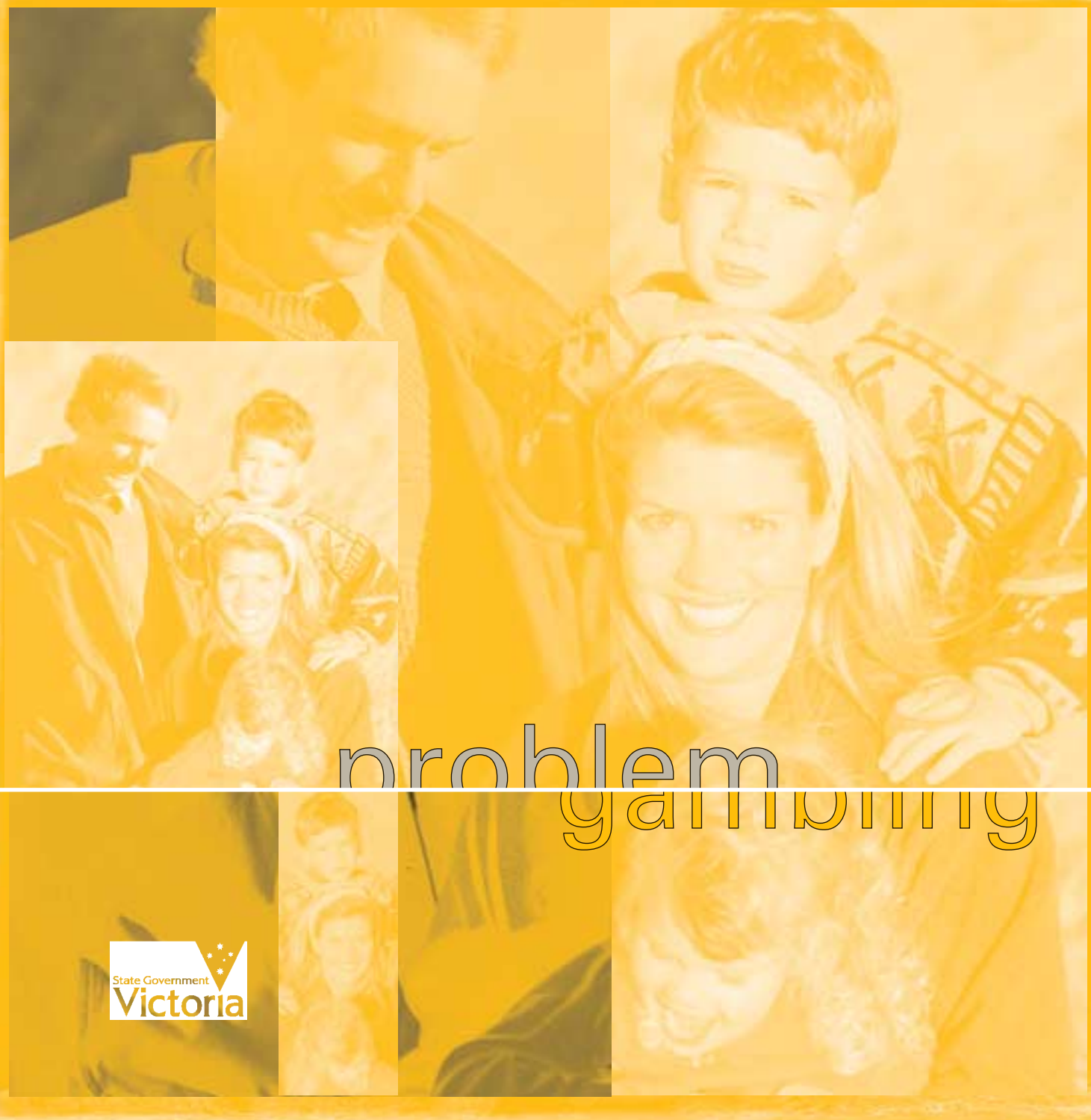
Longitudinal Evaluation of the Effectiveness of Problem Gambling Counselling Services, Community Education Strategies and Information Products

Volume 6: Project Discussion Paper



State Government Victoria

Volume 6: Project Discussion Paper

Longitudinal Evaluation of the Effectiveness of Problem Gambling Counselling Services, Community Education Strategies and Information Products

Prepared for the Department of Human Services by The Problem Gambling Research Program School of Social Work The University of Melbourne, Australia.

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1. Introduction and Background

This document has several related functions. First, it summarises the outcomes of the work performed by Professor Alun Jackson, Professor Shane Thomas and Dr Neil Thomason, along with the large team of research workers and technical consultants who participated in the Longitudinal Evaluation of the Problem Gambling Counselling Services, Community Education Strategies and Information Products that were funded by the Department of Human Services for the period 1996 to 2000. Second, it seeks to provide some advice about priorities for future research in problem gambling in Australia. Third, it offers some advice concerning the delivery of services to help problem gamblers deal with their problems, based upon the major program of work undertaken in the Problem Gambling Program.

This document has been drafted by Professor Alun Jackson and Professor Shane Thomas, and is based on the work they have performed in the Problem Gambling Research Program as funded by the Department of Human Services. The opinions expressed in this document are solely those of the authors and do not necessarily reflect the official views of the funding agencies, nor the University (see the Disclaimer, page 2).

1.1 The Problem Gambling Research Program

1.1.1 Background

The overall work in the Problem Gambling Research Program has been funded by a number of sources, with the Victorian Department of Human Services and the Victorian Casino and Gaming Authority as principal sources. Other sources include VicHealth. For administrative purposes, the program was located in the School of Social Work at the University of Melbourne, although the principals, technical consultants and colleagues were drawn from a wide range of organisations. In 1996, the program was initiated with grants won in a competitive tendering process from the Department of Human Services.

The findings and work to be discussed in this paper flow from the Longitudinal Evaluation of the Effectiveness of Problem Gambling Counselling Services, Community Education Strategies and Information Products component projects of the program. However, we have not confined their interpretation and our comments to those projects making up this program of research alone, as we feel that elements of the other work undertaken are pertinent to the present discussion. This is particularly the case with the Department of Human Services-funded Problem Gambler Client and Services Analysis Project. Articulation between these two major research projects has been detailed in a previous Report to Department of Human Services.[1] See Appendix A for a list of relevant projects.

[1] Jackson, A.C., Thomas, S.A., Thomason, N. (2000) *Client and Services Analysis Summary Report: An Overview of Project Objectives, Activities and Research Instruments*, Problem Gambling Research Program, the University of Melbourne.

1.1.2 Contents and Outcomes of the Evaluation Report Series

The contents and outcomes of the evaluation report series are now presented. The series consisted of five volumes.

- **Volume 1** of the Evaluation Report series, detailed issues arising from an analysis of service access, including program reach; eligibility; physical access; program objectives; and the relationship of the BreakEven counselling service to other service providers, including the G-Line telephone counselling and referral service. Please note that the 'BreakEven' program is now known as 'Gambler's Help', but is referred to throughout the Evaluation Report series and in this Report as 'BreakEven', the name by which it was known at the time of the research project.
- **Volume 2** reported upon an evaluation of the effectiveness of the counselling interventions at BreakEven Problem Gambling Counselling Services.
- **Volume 3** of the Evaluation Report Series focused upon Community Education Strategies and Information Products.
- **Volume 4** of the Evaluation Report Series focused on the development of the Counsellor Task Analysis (Problem Gambling) Instrument and its properties.
- **Volume 5** of the Evaluation Report Series provided an examination of issues surrounding the possibility of natural recovery from problem gambling without intervention from services.

2. Volume 1: An Analysis of Service Access, Including Program Reach; Eligibility; Physical Access; Program Objectives; and the Relationship of the BreakEven Counselling Service to Other Service Providers

Volume 1 of the Evaluation Report series, detailed issues arising from an analysis of service access, including program reach; eligibility; physical access; program objectives; and the relationship of the BreakEven counselling service to other service providers, including the G-Line telephone counselling and referral service. Since the evaluation commenced the BreakEven Service was renamed Gambler's Help.

> Please note that the G-Line telephone counselling and referral service is now known as the 'Gambler's Help Telephone Counselling Service', but is referred to throughout the Evaluation Report series and in this Report as 'G-Line', the name by which it was known at the time of the research project.

Volume 1 reviewed the Victorian Government's Problem Gambling Services Strategy which first was put in place in 1993. The Strategy was found to consist of a number of important and interrelated components:

- Counselling services for those affected by problem gambling activity, including:
- Specific problem gambling counselling services.
- Problem gambling counselling services that are integrated with financial counselling services.
- A range of counselling and support services that addressed family issues that may have arisen as a result of problematic gambling, through the establishment of statewide family skills and regional family resource centres.

Please note that this component no longer forms part of the Strategy.

- Gaming liaison and community education officers in each Department of Human Services region.
- Community education.
- Media campaigns.
- A problem gambling reference group chaired by the Department.
- G-Line, a free, 24-hour telephone counselling and referral service.
- A research program to provide information about problem gambling in the community and to inform appropriate service responses.

The counselling services purchased (BreakEven) were located in generalist agencies, predominantly Community Health Centres, and the definition of problem gambling as a public health issue and the promotion of community health was a feature of the practice of the BreakEven program host agencies. The service was offered from 18 agencies operating from around 100 sites.

It was found that the Department of Human Services has been very successful in selecting host agencies with objectives that support and facilitate the implementation of the objectives set for the Problem Gambling Services program. The unique features of the Problem Gambling Services program are complemented by the backdrop of other services provided by the host agencies.

2.1 Access and Program Reach

A major issue in determining the reach of the BreakEven program is the difficulty of measuring prevalence, that is, what proportion of the eligible population of problem gamblers and others affected by their gambling, are being seen by the program. Information obtained from existing measures such as the South Oaks Gambling Screen (SOGS) and the Diagnostic and Statistical Manual (DSM) (IV edition) criteria for 'pathological gambling', is considered imprecise for a range of reasons, including:

- These gambling screens have typically been designed for and tested with clinical populations (those currently seeking or receiving treatment in organised and/or clinical settings). They have not been designed or validated for use in random sampling of adults and gamblers in the general population.
- The causal relationship between problem gambling and the associated criteria, as measured by SOGS or the DSM-IV, are often difficult to determine.

The consensus of a range of Australian state and national studies and relevant overseas studies, was found to be that the combined prevalence of problem and pathological gambling in an adult community averages out to approximately two per cent, which, based on an adult population in Victoria of 3.26 million gives a pool of potential problem gambling clients of 65,200 adults.

This Report presented data on approximately 8,500 people, of whom around 6,000 were problem gamblers, seen by the 18 BreakEven problem gambling counselling agencies in Victoria. The discrepancy between the suggested potential client pool and actual clients was explored in this Report, particularly from the perspectives of measurement and models of help-seeking in this population. In the absence of international benchmarks on program reach, except for a suggestion that three per cent is likely, there is reason to suppose that, at 11 per cent, BreakEven has attained a good reach. If all of the services funded through the Problem Gambling Services Strategy, which attract clients with gambling related problems are considered, including generalist family service and support agencies and financial counselling agencies, then it is obvious that the reach of the Strategy, as distinct from the BreakEven program alone, is much greater, but indeterminate as yet.

The ability of the BreakEven services to both attract women and, if they complete treatment, to be more likely to resolve their problems than male clients, suggested they presented an attractive model of service delivery for female problem gamblers. Female problem gamblers may be attracted by the fact that these services are community-based and are housed in existing agencies which women may already have relationships with, such as community health centres. For women who are concerned about being stigmatised if others learn of their gambling, these agencies provide discreet venues for counselling. Discretion is further enhanced by clients attending BreakEven services being able to discuss either their own gambling behaviour or that of a significant other. This is in stark contrast to many overseas services that have been developed in treatment settings in which males predominate, such as veterans centres.

The barriers to accessing mainstream problem gambling counselling services for people from non-English speaking backgrounds[2] include lack of knowledge of available services, language barriers, cultural barriers to recognising problems and seeking appropriate assistance, and lack of culturally relevant and sensitive services. Therefore people may miss out

[2] We are aware of the convention to use the terminology of culturally and linguistically diverse groups in current parlance. However, in this case we really do mean people from non-English speaking backgrounds, so we have used this terminology.

on getting the assistance available to them. In this way, the need for support of NESB groups is particularly high. The introduction of the Innovative Service Model for People of non-English speaking backgrounds has increased access to problem gambling support services for people from these communities, although as discussed later, more work is needed.

In terms of how people find their way to BreakEven, over 37 per cent were referred by the G-Line telephone counselling and referral service. Family and friends recommended attendance for about 12 per cent of new clients. BreakEven clients also access a range of other services-before, during and after their BreakEven counselling episode. For almost half of the clients who used other services prior to accessing BreakEven, Gamblers Anonymous was the first place they sought help for their gambling-related problems. Doctors (15.2 per cent) and financial counsellors (10.6 per cent) were also common first points of contact for people seeking help.

This information is particularly useful in terms of future service planning. It may be necessary for the Problem Gambling Counselling Services to strengthen communication with particular agencies or services, in order to assist people in accessing the BreakEven service more efficiently. For example, it is evident that Gamblers Anonymous is a significant first and second point of contact for people seeking help for problem gambling. It would be useful for the BreakEven program to have an effective system of communication with Gamblers Anonymous for the purpose of efficient referral, but the complexities of this are evident given the widely divergent theories of intervention used by BreakEven and GA.

Surprisingly few referrals to BreakEven were found to come through financial counsellors. Further analysis would be valuable in determining the extent of indebtedness of problem gamblers and the extent to which the financial aspect of problem gambling is a motivator for seeking help. In addition, the counselling practices of financial counsellors working with problem gamblers should be examined.

The Report noted that the 18 locations of the BreakEven services around Victoria were based on division of resources by Department of Human Services regions, with consideration of the number of Electronic Gaming Machines (EGMs) and people aged 18 years and over in each region. These 18 locations were supplemented by a multitude of satellite sites in each region. A number of BreakEven personnel and service providers have questioned whether the distribution of these sites is equitable and/or effective. A key factor in assessing the accessibility of the service is an understanding of the extent to which problem gamblers seek help from agencies in the same area as where they live and/or gamble. It would be difficult to plan service provision by population and EGM criteria if there is a lot of movement between where the problems are caused and where they are addressed. There does not yet appear to be sufficient information, however, to be able to determine the pattern of where people live, gamble and seek help. This information could be obtained through spatial mapping of the Minimum Data Set as we have recommended previously to the Department.

2.2 Treatment Models in BreakEven

A great deal of the problem gambling treatment literature describes clinical trials of various methods of treatment (efficacy studies), which in many cases have not been systematically translated into treatment programs. Of those established treatment programs that appear in the published literature, very few are accompanied by controlled effectiveness studies (the administration of treatment to an 'experimental' group in order to measure effectiveness of the intervention compared with a matched 'control' group of clients who did not receive the treatment intervention). In addition, as many reported treatment programs are multimodal in nature, it is difficult to determine which elements have been particularly effective. We note that, to date, a great deal of the treatment literature related to programs, such as the BreakEven program has been dominated by theoretical and non-controlled and small sample studies, weakening the possibility of generalisation to different populations. What is needed is evaluation of controlled therapeutic efficacy studies of specific treatment techniques and evaluation of the long-term effectiveness of treatment programs. Treatment follow-up studies and replication of reported findings are also needed before the effectiveness of some of these programs can be adequately assessed.

The difficulty of evaluating the appropriateness of various treatment programs is further complicated by the fact that there are no internationally established models of best practice in existence. Despite a lack of detailed empirical evidence, we suggest that community-based treatment models provide accessible support for individuals and family members experiencing gambling-related problems. In addition, a multimodal approach to treatment acknowledges the multifaceted nature of problem gambling behaviour.

It is evident that in problem gambling treatment programs worldwide, there has been some move towards:

- Taking a broad-based approach to the explanation and treatment of problem gambling behaviour.
- Using eclectic treatment approaches.
- Focusing on delivering a client-centred service to problem gamblers.

The different models reviewed for comparative purposes for this evaluation show variation in terms of the nature of the population being treated, the broad structure of the organisation or program, the theoretical orientation of treatment, and the therapeutic interventions employed, resulting in a number of very distinct, often incomparable treatment programs.

As with the overseas models described in this Report, very few of the Australian programs have been evaluated. Some have not been evaluated at all and others are in the preliminary stages of evaluation. For this reason, the present evaluation of BreakEven should contribute to setting a benchmark against which other programs, both overseas and in Australia, can be assessed.

This evaluation shows that organisations implementing the BreakEven program have developed an eclectic orientation in their counselling of problem gamblers. Cognitive-behavioural theories and psychosocial theories appear to be among the most influential contributions to counselling practice. Moreover BreakEven counselling is multimodal in nature as a wide variety of therapeutic strategies are employed, with a predominantly client-centred focus.

Therefore the BreakEven program displays a number of the features characteristic of what may be deemed to be 'best practice' in community-based treatment of problem gambling. This is in terms of its' overall design of a specialist service delivered from generalist multi-program agencies, and in terms of its detailed interventions.

2.3 Issues Highlighted in Volume 1

One major issue identified in the analysis of access and design of BreakEven is the relationship between the G-Line telephone counselling and referral service and BreakEven. A significant difference in understanding between G-Line staff and BreakEven counsellors as to the purpose of the G-Line service was identified. G-Line staff, and a majority of callers, see G-Line as a counselling service, delivered by telephone. BreakEven counsellors see G-Line as a referral service and, more particularly, as a referral service for BreakEven. While G-Line staff consider referral to BreakEven as only one of the treatment options open to them, BreakEven counsellors view G-Line as a primary source of referral for them. This divergent understanding impacted significantly on the number and type of clients that G-Line referred to BreakEven. This apparent mismatch of expectations as to the role that G-Line played and its relationship with BreakEven suggested a need for the Department of Human Services to clarify what it intends the level and nature of interaction between the two services to be. This issue has been addressed in the service re-design undertaken by the Department since it received this Report.

3. Volume 2: The Effectiveness of the Counselling Interventions at BreakEven Problem Gambling Counselling Services

Volume 2 reported on an evaluation of the effectiveness of the counselling interventions at BreakEven Problem Gambling Counselling Services.

In order to perform the evaluation, a series of linked activities was performed. These included:

- Literature analysis of the research on therapeutic effectiveness and outcomes in problem gambling.
- Analysis of the BreakEven Counselling Services' Minimum Data Set for the period July 1 1997 to June 30 1998 (n=3,149).
- A retrospective survey of clients of the BreakEven Counselling Services that had a contact with a Service in the first quarter of 1998 (n=150)
- A prospective survey of clients who had attended their first counselling session at a BreakEven Counselling Service in July 1998 (n=43). Sixteen of these clients participated in a three-month follow-up data collection.
- Surveys of 48 BreakEven Counselling Service counsellors involving completion of two questionnaires (the Clinical Practice Evaluation Counsellor Questionnaire and the Counsellor Task Analysis Questionnaire).
- Individual interviews with counsellors.

Section 1 of the report reviewed the research literature on therapeutic effectiveness and outcomes. A short review of the history of therapeutic effectiveness research preceded a discussion of therapeutic effectiveness research specific to problem gambling. This was followed by a discussion of the conceptual underpinnings and theoretical models that have been used in the present project.

In Section 2 of Volume 2 the methodologies used in the conduct of the various studies performed in the project, were presented along with a discussion of methodological issues of pertinence to the project. It is noted that a third party recruitment method was required for the client studies. This involved BreakEven counsellors recruiting participants on behalf of the research team. While analyses are presented that support the conclusion that sample bias was not great, there are nevertheless significant concerns presented about the impact of the application of this recruitment method upon the validity of the findings in the two client studies presented in this Report. However, it is also noted that the BreakEven Minimum Dataset and the Counsellor Task Analysis were census or full population studies.

3.1 Summary of Key Findings Reported in Volume 2

The following demographic features characterised the group of clients who participated in the retrospective client survey component (n=150) of the clinical practice evaluation (CPE). Clients who had a contact with a BreakEven Problem Gambling Service in the first quarter of 1998 were contacted via BreakEven counsellors for recruitment into this CPE cohort. Counsellors were asked to forward questionnaires

directly to clients. Each questionnaire was uniquely numbered, enabling subsequent matching with the MDS database for each respondent.

Two-thirds (61 per cent) of respondents were over 40, three-quarters were born in Australia, and three-quarters (77 per cent) had annual incomes below $31,148. The largest occupational grouping was clerical service workers (31.4 per cent)

In terms of gambling activity, the following features can be highlighted. The majority of CPE participants (approximately 70 per cent) gambled on Electronic Gaming Machines (EGMs). During this activity clients recorded the median number of hours spent per episode as three hours; the median amount of dollars spent per episode as $100; the median number of episodes per month as eight episodes. This pattern resembled that of the sample population in the MDS 'problem gambler' population generally.

The above figures indicate that the average person attending BreakEven for counselling, as represented by the CPE study sample, spent around twenty-four hours a month playing EGMs and outlaid around $800 per month on this play, or $9,600 per annum. On average, the clients in the clinical practice evaluation sample spend around a third (31 per cent) of their annual income on gambling. However, the median amount of debt recorded for this group was relatively low, at $2,500. [3]

The current BreakEven Minimum Data Set uses the DSM-IV criteria for assessing the severity of a client's gambling-related problem. These ten items are described as 'maladaptive behaviours'. At the commencement of counselling three-quarters (76 per cent) of the clients participating in the clinical practice evaluation had five or more maladaptive behaviours. On the basis of client responses to these items the following conclusions can be drawn: 90 cent of clients are gambling as a way of escaping from problems, such as domestic violence, relationship issues and boredom, or as a way of relieving a dysphoric mood. Eighty per cent of these same clients chase losses, which is a recipe for financial difficulties. Seventy per cent of respondents lie to people close to them about their gambling. Sixty-nine per cent have had repeated unsuccessful attempts to control their gambling this indicates that a client's decision to use a BreakEven counselling service occurs, in the main, after repeated attempts and failure at fixing their own problem.

3.2 Counselling Outcomes

In exploring the outcomes as reported by the clients participating in the clinical practice evaluation, the following findings emerged.

- There was a high level of positive-partial, full or satisfactory-resolution in all defined problem areas. In assessing the outcome of clients' gambling behaviours, 43 per cent had full or satisfactory resolution levels, and 46 per cent experienced partial problem resolution.
- Clients experienced the highest level of full problem resolution in relationship problems and problems with their physical health caused by their gambling activity.

Almost three-quarters (71 per cent) of clients felt that attending counselling at a BreakEven service impacted on their gambling activity in a positive way, with 45 per cent of these rating the impact as 'a great deal'. Two-thirds of respondents stated they gambled 'a lot less' after attending BreakEven Counselling.

The reported impact of counselling and its outcomes on clients' emotional well-being showed that respondents recorded a shift from the majority (69 per cent) being 'very poor' at the commencement of counselling to the majority being 'very good' (78 per cent) at the end of the counselling. Clients' level of understanding the nature of the problem, self-awareness, ability to accept responsibility for the problems their gambling had created and their awareness of services available to assist them were all improved as a result of counselling. This indicates a counselling process producing an effect of heightened understanding as well as problem resolution.

The number and severity of maladaptive behaviours was also taken as a measure of counselling outcomes. Pre and post-counselling measures of maladaptive behaviours indicated counselling had a positive effect, of between 21-29 per cent improvement on clients in eight of the ten behaviours listed. This measure is used to indicate the severity of an individual's gambling problem with those recording five or more maladaptive behaviours being considered 'pathological' gamblers.[4] In a pre- and post-

[3] The complex issue of debt measurement and distribution has been explored more fully in Mc Cormack, J. and Jackson, A.C. (2000) 'Gambling with debt?' *Consumer Rights Journal*, 4, 5, 15-16.

4 It should be noted that this terminology is not used in the Department of Human Services-mandated problem gambling counselling services, where the term 'problem gambler' is used, regardless of problem severity. The use of the term 'pathological gambler' in this context represents its use as a DSMIV classification only.

counselling measure of clients participating in the clinical practice evaluation, the number of 'pathological gamblers' reduced from 76 per cent to 37 per cent.

Service satisfaction was also used by the team to indicate successful outcome. The level of service satisfaction expressed by participants in the clinical practice evaluation was high, as is normally the case in satisfaction studies in the health and human services. Clients were generally satisfied with the counsellors' treatment of them and were satisfied with the outcomes they received as a result of counselling. The large majority of clients indicated they would use the service again and that they would recommend it to others with gambling related problems.

A very small group of clients (n=16) participated in a longitudinal study of outcomes. The small numbers were a result of third party recruitment combined with an inability on the part of the researchers to directly remind participants of the necessity for completion of their participation in the study. This resulted from the requirement for protection of client confidentiality. The study is reported but with significant reservations expressed concerning the delivered sample. These clients were provided with a questionnaire at the end of their first counselling session and another, three months following completion of their counselling. The key findings of this study were:

- The level of **unresolved** problems after three months was reduced in all problem areas.
- The number of **partially resolved** problems reduced in all categories except in the area of gambling behaviour and financial problems.
- The number of problems **fully resolved** after the three month period were greatest in the categories financial problems, legal problems and gambling behaviour.
- The number of problems fixed to the client's satisfaction increased overall with the greatest increase in the area of family related problems.
- In short, there was a decrease in the number of unresolved or partially resolved problems and an increase in the fully resolved and satisfactory resolutions-that is, more problems were fully resolved rather than being partially resolved or going unresolved altogether.
- The psychosocial well-being of clients improved during the three-month study period, with an average shift from fairly poor to quite good as rated by the clients.
- The mean number of maladaptive behaviours experienced by the clients in the three-month period being studied went from 5.4 behaviours to 3.3 behaviours.
- There was a reduction in the extent to which participants felt their gambling was a problem, from a fair amount to very little.
- Clients' level of satisfaction with the service did not change across the three-month period, even though their problems improved.

The report stressed caution in the use of these study data because of the small study sample size.

The BreakEven Minimum Data Set is a census study of all counselling participants and also provides information on the outcomes of sessions. The key findings from the MDS contact data was that the level of problem resolution was higher for problem gamblers in cases where no further contact has been planned, that is, where the counsellor has terminated the counselling believing that counselling goals had been attained.

3.2.1 Counselling Outcomes and the Counselling Process

A thorough investigation of the linkages between counselling outcomes and the counselling process was undertaken as part of the study. The key findings of this investigation were as follows:

- The therapeutic relationship is the process variable that can most consistently predict positive outcome. This was acknowledged by counsellors who described this as the basis from which the work becomes possible.
- Counsellors with the highest rates of problem resolution are using a mix of client centred humanistic psychology, cognitive behaviour therapy techniques, and solution focused counselling.
- A thorough psychosocial, and readiness to change assessment of the client is a feature of the work of all counsellors achieving high levels of problem resolution.
- Client participation in goal setting and a realistic, timely and achievable set of goals characterise the

goal setting of all counsellors achieving high levels of problem resolution.

- Counsellors achieving high levels of problem resolution use an eclectic mix of techniques in their work with clients. Decisions regarding which techniques to use are based on their initial assessment and goals as defined with the client. No particular technique stands out as the most valued or valuable.
- The review processes used by the counsellors vary. All counsellors achieving high levels of resolution, however, indicated the importance of celebrating client achievements no matter how small.
- Counsellors considered the counselling effort needed to be considered as a collaborative effort between them and the clients for it to work.
- The active ingredients for successful outcomes according to counsellors are a strong therapeutic relationship, client readiness to change, client ability to self-reflect and finding the right fit between the client and the intervention.
- Conversely the factors counsellors considered hindered the achievement of these outcomes for the CPE cases were: lack of relationship, lack of motivation on behalf of client, lack of alternative forms of leisure, co-morbidities, client unwillingness to disclose, and when gambling has become a central part of a persons self-definition.

3.3 Minimum Data Set Outcome/Process Links

These linkages were also explored using the Minimum Data Set contact data. The following was found:

- The level of problem resolution is related to the number of sessions attended. The more sessions attended the more likely that the problem would be partially or fully resolved.
- The findings seem to indicate a relatively high level of problem resolution even though the actual number of sessions attended is relatively low.

3.4 Outcomes and Client Characteristics

A number of client characteristics were tested for their impact on counselling outcomes as reported by participants in the clinical practice evaluation. The following provides a summary of the key findings. Very few client characteristics had statistically significant impact on counselling outcomes. This finding is consistent with current psychotherapy and counselling outcome literature (Bergin and Garfield, 1994).

Clients' satisfaction with their current level of gambling was the variable most consistently related to level of problem resolution. The number of presenting problems was related to a problem being unresolved or partially resolved. Older clients were less satisfied with their counselling outcomes. Clients in the action stage of readiness to change, at the end of the first counselling session, are more likely to resolve problems, increase life skills, and have a greater level of satisfaction with the outcomes of counselling. The level of an individual's debt does not impact in any significant way the level of problem resolution they achieve.

The linkage between client characteristics and outcomes was also tested using the Minimum Data Set for all BreakEven clients. The following findings were significant. Two-thirds of BreakEven clients, who attended the service with gambling behaviour as their presenting problem, have a positive resolution of their problems by the time of case closure. Only age, annual income and living arrangement could discriminate between levels of problem resolution. Other demographic and gambling behaviour variables did not predict level of problem resolution. The outcomes achieved are not predicted by whether the client was a 'problem gambler' or 'partner and/or other'.

3.5 Outcomes and Counsellor Characteristics

A number of counsellor characteristics were tested for their relationship to client outcomes with clients participating in the clinical practice evaluation. The following were the key findings from this analysis. Women counsellors have lower levels of unresolved problems. Counsellors with high caseloads, measured by number of client contacts, have higher levels of client satisfaction with outcomes. Counsellors who were not social workers or psychologists achieved the greatest number of full resolutions, but this could be an artefact of the rural/metropolitan division of services, as most of these counsellors are employed in rural areas (see below). Clients of psychologists and 'others' had higher levels of client satisfaction with the outcome of counselling.

Counsellor characteristics were also tested against outcomes as defined by the Minimum Data Set. For these clients, outcomes are on the whole unrelated to

the particular breakdown of tasks that constitute their practice, as measured by the Counsellor Task Analysis (CTA). Counsellor characteristics are, on the whole, not predictive of client outcomes. This finding is consistent with current research in psychotherapy and counselling outcomes (Bergin and Garfield, 1994).

3.6 Outcomes and Agency Characteristics

A number of agency characteristics were explored for their impact on the outcomes achieved by clients participating in the clinical practice evaluation and via the Minimum Data Set. For clients participating in the clinical practice evaluation the following findings emerged from the analysis. Clients from non-metropolitan centres were more satisfied with the outcomes of counselling and reported a greater impact of counselling on their gambling behaviour.

The analysis of the Minimum Data Set showed that agency type impacts on the outcomes achieved by clients in respect to all outcome areas except gambling behaviour. Consistent with the clinical practice evaluation findings, the location of the agency impacted on outcomes with country clients experiencing higher levels of problem resolution. The MDS analysis also indicated that agency type is related to outcomes but this finding is most probably an artefact of the fact that a number of agency types are only found in the country. The size of the BreakEven service and its level of funding did not impact outcomes achieved.

3.7 Client Comments

As part of the clinical practice evaluation clients were asked to list the factors they found most helpful and most unhelpful about BreakEven services and to make any other comments they wanted to. The following were the key themes that emerged from the analysis of these responses.

Clients experienced the service as particularly useful in the following ways:

- The ability to talk to someone who understood the nature of the problem and didn't judge them.
- They could have confidence in the counsellors' concern for them.
- It provided them with a way to explore reasons for their behaviour.
- They felt confident of the counsellors' knowledge and professionalism.

Clients' major dissatisfaction with the service was clearly the lack of after-hours session times available.

Most clients who participated in the clinical practice evaluation considered attending counselling at a BreakEven services as a life changing experience and considered it an essential service for them in a time of great crisis.

The counselling currently provided by BreakEven counsellors to clients of the service is producing successful outcomes that are consistent with other gambling treatment programs throughout the world.

The effectiveness of the service is not diminished by the often small number of sessions attended by clients, although there is evidence to suggest that the longer clients stay in counselling, positive outcomes are likely to be enhanced.

Clients who attend the service have often made repeated unsuccessful attempts to solve their problems themselves. The service is used when they can no longer manage the matter themselves.

Clients overwhelmingly identified the most helpful aspect of the service as being the level of knowledge counsellors had about the problem and the non-judgmental way in which counsellors provided their services.

Counsellors achieving the highest levels of problem resolution all worked collaboratively with clients to identify goals for the work that were realistic and achievable. Their work was also characterised by regular review and recognition of client achievements.

3.8 Recommendations Arising from Volume 2 of the Evaluation Report Series

3.8.1 Service Provision

- Extension of service delivery hours to include after-hours session times for service users.
- Development of a more uniform counselling review process negotiated with clients and aimed at documenting gains made by clients during their time in counselling.
- Continued employment of a mix of practitioners in the field.
- Continue the mix of service delivery personnel in rural areas.
- The maintenance of an approach to counselling that makes central collaboration between client and counsellor in defining outcomes for the individual client. This approach is consistent with

the principles of harm minimisation as the guide for treatment rather than abstinence.

- The establishment of regular seminars for BreakEven workers where up-to-date information on research and treatment techniques can be shared.

3.8.2 Research

The following areas for further research are suggested:

- The present requirements for third party recruitment of participants into research and evaluation projects should be altered. This could be achieved by notification of clients at the outset of their service engagement of opportunities for participation in research and evaluation activities.
- A large-scale prospective randomised control study of intervention effectiveness should be conducted.
- To integrate into the current Minimum Data Set more precise questions on gambling related spending and debt and to develop the questions on changes to gambling behaviour as a form of outcome.
- Research into the relationship between amount of play and negative impacts (a dose-impact relationship). This research would make a significant contribution to the design of education around the point where gambling becomes harmful.
- There should be a properly managed system for the dissemination of research information to BreakEven workers, enabling them to maintain their knowledge of research findings.

4. Volume 3: Community Education Strategies and Information Products

Volume 3 of the Evaluation Report Series focused upon Community Education Strategies and Information Products.

In order to complete this component of the evaluation, the team undertook the following actions:

- A telephone survey of 502 Victorians. This survey collected information about Victorians' knowledge of the existence and nature of problem gambling. It also tested the recall of the most recently implemented statewide campaign.
- An analysis of the number and nature of telephone calls to G-Line before, during and after the statewide television campaign.
- An analysis of the number of new client registrations at BreakEven services before, during and after the statewide television campaign.
- A mail-out structured questionnaire was sent to all Community Education and Gaming Liaison Officers (CEGFLOs). This questionnaire collected information about the nature and type of work undertaken by CEGFLOs and their perceptions about problem gambling.
- Analysis of a two-week diary of tasks undertaken by CEGFLOs.
- Gaming Venue Staff and Managers Questionnaire. This questionnaire was sent to 564 gaming venues in Victoria. It queried gaming venue staff and managers about their knowledge and use of BreakEven services.
- Shopping Centres and Venues Questionnaire. This face-to-face questionnaire was completed by both members of the general public and venue patrons and used to provide an indication of the reach, recall and understanding of problem gambling information products.
- Collation and analysis of problem gambling information products. This included samples of problem gambling information products created and distributed as part of the local campaigns.

4.1 The Department of Human Services Education Campaign

- The Department of Human Services education campaign took a dual approach to community education in its use of statewide mass media (statewide campaign) in conjunction with localised campaigns (local campaigns).
- The statewide campaign was a phased campaign with Phase I comprising radio and print advertisements, which ran for five weeks commencing on 24 November 1995. The radio commercials were in English, Arabic, Vietnamese, Cantonese and Macedonian. The print advertising consisted of newspaper advertisements and billboards. Phase II of the campaign ran for approximately 14 weeks (commencing 21 February 1996) and consisted of two television advertisements. Phase III used the same two television advertisements as Phase II plus radio ads. Phase III of the campaign ran between 13 July 1997 and 3 February 1998. The television advertisements which formed part of Phases II and III showed two scenarios that aimed to identify some of the characteristics of a person in

crisis due to their inability to control their gambling behaviour—in one case, a male gambler hiding a house repossession notice and in the other case, a mother stealing money from her son's money box to finance her gambling.

4.2 Key Findings

- Six months after the conclusion of Phase III of the statewide campaign, 46 per cent of respondents were able to recall at least one problem gambling related advertisement. This represents a high level of residual recall for the campaign.
- The proportion of the community awareness that gambling may not necessarily be a problem-free activity is 88 per cent, as measured by a telephone survey (n=502).
- A large proportion of the community are defining problem gambling as either a financial issue or as an issue of control—control of expenditure of both time and money spent gambling.
- Prior to Phase I of the statewide campaign 43 per cent of the community were aware of support services for problem gamblers. Six months after the conclusion of Phase III of the campaign, 71 per cent of the community were aware of support services.
- Gamblers Anonymous was the most frequently cited problem gambling support service (35 per cent) named in unprompted recall. G-Line was named by 11 per cent of respondents and BreakEven by one per cent of respondents.
- Prompted recall of BreakEven increased from three per cent prior to Phase I to 35 per cent post Phase III.
- There was a dramatic and immediate increase in the number of telephone calls received by G-Line during Phase II and Phase III of the statewide campaign, with no evidence of a post-campaign decay of impact.
- The number of BreakEven client registrations increased during Phase III of the statewide campaign.
- Ninety-six per cent of metropolitan gaming venues, and 97 per cent of country gaming venues, have heard of BreakEven.
- A higher proportion of rural venues (52 per cent) than metropolitan venues (13 per cent) knew their local BreakEven staff.
- Over half of all venues (51 per cent) had had a contact with a BreakEven service.
- Eight per cent of metropolitan venues, and 10 per cent of country venues, had actively sought advice of BreakEven on how to manage a difficult situation involving a patron.
- Problem gambling material is displayed in 99 per cent of all gaming venues. This material was supplied by BreakEven in approximately three out of four instances.
- The support service advertised was BreakEven in 76 per cent of cases and G-Line in 86 per cent of cases.
- The majority (83 per cent) of gaming venue staff have attended a training/information session about problem gambling.
- The problem gambling message of a new campaign running during the testing period, 'Gambling rule #1: if it's no longer fun walk away' had the equal highest rate of recall (76 per cent) by respondents. The message 'If you have a gambling problem in your life call G-Line toll free' had the same rate of recall, 76 per cent.
- The phrase 'Gaming more than a game' drawn from the industry brochure and 'Bet with your head not over it' had lower rates of recall (20 and 22 per cent respectively).
- All ethnic Chinese who were interviewed in Chinese had heard of the Chinese Telephone Counselling Service.
- Pamphlets numbers 3 and 12, which both used the phrases 'If gambling is a problem in your life talk about it', were the two pamphlets with the highest rates of recognition and recall. Pamphlet number 3 had been seen previously by 51 per cent of the general public and 49 per cent of venue patrons.
- Four out of five respondents suggested that they would use BreakEven or G-Line if they needed the service in question. The general public reported a higher probable use of G-Line and BreakEven, should they ever need them, than venue patrons.

4.3 Conclusions from Volume 3 of the Evaluation Report Series

The State and local campaigns worked successfully to reinforce each other. The community education strategy was diverse enough to ensure that the needs of subcultures and communities were addressed, but cohesive enough to ensure that the two primary problem gambling support services, G-Line and BreakEven, were continually promoted and advertised.

- As a direct result of the strategy, community awareness of the existence and nature of problem gambling and community awareness of problem gambling support services (BreakEven and G-Line) increased substantially. Furthermore, there were significant increases in the number of people using both BreakEven and G-Line during both Phase II and Phase III of the statewide campaigns. With respect to G-Line, this is particularly noticeable when examining the number of callers citing the television as their source of referral.
- However, although G-Line was promoted as a service for all persons affected by gambling (not just problem gamblers), not one person interviewed in Project Gamble described G-Line as such.
- The plethora of information products distributed through the local campaigns were clear and concise in their wording. These brochures, pamphlets and flyers were economical in their design and production and were liberally distributed to individuals and community organisations. Although there was substantial variety in layout and design, the vast majority of information products incorporated the BreakEven logo. This branding of service and brochure can only work to reinforce and promote the name and image of BreakEven in the minds of Victorians.
- The information products, in addition to encouraging persons affected by problem gambling to contact G-Line and/or BreakEven, contained a number of slogans and catch-phrases related to gambling. These slogans were used in differing combinations on different information products. The variety of slogans used helped convey to the general public the complexity of the issue and idea that more than one strategy may be used to keep gambling in perspective. While adhering to these slogans has not been proven to prevent problem gambling, the advice provided might help keep gambling in context and perspective.
- The local campaign slogans are also to be commended for their brevity, simplicity and ease of application. It is these three characteristics that resulted in some messages having prompted recall rates as high as 76 per cent.
- The local campaigns provided problem gambling training, information and support to gaming venues. However, a substantial proportion of venues had not had contact with a BreakEven service. It should be noted that there are in excess of 550 gaming venues in Victoria and approximately 12 CEGFLOs. Physically contacting each and every Victorian gaming venue would therefore be a very difficult task. Despite this numerical difference, the information products saturation rate is comprehensive with 99 per cent of gaming venues displaying problem gambling information products.

5. Volume 4: The Development of the Counsellor Task Analysis (Problem Gambling) Instrument and its Properties

Volume 4 of the Evaluation Report Series focused on the development of the Counsellor Task Analysis (Problem Gambling) Instrument and its properties.

The Instrument resulted from a rigorous development process. The CTA(PG) is a 108-item self-administered tool that measures the frequency of task performance in relation to 20 areas of counselling practice, and the importance placed on that counselling activity by the counsellor.

In order to determine the extent to which practice had varied as the BreakEven program 'matured', the CTA(PG) was re-administered to the population of BreakEven counsellors after a twelve-month period. There was very little difference over the twelve-month period in the frequency with which tasks were performed by counsellors. Somewhat surprisingly counselling tasks directed at financial management by clients is reported as being seldom undertaken by counsellors at both measurement points. This lack may be because there is a large financial counselling program funded through the Department of Human Services and some assumption is made by BreakEven counsellors that this is a resource accessed by their problem gambler clients, obviating their need to provide counselling in this area.

Although there is little variation in frequency of task performance during the twelve-month period overall, this gross measurement masks some differences in the frequency with which some tasks are performed by counsellors from different disciplinary backgrounds, and changes in these frequencies over the twelve-month period. Social workers are increasingly assessing other addictions while psychologists and welfare-trained counsellors were doing this less often in 1998 than in 1997. Even so, half of welfare-trained counsellors were assessing other addictions, compared with one-third of social workers and just over one in ten counsellors with other than social work, psychology or welfare backgrounds.

Although most counsellors establish rapport, assess client risk and establish treatment goals, and did not vary over the twelve months, the type of intervention used has shown some variation by some groups of counsellors. In 1997 all welfare-trained counsellors were frequently or almost always, teaching cognitive-behavioural strategies to their clients, but in 1998 only half were doing so frequently. More social workers were using controlled gambling as an intervention in 1998 compared with 1997, although they were significantly less likely over the twelve months to perform tasks from the 'maintaining treatment goals' scale than were welfare-trained counsellors. Surprisingly few counsellors—less than ten per cent—report regularly exploring with clients non-gambling options.

Social workers and counsellors with 'other' backgrounds are increasingly using family and partner interventions in contrast to psychologists who seldom use these interventions.

All counsellors have increased the amount of activity they are engaged in, in relation to research and policy

and program development, with a quarter of all counsellors now frequently undertaking these sorts of tasks.

It is somewhat difficult to interpret these data. The disciplinary differences do not obviously conform to 'stereotypical' conceptions of those disciplines. What is probably of more worth as an observation on these data is the broad similarity of practice across sites and disciplines, such that there appears to be a reasonably consistent range of practices which we may identify as 'typical' of BreakEven counselling.

The CTA(PG) can now be used as a routine monitoring device with a number of quality improvement objectives:

- It can determine whether there is a commonality of counselling practice across all Gambler's help sites, consistent with them having a generic label and that variation occurs where this is justified by demonstrable regional differences in client characteristics.
- It can be used as a pre and post-test measure of the effects of problem gambling-specific training programs.
- It can be used as a research tool to assist in our understanding of the influence of different theoretical orientations on detailed counselling practice. For example, do all of the counsellors who identify their interventions as cognitive-behavioural perform the same range of tasks?

Similarly, variations in counselling practice may be correlated with variations in client characteristics as a way of understanding the extent to which counsellors are capable of engaging in differential practice.

- It may be used as a management tool by Gambler's Help coordinators to ensure that across their counselling team an acceptable range of counselling practices are offered. This does not mean that all counsellors should have identical practice profiles but that the service as a whole should provide the required range of counselling tasks.

Developing this use further, coordinators would be able to identify trends in practice. If these trends were linked to changes in client presentation, as indicated in the BreakEven Client and Services Analysis Reports, then they would be able to develop future staffing plans based on empirical data.

6. Volume 5: An Examination of Issues Surrounding the Possibility of Natural Recovery from Problem Gambling without Intervention from Services

Volume 5 of the Evaluation Report Series provided an examination of issues surrounding the possibility of natural recovery from problem gambling without intervention from services.

Section 1 of the report discussed the background to the present project. It was noted that in addiction research, especially in the areas of alcohol and tobacco use, that there is a strong tradition of the study of 'natural' recovery from such addictions. Various commentators have postulated that many people recover from such addictions without professional assistance. Others have argued that the success rates associated with such 'natural recovery' are higher and more durable than professional assisted recovery rates. This is an area of some controversy.

This literature was discussed in the context of researchers, such as Prochaska and DiClemente, who have shown in a large body of work that behaviour change in the addictions is a difficult process involving progression through a series of stages combined with many lapses and remissions.

It was noted that, although there has been some recent work concerning natural recovery in the area of gambling research, this work was very limited. Nevertheless, claims similar to those in the addictions have also been made about the relatively low rates of engagement of people with gambling problems with formal problem gambling services.

Thus the present project sought to investigate the patterns of recovery from gambling problems and the relationship of these patterns to recovery from other behavioural problems.

Section 2 of the Report described the methodology and tools used in the present project. A questionnaire was administered to 100 randomly selected people using a random dial telephone methodology. In addition, 12 people were recruited into the study who had recovered from gambling problems without professional assistance. They were recruited via selection from previous large-scale community studies of gambling and interviewed concerning their experiences.

Section 3 of the report presented the outcomes of these data collections. The first section presented a series of quantitative analyses concerning responses to survey questions about participation in and recovery from various behavioural and health problems, as well as problem gambling. The second section of the chapter presented the qualitative data obtained from the interviews.

Section 4 of the Report presented recommendations concerning further study in the natural recovery area. A 12-month longitudinal study with 6 data collection points was recommended so that Markovian modelling may be implemented.

We thus have the evaluation outcomes described in each of the evaluation report series. We now turn to a discussion of the implications of this work for program design and delivery and research priorities. Prior to this discussion, we consider it necessary to briefly discuss our model of gambling participation and problem gambling as it has an important bearing upon our interpretation of our current work and suggestions for future work.

7. Other Relevant Work: A Model of Gambling Participation and Problem Gambling

During the course of our evaluation, we concluded that a more powerful explanatory framework or model was required in order to better describe and explain why people participated in gambling, why some progress into problem gambling and then fewer still seek assistance for their problems.

At the heart of our research is the following gambling uptake model. The model asserts that individuals have varying levels of propensity to gamble. Some people do not find gambling to be a pleasurable nor interesting activity. Others find it to be very interesting, sometimes to their cost, and to the cost of their partners and families.

However, to gamble requires access to gambling services. Thus the uptake of gambling is affected by both the propensity to gamble and the availability of gambling services. Perhaps this is why people who come from jurisdictions where gambling is very limited(sometimes for the first time) experience difficulties where gambling is widely available.

Obviously, not all people who gamble, even heavily, develop problems associated with their gambling. For example, if people gamble beyond their means, then they are going to experience difficulties. We believe that this is why there are higher proportions of people without employment who attend problem gambling services. Those people do not have the protective factor of a high income. Similarly, people who are single are high attendees. Perhaps this is because they are not protected by a family environment.

The model, which is shown in graphical form below, is a useful way of conceptualising gambling and problem gambling activity.

Figure 1 Model of Influences on Gambling Outcomes and Consequences

The model in Figure 1 asserts that the gambling uptake for individuals is influenced by an individual propensity to gamble and the availability of gambling services. It is further asserted that the outcomes and consequences of gambling are influenced by gambling uptake and various protective, moderating and risk factors. We now turn to a discussion of the model elements and how they are related to each other.

7.1 Propensity to Gamble

People vary in their propensity and desire to gamble. The propensity to gamble may be influenced by a variety of factors. These include personality factors, such as the need to seek sensations and take risks. Propensity to gamble may also be affected by personality components that are associated with addictive behaviours. A common finding amongst people with gambling problems is that they also have addictions and mental health problems, although whether there is a causal nexus between these behaviours, and in which direction it might run, is not clear. Spunt, Dupont, Lesieur, Liberty and Hunt, in the November 1998 edition of the international journal *Substance Use and Misuse*, provide a review of this literature in which they demonstrate strong links. Black and Moyer's US study in the November 1998 issue of *Psychiatric Services*, shows that people with 'pathological gambling' frequently also have mental health problems.

Evidence for intrinsic factors that affect gambling behaviour is provided by a fascinating study of twins reported in the September 1998 edition of *Addiction*. Eisen et al report the results of the study of 3,359 US twin pairs. Inherited factors explained 62 per cent of variation in the diagnosis of pathological gambling disorder, and lower amounts in the elevated but normal ranges of gambling behaviour. This provides some evidence for the strong influence of inherited factors upon gambling behaviour. The influences are speculative, but may include a higher need for risk and sensation-seeking. The assertion that problem gamblers are simply making 'bad choices' or, in the case of one extraordinary submission made to the Productivity Commission Inquiry into the Gambling Industry, 'rational' choices to lose does not stand up, if, as in the Eisen study, it is shown that propensity for problem gambling has a strong inherited component. Under these circumstances, one could only conclude that such people would have great difficulty in making rational choices.

A factor that has been found to be predictive of propensity to gamble is the family environment, and previous exposure to gambling activity in that environment. The Thomas and Yamine VCGA study shows that cultural background is a strong determinant of propensity to gamble at problematic levels, but is not a strong determinant of gambling participation. The National Gambling Survey performed by the Productivity Commission and the Surveys of Community Gambling Patterns and Perceptions performed by Roy Morgan Research for the VCGA (see Roy Morgan Research, 2000) show major individual variations in gambling patterns. Many people do not gamble at all, most gamble to varying degrees and others gamble to the extent that they may be considered to have gambling problems.

Griffiths' (1990) review paper on risk factors for 'fruit machine addiction' in the United Kingdom emphasises the importance of family variables and early exposure to gambling as predictors of subsequent problem gambling.

7.2 Access to Gambling Services and Products

Gambling uptake and patterns are, of course, influenced by the availability of gambling products and services. In the State of Victoria, twenty years ago, access to gambling was strictly limited. There were no legal EGMs and no casino facilities. There has been a widespread liberalisation of access to gambling products and services in Victoria, particularly over the last five years. This process of liberalisation in Victoria and other states is documented by McMillen, Jackson, Johnson, O'Hara and Woolley (1999) and Costello and Millar (2000).

The use of any product or service is affected by its availability, marketing, and how well it meets the needs of its consumers. The Productivity Commission, using data derived from work we conducted in the Problem Gambling Research Program (Thomas, Jackson, Thomason, Crisp, Smith, Borrell, Ho, and Holt, 1998), modelled the relationship between availability of EGMs in Victorian regions and new presentations to problem gambling services. The modelling supports the view that there is a link between EGM availability and gambling uptake.

Volberg (1994), one of the world's best-known gambling researchers has reviewed the public health implications of her findings from a series of studies of gambling incidence and prevalence. She noted that:

> In states where legal gambling has been available for less than 10 years, less than 0.5 per cent of the adult population were classified as probable pathological gamblers. In states where legal gambling has been available for more than 20 years, approximately 1.5 per cent of the adult population was classified as probable pathological gamblers. Together these data support the long standing contention of treatment professionals and researchers that increasing the availability of gambling will contribute to an increase in the prevalence of gambling related problems in the general population (1994, p. 239).

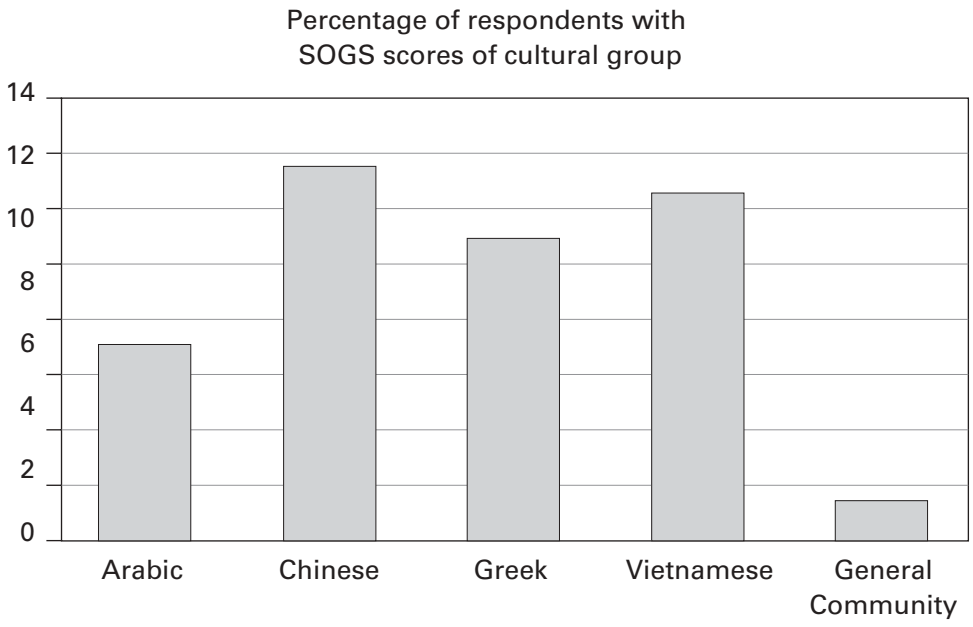
Volberg's comments suggest that problem gambling rates may continue to grow strongly. It is important that the necessary monitoring and surveillance data collection is performed to track this worrying possibility.

7.3 Gambling Uptake

The model asserts that gambling uptake is influenced by the personal characteristics of the gambler, that is, propensity to gamble and the availability of services and products. Both factors are influenced by cultural factors. Specific cultural groups have been shown to have different preferences for gambling products and services.

The Thomas and Yamine (2000) Victorian Casino and Gaming Authority (VCGA) study showed that cultural background is not a predictive factor for participation, but is a major predictive factor for elevated levels of expenditure and problematic gambling behaviour as measured by the South Oaks Gambling Screen. The South Oaks Gambling Screen is an internationally used tool to measure whether the respondent has a gambling problem. A score of 5 or above is considered to reflect that the person with that score has a gambling problem. The chart below is drawn from the Thomas and Yamine study. It shows that the rate of problem gamblers in the cultural groups in the study sample and very likely in the Victorian population is much higher than for the general community.

Figure 2 Percentage of Respondents with SOGS Scores of Five or More by Cultural Group



7.4 Protective, Moderating and Risk Factors

The impact or outcome of the level of gambling undertaken by an individual is moderated by various protective, moderating and risk factors. These factors include the social and financial resources that the gambler brings to their gambling activity. While gambling problems have important psychosocial elements, a major factor is that of insufficient money to meet both the gambling and other obligations, such as rent, food, etc. A gambler may have all the psychosocial consequences of problem gambling, for example, poor interpersonal relationships with spouse and family, preoccupation with gambling to the exclusion of other important issues, but it is when the financial resources are insufficient to meet the requirements of the gambling activities that major problems and consequences develop.

Bellringer (1999) notes:

> For an unemployed person with no savings or other financial means 1 pound per week may be too much but for the person with a high disposable income and few commitments the figure could be thousands of pounds. Regardless of the figure involved it becomes a problem when the activity takes up more financial resources than the gambler can afford to lose (1999, p. 27).

Thus, if the person has low financial resources to meet the requirements of their gambling activities, this is a risk factor for negative consequences of the gambling. On the other hand, if the resources are substantial then this may be a protective factor. Evidence for support of the model is provided by the BreakEven Client and Services Analyses, which we have prepared for the Department of Human Services, now in their sixth annual round. In these analyses it is noted that unemployed people appear at twice the expected rate in presentations to BreakEven problem gambling services. While this may be a consequence of other factors, it is frequently the case that unemployed people do not have major financial resources to fall back upon in order to service their gambling requirements. Hence, their gambling problem quickly crystallises into adverse effects for that person and their family. As we note in our natural recovery study of people with gambling problems who have recovered from them without professional assistance, to develop a gambling problem and the associated potentially negative consequences of the problem takes an extended period of time. Volberg's US research findings, which show that problem gambling rates go up substantially in various jurisdictions over time, are probably reflective of this fact, as well as issues such as market uptake.

Social and family supports (or the lack of them) are also important protective and risk factors for negative outcomes of gambling activity. It is noted from the BreakEven Client and Service Analysis studies conducted for the Department of Human Services that people who are divorced or separated appear at twice the expected rate in presentations to problem gambling services. While this may be either a cause or a consequence of the problem gambling, it is very well known from other research literatures that social supports are a key protective factor for adversity (see, for example, Bowling, 1994).

7.5 The Uptake of Problem Gambling Services

As highlighted in several of the evaluation volumes, the uptake of problem gambling services by problem gamblers is low in absolute terms (we estimated 11 per cent at the time of analysis, but this is, at the time of writing likely to be closer to 15 per cent), but high in relative terms when compared with other social problems. Given that the interventions when delivered appear to be quite successful, the low uptake means that many people with 'treatable' gambling problems do not engage with services, thus resulting in avoidable harm to the (non-) participants. We need to know why people are not presenting to problem gambling services.

While our own theories about this are partially illuminating, we really need to know directly from those people who are not coming and why this is the case. We consider this to be a promising avenue of research for future attention.

Another area of considerable importance in uptake of problem gambling services is the low rate of presentation to services from people from non-English speaking backgrounds. If we accept the findings from our VCGA funded study that the problem gambling rates in these communities are five times the rate of the general population, then something is going on that we need to understand. We consider this to be an urgent avenue of research for future attention, and

one that requires an immediate response from BreakEven services to try to lift the uptake rate of these communities.

7.6 Future Work and Prospects

As is evident from even this economy-length version report of our research and evaluation program, a lot has been learnt from these ventures. Given the scope and complexity of the program, the choice of which areas to highlight involves some personal judgments about priorities.

Based upon these judgments of our findings we see the service provision priorities as:

- Increasing uptake of services by problem gamblers who are not currently seeking support.
- Increasing uptake of services by NESB/CALD problem gamblers.
- Continued collection of the Minimum Data Set by Gambler's Help services with the modifications suggested in our evaluation series and detailed ongoing monitoring and surveillance of problem gambling service access, process and outcomes.

Although it is not the province of problem gambling service providers, we consider that the following activity will be especially important:

- Ongoing high impact community education concerning problem gambling and problem gambling services, with an emphasis on prevention as well as the service-uptake emphasis of previous campaigns.

Based upon an analysis of our findings, we see the research priorities as:

- Study of the impacts of changes to gaming regulation measures in order to address the effectiveness and targeting of such measures.
- Study of the reasons why people with gambling problems seek, and do not seek, assistance from problem gambling services and how these reasons vary across gender and cultural groups.
- Ongoing study of the predictors of success following interventions for gambling problems including type of intervention.
- Ongoing study of the impact of community education upon gambling activities and rates of problem gambling.
- A detailed study of people who have naturally recovered from gambling problems.

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Appendix A

Table 1 Projects Funded by the Department of Human Services

1997-2000	$586,000	**Department of Human Services Victoria Research Grant** Problem Gamblers: Client and Service Analysis. A. Jackson, S. Thomas and N. Thomason were principal investigators.
1997-2000	$327,600	**Department of Human Services Victoria Research Grant** Longitudinal Evaluation of the Effectiveness of Problem Gambling Counselling Services, *Community Education Strategies and Information Products*. A. Jackson, S. Thomas and N. Thomason were principal investigators.
1998-2000	$80,000	**Department of Human Services Victoria Research Grant** The Impacts of Gambling on Adolescents and Children. A. Jackson, S. Thomas, G. Patton, and J. Wynn were principal investigators.
2000-01	$65,000	**Department of Human Services Victoria Grant. Provision of Analysis services for Minimum Data Set** A. Jackson, and S. Thomas were principal investigators.

Table 2 Projects Funded by the Victorian Casino and Gaming Authority and VicHealth

1998-2000	$120,000	**VicHealth Research Grant** Women and Problem Gambling: an Action/Research Project in the Western Metropolitan Region
1999-2000	$50,000	**Victorian Casino and Gaming Authority Research Grant** History of Gaming and Comparative Legislative Analysis. J. McMillen, A. Jackson, D. Johnson and J. O'Hara were principal investigators
1999-2000	$119,925	**Victorian Casino and Gaming Authority Research Grant** The effects of problem gambling upon specific cultural groups. S. Thomas and Rick Yamine were principal investigators.


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