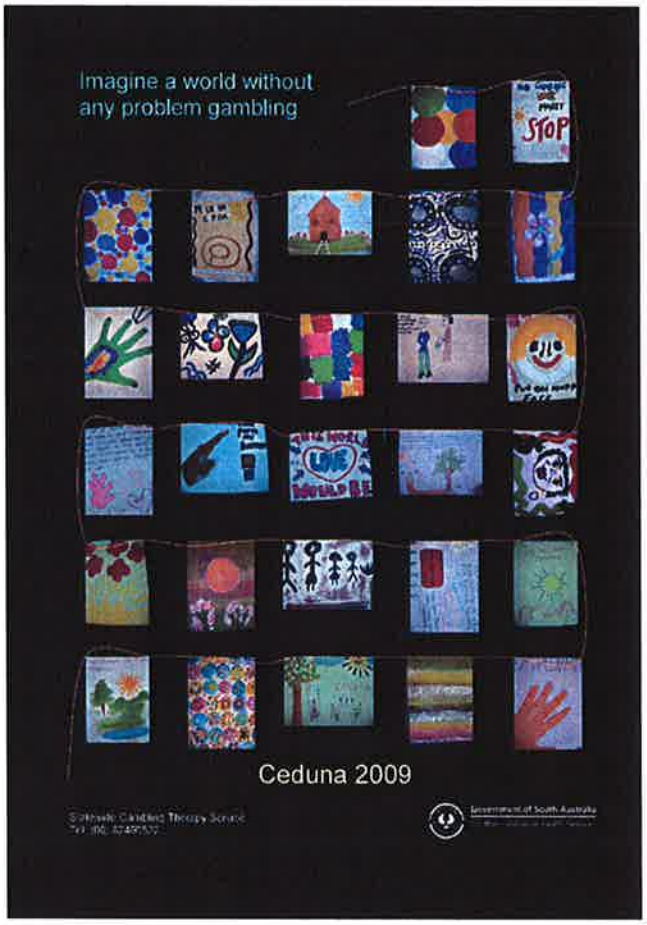
The final report with results will be presented to the IGA in January 2010.
A paper describing the findings from the naltrexone study has been accepted for presentation at the AUT International Gambling Conference, Auckland, February 2010.

Project 4a: Aboriginal & Torres Strait Islander (ATSI) Clients

Engagement with the wider ATSI communities, including enlistment of social networks and community leaders reduces the considerable denial, stigma and shame experienced by problem gamblers within ATSI communities that are barriers to treatment uptake and retention (see Clarke, Abbott, DeSouza & Bellringer, 2007). Sue Bertossa was recruited to work on this project that specifically sought to engage with and address the needs of marginalised groups including ATSI clients. Sue has an extensive background in Aboriginal Health and community development and so was well placed to lead this initiative.

As shown earlier in the report, considerable progress has been made in engaging with problem gamblers who are of Aboriginal and Torres Strait Islander origin. Sue has engaged with a range of community groups in Port Adelaide, Salisbury, Port Augusta, Ceduna and the Riverland and worked collaboratively with the Aboriginal Health Council of South Australia.

Promotional materials for print and other media have been devised in collaboration with Indigenous community members in order that Statewide be better represented for these groups. An example of this is the poster reproduced below based on images produced by the women from the Weena Mooga Gu Gudba centre in Ceduna. In a style similar to Tibetan "flag painting", and with facilitation from Sue Bertossa, the poster was created for a campaign to raise awareness of problem gambling and the treatment that is provided by Statewide's outreach services to remote communities.



Flag poster: Based on images produced by the women of the Weena Mooga Gu Gudba centre in Ceduna.

Sue recently won a significant competitive Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) grant to extend her work with Aboriginal people across metropolitan and rural and remote communities.

Statewide's therapeutic approach and data collection tools are being adapted for increased suitability for use with Indigenous clients; reproduced following is a poster that Sue presented at the General Practitioners and Primary Health Conference in July 2009 regarding some of these adaptations.

Poster: Adapting Cognitive Behavioural Therapy for Indigenous Gamblers presented by Sue Bertossa at the Melbourne GP and Primary Health Conference, August 2008.

This poster can be downloaded in full from:
http://www.phcris.org.au/elib/lib/elib/viewabstract.php?elibid=6506

Project 4b: Culturally & Linguistically Diverse (CALD) Populations

The tables below describe in detail the countries of birth and languages spoken by Statewide's clients; while these clients remain in the minority, efforts continue to improve CALD client access to Statewide's services.

Most clients (74.8%, 391) reported that they were born in Australia.

The table indicates the other countries of birth (alphabetically) reported by Statewide's clients.

Countries	Clients (n)
Afghanistan	2
Armenia	1
Austria	2
Boznia & Herzegovina	1
Channel Islands	1
Chile	1
Croatia	1
East Timor	1
Egypt	2
England	43
Fiji	1
Germany	7
Greece	2
Hungary	1
Indonesia	2
Iran	2
Iraq	1
Ireland	3
Italy	6
Kenya	1
Malaysia	1
Netherlands	4
New Zealand	12
Philippines	3
Poland	4
Portugal	1
Russian Federation	1
Scotland	9
Slovakia	1
South Africa	2
Sri Lanka	1
Thailand	1
Trinidad and Tobago	1
Turkey	3
USA	1
Yugoslavia	1
Not stated	5
Total	132

The considerable majority of clients (86.2%, 451) spoke English as the only language at home.

Languages other than English spoken at home are presented (alphabetically) in the table below.

Languages	Clients (n)
Arabic (incl Lebanese)	3
Australian Indigenous Languages nfd*	2
Cantonese	1
Croatian	3
Finnish	1
French	1
German	4
Greek	8
Hindi	1
Italian	12
Latvian	1
Northern European Lang nfd*	1
Persian	2
Pitjantjatjara	1
Polish	3
Portuguese	1
Russian	1
Slovak	1
Spanish	1
SW Asian & Nth African Lang	1
Tagalog (Filipino)	2
Thai	1
Turkish	3
Ukrainian	2
Not stated / specified / adequately described	15
Total	72

*nfd: not further described

Master of Mental Health Sciences Projects

The trainee psychotherapists employed by Statewide are at varying stages of completion of the Flinders University Master of Mental Health Sciences postgraduate program. Each trainee holds an undergraduate qualification in Social Work, Counselling or Nursing and has had at least two years' clinical experience in the field of mental health. The trainees work closely with the Outcomes Unit during the research component of the Masters Program, which comprises a literature review and a research paper, the latter requiring students to conduct a research project and write up the findings.

Masters Students' Research Topics

Predictors of Dropout from Treatment for Problem Gambling

Student: Sharon Harris

Research Paper Abstract:

Studies in treatment dropout from gambling therapy have so far been unable to develop a profile of predictor variables to identify individuals at higher risk of early dropout from treatment services. This retrospective observational study sought to identify these predictor variables of early treatment dropout. One hundred and one problem gamblers meeting DSM-IV criteria for pathological gambling who either completed treatment or dropped out of treatment during the study period were compared. Dropout was determined by the therapist to have occurred if the client ceased treatment without having improved sufficiently in terms of their gambling behaviour to be discharged from treatment. Pre-treatment characteristics examined for their utility in predicting treatment completion status included percentage of income gambled, age, gender, negative affect, anxiety, alcohol misuse, level of work and social function, gambling cognitions and motivation to gamble. Binary logistic regression analyses identified the best model for statistically predicting dropout to comprise percentage of income gambled ($p = 0.01$), age ($p = 0.03$), South Oaks Gambling Screen score ($p = 0.02$) and psychological distress as determined by the Kessler10 ($p = <0.01$). The clinical implications of these results are discussed in light of the exploratory nature of the study and the need for future research to validate these findings.

Sharon Harris completed the requirements of the Masters of Mental Health Sciences in July 2009 and has accepted a position as a Psychotherapist with Statewide.

Factors Associated with the Severity of Problem Gambling

Student: Vanessa Hounslow

Research Paper Abstract

Pathological gambling has become a widespread problem following the rapid expansion of poker machines into hotels and clubs over the last 10 years. Recent literature indicates that certain factors may impact on problem gambling severity, such as psychiatric co morbidity and certain personality traits, gambling related cognitions, substance use and gender. This study examined 127 treatment-seeking problem gamblers at baseline, who completed a range of self report measures, including the Victorian Gambling Screen (VGS), to measure severity of problem gambling. Multiple regression analyses were undertaken and the continuous response variable was regressed on to a number of predictor variables. Gambling related urge, gambling related cognitions, and negative affect were found to impact on problem gambling severity. High levels of anxiety, stress and alcohol use were also found amongst this sample. This may have implications for and assist in further treatment planning for clinicians, and other health professionals working with pathological gamblers.

Vanessa submitted her literature review and paper in September 2009, and is nearing completion of her Masters of Mental Health Sciences qualification.

Aboriginal & Torres Strait Islander clients
Student: Sue Bertossa
The relevance of cue exposure to the treatment of Indigenous problem gamblers.

Research Paper Abstract
This paper explores the engagement and retention of Indigenous clients at a mainstream gambling service offering exposure-based therapy. Fourteen Indigenous clients received modified treatment; changes to treatment were based on the advice of Indigenous workers, representatives and clients, collected via interviews, daily journal of community consultations and case-note review. It was found that the adoption of Motivational Interviewing (MI) was helpful in engaging Indigenous clients in treatment, with most clients recognising exposure-based treatment as an important part of their therapy. Standard data collection methods used to map client progress were found unsuitable for most Indigenous clients and alternative approaches based on case-note review will be required to compare treatment outcomes.
Sue submitted her literature review and paper in November 2009, and is nearing completion of her Masters of Mental Health Sciences qualification.

Some of the findings from Sue's work were presented at the GP and Primary Health Conference in Melbourne in August 2008.

The Telescoping Effect and the Course of Gambling Addiction: The Influence of Gender
Student: Linda Stanway

Linda Stanway recently commenced a project investigating whether female gamblers progress more rapidly into problem gambling that requires and receives treatment than do male gamblers, potentially due to females exhausting financial resources more rapidly, or via females' greater readiness to seek treatment.

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