Inquiry into the prevention and treatment of problem gambling: Answers to questions on notice from public hearing (2nd May 2012 Sydney NSW).
St. Vincent's Hospital Gambling Treatment Program

Specifics of Treatment

Treatment at the St. Vincent's Gambling Treatment Program is provided by Clinical Psychologists and utilises evidence supported CBT components.

Treatment begins with a thorough assessment and case formulation of the client's gambling – including the history and pattern of gambling, initiating and maintaining causes, factors that may be exacerbating or ameliorating the intensity of gambling, interactions with any comorbid disorders such as anxiety or depression, the function that gambling may serve in the client's life e.g. as a way of coping with isolation. Treatment includes motivational interviews, psycho-education and teaching a range of behavioural skills such as stimulus control, scheduling alternative and incompatible activities and relapse prevention and skills to deal with the emotions or stressors that perpetuate gambling.

Treatment is active: clients practice skills between sessions and monitor gambling, urges to gamble, triggers, thoughts, emotions, responses etc. Clients are taught to recognise the impact certain styles of thinking have on urges to gamble and how to modify such automatic and well-learned thoughts. This involves traditional cognitive therapy – the challenging of erroneous beliefs about gambling. However, in order for clients to understand their gambling and to adopt a meta-cognitive stance (essentially to think about their thinking) specific psycho-education about the way the mind works in the context of gambling is essential. This includes, for example, education about the strength of intermittent reinforcement, neurological pathways involved, how repetition trains automatic responses to cues and rewards, mental processes such as how we make judgments, various biases e.g. confirmation bias, and the effect arousal has on thinking. Current, relevant research findings from a range of sources are incorporated into this psycho-education e.g. affective neuroscience, behavioural economics, mindfulness.

Research informing treatment.

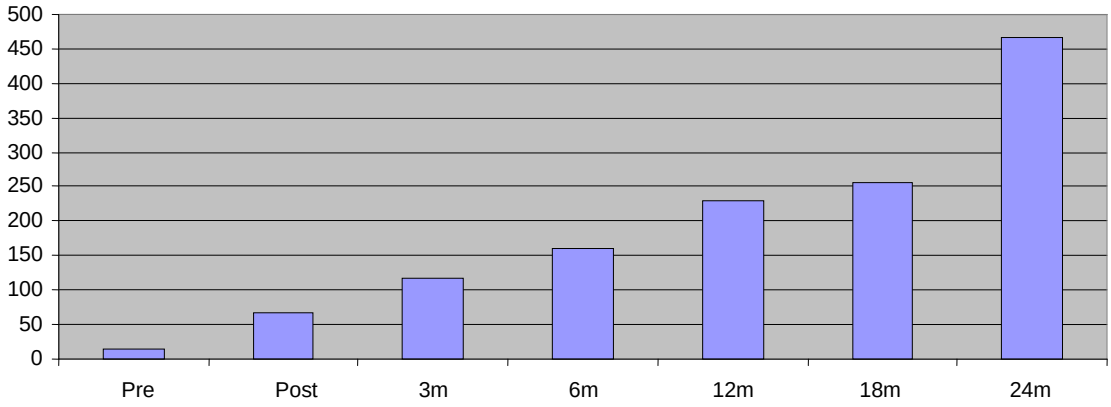
Regarding discussions about the paucity of problem gambling treatment evidence, it is important to note that as clinical psychologists, our treatment methods and strategies for each individual are taken from a range of different sources. Treatment findings from other diagnostic areas such as anxiety and depression are also a key component in treatment planning. Much focus is on particular strategies for presenting issues that often cross diagnostic labels.

Treatment Outcomes from St Vincent's Gambling Treatment Program (July 2010–June 2011)

Below is an excerpt from St Vincent's Gambling Treatment Program Annual Report (2010 – 2011)

<u>Duration of Time Without Gambling</u>
The number of days since the last gambling episode significantly increased following treatment. Specifically, the number of days since last gambled increased from an average of 11.22 days at intake to an average of 69.95 days at post treatment ($t=9.28$; $p< 0.01$), 108.63 days at three months ($t=6.82$; $p<0.01$), 129.69 days at six months ($t=4.96$; $p<0.01$), 287.00 days at one year ($t=4.65$; $p<0.01$), 255.40 days at 18 months and 467.33 days at 24 months post treatment (for the 24 month follow-up the numbers of clients were too few to include a statistical analysis as this reporting year was the first year since the service began monitoring quantity/frequency outcomes measure that enough time has passed to allow the inclusion of 18 month and 24 month follow-ups) See Figure 1: Days since last gambled.

Figure 1: Days since last gambled July 2010 – June 2011

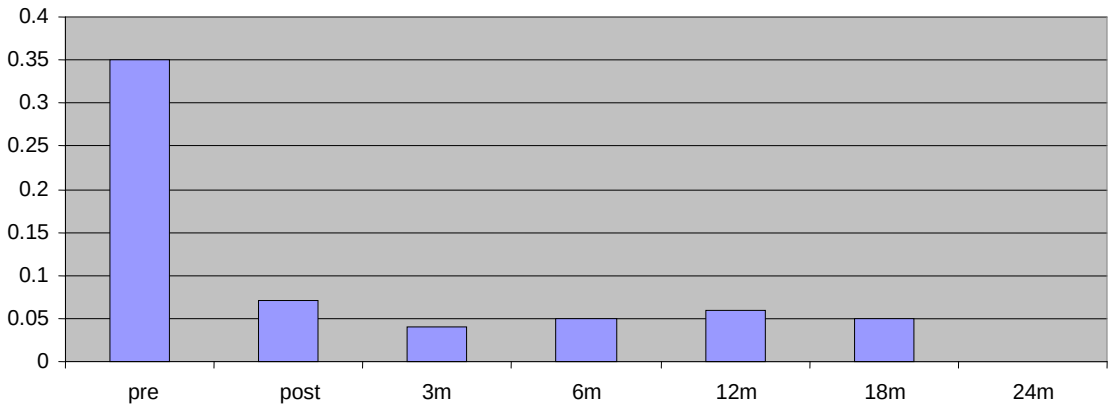


Pre treatment, Post treatment, 3m, 6m, 12m, 18m and 24m follow-ups

Frequency of gambling

The frequency of gambling decreased significantly following treatment (see Figure 2: Frequency of Gambling). The number of gambling episodes per day decreased from an average of 0.38 episodes / day at pre-treatment to an average of 0.04 episodes / day at post treatment ($t= 4.929$; $p<0.001$). This reduction in the rate of gambling episodes was maintained throughout all the follow-ups: an average of 0.04 episodes / day at 3 months ($t=3.97$; $p<0.01$), 0.05 episodes / day at six months ($t=2.49$; $p<0.02$), 0.05 episodes / day at one year ($t=3.09$; $p<0.01$), 0.05 episodes / day at 18 months, and less than 0.001 episodes / day at 24 months post treatment

Figure 2: Frequency of Gambling (episodes per day) July 2010 – June 2011

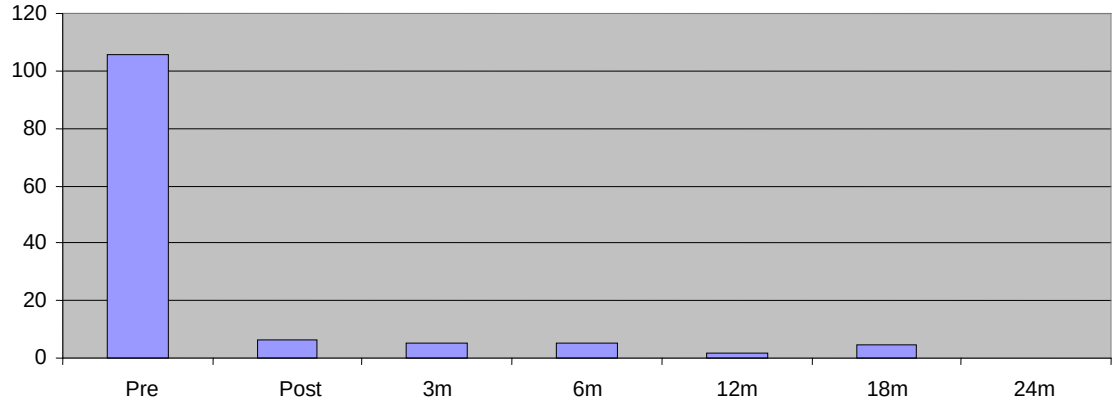


Pre treatment, Post treatment, 3m, 6m, 12m, 18m and 24m follow-ups

Gambling Losses

Expenditure on gambling was significantly reduced following treatment (see Figure 3: Gambling Losses). The average amount spent on gambling per day at intake was $128.29 per day and at post treatment this amount had decreased to an average of $6.28 per day ($t=5.917$; $p<0.001$). Expenditure on gambling continued to decline across the period of follow-ups, decreasing to an average of $6.03 per day at 3-months ($t=4.182$; $p<0.001$), $5.94 per day at 6-months ($t=4.144$; $p<0.001$) and $1.32 per day at 12-months post treatment ($t=2.94$; $p<0.016$). Expenditure rose to $4.56 per day at 18 months but decreased again to $0.06 per day at 24 months.

Figure 3: Gambling Losses (dollars lost per day) July 2010 – June 2011



Diagnostic Criteria

Within the reporting period, 90% of treated clients reported significant clinical change at post-treatment. At three and six-month follow-up, these figures were 100% and 100% respectively. An intention-to-treat analysis (where clients who drop out of treatment are considered as treatment failures) demonstrates that the treatment produced clinically significant change in 51% of clients, which is commensurate with the published research literature.

The average number of DSM IV (Diagnostic and Statistical Manual of Mental Disorders – 4th Edition) criteria met reduced significantly from 5.88 at assessment to 0.10 at post-treatment ($t=16.51$, $p<.001$). At the 6 and 12-month follow-ups occurring in the reporting period, the average number of DSM IV criteria met reduced significantly to 0.47 ($t=8.148$, $p<.001$) and 0.20 ($t=3.06$, $p=.038$) respectively, when compared to their corresponding score at assessment.

The average SOGS (South Oaks Gambling Screen – Revised) score reduced significantly from 9.64 at assessment to 4.64 at post-treatment ($t=5.10$, $p<.001$), 2.60 at 6-month follow-up ($t=3.96$, $p<.001$) and 0.00 at 12-month follow-up (although this reduction was not statistically significant $t=1.96$, $p<=0.189$).

Depression, Anxiety, Stress

Depression mean scores on the DASS (Depression Anxiety Stress Scale) reduced significantly from 14.33 at assessment to 9.26 at post-treatment ($t=2.26$, $p<.05$). Anxiety mean scores on the DASS reduced from 9.44 at assessment to 7.85 at post-treatment (although this reduction was not statistically significant $t=0.97$, $p= 0.339$). Stress mean scores on the DASS reduced significantly from 16.48 at assessment to 12.48 at post-treatment ($t=2.26$, $p<.05$).

Client Satisfaction

A standardised client satisfaction questionnaire (CSQ-8) is administered to all clients at the completion of treatment and at the 6 and 12-month follow-ups. Out of a maximum possible score of 32, the average score was 30 and 29 respectively. This indicates a high percentage of positive evaluations by clients of the service.

Client Testimonials

Clients are provided with a questionnaire pack at the conclusion of treatment which asks if they have any advice for others, thoughts about gambling or testimonials about the program that they would be happy to anonymously share. Here is a selection of the feedback we have received.

"My counselor was so patient. My head was full to the brim of winning and urges. I'm indebted to her."

“This is a very well-designed course that covers a comprehensive list of all the things you need help with. Don’t wait!”

“The program enabled me to understand more about the dynamics and potential contributing factors of gambling. More importantly, the one-on-one support of the counsellor has been most invaluable with dealing with this illness.”

“I wish to thank everyone running the program for helping me deal with many problems underlying my gambling, which only created more problems. I’ve stopped gambling.”

“I couldn’t recommend this program enough. After struggling with a gambling problem for over 15 years, I had the desire to stop gambling. This program gave me the knowledge to make it possible.”

“This program has helped me understand “gambling” and the hold it has on people. It has more importantly showed me that there are more important things to life such as my family, which has helped me kick the habit. Thank you”

“I strongly recommend this program, I feel in control in many ways. My clinical psychologist conducted the program in such a professional manner which has assisted me in so many ways. For all you gamblers out there, never give up! No matter how many times you’ve tried to stop. Good help is available. Seek and you shall find!”

“Don’t wait for the gambling situation to get out of hand before seeking help. The program opened my eyes about myself and how I was behaving when I was gambling…I am living healthily and almost debt free now. Every day, I am always thankful that a program like this existed.”

“This program will definitely get your gambling thoughts out of your system. The program works well – so long as you want to stop gambling. It worked wonders for me. Highly recommended – do it now!”

“This is a great program for anyone who wants to take that first step in making positive life changes; to become gambling-free”

“I found the gambling treatment program to be extremely effective in helping me stop gambling. I look back now and can see what I said to myself before I entered the pokies room, and I no longer think this is good.”

“A patient must first be honest about their strengths and weaknesses before any counseling can help. Only then the right plans and initiatives can work. A counsellor can do wonders to help patients who are HONEST!”

“Get help early in life to avoid losing large sums of money and time…problem gambling is a serious illness and can kill. Don’t become a victim”.

“Firstly, I have found that in order to successfully try and cure an addiction, requires secondary counseling and understanding of the key fundamental triggers in one’s behavior that lead to the action of gambling and risk taking. For me, that was a major kick in dealing with the triggers in order to stop the powerful repetitive practice of gambling.”

“This is a great program for anyone who wants to take that first step in making positive life changes; to become gambling-free.”

“This program helped me to get from a very dark place to a positive one where I can move forward and make changes in my life.”

“The program not only helped me to understand and stop gambling but gave me skills for life.”

Banking protocol suggestions

We believe banks could be in crucial position to aid problem gamblers in reducing access to funds. Putting restrictions in place regarding financial access has been a very effective strategy for a number of clients. Often delaying the ability to gamble can result in an individual managing the urge. If the individual does gamble with the funds they can access, reducing the financial damage of this lapse means that the individual is less distressed following the lapse and is therefore better able to respond functionally. Many rely on friends or family members for this restriction but this is often problematic. Some friends and family members relax the restrictions as soon as the gambler asks, it can place more pressure on what is often already a fragile relationship, and it shifts the onus of responsibility away from the gambler themselves.

It is important to note that there will always be a way to circumvent most stimulus control strategies but anything that the gambler can do that will make it more difficult to gamble can make a big difference to the likelihood that they will. Furthermore, unlike a precommitment scheme, most of the technological requirements and processes should already be in place within the banks’ IT infrastructure. We are unsure what the current legal aspects are regarding such requests but believe some regulations could be put in place to provide individuals with more control over their financial access.

Three particular types of restrictions that we may encourage our clients to seek are:

1) The ability to reduce the daily withdrawal limit from their account. The problem gambler sets the amount and a delay is in place should they wish to change their limit. The amount is dependent on the individuals’ circumstances. Some won’t gamble if they only have access to a couple of hundred dollars, others need much tighter restrictions. This can require some trial and error as restrictions which are too tight can result in the individual missing out on alternative activities and potentially gambling the small amount they do have in the hope of achieving a larger sum.

   Different banks seem to offer varying minimum amounts with some clients reporting that they were unable to reduce their limit to less than $500 per day. Even within the same bank, various staff members often provide different information. Feedback from clients also suggests that sometimes they are told that these limits have been put in place only to find that they have not. Many banks now allow instantaneous phone changes to withdrawal limits which defeats the purpose.

2) The ability to set up linked accounts with overnight transfer. One ‘savings’ account which automatically receives pay / benefits and an ‘everyday’ account which receives a nominated payment from the savings account for daily transactions. This means that the clients are not only financially restricted if they are experiencing a strong urge but their urges are also less likely to be triggered as they are not seeing a large amount or excess cash hit their account.
   This used to be a more effective system as transfers between accounts usually took place over night. Now transfers often happen instantaneously, again defeating the purpose. Individuals do have the option of establishing these accounts at two different banks which can help reduce the transfer time but often they are reluctant to become involved with another bank. Some banks argue that they can not restrict an individuals’ access to their own money, even at the request of the individual.

3) The ability to access a bank card which does not allow cash withdrawals or further credit. Credit cards have the potentially to be very useful in financial restriction. Access to a card with no cash withdrawal

facilities that can only used for purchases means that the individual actually needs very limited access to cash. Often problem gamblers will be reluctant to introduce the first two restrictions above due to concerns that they will be "caught out" without money – this type of card reduces these concerns.

Some clients with credit card debt want to be able to continue to pay this debt without accessing the credit they have paid off. One client in particular approached his bank three times requesting a restriction on the use of this credit through internet transfer. He found it very difficult to find out if this was possible and was eventually told on three separate occasions that these restrictions had been put in place before discovering at a later stage that they had not.

Another area of interest is in the area of financial management. Many companies will manage an individual's finances for a fee (e.g. www.mybudget.com.au). This could be very useful for many of our clients. However, it is difficult to know which ones are providing genuine support with reasonable fees and many of our clients are not financially savvy enough to assess this. I have spoken in the past to a gambling financial counsellor about these services but they unable to provide any further information. If a particular company was investigated and endorsed that would be helpful to recommend to clients.

Temporal sequencing of problem gambling and comorbid disorders

Senator Chris Back asked about the relationship between problem gambling and comorbid disorders.

Dr. John Haw from Southern Cross University recently presented some unpublished findings regarding temporal sequencing of problem gambling and comorbid disorders at the RGF Problem Gambling Counsellors Conference in April 2012. I have been unable to find these particular findings online but am sure he could be contacted for further information regarding this.

http://works.bepress.com/john_haw/

Length of time between the development of problematic gambling and seeking treatment.

Almost 60% of our clients have had a problem with gambling for over 5 years prior to seeking treatment from our service and 32% have had a problem for over 10 years. Some of these clients have had treatment in the past but this certainly indicates that there is a proportion of individuals who do not experience natural recovery and that earlier engagement with treatment could be therapeutically beneficial.

Reducing this gap between problem development and treatment access is another key focus in improving the effectiveness of treatment and reducing the ongoing harm from gambling. By the time individuals engage with our service, they are often faced with enduring consequences from their gambling even if they do successfully stop gambling. Young men often have a sense of hopelessness when they realise that they are facing 10 years of debt repayments and this can significantly impact their motivation to stop.

Role of family and friends in the prevention and treatment of problematic gambling

As noted at the public hearing, currently 20% of our clients are referred through friends and family. This may indicate that targeting significant others through awareness campaigns may be an effective way of improving treatment access (e.g. New Zealand "Legend" campaign for drink driving).

CALD / Aboriginal background follow up questions

Do you have any data on what percentage of your clients are from culturally and linguistically diverse (CALD)/Aboriginal backgrounds? If not, could you estimate?

- Since 2002, 0.7% of our clients have identified themselves as Aboriginal Australian.
- 62% identify as Australian - 4% NZ, 3% British, 2.4% Greek, 2% Italian, 1.8% Lebanese and 1.3% Chinese - but backgrounds range from Russian to Pakistani to Somalian.

What are the typical referral pathways for these clients?

- For those presenting to our service we have not noticed any particular trends in referral pathways.

Do they have special needs? If so, how are their needs taken into account?

- All our clients, regardless of background, present seeking help with problem gambling. Treatment is focused on an individual's presentation regardless of their background. Each client presents with a different history requiring a targeted intervention. There can often be more differences between individuals from a similar cultural background than individuals from different backgrounds.

Is more targeted work needed for these groups? If so, what do you suggest?

- We are not equipped to address this issue as once they are in treatment, we conduct a tailored assessment as describe above. .

Do you offer any non-English language services to your clients? If so, in which languages and are these non-English language treatments offered on a full time basis?

- We have access to a hospital interpreter service but will generally refer to an individual to the Multicultural Problem Gambling Service if it seems language may be a difficulty.

Confirming date of last TV ad campaign

The last television campaign advertising treatment services was in late 2002. There were second round advertisements in 2003-2004 but these were not on television.. Further information would be available from the RGF Responsible Gaming Fund annual reports