

# Statewide Gambling Therapy Service

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## Problem Gambling

- Defined by the American Psychiatric Association DSM-IV as "...persistent and recurrent maladaptive gambling behaviour that disrupts personal, family and vocational pursuits"<sup>1</sup>

- Prevalence estimates around 2% in the Australian adult population<sup>2</sup>

- Identified as an addictive disorder

<sup>1</sup> American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> Edition, Text Revision). 4<sup>th</sup> ed. Washington DC, 2000.

<sup>2</sup> Delfabbro P. Australasian Gambling Review June 2007: A report prepared for the Independent Gambling Authority of South Australia, 2008.

Findings from a 12 month Observational Study of SGTS clients treated with Exposure Therapy<sup>3</sup>

Variable	Value
Age, mean ± SD, years	43.09 ± 12.65
Male sex	69 (54)
Marital status	
Married/de facto	57 (45)
Single	43 (34)
Employment	
Full-time	49 (39)
Part-time	25 (20)
Living arrangement	
Alone	24 (19)
Couple with dependent children	24 (19)
Couple without dependent children	35 (28)
Primary form of gambling	
Gaming machines	110 (86.6)
Duration of gambling problem	
< 2 y	27 (22)
2 - 5 y	32 (26)
> 5 y	65 (52)

<sup>1</sup>Data are presented as number (percentage) unless otherwise indicated.

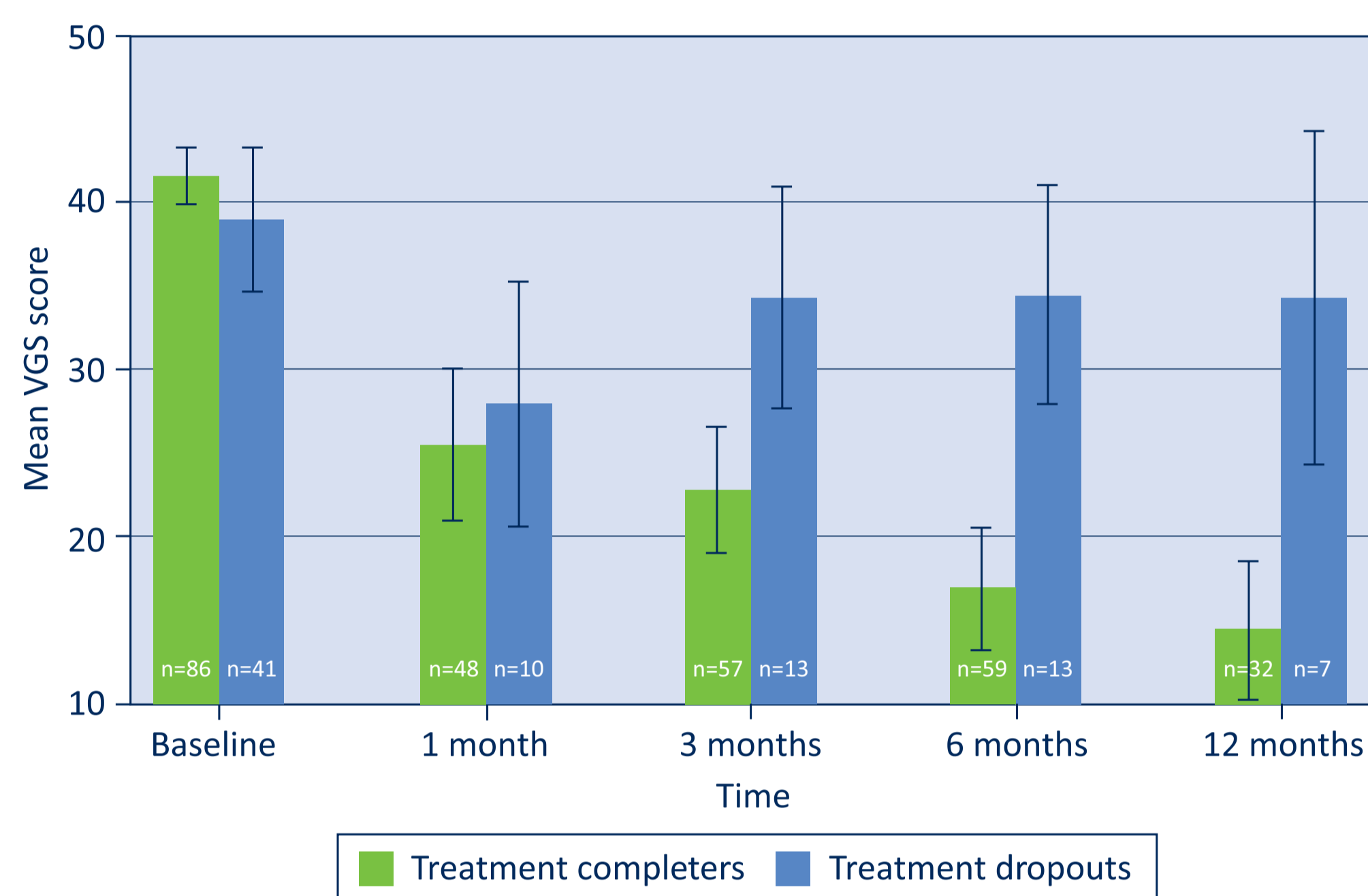
## Statewide Gambling Therapy Service

- Located at Flinders Medical Centre, Salisbury, Port Adelaide & rural regions
- Clinical staff includes a psychiatrist, psychologists, social workers and mental health nurses with post graduate qualifications in Cognitive Behavioural Therapy (CBT)
- Research team - Flinders Centre for Gambling Research
- 504 individual problem gamblers and 59 significant others attended therapy in 2009-10
- Main treatment is Graded Exposure Therapy
- Outpatient and inpatient programs
- Ongoing research activities informing evidence-based practice

## Problem Gambling Treatments

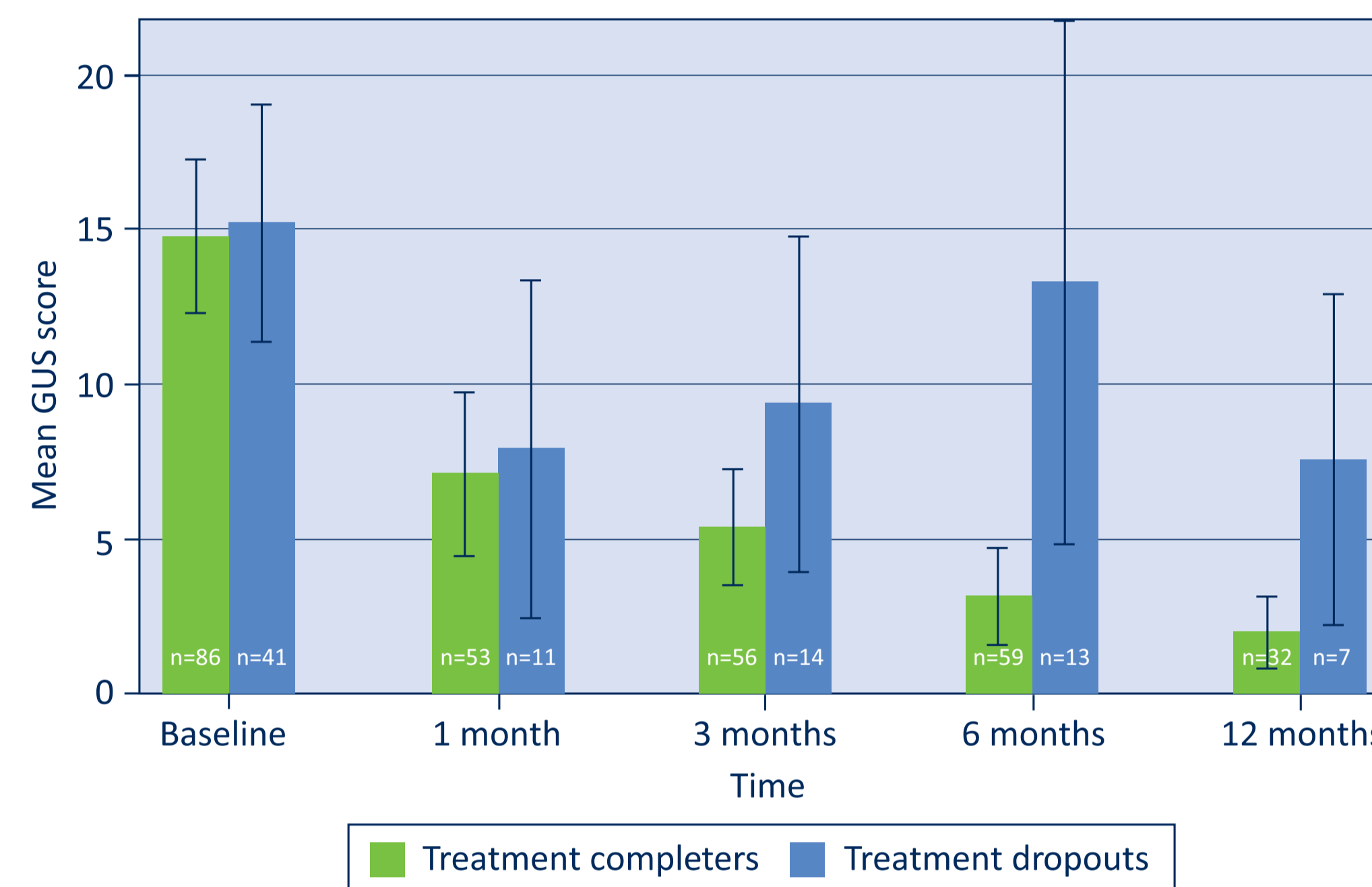
- Treatment protocols and outcome studies for problem gambling have increased in recent years
- There is a range of treatments available including psychological, peer-support, self-guided, eclectic, and pharmacological
- One of the most frequently studied psychotherapies is cognitive behavioural therapy (CBT)
- However, there remains inconsistencies in results between studies and limited empirical support for specific types of treatment

Mean self-harm Victorian Gambling Screen (VGS) Scale scores with 95% confidence intervals as a function of treatment completion status\*



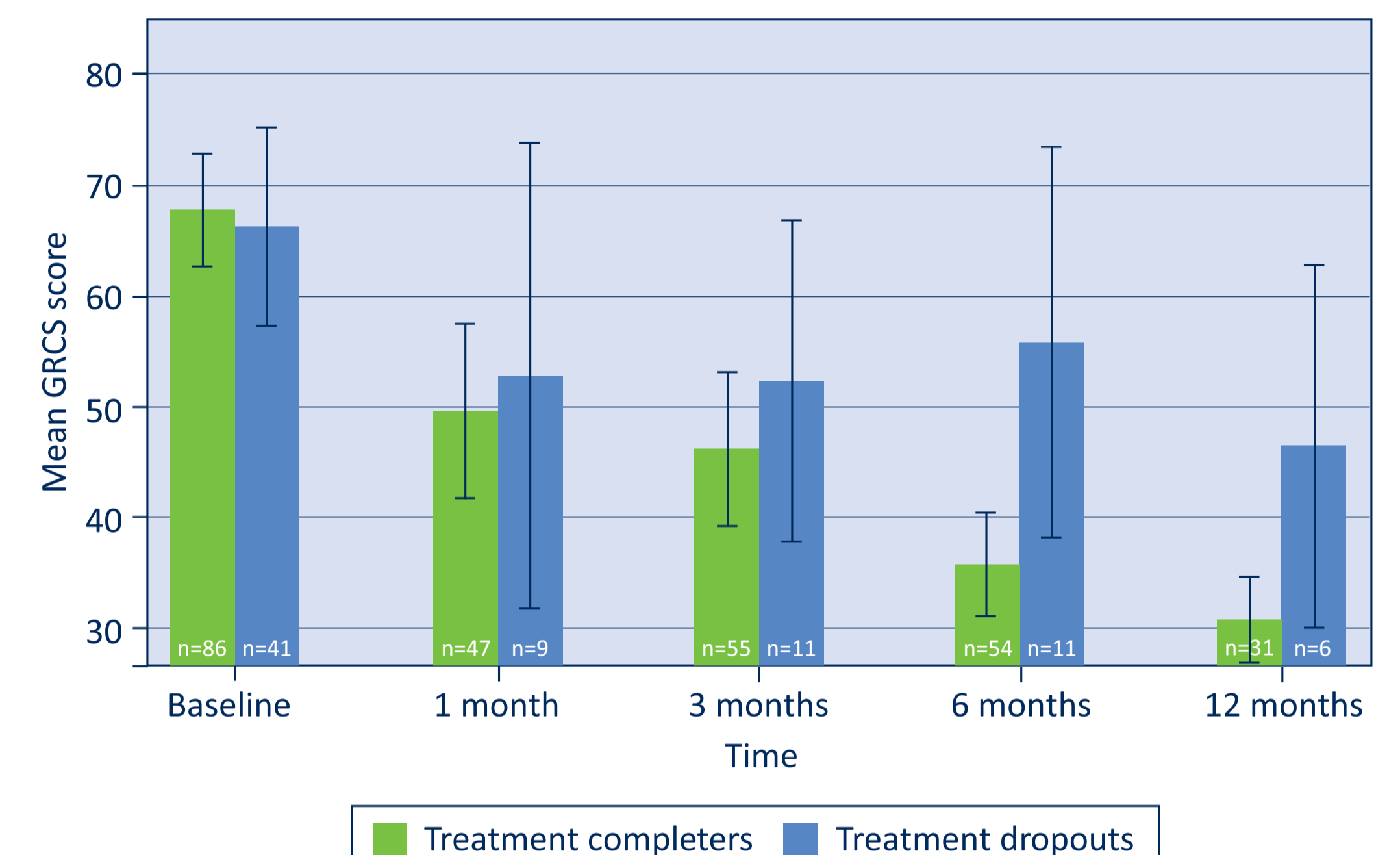
\* Lower scores indicate improvement (i.e. a reduction) in problem gambling symptoms

Mean Gambling Urge Scale (GUS) scores with 95% confidence intervals as a function of treatment completion status\*



\* Lower scores indicate improvement (i.e. a reduction) in problem gambling symptoms

Mean Gambling Related Cognition Scale (GRCS) scores with 95% confidence intervals as a function of treatment completion status\*



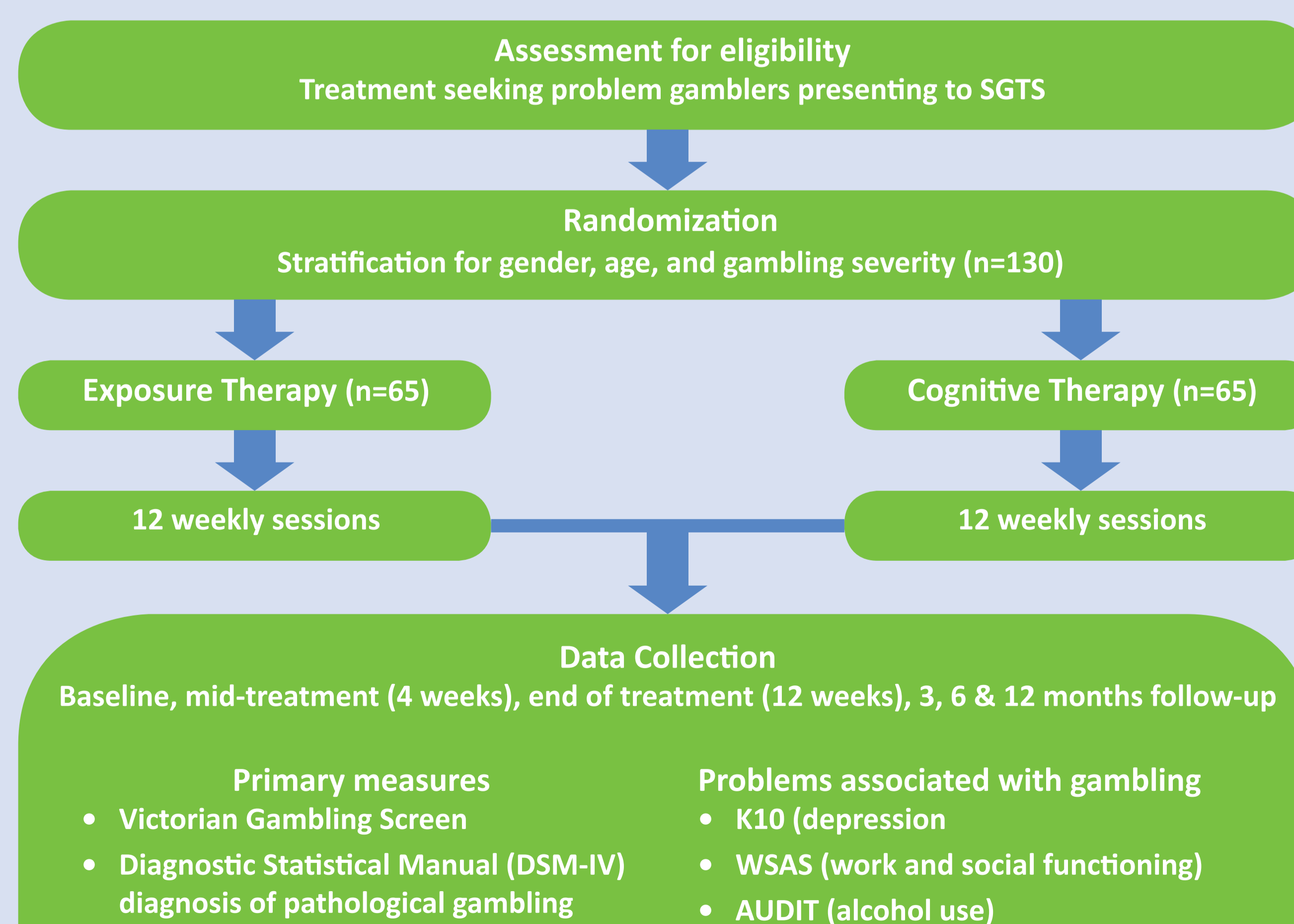
\* Lower scores indicate improvement (i.e. a reduction) in gambling related urge

<sup>3</sup> Smith D, Harvey P, Battersby M, Pols R, Oakes J, Baigent M. Treatment outcomes and predictors of drop out for problem gamblers in South Australia: a cohort study. Aust NZ Journal Psychiatry. 2010; 44:911-20

## Comparing benefits of cognitive and exposure therapy treatments for problem gambling: a randomized trial

- Clinical trial at Statewide Gambling Therapy Service, The Flats, Flinders Medical Centre
- Recruitment commences April, 2011
- Two-group randomised, parallel design, clinical trial
- Ethics approval received from the Southern Adelaide Health Service / Flinders University Human Research Ethics Committee
- Registered with the Australian New Zealand Clinical Trials Registry (ACTRN12610000828022)
- Funded by Victorian Department of Justice, Office of Gaming & Racing grant 061/09.

Figure 1. Participant flow chart for the gambling treatment randomised trial



\* Assessed at all treatment sessions

## Cognitive Therapy (CT)

Cognitive therapy focuses on correcting misconceptions relating to gambling such as the basic notion of randomness.

Key components of CT include:

- understanding the concept of randomness such as the independence and impossibility of controlling outcomes in tossing a coin
- understanding the erroneous beliefs held by gamblers such as illusion of control
- awareness of inaccurate perceptions: the problem gambler will be informed that erroneous perceptions, mainly making links between independent events, predominate when gambling
- cognitive correction of erroneous perceptions: the therapist trains the problem gambler to correct inadequate verbalisations and faulty beliefs

## Exposure Therapy (ET)

Exposure therapy is based on the theory that problem gambling is the result of the development of a psycho-physiological "urge" to gamble, analogous to craving in substance addiction and anxiety in anxiety disorders.

Key components of ET include:

- de-conditioning of the urge using exposure to gambling cues, and response prevention (resisting gambling)
- initial imagery exposure task with therapist guidance
- in-vivo exposure tasks to take place outside of participant's usual gambling venue
- in-vivo exposure tasks to take place inside a gambling venue including changing a small amount of cash for coins