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

Volume 4: The Counsellor Task Analysis Instrument—a Report on Development, Reliability and Application

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1. Introduction

This paper provides an overview of the development of a Counsellor Task Analysis (Problem Gambling) instrument, the CTA(PG), undertaken as part of the evaluation of the BreakEven Problem Gambling Counselling Service in Victoria. The purpose of this Report is to describe in some detail the development of the CTA(PG); validation and reliability testing of the instrument and details of a 12-month counsellor follow-up study using the instrument.

1.1 Purpose of the Counsellor Task Analysis (Problem Gambling) Instrument

Instruments that specifically measure counsellor practice related to problem gambling appear to be non-existent. The purpose of the CTA(PG) was to measure the frequency and importance of counselling activities performed by problem gambling counsellors with clients who have presented with issues relating to problem gambling, either their own or a family members. As part of the service effectiveness evaluation of the BreakEven Problem gambling Counselling Service, detailed in Volume Two of this Evaluation Report series, the CTA(PG) was one method used for making explicit the details of counsellor practice.

Other methods included a Clinical Practice Evaluation Questionnaire, which aimed to obtain problem gambling counsellor views of what determined their practice and their theories in use. Although we recognise the complexity of the issue of definition and measurement as reflected in our discussion in Volumes One and Two of the Evaluation Report series, the CTA(PG) attempts to operationalise the definition of problem gambling that is adopted in Victoria by the Victorian Casino and Gaming Authority and the Department of Human Services:

> Problem gambling refers to the situation when a person's activity gives rise to harm to the individual player, and/or to his or her family, and may extend into the community (Dickerson, M., McMillen, J., Hallebone, E., Volberg, R. and Woolley, R., 1997).

1.2 Approaches to the Empirical Description of Human Service Work

Austin has suggested (1979, 1981) that human service work can be defined at various levels of functioning and has identified five major functions, including linkage, mobilisation, counselling, treatment and administration. In addition to defining human service work in terms of functions, job components and major activities by observation and analysis of activity, the more 'subjective' aspect of the worker's perspective may be added. This type of task specification builds on the earlier work of Fine and Wiley (1971), who labelled their approach functional job analysis.

Commonly known as 'task analysis studies', this sort of functional job analysis covers a range of analytic procedures used to describe human work in terms of tasks or activities which are usually described or

identified in very abbreviated form, consisting of an active verb and its object, but typically not including the infinitive phrase which is characteristic of conventional job descriptions.

Functional job analysis has proven to be a useful tool for administrators and trainers because it quantitatively describes existing tasks that can be used to assess the fit between practice and purpose and to assess the utility of training programs. Some of the specific benefits of job and task analyses include clarification of job expectations, facilitation of workers' performance reviews, providing an information base for completing agency accountability reports, monitoring the relationship between work performed and the goals of the agency, and identifying the training needs of workers (Austin, 1981).

2. Scale Development

2.1 Theories of Intervention Used to Inform Construction of the Item Pool

Given the newness and rapid growth of problem gambling services in Australia, many practitioners are not trained or prepared specifically to identify or intervene in problem gambling. In the early phase of the development of the BreakEven program, counsellors relied heavily upon the drug and alcohol literature to guide their practice. The dominance of this frame of reference is seen most clearly in the approach to problem gambling adopted by Gamblers Anonymous (GA), the largest self-help agency assisting problematic gamblers, and a conceptual brother to Alcoholics Anonymous (Rankin, 1982). A number of approaches have been used to help gamblers seeking assistance with their problem, as outlined in Volume One of the Evaluation Report series. Many programs reported in the literature seem to involve a commitment to abstinence and attendance at GA where abstinence is considered as the only successful outcome of intervention.

According to Dickerson (1979) and Blaszczynski (1993), considering that the drop-out rate of gamblers in therapy is very high, the goal of controlled gambling, rather than a complete cessation of gambling may be an important factor for the continued participation of the gambler in therapy. Rankin (1982) states that in the case of gamblers, it is more difficult to gauge and compare the degrees of dependence, which might hamper the identification of those clients deemed most suitable for this approach. Thus, the counsellor has to assess the client's situation and decide a suitable form of treatment intervention.

It is clear that a number of treatment strategies have been tried in the past with problem gambling but, as many writers have argued, there is a continuing need to find effective techniques for treating people and their families who suffer from this problem. Lazarus (1981) assumed that practice methods from different underlying theoretical models might be used together. He believed that it is not necessary to embrace fully the theory to borrow techniques compatible with one's own theoretical and practice approach. This allows for a more experimental and problem-solving approach that tests different techniques in practice (Jordan and Franklin, 1994).

In order to gain an understanding of the core counselling activities of problem gambling counsellors, the CTA(PG) was designed to reflect many theoretical interventions that were deemed relevant to the practice context of these counsellors. There was a need to design an instrument that was inclusive of the range of practice, rather than exclusive. The interventions selected for inclusion were a combination of cognitive, behavioural, self-help treatment strategies and processes. These include: motivational interviewing; thought-stopping; cognitive restructuring; minimal interventions through self-help manuals (Glasgow and Rosen, 1978; Miller, Gribskov and Mortell, 1981; Orford and Edwards, 1977, Dickerson et al, 1990); relaxation therapy (Walker, 1992); control over cash money flow; alternate activities to gambling; long-term support and follow-up (Dickerson and Weeks 1979); controlled gambling therapies; group

and individual psychotherapy (Custer and Milt 1985); Gamblers Anonymous 12-step approaches (Gaudia, 1987); skills training, including reducing nagging by the gambler's partner (McCrady, 1988); and win therapy (Sartin, 1988).

2.2 Methodology

2.2.1 Tool Development Protocol

A review of the literature revealed that there was no comprehensive measure to describe the practice of problem gambling counsellors. The development of the CTA(PG) measurement tool followed the principles advocated by De Vellis (1991). These include:

- Determine what is to be measured.
- Generate an item pool.
- Determine the format for measurement.
- Have initial item pool reviewed by experts.
- Administer the items to a development sample.
- Evaluate the tasks.
- Optimise scale length.

In order to ensure that all theoretical models and existing practices were captured in the development of the CTA(PG), an empirical approach was taken utilising both the qualitative and quantitative techniques from a number of sources, including:

- Borowski and Lagay's (1991) Mapping Social Work Practice Questionnaire.
- Teare and Sheafor's (1995) Job Analysis Questionnaire (JAQ).
- Austin's (1981) supervisory management oriented approach to task definition.
- An in-depth literature review in the fields of problem gambling counselling and addictions counselling.
- Job descriptions of counsellors and education officers from the BreakEven Problem Gambling Counselling Services.

There were 135 task statements in the Job Analysis Questionnaire (JAQ) employed by Teare and Sheafor (1995). The JAQ has been applied to a sample of 7,000 social workers in three major National Association of Social Work Studies in the American context. Based on this instrument, some changes were made to the JAQ by Borowski and Lagay (1991) to construct their Mapping Social Work Practice Questionnaire to adapt the instrument to the Australian context, resulting in 134 task statements.

Thirty tasks which depict general social work practice were adopted from Borowski and Lagay's (1991) Mapping Social Work Practice Questionnaire and added to the CTA(PG). The format of asking about both frequency and importance of tasks in the CTA(PG), using a five-point scale, are similar to the American (Teare and Sheafor, 1995) and Australian (Borowski and Lagay, 1991) studies.

Because the development of the instrument occurred within the context of the evaluation of the BreakEven Problem Gambling Counselling Service, problem gambling counsellor's job descriptions were reviewed in consultation with BreakEven senior management.

Task statements were written up using the framework developed by Austin (1981) where the two most important elements of a task statement are:

- The action that the worker is expected to perform.
- The result expected of the worker action.

The 121 task statements required respondents to rate, using a five-point scale, 'how often' they performed each task, and 'how important' it was to their job in relation to their current practice in the course of a typical month. With respect to frequency, respondents were asked to rate 'How often do you do this task?' on a five-point scale with points labelled as: Not done=1; Seldom=2; Occasionally=3; Frequently=4; Almost always=5. Task importance was also rated on a five-point scale with points labelled as: Not important=1; Somewhat important=2; Moderately important=3; Very important=4; Extremely important=5.

Based on this range of information an item pool was developed. The draft CTA(PG) instrument was circulated for comment among clinicians, members of the research team and other experts in the field to critique. The criteria they used included clarity of the statements, comprehensiveness of the content and avoidance of technical jargon (Teare and Sheafor, 1995). Based on their feedback, minor alterations were made to the CTA(PG), and face validity was achieved.

2.2.2 Development of Sample

Following achievement of face validity, in November 1997 the CTA(PG), was mailed to all 50 BreakEven problem gambling counsellors from 18 non-government organisations in Victoria along with a personal history questionnaire so that relevant demographic information on the counsellors could be obtained. Forty-nine replies were obtained from the BreakEven counsellors, representing a 98 per cent

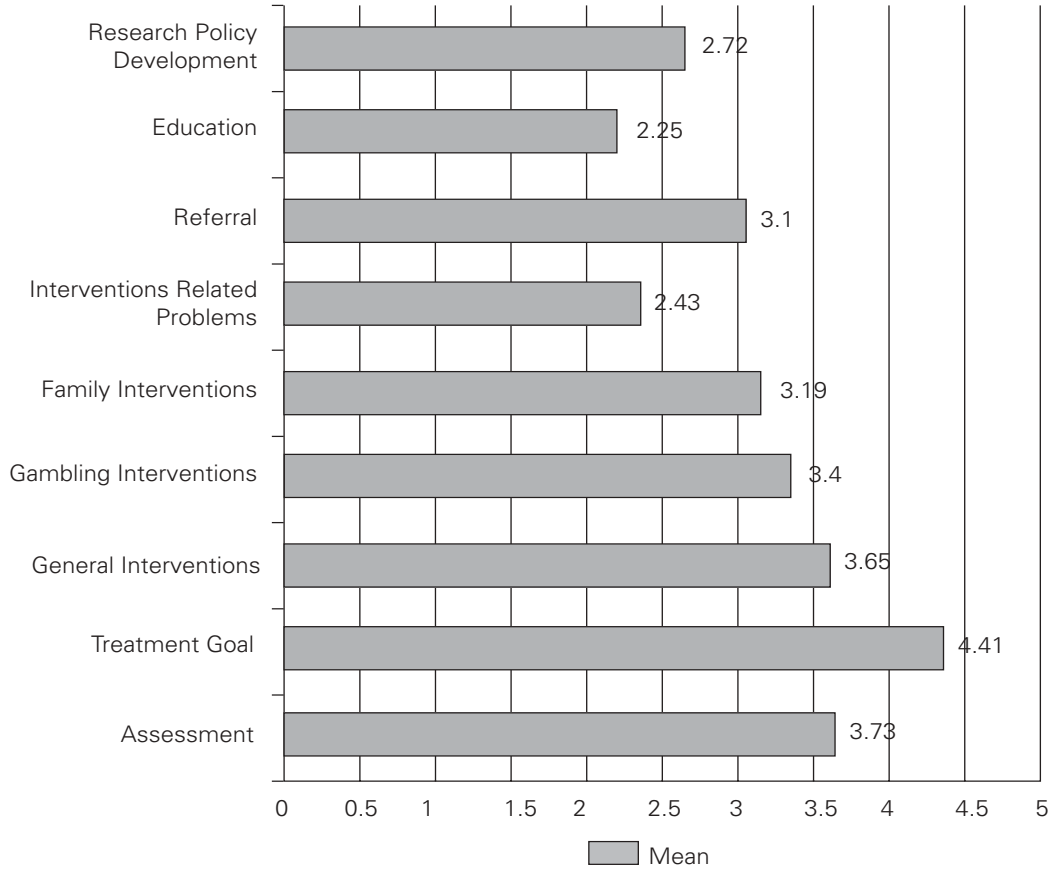
response rate. Being a population study, the sample is representative of the problem gambling counsellor population in the State of Victoria. A demographic profile of the problem gambling counsellors appears in Table 1. Approximately 66 per cent of the counsellors were female. Overall, the mean age for both male and female counsellors was 40.5 years. A little over two-thirds of the sample were qualified either as social workers or psychologists. Other qualifications that counsellors held were welfare studies (14 per cent), while the remaining one-fifth of the counsellors were qualified in a range of areas, including occupational therapy, psychiatric nursing, education, child care and social science generalist degrees. Additionally, an overwhelming majority of counsellors (87 per cent) had attended specialist-training courses, which accompanied the introduction of the BreakEven program in Victoria. BreakEven services have been located in a variety of health and welfare agencies across Victoria. One-half of the BreakEven program counsellors were located within community health centres, while 28 per cent of the BreakEven program counsellors were located within family support agencies. The remaining counsellors were located within agencies that were primarily involved in the delivery of material aid (11 per cent) and drug and alcohol counselling (11 per cent).

Table 1 Demographics of BreakEven Problem Gambling Counsellors

Demographics	Mean	%
Gender		
Female		66
Male		34
Age	40.6 years	
Highest qualifications		
Social work		19
Psychology		49
Welfare studies		15
Other		17
Agency type		
Community health centres		50
Family support		28
Material aid		11
Drug and alcohol		11
Specialist training courses attended		87.3

Just over half of the problem gambling counsellors were located in the Melbourne metropolitan area. Of the psychologists who were counsellors 74 per cent were in metropolitan agencies, as were 82 per cent of social workers. Interestingly, welfare workers were not employed in the Melbourne metropolitan area, but in areas such as outer urban areas, regional cities and rural areas of Victoria. Forty-four per cent of problem gambling counsellors were located in these areas. This included, as noted above, all of the welfare workers employed and 77.8 per cent of counsellors from 'other' professional backgrounds.

Figure 1 Mean Cluster Scores For All Respondents (n=49)



The 121 task statements thematically grouped into nine clusters, representing a broad view of the counselling role in BreakEven. These clusters included:

- Assessment.
- Treatment goals.
- General interventions.
- Family interventions.
- Gambling interventions.
- Interventions for related problems.
- Referral.
- Education.
- Research/policy.

Care was taken in assigning cluster labels and descriptions. Meaningfulness meant that a cluster should only contain tasks that, from a practice point of view, could be connected logically to one another (Teare and Sheafor, 1995). Homogeneity was estimated statistically by measuring the internal consistency of the cluster, using Cronbach's alpha (Cronbach 1951).

Definitions of each cluster are listed below, while Table 2 details the number of tasks making up each cluster.

Assessment

Assess case situation to determine need, risk, urgency and engage clients either in making use of services or preparing them for transition or termination.

Treatment Goals

Develop counselling goals for the outcomes of treatment. These may include change goals or choice goals. Treatment planning is the movement from the assessment phase to treatment. Development of counselling goals for the outcomes for treatment is an essential step. The nature of outcome goals affects the selection of intervention. Choice goals require different treatment strategies from change goals (Jordan and Franklin, 1994).

General Therapeutic Interventions

Use basic helping skills, like interviewing, questioning, counselling to assist individuals and/or families in understanding the problems they experience in social functioning and help them to examine possible options for resolving those problems (Teare and Sheafor, 1995).

Gambling Interventions
Use a variety of therapeutic techniques and strategies with individuals and family members to improve their social functioning without or by controlling gambling.

Family Interventions
Use clearly defined formal treatment modes to help families to improve their social functioning or resolve social problems (Teare and Sheafor, 1995).

Interventions for other Related Problems
Deliver a variety of services that enable individuals, families, employers to cope with legal, financial and employment problems due to problem gambling.

Referral
Coordinate service planning with internal staff and providers from other agencies in order to provide any additional services that the client may require.

Education
Inform and educate individuals, the general public, gaming industry, and community agencies about problem gambling. In addition, engage in activities that strengthen one's own practice effectiveness and expand one's professional competence (Teare and Sheafor, 1995:19).

Research/Policy
Collect, analyse and publish data to influence public opinion, public policy and legislation in the development of a knowledge base of accountable, professional and accessible counselling services for problem gamblers and their families.

Table 2 Counsellor Task Analysis (Problem Gambling) Clusters

Problem Gambling Clusters	Tasks
1. Assessment	1-19
2. Treatment Goals	20-24
3. General Therapeutic Interventions	25-37
4. Gambling Interventions	
—Related therapy	38-62
—Skills training	63-75
5. Interventions with Family Members	
6. Interventions for Related Problems	76-87
—Legal	
—Financial	
—Employment	
7. Referral	88-97
8. Education	98-111
9. Research/Policy	112-121

See Appendix A for a copy of the preliminary 121-item version of the CTA(PG) instrument used in the testing phase.

2.3 Scale Validation and Reliability Testing

The data from the CTA(PG) were entered into SPSS and subjected to principal components factor analysis with varimax rotation of the clusters followed by a reliability testing using Cronbach's alpha to test for internal consistency of the various factors. The reason for applying principal component analysis and factor analysis techniques to the CTA(PG) was to discover which variables in the set formed coherent subsets that were relatively independent of each other. Factors are thought to reflect the underlying processes that have created the correlations among variables.

2.3.1 Factor Analysis of the Clusters
In order to attempt to gain an understanding of the relationships among the various tasks within each cluster and to determine whether some tasks were highly correlated with each other within each conceptualised cluster, factor analysis seemed most

appropriate. As the goal of varimax rotation is to simplify factors by maximising the variance of the loadings within factors, across variables, it makes interpretation much easier because it is obvious which variables correlate with them (Tabacknick and Fidell, 1996). A principal components factor analysis with varimax rotation was carried out on each of the clusters with a minimum of a 0.4 loading being set as criteria to determine the number of factors which emerged from their respective clusters. In establishing a criterion for meaningful correlation a 0.4 loading seemed fair. As a rule of thumb, only variables with loadings of 0.32 and above are interpreted.

Inspection of the tasks in each factor revealed that some of the tasks within certain factors did not hang together as a meaningful construct. As a result those clusters were then reanalysed using a minimum of a 0.4 factor loading with a two-factor solution being set as criteria. The scales within the Gambling Intervention Cluster, however, did not seem very interpretable. Consequently, factor analysis for this cluster was conducted using a minimum 0.4 factor loading with a four-factor solution set as criteria. While interpreting the various factors, it was important to understand the underlying dimension that unified the group of items that loads onto it. An overall factor analysis of the nine clusters, which were comprised of 121 task items, resulted in 20 factors or subscales, with a total of 107 items in the CTA(PG). A convenient way to characterise practice is to calculate the mean score of each subscale or factor and use the mean as a pattern of prediction (Teare and Shaefor, 1995:22). This is displayed below in Table 3.

2.3.2 Reliability Testing of the 20 Factors or Subscales

The tasks that loaded on each factor were then subjected to a further measure of internal consistency reliability testing using Cronbach's alpha, which is a frequently used index of homogeneity. This approach looks at the consistency of an individual's response on an item compared to each other scale item (item-item correlation). An alpha value of 0.60 and above is considered to indicate an acceptable standard of internal consistency, and anything below 0.5 is considered as 'unreliable' (Nunnally, 1978). As the size of the alpha is affected by the reliability of individual items, unreliable items were dropped. In addition to the task statements, the mean scores, task-to-total correlations, factor loadings and standard deviations for each subscale are presented in Table 3. This table indicates the relative influence each task had in determining that particular factor or subscale in which it loaded >0.4 and the overall cluster itself.

Table 3 The Counsellor Task Analysis (Problem Gambling): Frequency Subscales, Tasks, Mean Scores, Standard Deviations and Alpha Scores

Subscales	Number of Tasks	Mean Scores	Standard Deviations	Alpha
Assessment of other addictions	6	3.18	0.84	0.85
Assessment of client eligibility	5	3.81	0.90	0.80
Assessment of client risk	4	4.52	0.52	0.74
Assessment of problem impact	3	3.39	1.33	0.53
Treatment goals	5	4.41	0.52	0.65
Facilitating effective client interventions	6	3.20	0.65	0.67
Establishing rapport	5	4.10	0.47	0.63
Teaching cognitive-behavioural strategies	13	3.64	0.76	0.92
Controlling gambling	5	3.68	0.85	0.81
Maintaining treatment goals	3	3.78	0.79	0.62
Increasing awareness of non-gambling options	3	2.75	0.79	0.56
Improving family relationships	6	3.34	0.68	0.81
Enhancing partner responses to gambling	5	3.03	0.68	0.67
Financial issues	6	2.17	0.91	0.84
Processes in resolving gambler's problems	5	2.69	0.52	0.67
Linking clients with appropriate services	5	3.17	0.61	0.72
Referral to medical practitioners	2	3.02	0.74	0.63
Community education and service promotion	8	2.42	0.78	0.85
Financial counselling education	3	2.07	0.84	0.59
Research and policy development	9	2.72	0.73	0.81

2.3.3 Frequency of Task Performance

Further analyses of the twenty subscales reveal the frequency with which those tasks are performed by the problem gambling counsellors based on professional backgrounds. A score of less than 1.49 indicates that the tasks are not done. A score between 1.5 and 3.49 denotes that problem gambling counsellors seldom to occasionally engage in such tasks. A score of greater than 3.5 on each subscale indicates the 'core' tasks performed—those that were 'frequently' or 'almost always' carried out.

2.4 Tasks Associated with Each Cluster

2.4.1 Assessment Cluster

Nineteen tasks associated with assessment were initially identified. These include:

1. Determine the urgency or risk in the individual's situation in order to decide if emergency services or routine handling and referral are required.
2. Observe individuals and gather information from appropriate sources in order to decide whether there is a need for specialist counselling or mental health treatment.
3. Interview client/family in order to gather information including gambling activities as part of a psychosocial assessment or to compile a social history.
4. Assess specific aspects of client and/or family life in order to determine the need for mental health or medical services.
5. Assess clients in order to determine eligibility for service and/or referral where appropriate.
6. Interview people, review applications and/or complete paperwork in order to determine initial or continued eligibility for services or financial help.
7. Obtain information from individuals, their relatives or significant others in order to carry out admission or intake procedures for treatment or services.
8. Ask specific questions relating to gambling when a client presents with symptoms of depression, insomnia, anxiety, and/or family conflicts without any mention of gambling.
9. Gather information so as to assess whether client has other addictions as well.
10. Observe individuals and gather information from appropriate sources in order to establish the existence of substance/alcohol abuse problems.
11. Gather information on gambling when evaluating other addictions affecting individuals and families.
12. Interview relatives and friends in order to gather information about the gambler and the effects that gambling have had on the family.
13. Ascertain what functions gambling plays in the client's life.
14. Identify high risk situations in order to assess when gambling is most likely to occur.
15. Evaluate addictive behaviours including substance abuse, eating disorders, or relationship addictions of gambler's partner in order to assess multiple addictions in families.
16. Inquire as to the drinking, gambling and/or drug use of each parent to assess family patterns of addictions.
17. Where either or both partners are found to have a sexual dysfunction or a sexual addiction, obtain more detailed sexual histories in order to refer to a sex therapist.
18. Interview client regarding employment in order to assess work impairment issues.
19. Use screening information in order to diagnose problem gambling and provide treatment or refer client to other sources.

These 19 tasks subjected to a principal components factor analysis with varimax rotation, revealed four factors or subscales as depicted in Tables 4 to 7 below. They are:

1. Assessment of other addictions.
2. Assessment of client eligibility.
3. Risk assessment.
4. Assessment of problem impact.

Table 4 Assessment of Other Addictions Scale (α=0.85)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Gather information so as to assess whether client has other addictions as well	4.0	0.94	0.72	0.69
Observe individuals and gather information from appropriate sources in order to establish the existence of substance/alcohol abuse problems	3.24	1.10	0.75	0.62
Gather information on gambling when evaluating other addictions affecting individuals and families	3.20	1.47	40.9	0.46
Evaluate addictive behaviours including substance abuse, eating disorders, or relationship addictions of gambler's partner in order to assess multiple addictions in families	3.15	1.03	0.85	0.73
Inquire as to the drinking, gambling and/or drug use of each parent to assess family patterns of addictions	3.48	1.22	0.84	0.78
Where either or both partners are found to have a sexual dysfunction or a sexual addiction, obtain more detailed sexual histories in order to refer to a sex therapist	2.0	0.97	0.63	0.48

Table 4 presents the six tasks comprising the Assessment of Other Addictions Scale, together with mean, minimum and maximum scores, standard deviations and item-total correlations. The six tasks that loaded onto factor 1 or the Assessment of Other Addictions Scale were entered into a reliability analysis to ascertain whether these tasks could be treated as a single scale. This scale proved to be internally consistent producing an alpha coefficient of 0.85.

Table 5 Assessment of Client Eligibility Scale (α=0.80)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Observe individuals and gather information from appropriate sources in order to decide whether there is a need for specialist counselling or mental health treatment	3.96	1.02	0.58	0.36
Interview client/family in order to gather information including gambling activities as part of a psychosocial assessment or to compile a social history	4.26	1.01	0.69	0.58
Assess clients in order to determine eligibility for service and/or referral where appropriate	4.13	0.97	0.80	0.73
Interview people, review applications and/or complete paperwork in order to determine initial or continued eligibility for services or financial help	3.30	1.47	0.79	0.68
Obtain information from individuals, their relatives or significant others in order to carry out admission or intake procedures for treatment or services	3.40	1.50	0.76	0.59

Table 5 presents five tasks comprising the Assessment of Client Eligibility Scale, together with mean, minimum and maximum scores, standard deviations and item-total correlations. The five tasks that loaded onto factor 2 were entered into a reliability analysis to ascertain whether these tasks could be treated as a single scale. This scale proved to be internally consistent producing an alpha coefficient of 0.80.

Table 6 Assessment of Client Risk Scale (α=0.74)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Determine the urgency or risk in the individual's situation in order to decide if emergency services or routine handling and referral are required	4.28	0.93	0.66	0.52
Assess specific aspects of client and/or family life in order to determine the need for mental health or medical services	3.91	1.00	0.67	0.64
Ascertain what functions gambling plays in the client's life	4.79	0.46	0.69	0.39
Identify high risk situations in order to assess when gambling is most likely to occur	4.64	0.64	0.71	0.63

Table 6 presents four tasks comprising the Assessment of Client Risk Scale, together with mean, minimum and maximum scores, standard deviations and item-total correlations. The four tasks that loaded onto factor 3 were entered into a reliability analysis to ascertain whether these tasks could be treated as a single scale. This scale proved to be internally consistent producing an alpha coefficient of 0.74.

Table 7 Assessment of Problem Impact Scale (α=0.53)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Ask specific questions relating to gambling when a client presents with symptoms of depression, insomnia, anxiety, and/or family conflicts without any mention of gambling	3.23	1.57	0.77	0.29
Interview client regarding employment in order to assess work impairment issues	3.60	1.14	0.55	0.30
Use screening information in order to diagnose problem gambling and provide treatment or refer client to other sources	3.53	1.55	0.52	0.46

Table 7 presents three tasks comprising the Assessment of Problem Impact Scale, together with mean, minimum and maximum scores, standard deviations and item-total correlations. The three tasks that loaded onto factor 4 were entered into a reliability analysis revealed a low level of internal consistency as denoted by a coefficient alpha of 0.53.

2.4.2 Treatment Goals Cluster

Five tasks associated with treatment goals were identified. These were:

1. Enable the client to recognise the problem and address it openly and positively within an established and trusting relationship.
2. Discuss treatment options with individuals in order to help them understand choices and/or resolve a particular problem.
3. Develop Individual Service Plans in order to reflect the client's goals, strategies and timeframes to achieve these goals, and evaluation of these outcomes.
4. Enable the client to analyse the benefits of continuing to gamble versus the costs of giving up.
5. Ascertain whether abstinence or controlled gambling is the goal of the gambler.

These five tasks were subjected to factor analysis, which revealed one factor with an eigen value greater than 1.5, accounting for 41.7 per cent of the common variance. For each of these five tasks relating to treatment goals, high scores represent a client-centred approach. To ascertain the extent of consistency in counsellors' practice in respect of these tasks, and to determine whether the tasks could be considered as a single scale, reliability analysis was undertaken. This revealed a high level of internal consistency with a coefficient alpha of 0.65. Table 8 presents the five tasks comprising the Setting of Treatment Goals Scale, together with mean, minimum and maximum scores, standard deviations and item-total correlations.

Table 8 Treatment Goals (Frequency) Scale (α=0.65)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Enable the client to recognise the problem and address it openly and positively within an established and trusting relationship	4.74	0.53	0.51	0.23
Discuss treatment options with individuals in order to help them understand choices and/or resolve a particular problem	4.45	0.88	0.65	0.44
Develop Individual Service Plans in order to reflect the client's goals, strategies and timeframes to achieve these goals, and evaluation of these outcomes	3.79	1.10	0.70	0.47
Enable the client to analyse the benefits of continuing to gamble versus the costs of giving up	4.19	1.04	0.70	0.46
Ascertain whether abstinence or controlled gambling is the goal of the gambler	4.89	.31	0.65	0.39

2.4.3 General Interventions Cluster

Thirteen tasks associated with general therapeutic style-goals were initially identified. These were:

1. With individuals and/or relatives about problems in order to reassure, provide support, or reduce anxiety.
2. Encourage and help people to discuss their points of view, feelings, and needs in order to establish open and trusting relationships.
3. Express and demonstrate an understanding of peoples' point of view, feeling and needs in order to establish open and trusting relationships.
4. Confront people about unacceptable behaviour in order to reassure, provide support or reduce anxiety.
5. Develop culturally appropriate intervention plans for clients in order to meet the needs of individual clients.
6. Use specific intervention techniques with individuals in order to improve behavioural functioning and adjustment.
7. Use specific therapeutic method in a group situation in order to improve the adjustment and functioning of group members.
8. Advocate on client's behalf in a manner that encourages self-determination and self-reliance.
9. Negotiate arrangements in relation to clients within the agency and with relevant agencies in order to ensure effective case management.
10. Coordinate service planning with staff, other providers, family members and significant others in order to make the delivery of services to individuals most effective.
11. Work with individuals, family members or significant other, in order to prepare them psychologically and socially for movement from one living situation to another.
12. Work with individuals, family members and significant others in order to prepare them for termination of treatment, services or financial help.
13. Follow-up on individuals who have been referred, discharged or relocated in order to ensure that services are being received and/or progress is being made.

The 13 tasks subjected to factor analysis revealed three factors with an eigen value greater than 1.5 and a minimum factor loading of 0.4, accounting for 50.6 per cent of the common variance. As the tasks did not hold together as a meaningful construct these tasks were further analysed with a two-factor solution and a 0.4 factor loading set as minimum criteria. A two-factor solution was obtained. They are Facilitating Effective Client Interventions and Establishing Rapport Scales.

Table 9 Facilitating Effective Client Interventions Scale (α=0.67)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Confront people about unacceptable behaviour in order to reassure, provide support or reduce anxiety	3.24	1.06	0.60	0.43
Develop culturally appropriate intervention plans for clients in order to meet the needs of individual clients	3.22	1.13	0.59	0.44
Use specific intervention techniques with individuals in order to improve behavioural functioning and adjustment	4.09	0.84	0.71	0.45
Use specific therapeutic method in a group situation in order to improve the adjustment and functioning of group members	2.34	1.22	0.44	0.28
Work with individuals, family members or significant other, in order to prepare them psychologically and socially for movement from one living situation to another	2.67	1.14	0.45	0.29
Work with individuals, family members and significant others in order to prepare them for termination of treatment, services or financial help	3.65	1.00	0.58	0.47

Table 9 presents six tasks comprising the Facilitating Effective Client Interventions Scale, together with mean, minimum and maximum scores, standard deviations and item-total correlations. The six tasks that loaded onto factor 1 were entered into a reliability analysis which were each concerned with facilitating effective client interventions, produced a coefficient alpha of 0.67.

Table 10 Establishing Rapport Scale (α=0.63)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Talk with individuals and/or relatives about problems in order to reassure, provide support, or reduce anxiety	3.98	1.0	0.47	0.19
Encourage and help people to discuss their points of view, feelings, and needs in order to establish open and trusting relationships	4.89	0.31	0.66	0.29
Express and demonstrate an understanding of peoples' point of view, feeling and needs in order to establish open and trusting relationships	4.85	0.36	0.75	0.35
Advocate on client's behalf in a manner that encourages self-determination and self-reliance	3.47	1.02	0.58	0.56
Negotiate arrangements in relation to clients within the agency and with relevant agencies in order to ensure effective case management	3.32	0.86	0.59	0.45

Table 10 presents five intervention tasks relating to the Establishing of Rapport Scale, together with mean, minimum and maximum scores, standard deviations and item-total correlations. The tasks that loaded onto factor 2 were entered into a reliability analysis which were each concerned with facilitating effective client interventions, produced a coefficient alpha of 0.63.

2.4.4 Gambling Interventions Cluster

Twenty-five tasks associated with treating individuals who identify as problem gamblers were initially identified. These were:

1. Emphasise labelling client as a 'problem gambler' in order to enable the client to see that they have a problem with gambling.
2. Schedule non-gambling activities in order to occupy the gambler's free time.
3. Challenge client's beliefs regarding personal luck in order to get their thinking straight on the amount of money lost.
4. Suggest strategies to overcome the impulse to gamble when confronted with gambling related stimuli.
5. Teach clients to set limits regarding number of gambling sessions in order to gain control of gambling.
6. Instruct clients to stop gambling when a predetermined amount of money has been lost.
7. Teach clients to set limits regarding length of gambling sessions in order to gain control of gambling.
8. Encourage clients to seek support from spouse, family and friends in order to maintain treatment goals.
9. Assist gambler to find new friends who do not gamble in order to enable attention and energy to be directed away from gambling.
10. Teach clients to overcome 'action' or arousal or excitement stage by encouraging the client to take breaks between sessions of gambling.
11. Advise clients that chasing one's losses in an attempt to get even will only produce irrational gambling and further losses.
12. Provide advice on how to overcome the need to raise money without resorting to gambling.
13. Suggest strategies for coping with sadness or depression that do not involve gambling.
14. Develop with clients ways to celebrate occasions that do not involve gambling or gambling venues.
15. Teach clients to set limits on the amount of money spent in order to gain control of gambling.
16. De-emphasise labelling client as a 'problem gambler' in order to draw upon the client's awareness of the problem and his or her preparedness to change.
17. Advise clients to limit alcohol and drug consumption while gambling in order to gain control over gambling.
18. Teach clients self-monitoring skills in order that they may have greater control when gambling.
19. Instruct clients to keep a gambling diary of all monies spent and won from gambling in order to keep a record of the amount of money spent gambling.
20. Teach clients to reward themselves when they maintain their treatment goals.
21. Teach clients various relaxation techniques like muscular relaxation training, exercise and yoga in order to keep the urge to gamble under control especially when they feel tense and irritable.
22. Encourage clients to change their gambling from games of luck to forms of games involving a degree of skill so as to minimise losses.
23. Teach clients optimal strategies in order to maintain gains in the longer term.
24. Teach clients problem-solving skills which do not involve gambling.
25. Make clients aware of the possibility of relapse and suggest strategies to adopt should relapse occur.

These 25 tasks were subjected to factor analysis which revealed three factors with an eigen value greater than 1.5 and factor loading >0.4, accounting for 54.9 per cent of the common variance. As the tasks did not hold together as a meaningful construct these tasks were further analysed with a four-factor solution and a 0.4 factor loading set as minimum criteria. This resulted in the development of the following subscales:

- Teaching Cognitive-behavioural Strategies Scale.
- Controlling Gambling Scale.
- Maintaining Treatment Goals Scale.
- Increasing Awareness of Non-Gambling Treatment Options Scale.

Table 11 Teaching Cognitive-behavioural Strategies Scale (α=0.92)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Challenge client's beliefs regarding personal luck in order to get their thinking straight on the amount of money lost	3.91	0.82	0.78	0.72
Suggest strategies to overcome the impulse to gamble when confronted with gambling related stimuli	4.36	0.68	0.73	0.64
Assist gambler to find new friends who do not gamble in order to enable attention and energy be directed away from gambling	2.82	1.19	0.49	0.50
Teach clients how to overcome 'action' or arousal or excitement stage by encouraging the client to take breaks between sessions of gambling	2.93	1.32	0.70	0.67
Advise clients that chasing one's losses in an attempt to get even will only produce irrational gambling and further losses	3.87	1.24	0.56	0.59
Provide advice on how to overcome the need to raise money without resorting to gambling	3.09	1.33	0.71	0.75
Suggest strategies for coping with sadness or depression that do not involve gambling	4.29	0.82	0.74	0.68
Develop with clients ways to celebrate occasions that do not involve gambling or gambling venues	3.67	0.98	0.43	0.45
Teach clients to set limits on the amount of money spent in order to gain control of gambling	3.76	1.05	0.78	0.83
Advise clients to limit alcohol and drug consumption while gambling in order to gain control over gambling	3.62	1.11	0.60	0.60
Teach clients self-monitoring skills in order that they may have greater control when gambling	3.91	1.02	0.72	0.73
Teach clients various relaxation techniques like muscular relaxation training, exercise and yoga in order to keep the urge to gamble under control especially when they feel tense and irritable	3.31	1.08	0.74	0.69
Teach clients problem-solving skills which do not involve gambling	3.84	1.21	0.84	0.75

The 13 tasks that loaded onto factor 1 were entered into a reliability analysis and this revealed a scale with a high degree of internal consistency as denoted by a coefficient alpha of 0.93. Table 11 presents these 13 tasks that comprise the Teaching of Cognitive-Behavioural Strategies Scale together with mean, standard deviation and factor loading scores and item-total correlations.

Table 12 Controlling Gambling Scale (α=0.81)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Teach clients to set limits regarding number of gambling sessions in order to gain control of gambling	3.53	1.28	0.68	0.81
Instruct clients to stop gambling when a pre-determined amount of money has been lost	2.77	1.49	0.67	0.63
Teach clients to set limits regarding length of gambling sessions in order to gain control of gambling	3.33	1.30	0.72	0.85
Encourage clients to seek support from spouse, family and friends in order to maintain treatment goals	4.28	0.67	0.77	0.40
Make clients aware of the possibility of relapse and suggest strategies to adopt should relapse occur	4.35	0.65	0.61	0.40

Five tasks that loaded onto factor 2 were entered into a reliability analysis and this revealed a scale with a high degree of internal consistency as denoted by a coefficient alpha of 0.81. Table 12 presents these tasks that comprise the Controlling Gambling Scale together with mean, standard deviation and factor loading scores and item-total correlations.

Table 13 Maintaining Treatment Goals Scale (α=0.62)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
De-emphasise labelling client as a 'problem gambler' in order to draw upon the client's awareness of the problem and his or her preparedness to change	4.14	0.91	0.76	0.42
Teach clients to reward themselves when they maintain their treatment goals	3.88	1.00	0.50	0.34
Teach clients optimal strategies in order to maintain gains in the longer term	3.26	1.22	0.75	0.55

The three tasks that loaded onto factor 3 were entered into a reliability analysis and this revealed a scale that is internally consistent by a coefficient alpha of 0.62. Table 13 presents these three tasks that comprise the maintaining treatment goals scale together with mean, standard deviation and factor loading scores and item-total correlations.

Table 14 Increasing Awareness of Non-gambling Treatment Options Scale (α=0.57)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Instruct clients to keep a gambling diary of all monies spent and won from gambling in order to keep a record of the amount of money spent gambling	3.35	1.13	0.66	0.51
Schedule non-gambling activities in order to occupy the gambler's free time	3.35	1.31	0.65	0.39
Encourage clients to change their gambling habits from games of luck to forms of games involving a degree of skill so as to minimise losses	1.61	0.79	0.68	0.25

The three tasks that loaded onto factor 4 were entered into a reliability analysis and revealed a high level of internal consistency with a coefficient alpha of 0.57. Table 14 presents these tasks, together with mean scores, factor loadings, standard deviations and item-total correlations.

2.4.5 Family Interventions Cluster

Thirteen tasks regarding interventions with family members of problem gamblers were initially identified. These were:

1. Interview each partner alone in order to establish a therapeutic bond with each.
2. Use specific intervention techniques to work with family members, individually or as a group, in order to strengthen the family as a unit.
3. Facilitate emotional healing between partners in order to assist the gambler to become more emotionally sensitive to partner's feeling and needs.
4. Resolve interpersonal conflicts through marital therapy or group therapy in order to rebuild trust that has been destroyed.
5. Provide individual and group counselling to people and their families who are experiencing difficulties as a result of gambling in order to address their psycho-social needs across a broad spectrum of causal factors, behavioural change and relapse prevention.
6. Provide individual and family counselling to address the problem of gambling openly within an established and trusted relationship.
7. Assess and intervene directly in the dysfunctional couples system in order for a significant change to occur.
8. Facilitate partners, other family members and significant others to confront the gambler.
9. Include the partner and key significant others as early as possible in the assessment of a gambling problem.
10. Teach partners ways to reinforce non-gambling behaviours.
11. Encourage partners not to nag the gambler about their gambling as nagging is counterproductive.
12. Teach partners appropriate responses in order not to reinforce gambling behaviours.
13. Recommend partners leave/terminate relationship in order to make continuation of relationship contingent on gambling ceasing.

These thirteen tasks were subjected to factor analysis which revealed three factors with an eigen value greater than 1.5 and factor loading of >0.4, accounting for 56.5 per cent of the common variance. As the tasks did not hold together as a meaningful construct these tasks were further analysed with a two-factor solution and a 0.4 factor loading set as minimum criteria. A two-factor solution was obtained.

1. Family Interventions: Improving Family Relationships Scale.

2. Family Interventions: Enhancing Partner Responses to Gambling Scale.

Table 15 Improving Family Relationships Scale (α=0.81)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Use specific intervention techniques to work with family members, individually or as a group, in order to strengthen the family as a unit	3.11	1.11	0.71	0.56
Facilitate emotional healing between partners on order to assist the gambler to become more emotionally sensitive to partner's feeling and needs	3.36	0.74	0.78	0.62
Resolve interpersonal conflicts through marital therapy or group therapy in order to rebuild trust that has been destroyed	3.36	0.97	0.84	0.76
Provide individual and family counselling to address the problem of gambling openly within an established and trusted relationship	4.13	0.90	0.70	0.53
Assess and intervene directly in the dysfunctional couples system in order for a significant change to occur	3.02	1.07	0.53	0.50
Include the partner and key significant others as early as possible in the assessment of a gambling problem	3.06	0.96	0.53	0.46

A factor analysis of the six tasks produced a coefficient alpha of 0.81. Table 15 presents the tasks comprising the Improving Family Relationship Scale, together with mean, factor loadings, standard deviations and item-total correlations.

Table 16 Enhancing Partner Responses To Gambling Scale (α=0.67)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Interview each partner alone in order to establish a therapeutic bond with each	2.32	1.00	0.40	0.13
Facilitate partners, other family members and significant others to confront the gambler	2.64	1.05	0.53	0.49
Teach partners ways to reinforce non-gambling behaviours	3.17	1.03	0.74	0.55
Encourage partners not to nag the gambler about their gambling as nagging is counterproductive	3.43	0.93	0.75	0.52
Teach partners appropriate responses in order not to reinforce gambling behaviours	3.57	1.12	0.78	0.64

Five tasks, which loaded onto factor 2 were entered into a reliability analysis which produced a coefficient alpha of 0.67. These five tasks comprising the Enhancing Partner Responses to Gambling Scale, together with mean scores, factor loadings, standard deviations and item-total correlations are presented in Table 16.

2.4.6 Interventions for Related Problems Cluster

Twelve tasks concerning treatment of problems associated with gambling were initially identified. These were:

1. Analyse case background, consult with appropriate individuals, in order to arrive at a plan for services and/or financial help.
2. Provide specialist problem gambling financial counselling to individuals and families.
3. Assess client's financial situation in order to provide information regarding the legal implications of debt and government assistance, budgeting and negotiation with debtors.
4. Teach clients about money and budgeting in order to develop skills in the management of personal finances.
5. Develop a realistic family budget and a plan for financial restitution in order to enable the family to gain or regain control over finances.
6. Discuss with client the need to make restitution for incurred debts in order to teach the gambler responsibility for his/her indebtedness including avoidance of further bailouts.
7. Suggest spouse assumes responsibility for family cheque and savings accounts in order to avoid financial crises taking place.
8. Suggest to clients that access to cash must be limited in order to restrict gambling.
9. Advocate for individuals in order to persuade others that those people do qualify for services or financial help.
10. Start a legal process in order to protect the rights of an individual.
11. Testify or participate in court hearings in order to provide information on which legal decisions can be based.
12. Intervene at a workplace with supervisors and employers in order to determine the client's current status or needs.

These 12 tasks were subjected to factor analysis which revealed two factors with an eigen value greater than 1.5 and a factor loading of >0.4, accounting for 47.2 per cent of the common variance.

Table 17 Financial Issues Scale (α=0.84)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Provide specialist problem gambling financial counselling to individuals and families	1.95	1.34	0.71	0.63
Assess client's financial situation in order to provide information regarding the legal implications of debt and government assistance, budgeting and negotiation with debtors	2.16	1.36	0.77	0.72
Teach clients about money and budgeting in order to develop skills in the management of personal finances	2.14	1.17	0.77	0.60
Develop a realistic family budget and a plan for financial restitution in order to enable the family to gain or regain control over finances	1.86	1.04	0.83	0.68
Discuss with client the need to make restitution for incurred debts in order to teach the gambler responsibility for his/her indebtedness including avoidance of further bailouts	2.40	1.28	0.73	0.64
Advocate for individuals in order to persuade others that those people do qualify for services or financial help	2.53	1.10	0.56	0.49

The six tasks that loaded onto factor 1 were entered into a reliability analysis. After the deletion of one item, this revealed a scale with a high degree of internal consistency as denoted by a coefficient alpha of 0.84. Table 17 presents these six tasks, which were all concerned with the provision of financial counselling, together with mean scores, factor loadings, standard deviations and item-total correlations.

Table 18 Processes in Resolving Gamblers' Problems Scale (α=0.67)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Analyse case background, consult with appropriate individuals, in order to arrive at a plan for services and/or financial help	3.26	1.05	0.60	0.47
Suggest spouse assumes responsibility for family cheque and savings accounts in order to avoid financial crises taking place	3.45	0.72	0.42	0.27
Suggest to clients that access to cash must be limited in order to restrict gambling	3.96	0.88	0.72	0.53
Start a legal process in order to protect the rights of an individual	1.36	0.61	0.47	0.40
Testify or participate in court hearings in order to provide information on which legal decisions can be based	1.45	0.62	0.76	0.48

The five tasks that loaded onto factor 2 were entered into a reliability analysis revealed a scale with a high degree of internal consistency as denoted by a coefficient alpha of 0.67. Table 18 presents these tasks, which were all concerned with the processes involved in resolving gamblers other related problems together with mean scores, factor loadings, standard deviations and item-total correlations.

2.4.7 Referral Cluster

Ten tasks associated with referral goals were initially identified. These were:

1. Make contact with other units/agencies, by letters, memos or phone calls, in order to refer people to appropriate services.
2. Put individuals in touch with people of similar backgrounds, cultures or ethnicity in order to make a move or change easier for them.
3. Establish contact between the service and local provider networks in order to create linkages and referral networks for people affected by problem gambling.
4. Provide assessments and reports to referring agencies and courts.
5. Refer clients to other sources for further assessment or treatment of gambling.
6. Liaise and negotiate with relevant legal and financial institutions regarding client case management arrangement.
7. Refer individuals with gambling problems to GA and GamAnon recovery programs.
8. Refer to a general practitioner or psychiatrist for treatment of depression or mood disorders.
9. Provide client with a self-help manual in order to gain a better understanding of problem gambling.
10. Refer client to medical practitioner for treatment of health problems that are caused or exacerbated by gambling.

These ten tasks were subjected to factor analysis which revealed two factors with an eigen value greater than 1.5 and a factor loading >0.4, accounting for 42.5 per cent of the common variance.

Table 19 Referral and Linking Clients with Appropriate Services Scale (α=0.72)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Make contact with other units/agencies, by letters, memos or phone calls, in order to refer people to appropriate services	3.23	0.72	0.69	0.53
Put individuals in touch with people of similar backgrounds, cultures or ethnicity in order to make a move or change easier for them	2.35	0.89	0.52	0.41
Establish contact between the service and local provider networks in order to create linkages and referral networks for people affected by problem gambling	3.33	1.02	0.85	0.62
Refer individuals with gambling problems to GA and GamAnon recovery programs	2.58	0.99	0.51	0.37
Provide client with a self-help manual in order to gain a better understanding of problem gambling	4.35	0.86	0.70	0.45

The five tasks that loaded onto factor 1 were entered into a reliability analysis producing a high level of internal consistency with a coefficient alpha of 0.72. Table 19 presents these tasks comprising the Referral and Linking Clients with Appropriate Services Scale, together with mean scores, factor loadings, standard deviations and item-total correlations.

Table 20 Referral to Medical Practitioners Scale (α=0.63)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Refer to a general practitioner or psychiatrist for treatment of depression or mood disorders	3.00	0.83	0.86	0.46
Refer client to medical practitioner for treatment of health problems that are caused or exacerbated by gambling	3.04	0.90	0.69	0.46

Although three tasks were loaded onto this factor, on completing a reliability analysis of the three tasks, it was found that there was a need both conceptually and analytically to delete one of the tasks for the scale to be a meaningful and reliable one. The remaining two tasks, which loaded onto factor 2 were entered into a reliability analysis to produce a coefficient alpha of 0.63. Table 20 presents these tasks comprising the Referral to Medical Practitioners Scale, together with mean scores, factor loadings, standard deviations and item-total correlations.

2.4.8 Education Cluster

Fourteen tasks associated with education were initially identified. These were:

1. Educate spouse, parents, children and other family members about gambling.
2. Observe people as they work, giving instruction when needed or appropriate, in order to promote effective work habits.
3. Exchange information about case histories with supervisor and/or colleagues in order to get guidance or feedback in dealing with an individual.
4. Attend workshops or seminars or programs dealing with topics of interest or need, in order to improve your job knowledge and skills.
5. Develop a marketing strategy in order to publicise and promote the gambling counselling service.
6. Educate individuals and groups of people about legal issues relating to debts.
7. Develop and initiate regional skill development workshops regarding problem gambling for health and community services industry personnel in order to identify and respond to the needs of problem gamblers.
8. Deliver education programs on problem gambling to gambling facilities in order to assist the gaming industry to respond to the needs of problem gamblers.
9. Deliver community education programs to the general public and the gaming industry in order to promote an awareness of problem gambling.
10. Collate and distribute information regarding gambling trends and problem gambling in order to maximise the impact of community education.
11. Promote the problem gambling counselling service amongst the gaming industry, service providers and the community in order to publicise its existence.
12. Explain service programs and policies to people in public appearances of various kinds in order to inform the general public about issues and programs.
13. Attend Financial Counselling Induction training and regular in-service training with the Financial and Consumer Rights Council.
14. Respond to request or inquiries from the community regarding the Financial Counselling Program.

These fourteen tasks were subjected to factor analysis which revealed three factors with an eigen value greater than 1.5 and a factor loading >0.4, accounting for 54.9 per cent of the common variance. Further analysis with a two-factor solution and a minimum factor loading of 0.4 was set as minimum criteria, the results of which are in Tables 21 and 22.

Table 21 Community Education and Service Promotion Scale (α=0.85)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Educate spouse, parents, children and other family members about gambling.	3.32	0.98	0.40	0.31
Develop a marketing strategy in order to publicise and promote the gambling counselling service	1.07	0.69	0.60	2.68
Educate individuals and groups of people about legal issues relating to debts	1.62	0.92	0.70	0.60
Deliver education programs on problem gambling to gambling facilities in order to assist the gaming industry to respond to the needs of problem gamblers	1.68	1.04	0.73	0.50
Deliver community education programs to the general public and the gaming industry in order to promote an awareness of problem gambling	2.49	1.08	0.78	0.58

Table 21 cont.

Collate and distribute information regarding gambling trends and problem gambling in order to maximise the impact of community education	2.00	1.29	0.80	0.65
Promote the problem gambling counselling service amongst the gaming industry, service providers and the community in order to publicise its existence	2.72	1.33	0.66	0.67
Explain service programs and policies to people in public appearances of various kinds in order to inform the general public about issues and programs	2.82	1.07	0.60	0.65

Consequently, eight tasks loaded onto factor 1. These tasks were entered into a reliability analysis, which revealed a coefficient alpha of 0.85. Table 21 presents these tasks comprising the Community Education and Service Promotion Scale, together with mean scores, factor loadings, standard deviations and item-total correlations.

Table 22 Financial Counselling Education Scale (α=0.59)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Develop and initiate regional skill development workshops regarding problem gambling for health and community services industry personnel in order to identify and respond to the needs of problem gamblers	2.46	0.86	0.60	0.31
Attend Financial Counselling Induction training and regular in-service training with the Financial and Consumer Rights Council	1.65	1.12	0.67	0.48
Respond to request or inquiries from the community regarding the Financial Counselling Program	2.09	1.35	0.78	0.45

The three tasks that loaded on factor 2 were entered into a reliability analysis, which revealed a coefficient alpha of 0.59. The scale comprised of tasks relating to the provision of financial counselling. Table 22 presents these tasks comprising the Financial Counselling Education Scale, together with mean scores, factor loadings, standard deviations and item-total correlations.

2.4.9 Research and Policy Cluster

Ten tasks associated with research and policy development were initially identified. These were:

1. Gather and analyse data about services provided to people in order to prepare statistics for periodic reports.
2. Review and analyse data about service needs and demands in order to establish workload and staffing requirements.
3. Take part or direct studies or research projects in order to increase the knowledge base of social work either in education or service provision.
4. Liaise with other services in the regional network in order to compare and analyse agency trends or issues in relation to problem gambling.
5. Develop, maintain and analyse client data consistent with the statewide format, and participate in any research projects regarding the service model.
6. Contribute to the agency's policy development, planning, monitoring and evaluation of the problem gambling counselling service.
7. Work with gambling facilities in order to assist them in developing policies, practices and procedures to deal with problem gamblers.
8. Identify and promote best practice models for problem gambling programs in order to provide an accountable, professional and accessible service to clients.

9. Participate in the development of educational and informative resources for the program.
10. Work with multicultural service providers in order to investigate culturally relevant and sensitive interventions for problem gambling.

Factor analysis revealed a single factor with an eigen value greater than 1.5 and a factor loading >0.4. This factor with an eigen value of 3.73 accounted for 37.3 per cent of the common variance. Subsequently, all ten tasks regarding research and policy development were entered into a reliability analysis. This revealed a scale with a high degree of internal consistency, with a coefficient alpha of 0.81. The ten tasks comprising the Research and Policy Development Scale are presented in Table 23, together with mean scores, factor loadings, standard deviations and item-total correlations.

Table 23 Research and Policy Development Scale (α=0.81)

Tasks	Mean Scores	Standard Deviations	Factor Loadings	Item-Total Correlations
Gather and analyse data about services provided to people in order to prepare statistics for periodic reports	3.56	1.48	0.56	0.42
Review and analyse data about service needs and demands in order to establish workload and staffing requirements	2.17	1.16	0.68	0.55
Take part or direct studies or research projects in order to increase the knowledge base of social work either in education or service provision	2.32	1.31	0.59	0.47
Liaise with other services in the regional network in order to compare and analyse agency trends or issues in relation to problem gambling	2.48	1.10	0.67	0.54
Develop, maintain and analyse client data consistent with the statewide format, and participate in any research projects regarding the service model	3.24	1.53	0.66	0.54
Contribute to the agency's policy development, planning, monitoring and evaluation of the problem gambling counselling service	3.02	1.21	0.71	0.59
Work with gambling facilities in order to assist them in developing policies, practices and procedures to deal with problem gamblers	1.54	0.87	0.47	0.34
Identify and promote best practice models for problem gambling programs in order to provide an accountable, professional and accessible service to clients	3.37	1.16	0.72	0.63
Participate in the development of educational and informative resources for the program	3.00	1.00	0.63	0.46
Work with multicultural service providers in order to investigate culturally relevant and sensitive interventions for problem gambling	2.49	1.12	0.63	0.27

In summary, the reliability testing of the preliminary 121 item version of the CTA(PG) resulted in confirmation of the twenty clusters or subscales. The final 108 item version of the CTA(PG) is attached as Appendix B.

3. Application of the Counsellor Task Analysis (Problem Gambling) Instrument

This section of the report captures the practice of problem gambling counsellors at two points in time, twelve months apart and examines whether, and to what extent, counselling practice changed over that period of 12 months. In order to establish an empirical model of counselling practice that establishes validity and reliability, replication studies, such as that reported here, are required.

3.1 Overview of Problem Gambling Counsellors and their Counselling Practice

Following its development, the CTA(PG) was re-administered in 1998 to all BreakEven problem gambling counsellors in the State of Victoria. In this population-based study the demographic profile was very similar to the 1997 development sample profile. Twenty-two per cent (22 per cent) of counsellors were social workers, forty-six per cent (46 per cent) were psychologists, fourteen per cent (14 per cent) were welfare workers, and the remaining eighteen per cent (18 per cent) of problem gambling counsellors came from a variety of professional backgrounds. Problem gambling counsellors' qualifications included master and doctorate degrees (19.1 per cent), postgraduate diploma and honours degrees (48.9 per cent), bachelor degrees (14.9 per cent), diplomas (12.8 per cent) and other qualifications (4.5 per cent). The average age of the problem gambling counsellor was 40.6 years. Fifty-six per cent (56 per cent) of counsellors were employed in BreakEven agencies that were located in the Melbourne metropolitan area, while the remaining forty-four per cent (44 per cent) of counsellors were employed elsewhere in the State of Victoria. Problem gambling counsellors are primarily employed in Community Health Centres (64 per cent) while the rest are employed in family support/relationship counselling agencies (26 per cent), drug and alcohol (four per cent), and material aid agencies (six per cent).

3.1.1 Frequency of Tasks Performed

Since this part of the report focuses only on a comparison of how often counsellors performed various tasks related to the twenty subscales, only survey data relating to frequency was used in the analysis to compare data collected on the CTA(PG) in 1997 and in 1998. Based on a factor analysis generated from the development sample in 1997, 108 of the 121 tasks were combined into twenty subscales. Mean scores were computed for each sample. Frequency scores for task performance are reported for the 1997 and 1998 samples in Table 24. As noted in Section 2.3.3, a score of less than 1.49 indicates that the tasks are not done. A score between 1.5 and 3.49 denotes that problem gambling counsellors seldom to occasionally engage in such tasks. A score of greater than 3.5 on each subscale indicates the 'core' tasks performed—those that were 'frequently' or 'almost always' carried out.

Table 24 1997-1998 Comparison of the Counsellor Task Analysis (Problem Gambling) Instrument

CTA(PG) Subscales	1997		1998	
	Mean	Standard Deviation	Mean	Standard Deviation
Assessment of other addictions	3.18	0.84	3.22	0.72
Assessment of client eligibility	3.81	0.90	3.79	0.77
Assessment of client risk	4.52	0.52	4.54	0.49
Assessment of problem impact	3.39	1.33	3.39	1.33
Treatment goals	4.41	0.52	4.40	0.44
Facilitating effective client interventions	3.20	0.65	3.36	0.62
Establishing rapport	4.10	0.47	4.11	0.42
Teaching cognitive-behavioural strategies	3.64	0.76	3.59	0.72
Controlling gambling	3.68	0.85	3.68	0.73
Maintaining treatment goals	3.78	0.79	3.79	0.79
Increasing awareness of non-gambling options	2.75	0.79	2.68	0.74
Improving relationships	3.34	0.68	3.45	0.74
Enhancing partner responses	3.03	0.68	2.95	0.75
Financial interventions	2.17	0.91	1.92	0.69
Processes in resolving gambler's problems	2.69	0.52	2.64	1.15
Linking clients with appropriate services	3.17	0.61	3.06	0.60
Referral to medical practitioners	3.02	0.74	3.23	0.71
Community education and service promotion	2.42	0.78	2.40	0.68
Financial counselling education	2.07	0.84	2.25	0.67
Research and policy development	2.72	0.73	2.82	0.76

The frequencies apparent associated with each subscale of the CTA(PG) indicate that there is little difference in counsellor practice at the two measurement points.

Tasks seldom performed by counsellors include:

- Community education and service promotion.
- Financial counselling education tasks.

Tasks occasionally performed by counsellors include:

- Assessment of other addictions.
- Assessment of problem impact.
- Facilitating effective client interventions.
- Increasing awareness of non-gambling options.
- Improving relationships.
- Enhancing partner responses.
- Processes in resolving gambler's problems.
- Linking clients with appropriate services.
- Referral to medical practitioners.
- Research and policy development.

Tasks frequently or almost always performed by counsellors include:

- Assessment of client eligibility.
- Assessment of client risk.
- Treatment goals.
- Establishing rapport.
- Controlling gambling as an intervention.
- Maintaining treatment goals.

It appears that these counsellors are more likely to be engaged in activities or tasks where they are able to assess a client's circumstances, the risk involved and use controlled gambling interventions to reduce gambling behaviour. It also appears that problem gambling counsellors are involved in rapid assessment that is based on sharpened observation and inference, including sensitivity to how the client is dealing with the helping situation itself (Meyer, 1993, p. 67).

3.1.2 Changes in Frequency of Tasks Performed 1997-1998

In order to determine whether the frequency with which specific tasks were performed changed over the 12-month period, paired t-tests were used.

Table 25 Differences in Problem Gambling Counsellor Practice Over 12 Months

CTA(PG) Subscales 1997-1998

	Paired Differences				
	Mean	Standard Deviation	df	t	p
Assessment of other addictions	1.04	0.52	31	0.112	0.911
Assessment of client eligibility	-5.62	0.60	31	-0.531	0.599
Assessment of client risk	-0.10	0.50	35	-1.247	0.221
Assessment of problem impact	0.24	1.11	30	1.187	0.245
Treatment goals	-4.44	0.50	35	-0.536	0.595
Facilitating effective client interventions*	-0.19	0.51	30	-2.060	0.048*
Establishing rapport	-7.06	0.43	33	-0.947	0.350
Teaching cognitive-behavioural strategies	2.40	0.42	31	0.326	0.746
Controlling gambling	-4.44	0.60	35	0.000	1.000
Maintaining treatment goals	1.08	0.74	30	0.081	0.936
Increasing awareness of non-gambling options	0.15	0.57	34	1.572	0.125
Improving relationships	-6.45	0.67	30	-0.539	0.594
Enhancing partner responses	-1.29	0.80	30	-0.090	0.929
Financial interventions	5.91	0.75	30	0.439	0.664
Processes in resolving gamblers problems	3.75	1.24	31	0.171	0.865
Linking clients with appropriate services	4.12	0.51	33	0.472	0.640
Referral to medical practitioners	-8.57	0.59	34	-0.863	0.394
Community education and service promotion	-9.29	0.52	34	-1.065	0.294
Financial counselling education	-0.15	0.93	33	-0.927	0.361
Research and policy development*	-0.18	0.46	29	-2.107	0.044*

*p<0.05

Results of the paired samples t-test as reflected in Table 25 above suggests that the frequency with which problem gambling counsellors engage in facilitating effective client interventions and research and policy development increased ($p<0.05$) over the 12-month period. It is possible that counsellors were increasingly required to facilitate effective client interventions due to the nature of the problem itself, the introduction of brief therapy sessions or the push towards outcome or output based funding models, or a combination of these factors. In addition, a statistically significant increase in their focus on research and policy development indicates that problem gambling counsellors are expected to be versatile and multiskilled, contributing to ongoing program development.

3.1.3 Counselling Practice Differences and Professional Background

The purpose of this part of the analysis was to investigate the relationship between the professional backgrounds of BreakEven counsellors and the tasks that they performed in counselling. The descriptive results provided below represent findings on those counsellors who 'frequently to almost always' completed specific tasks in their counselling practice.

To explore the relationship between counsellors' tasks and their professional backgrounds analysis of variance was conducted (ANOVA) for each professional background, with each subscale of the CTA(PG) being the dependent variable. Analysis of variance found significant differences between counsellors who were social workers, psychologists, welfare workers and others on the completion of the CTA(PG) in 1997. These include assessment of other addictions scale ($F(3,42)=4.39$, $p=0.01$), maintaining treatment goals ($F(3,43)=4.02$, $p=0.01$), improving relationships ($F(3,43)=3.07$ $p<0.05$), enhancing partner responses ($F(3,43)=4.30$, $p=0.01$), financial interventions ($F(3,39)=5.84$, $p=0.002$). Similar analysis was completed for the 1998 CTA(PG) data. Significant differences were found in maintaining treatment goals ($F(3,29)=3.00$, $p<0.05$). However, the other subscales of counsellor tasks were not associated with the professional background of problem gambling counsellors.

Table 26 Differences between Counsellors Practice and Professional Background (Post hoc Analysis, Bonferroni)

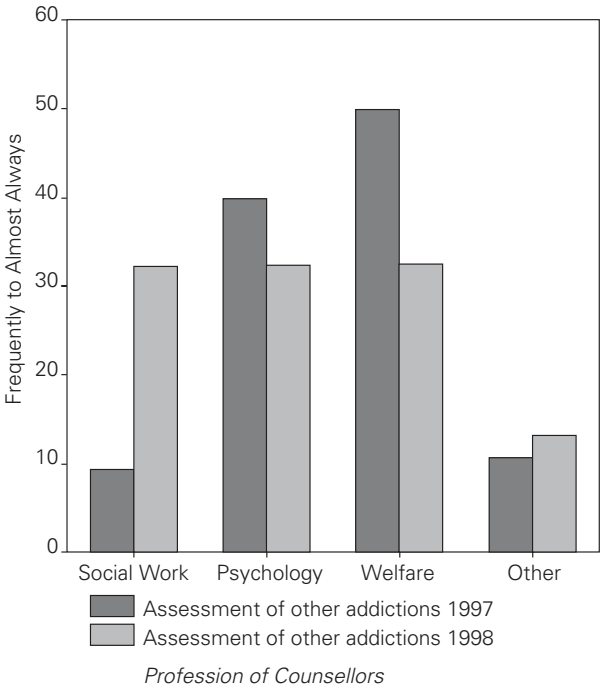
CTA(PG) Subscales	Profession (I)	Profession (J)	Mean Difference (I-J)	p
Assessment of other addictions (1997) (See 3.2.1)	Welfare	Other	1.1667	0.035
Maintaining treatment goals (1997) (See 3.2.5)	Social Work	Welfare	-1.0649	0.024
Maintaining treatment goals (1998) (See 3.2.5)	Social Work	Welfare	-1.3611	0.050
Enhancing partner responses (1997) (See 3.2.13)	Social Work	Welfare	-0.8416	0.042
	Welfare	Other	1.0698	0.008
Financial interventions (1997) (see 3.2.14)	Social Work	Welfare	-1.3308	0.012
	Psychology	Welfare	-1.3611	0.004

Post hoc Bonferroni tests identified that these statistically significant differences between counsellors with diverse professional qualifications occurred on specific subscales. These subscales include the assessment of other addictions scale, maintaining treatment goals both 1997 and 1998, enhancing partner responses and the financial interventions subscales. These are highlighted in the detailed discussion on subscales below. Post hoc analysis failed to identify any statistically significant differences between counsellors' professional qualifications in other subscales. In addition, despite the diversity of professional qualifications, ANOVAs failed to reveal any statistically significant differences between counsellors who were professional social workers and psychologists in tasks undertaken in counselling.

3.2 Counselling Practice in Relation to Specific Subscales

3.2.1 Assessment of Other Addictions

Figure 2 Assessment of Other Addictions Scale Comparison between 1997 and 1998



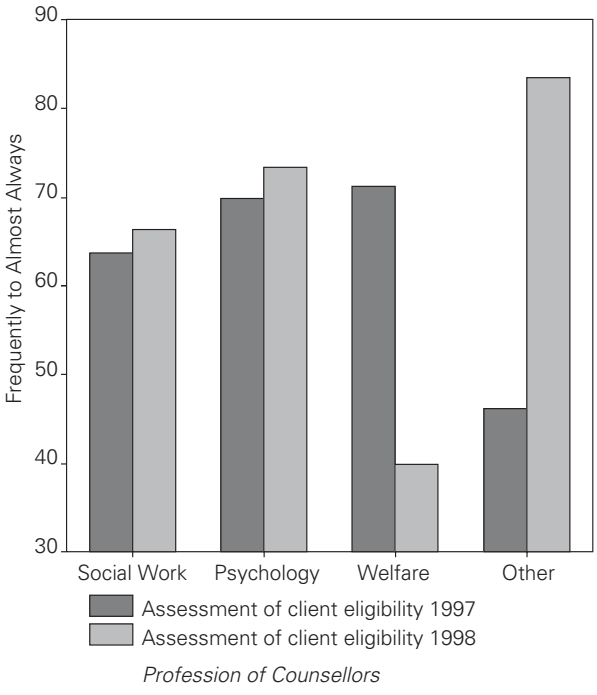
Problem gambling counsellors are concerned with obtaining information about other addictions, which may include addictions relating to substance abuse, eating disorder and excessive intake of alcohol. On the assessment of other addictions scale it was found that there was a significant increase in counsellors who were social workers, from 9.1 per cent in 1997 to a third of social workers in 1998 (33.3 per cent) who frequently or almost always utilised this subscale in their practice. However, there was a decrease in use by counsellors who were trained as psychologists and welfare workers.

Post hoc Bonferroni tests on the 1997 data indicated that there was a statistically significant difference between welfare workers and counsellors from other backgrounds. It was found that 50 per cent of welfare workers frequently assessed clients for other addictions, whereas only 11.1 per cent of counsellors from other backgrounds frequently did this.

Overall, there was little difference in the mean frequency in the assessment of the other addictions between 1997 and 1998 by problem gambling counsellors. It must be noted that more than 50 per cent of counsellors only seldomly or occasionally engaged in these tasks.

3.2.2 Assessment of Client Eligibility

Figure 3 Assessment of Client Eligibility Scale Comparison between 1997 and 1998



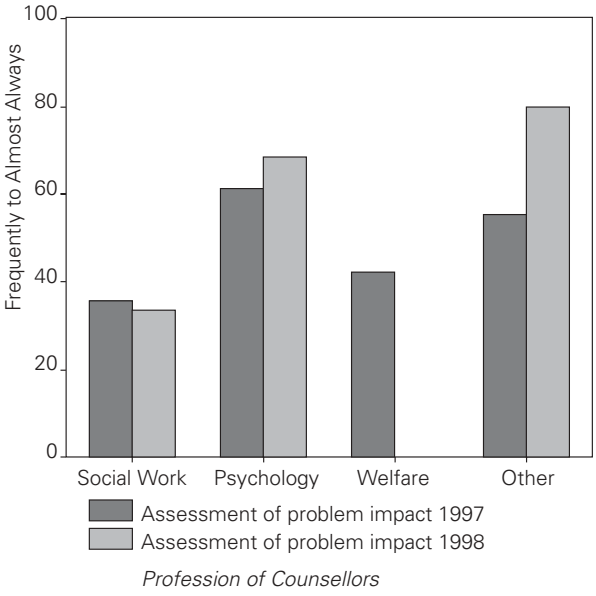
Almost two-thirds of all problem gambling counsellors frequently complete this assessment as part of their counselling practice. A closer look at the professional backgrounds of the counsellors revealed that there was a significant increase in counsellors from 'other' backgrounds frequently completing this assessment from 55.6 per cent in 1997 to 83.3 per cent in 1998. Conversely, it was found that there was a significant decrease in use by counsellors with welfare qualifications from 71.4 per cent in 1997 to 50 per cent in 1998.

3.2.3 Assessment of Client Risk

Inspection of the 1997 and 1998 data that relate to the assessment of client risk revealed that problem gambling counsellors almost always engaged in these tasks. A closer examination of the 1998 data found that all problem gambling counsellors with welfare and other degrees were now assessing client risk.

3.2.4 Assessment of Problem Impact

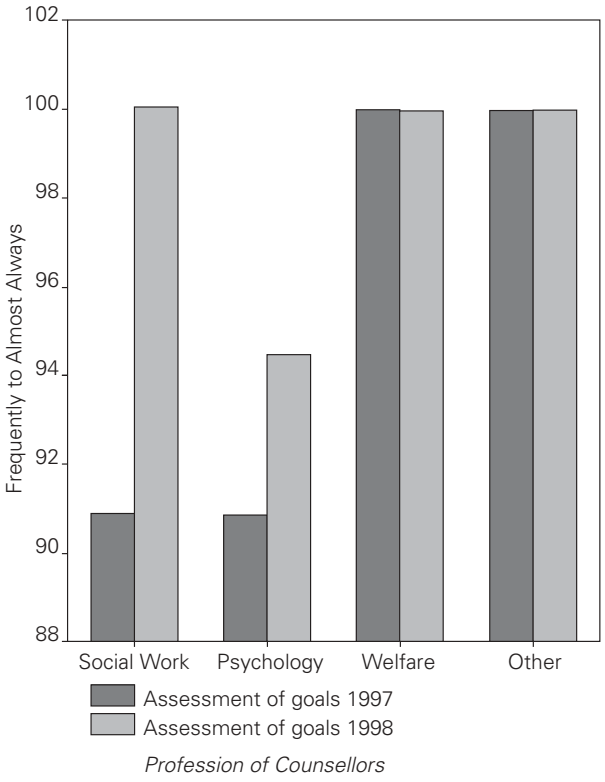
Figure 4 Assessment of Problem Impact Scale Comparison between 1997 and 1998



On the assessment of problem impact, in 1997 it was found that 43 per cent of welfare workers frequently to almost always assessed problem impact. In 1998, however, only 25 per cent were doing so. Contrary to these findings, problem gambling counsellors from 'other' backgrounds experienced a significant increase in their performance of this task. In 1997, 55.6 per cent frequently or almost always did this, while in 1998, 80 per cent were doing so. However, the mean frequencies remained the same across 1997-1998 when all counsellors were combined.

3.2.5 Treatment Goals

Figure 5 Treatment Goals Scale Comparison between 1997 and 1998



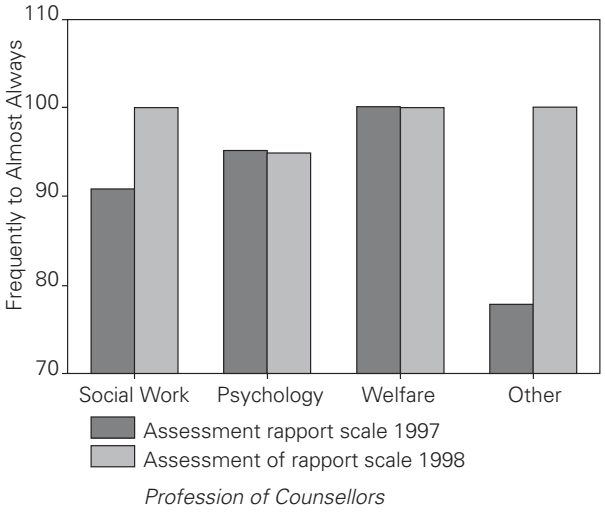
Establishing treatment goals is a crucial step in every counselling practice. The setting of treatment goals scale indicated that almost all counsellors (96.6 per cent), irrespective of their professional backgrounds, frequently performed these counselling tasks as part of their counselling practice. The mean frequencies for this subscale are almost identical over one-year period.

3.2.6 Facilitated Effective Client Interventions

There was a significant increase of social workers from 9.1 per cent in 1997 to 42.9 per cent in 1998 who frequently or always facilitated effective client interventions. While in 1997, 62.5 per cent of counsellors from 'other' backgrounds, such as nursing and occupational therapy performed these tasks, in 1998, only 33.3 per cent of these counsellors frequently performed these tasks. Counsellors with welfare qualifications occasionally performed these tasks.

3.2.7 Establishing Rapport Scale

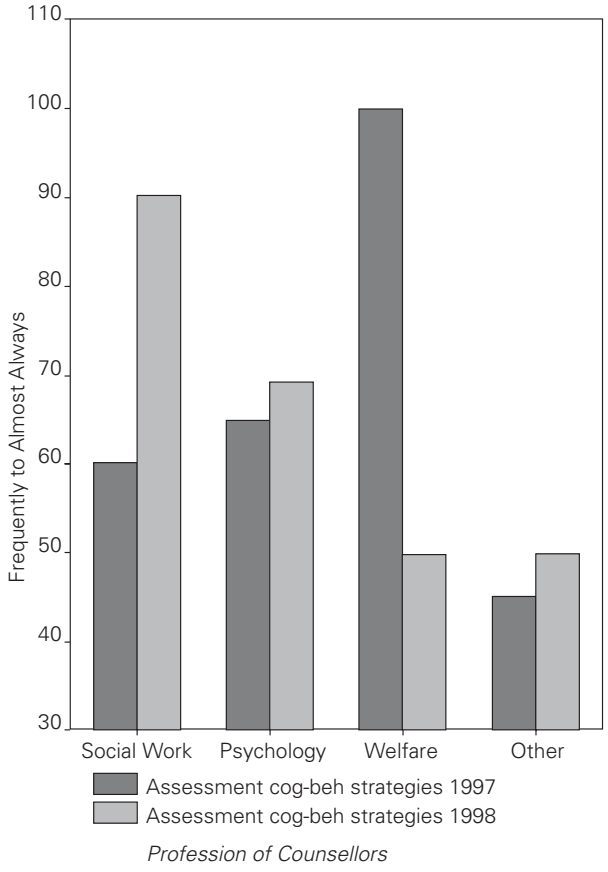
Figure 6 Establishing Rapport Scale Comparison between 1997 and 1998



Similar to the treatment goals scale almost all counsellors (97.6 per cent) indicated that they frequently to almost always performed the tasks within this scale. There is no doubt that establishing rapport is crucial to the success in establishing trust between a counsellor and a client. These results indicate that counsellors emphasise developing a relationship with the client, which is a basic principle in counsellor practice irrespective of professional training. The mean frequencies of this subscale over a period of twelve months are almost identical.

3.2.8 Teaching Cognitive—Behavioural Strategies

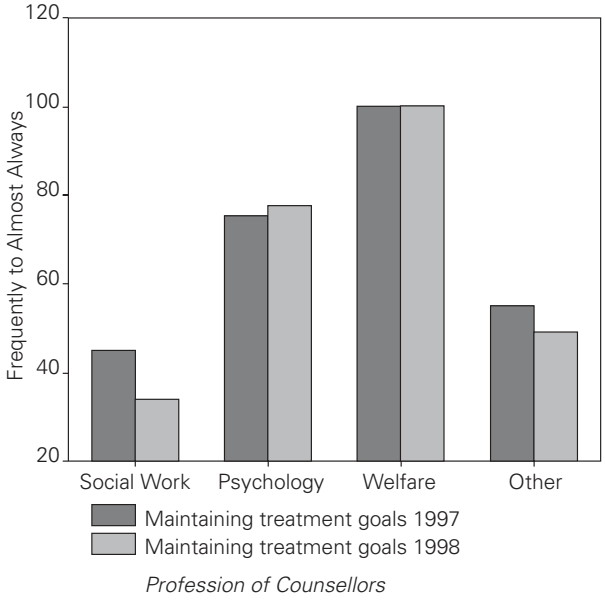
Figure 7 Teaching Cognitive-Behavioural Strategies Scale Comparison between 1997 and 1998



Although there was a slight decrease in the frequently to almost always use of teaching cognitive-behavioural strategies by problem gambling counsellors, it is important to note that in 1997 all welfare workers performed these tasks frequently to almost always but in 1998 it was found that only 50 per cent of welfare workers did so, whereas the remaining 50 per cent performed these tasks on a seldom to occasional basis.

3.2.9 Controlled Gambling

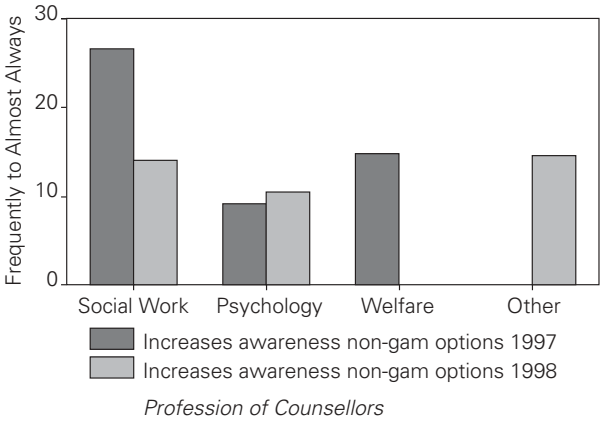
Figure 8 Controlled Gambling Scale Comparison between 1997 and 1998



Controlled gambling as an intervention with problem gamblers appears to have experienced a significant increase in use by social workers, from 45.5 per cent in 1997 to 71.4 per cent in 1998. Interestingly, the mean frequency was identical over a period of twelve months, indicating that almost 55 per cent of all problem gambling counsellors use controlled gambling as an intervention, while the remaining counsellors seldom to occasionally use this in their counselling practice.

3.2.10 Maintaining Treatment Goals

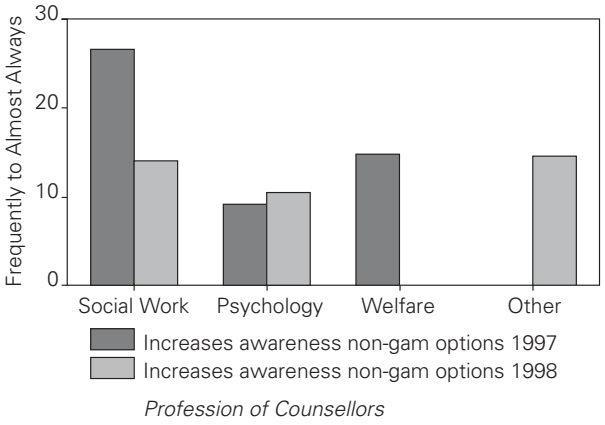
Figure 9 Maintaining Treatment Goals Scale Comparison between 1997 and 1998



The 1998 data show that counsellors with a social work background occasionally used the maintaining treatment goals scale as a gambling intervention in comparison to all other counsellors who frequently or almost always carried out tasks associated with this scale. Of all counsellors who were social workers only a third of them frequently or almost always used these tasks as a gambling intervention, indicating a decrease from the previous year. Post hoc tests on the 1997 data found that there was a statistically significant difference ($p<0.05$) between counsellors from a welfare background and those from a social work background. An analysis of the data revealed that all counsellors with a welfare degree almost always performed tasks that enabled clients to maintain their treatment goals. Alternatively, counsellors from a social work background on average occasionally performed these tasks. Post hoc analysis on the 1998 data also revealed similar differences in counsellors who were trained as social workers and welfare workers ($p<0.05$). Despite differences between counsellor professional backgrounds, it is important to note that the mean frequencies were identical over a one-year period.

3.2.11 Increasing Awareness of Non-Gambling Options

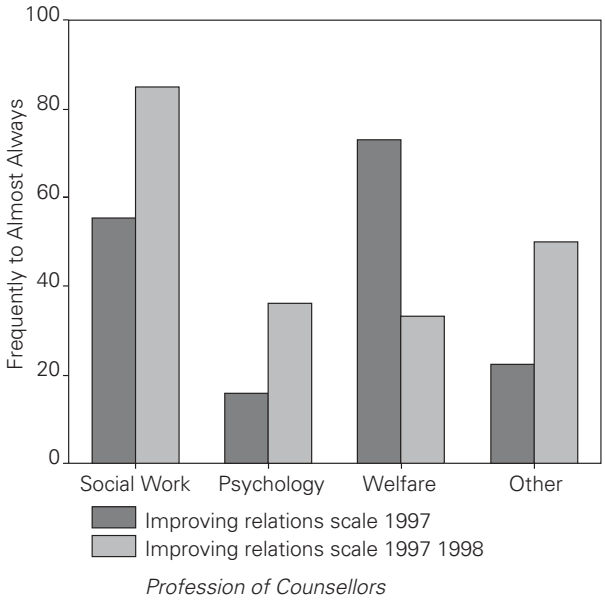
Figure 10 Increasing Awareness of Non-Gambling Options Scale Comparison between 1997 and 1998



It is somewhat surprising to note that 81 per cent of counsellors occasionally used tasks related to increasing awareness of non-gambling options scale as a gambling intervention in their counselling practice, with only a few counsellors (9.5 per cent) reporting that they frequently or almost always use the scale.

3.2.12 Improving Relationships

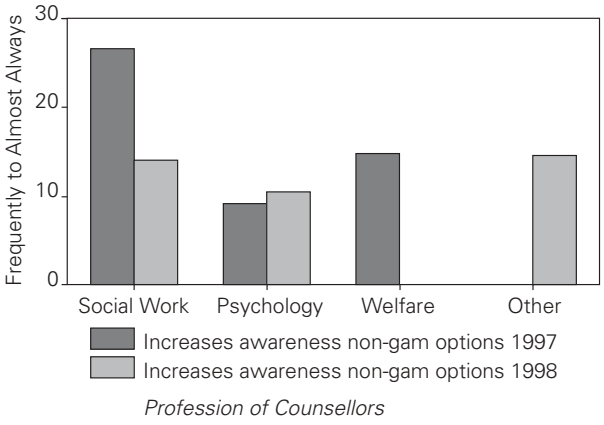
Figure 11 Improving Relationships Scale Comparison between 1997 and 1998



Improving relationships as a family intervention has shown a consistent increase in use by counsellors who are social workers, psychologists and from other backgrounds. It is interesting to note that there was more than a 50 per cent decrease in its use frequently or almost always by welfare workers.

3.2.13 Enhancing Partner Responses

Figure 12 Enhancing Partner Responses Scale Comparison between 1997 and 1998



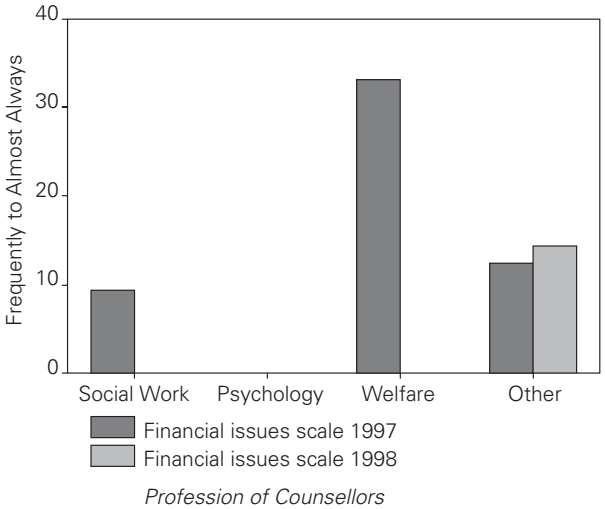
It appears that social workers and counsellors from other backgrounds have increasingly used enhancing partner responses as a family intervention to improve relationships between partners and others. Most psychologists appear to use this intervention seldom or occasionally. Post hoc analysis found that in 1997 statistically significant differences (p=0.042) existed in counselling practice between counsellors who were from social work backgrounds and those from welfare backgrounds. In 1997, 71.4 per cent of problem gambling counsellors with professional qualifications in social welfare frequently performed tasks within this subscale, whereas 81.8 per cent of counsellors who were social workers only occasionally completed these tasks in their practice.

Post hoc analysis of the 1998 data found statistically significant differences (p=0.008) between counsellors who were welfare workers and those from other backgrounds. Contrary to the findings of the 1997 data, it was found that all counsellors who were welfare workers seldom to occasionally perform these tasks, while 28.6 per cent of counsellors from other backgrounds frequently to almost always performed these tasks—an increase from the previous year.

In its entirety, it appears that the counselling practice of problem gambling counsellors is moving towards occasionally using 'enhancing partner responses' as a family intervention.

3.2.14 Financial Interventions

Figure 13 Financial Interventions Scale Comparison between 1997 and 1998



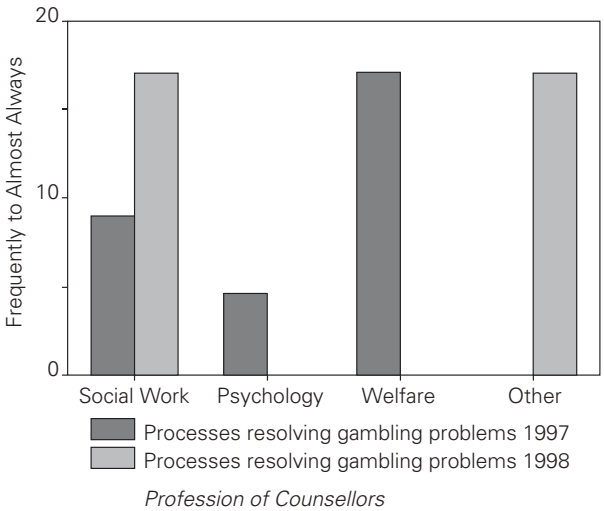
On examining the other interventions that problem gambling counsellors utilise in their counselling practice it was found that on average, 73.2 per cent of all counsellors seldom to occasionally provide financial counselling to individuals and families attending the problem gambling counselling service. This implies that clients are rarely taught how to either manage and/or budget money or gain control over their finances.

As indicated previously, analysis of variance found statistically significant differences between the problem gambling counsellors with different professional backgrounds. Post hoc analysis of the 1997 data identified differences in counselling practice between counsellors with professional social work and welfare backgrounds from those from psychology and welfare backgrounds.

A closer look at the descriptive statistics established that social workers on average seldom performed these tasks whereas welfare workers occasionally performed these tasks. A crucial difference is that a third of counsellors with a welfare qualification frequently performed these tasks in comparison to only 9.1 per cent of counsellors with social work degrees. Just 72.2 per cent of counsellors with psychology degrees noted that they seldom performed these counselling tasks, while none of them report frequently performing these tasks. The overall mean frequency of these tasks appear to have decreased with more than 73 per cent of counsellors seldom using financial interventions in their counselling practice.

3.2.15 Processes in Resolving Gamblers' Problems

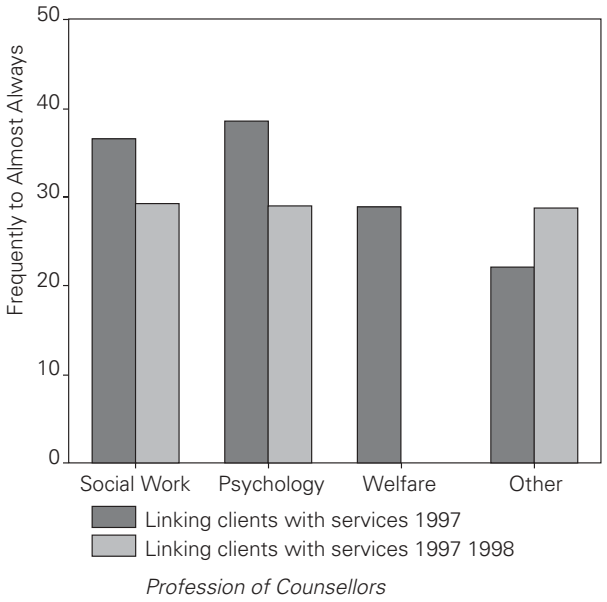
Figure 14 Processes in Resolving Gamblers' Problems Scale Comparison between 1997 and 1998



The tasks in this scale relate to legal and financial processes for the betterment of the individual by restricting gambling or initiating legal processes to protect the rights of the individual. A majority of counsellors occasionally do these tasks. It was interesting to find that there was an increase in social worker counsellors who performed these tasks frequently or almost always from 9.1 per cent in 1997 to 16.7 per cent in 1998.

3.2.16 Linking Clients to Appropriate Services

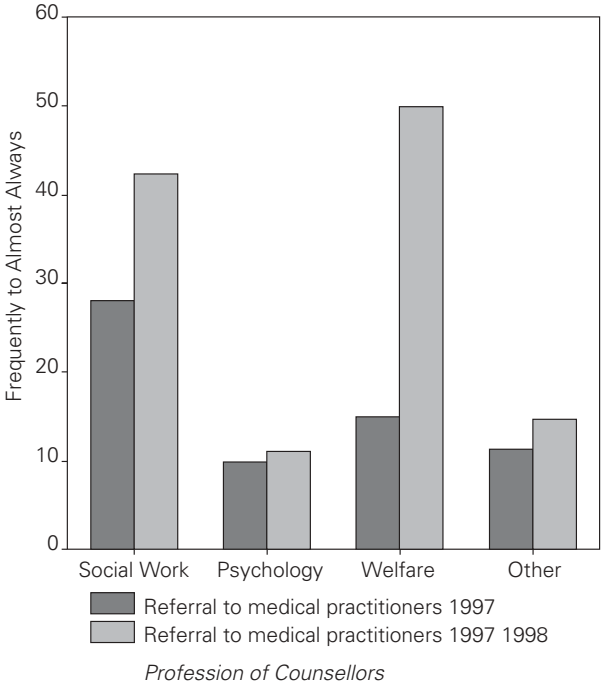
Figure 15 Linking Clients to Appropriate Services Scale Comparison between 1997 and 1998



Due to the nature of issues raised in counselling, problem gambling counsellors are usually required to liaise and network with other agencies in order to provide a comprehensive and useful service that enables clients to establish contact for appropriate services. These services may include contacting ethnic agencies or Gamblers Anonymous programs, which may be better suited to the needs of the client. However, 73.2 per cent of counsellors either seldom or occasionally performed these tasks. This low rate of referral is consistent with the Client and Service Analysis Report No. 4 (Jackson et al, 1999), which found that 20.7 per cent of problem gambling counsellors provided referrals to clients at their last contact with their counsellor.

3.2.17 Referral to Medical Practitioners

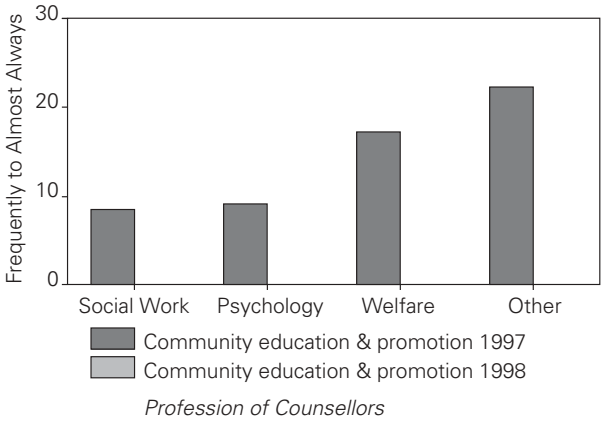
Figure 16 Referral to Medical Practitioners Scale Comparison between 1997 and 1998



Increasingly clients attending problem gambling counselling have been referred to medical practitioners over the 12-month period. In 1998, one-fifth of all counsellors frequently or almost always referred clients to medical practitioners having identified clients who are having health and psychiatric problems that are caused, or exacerbated, by gambling which may require medication or referral to a psychiatrist. These referrals are frequently or almost always made by social workers (42.9 per cent) and welfare workers (50 per cent).

3.2.18 Community Education and Service Promotion

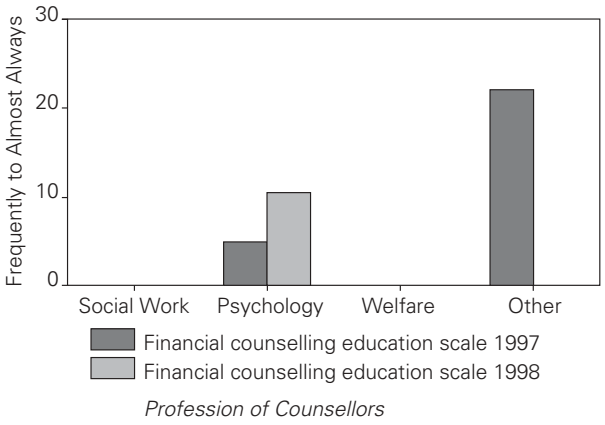
Figure 17 Community Education and Service Promotion Scale Comparison between 1997 and 1998



As the name of the scale suggests, counsellors reported how often they were involved in educating individuals or groups of people about problem gambling and promoting the counselling service to the community, gaming industry to the community. Analysis of the CTA(PG) revealed that none of the counsellors frequently performed these tasks. Eighty-one per cent of problem gambling counsellors noted that they seldom perform these tasks.

3.2.19 Financial Counselling Education

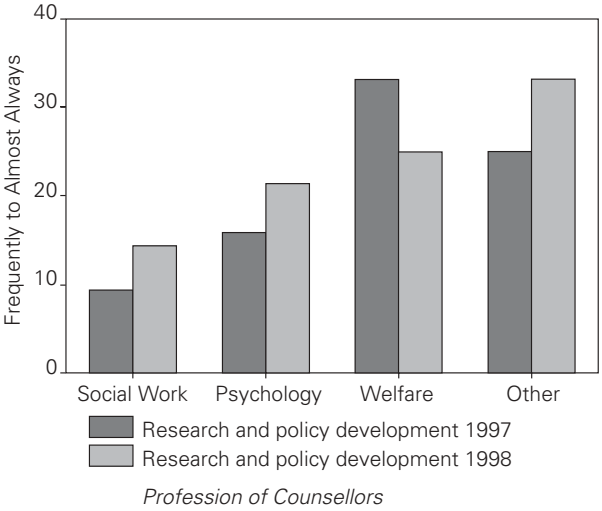
Figure 18 Financial Counselling Education Scale Comparison between 1997 and 1998



This scale comprises tasks that relate to developing workshops that educate personnel from health and community services, educating the community by providing adequate information and professional development for problem gambling counsellors in the area of financial counselling. However, it is clear that the majority (82.9 per cent) of problem gambling counsellors are seldom involved in financial counselling education. Problem gambling counsellors with psychology degrees who frequently or almost always carry out these activities increased from 4.8 per cent in 1997 to 10.5 per cent in 1998. Conversely, these activities were not frequently carried out by counsellors who were social workers, welfare workers or from other backgrounds.

3.2.20 Research and Policy Development

Figure 19 Research and Policy Development Scale Comparison between 1997 and 1998



As stated earlier, the tasks in this scale relate to research and policy practice activities that problem gambling counsellors may be required to carry out. Descriptive statistics revealed that there was a significant increase, from 12.5 per cent in 1997 to 50 per cent of problem gambling counsellors from professions other than psychology, social work or welfare who frequently to almost always engaged in such activities.

Overall, in the 1998 survey one-quarter of all counsellors were engaged in research and policy practice activities frequently which reflects a 10 per cent increase from the previous year. This increase is accounted for by social workers, psychologists and counsellors from other backgrounds.

4. Conclusion

This Report has provided an overview of the development of a specific-purpose instrument, the Counsellor Task Analysis (Problem Gambling) [CTA(PG)] tool, undertaken to obtain details of counselling practice in BreakEven Problem Gambling Counselling Service.

The Instrument resulted from a rigorous development process. The CTA(PG) is a 108 item self-administered tool which 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 over 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 doing this 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 10 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 know what these data mean. 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 BreakEven 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 BreakEven 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.

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Appendix A—Counsellor Task Analysis

Preliminary 121 Item Version

Developed by Problem Gambling Research Program The University of Melbourne, Australia

Agency Code: _____ Worker Code: _____

PLEASE READ CAREFULLY

The survey asks you to describe the kinds of tasks you PERSONALLY do on your job. To do this, you are required to make TWO ratings about each of the tasks. Each rating uses a 5-point scale. In using the two scales, you should make BOTH ratings before moving on to the next task.

The first scale (SCALE A) measures 'HOW OFTEN' you personally perform a task.

HOW OFTEN DO YOU DO THIS TASK?

❶ **Not Done** ❷ **Seldom** Done ❸ **Occassionally Done**

❹ **Frequently Done** ❺ **Almost Always Done**

Starting on the next page, read each task and decide '**HOW OFTEN**', in the course of a **TYPICAL MONTH**, you actually carry it out **YOURSELF**. Choose the statement above one of the 5 circles that best describes how often you perform it and write the number corresponding to it in the box to the **LEFT** of the task under the heading '**A. HOW OFTEN?**'. If you never carry out a task, you would put a '1' in the box. If you do it frequently, you would put a '4', and so forth.

The second scale (**SCALE B**) measures '**HOW IMPORTANT**' the task is to your job.

HOW IMPORTANT IS IT TO YOUR JOB?

❶ **Not Important** ❷ **Somewhat Important** ❸ **Moderately Important**

❹ **Frequently Important** ❺ **Extremely Important**

Read the task and decide **HOW IMPORTANT** the task is to your job as it is defined within your agency or organisation. Choose the statement above one of the 5 boxes that best describes its importance and write the numbers corresponding to it in the box to the **RIGHT** of the task under the heading '**B**. '**HOW IMPORTANT?**'

PLEASE INCLUDE ANY TASKS THAT WAS NOT INCLUDED IN THIS LIST WHICH ARE IMPORTANT TO YOUR JOB IN THE BLANK ROWS AT THE END.

HOW OFTEN DO YOU DO THIS TASK?	HOW IMPORTANT IS IT TO YOUR JOB?
❶ **Not Done** ❷ **Seldom** ❸ **Occassionally** ❹ **Frequently** ❺ **Almost Always**	❶ **Not Important** ❷ **Somewhat Important** ❸ **Moderately Important** ❹ **Frequently Important** ❺ **Extremely Important**

A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 1. Determine the urgency or risk in the individual's situation in order to decide if emergency services or routine handling and referral are required.	☐	☐ 11. Observe individuals and gather information from appropriate sources in order to establish the existence of substance/alcohol abuse problems.	☐
☐ 2. Observe individuals and gather information from appropriate sources in order to decide whether there is a need for specialist counselling or mental health treatment.	☐	☐ 12. Gather information on gambling when evaluating other addictions affecting individuals and families.	☐
☐ 3. Interview client/family in order to gather information including gambling activities as part of a psychosocial assessment or to compile a social history.	☐	☐ 13. Interview relatives and friends in order to gather information about the gambler and the effect that gambling have had on the family.	☐
☐ 4. Assess specific aspects of client and/or family life in order to determine the need for mental health or medical services.	☐	☐ 14. Ascertain what functions gambling plays in the client's life.	☐
☐ 5. Assess clients in order to determine eligibility for service and/or referral where appropriate.	☐	☐ 15. Identify high risk situations in order to assess when gambling is most likely to occur.	☐
☐ 6. Interview people, review applications and/or complete paperwork in order to determine initial or continued eligibility for services or financial help.	☐	☐ 16. Evaluate addictive behaviours including substance abuse, eating disorders or relationship addictions of gambler's partner in order to assess multiple addictions in families.	☐
☐ 7. Obtain information from individuals, their relatives or significant others in order to carry out admission or intake procedures for treatment or services.	☐	☐ 17. Inquire as to the drinking, gambling and/or drug use of each parent to assess family patterns of addictions.	☐
☐ 8. Ask specific questions relating to gambling when a client presents with symptoms of depression, insomnia, anxiety, and/or family conflicts without any mention of gambling.	☐	☐ 18. Where either or both partners are found to have a sexual dysfunction or a sexual addiction, obtain more detailed sexual histories in order torefer to a sex therapist.	☐
☐ 9. Gather information to assess whether client has other addictions as well.	☐	☐ 19. Interview client regarding employment in order to assess work impairment issues.	☐
☐ 10. Use screening information in order to diagnose problem gambling and provide treatment or refer client to other sources.	☐	☐ 20. Confront people about unacceptable behaviour in order to reassure, provide support, or reduce anxiety.	☐

HOW OFTEN DO YOU DO THIS TASK?		HOW IMPORTANT IS IT TO YOUR JOB?	
1 Not Done	**2 Seldom**	**1 Not Important**	**2 Somewhat Important**
3 Occassionally	**4 Frequently**	**3 Moderately Important**	**4 Frequently Important**
5 Almost Always		**5 Extremely Important**	

A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 21. Enable the client to recognise the problem and address it openly and positively within an established and trusted relationship.	☐	☐ 29. Develop culturally appropriate intervention plans for clients in order to meet the needs of individual clients.	☐
☐ 22. Discuss treatment options with individuals in order to help them understand choices and/or resolve a particular problem.	☐	☐ 30. Use specific intervention techniques with individuals in order to improve behavioural functioning and adjustment.	☐
☐ 23. Develop Individual Service Plans in order to reflect the client's goals, strategies and time frames to achieve these goals, and evaluation of these outcomes.	☐	☐ 31. Use a specific therapeutic method in a group situation in order to improve the adjustment and functioning of the group members.	☐
☐ 24. Enable the client to analyse the benefits of continuing to gamble versus the costs of giving up gambling.	☐	☐ 32. Advocate on client's behalf in a manner that encourages self-determination and self-reliance.	☐
☐ 25. Ascertain whether abstinence or controlled gambling is the goal of the gambler.	☐	☐ 33. Negotiate arrangements in relation to clients within the agency and with relevant agencies in order to ensure effective case management.	☐
☐ 26. Talk with individuals and/or relatives about problems in order to reassure, provide support, or reduce anxiety.	☐	☐ 34. Coordinate service planning with staff, other providers, family members and significant others in order to make the delivery of services to individuals most effective.	☐
☐ 27. Encourage and help people to discuss their points of view, feelings, and needs in order to establish open and trusting relationships.	☐	☐ 35. Work with individuals, family members, or significant other, in order to prepare them psychologically and socially for movement from one living arrangement to another.	☐
☐ 28. Express and demonstrate understanding of peoples' point of view, feelings, and needs in order to establish open and trusting relationships.	☐	☐ 36. Work with individuals, family members and significant others in order to prepare them for termination of treatment, services, or financial help.	☐

HOW OFTEN DO YOU DO THIS TASK?		HOW IMPORTANT IS IT TO YOUR JOB?	
❶ **Not Done**	❷ **Seldom**	❶ **Not Important**	❷ **Somewhat Important**
❸ **Occassionally**	❹ **Frequently**	❸ **Moderately Important**	❹ **Frequently Important**
❺ **Almost Always**		❺ **Extremely Important**	

A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 37. Follow-up on individuals who have been referr, discharged, or relocate in order to ensure that services are being received and/or progress being made.	☐	☐ 46. Assist gambler to find new friends who do not gamble in order to enable attention and energy be directed away from gambling.	☐
☐ 38. Emphasise labelling client as a 'problem gambler' in order to enable the client acknowledge that he or she has a problem with gambling.	☐	☐ 47. Teach clients how to overcome 'action' or arousal or excitement stage by encouraging the client to take breaks between sessions of gambling.	☐
☐ 39. Schedule non-gambling activities in order to occupy the gamblers free time	☐	☐ 48. Advise clients that chasing ones losses in an attempt to get even will only produce irrational gambling and further losses.	☐
☐ 40. Challenge client's beliefs regarding personal luck in order to get their thinking straight on the amount of money lost.	☐	☐ 49. Provide advice on how to overcome the need to raise money without resorting to gambling.	☐
☐ 41. Suggest strategies to overcome the impulse to gamble when confronted with gambling related stimuli..	☐	☐ 50. Suggest strategies for coping with sadness or depression that do not involve gambling.	☐
☐ 42. Teach client to set limits regarding number of gambling sessions in order to gain control of gambling.	☐	☐ 51. Develop with client ways to celebrate occasions that do not involve gambling or gambling venues.	☐
☐ 43. Instruct clients to stop gambling when a predetermined amount of money has been lost.	☐	☐ 52. Teach client to set limits on the amount of money spent in order to gain control of gambling.	☐
☐ 44. Teach client to set limits regarding length of gambling sessions in order to gain control of gambling.	☐	☐ 53. De-emphasise labelling client as a 'problem gambler' in order to draw upon the client's awareness of the problem and his or her preparedness to change.	☐
☐ 45. Encourage clients to seek support from spouse, family and friends in order to maintain treatment goals.	☐	☐ 54. Advise clients to limit alcohol and drug consumption while gambling in order to gain control over gambling.	☐

HOW OFTEN DO YOU DO THIS TASK?	HOW IMPORTANT IS IT TO YOUR JOB?
❶ **Not Done** ❷ **Seldom** ❸ **Occassionally** ❹ **Frequently** ❺ **Almost Always**	❶ **Not Important** ❷ **Somewhat Important** ❸ **Moderately Important** ❹ **Frequently Important** ❺ **Extremely Important**

A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 55. Teach clients self-monitoring skills in order that they may have greater control when gambling.	☐	☐ 64. Use specific intervention techniques to work with family members, individually or as a group, in order to strengthen the family as a unit.	☐
☐ 56. Instruct clients to keep a gambling diary of all monies spent and won from gambling in order to keep a record of the amount of money spent gambling.	☐	☐ 65. Facilitate emotional healing between partners in order to assist the gambler to become more emotionally sensitive to partner's feelings and needs.	☐
☐ 57. Teach clients to reward themselves when they maintain their treatment goals.	☐	☐ 66. Resolve interpersonal conflicts through marital, family or group therapy in order to rebuild trust that has been destroyed.	☐
☐ 58. Teach clients various relaxation techniques like muscular relaxation training, exercise and yoga in order to keep to keep the urge to gamble under control especially when they feel tense and irritable.	☐	☐ 67. Provide individual and group counselling to people and their families who are experiencing difficulties as a result of gambling in order to address their psycho-social needs across a broad spectrum of causal factors, behavioural change and relapse prevention.	☐
☐ 59. Encourage clients to change their gambling from games of luck to forms of games involving a degree of skill so as to minimise losses.	☐	☐ 68. Provide individual and family counselling to address the problem of gambling openly within an established and trusted relationship.	☐
☐ 60. Teach client optimal strategies in order to maintain gains in the longer term.	☐	☐ 69. Assess and intervene directly in the dysfunctional couples system in order for a significant change to occur.	☐
☐ 61. Teach clients problem-solving skills which do not involve gambling.	☐	☐ 70. Facilitate partners, other family members and significant others to confront the gambler.	☐
☐ 62. Make clients aware of the possibility of relapse and suggest strategies to adopt should relapse occur.	☐	☐ 71. Include the partner and key significant others as early as possible in the assessment of a gambling problem.	☐
☐ 63. Interview each partner alone in order to establish a therapeutic bond with each.	☐	☐ 72. Teach partners ways to reinforce non-gambling behaviours.	☐

HOW OFTEN DO YOU DO THIS TASK?	HOW IMPORTANT IS IT TO YOUR JOB?
❶ **Not Done** ❷ **Seldom** ❸ **Occassionally** ❹ **Frequently** ❺ **Almost Always**	❶ **Not Important** ❷ **Somewhat Important** ❸ **Moderately Important** ❹ **Frequently Important** ❺ **Extremely Important**

A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 73. Encourage partners not to nag the gambler about their gambling as nagging is counter productive.	☐	☐ 83. Suggest to clients that access to cash must be limited in order to restrict gambling.	☐
☐ 74. Teach partners appropriate responses in order not to reinforce gambling behaviours.	☐	☐ 84. Advocate for individuals in order to persuade others that those people do qualify for services or financial help.	☐
☐ 75. Recommend partners leave/terminate relationship in order to make continuation of relationship contingent on gambling ceasing.	☐	☐ 85. Start a legal process in order to protect the rights of an individual.	☐
☐ 76. Analyse case background, consult with appropriate individuals, in order to arrive at a plan for services and/or financial help.	☐	☐ 86. Testify or participate in court hearings in order to provide information on which legal decisions can be based.	☐
☐ 77. Provide specialist problem gambling financial counselling to individuals and families.	☐	☐ 87. Intervene at workplace with supervisors and employers in order to determine client's currentstatus or needs.	☐
☐ 78. Assess client's financial situation in order to provide information regarding the legal implications of debt and government assistance, budgeting and negotiation with debtors.	☐	☐ 88. Make contact with other units/agencies, by letters, memos, or phone calls, in order to refer people to appropriate services.	☐
☐ 79. Teach clients about money and budgeting in order to develop skills in the management of personal finances.	☐	☐ 89. Put individuals in touch with people of similar backgrounds, cultures or ethnicity in order to make a move or change easier for them.	☐
☐ 80. Develop a realistic family budget and a plan for financial restitution in order to enable the family to gain or regain control over finances.	☐	☐ 90. Establish contact between the service and local provider networks in order to create linkages and referral networks for people affected by problem gambling.	☐
☐ 81. Discuss with client the need to make restitution for incurred debts in order to teach gambler responsibility for his/her indebtedness including avoidance of further bailouts.	☐	☐ 91. Provide assessments and reports to referring agencies and courts.	☐
☐ 82. Suggest spouse assumes responsibility for family checking and savings accounts in order to avoid financial crises taking place.	☐	☐ 92. Refer clients to other sources for further assessment or treatment of gambling.	☐

HOW OFTEN DO YOU DO THIS TASK?

1 **Not Done** 2 **Seldom**
3 **Occassionally** 4 **Frequently**
5 **Almost Always**

HOW IMPORTANT IS IT TO YOUR JOB?

1 **Not Important** 2 **Somewhat Important**
3 **Moderately Important** 4 **Frequently Important**
5 **Extremely Important**

A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 93. Liaise and negotiate with relevant legal and financial institutions regarding client case management arrangement	☐	☐ 102. Develop a marketing strategy in order to publicise and promote the gambling counselling service.	☐
☐ 94. Refer individuals with gambling issues to GA and Gam-Anon recovery programs.	☐	☐ 103. Educate individuals and groups of people about legal issues relating to debts.	☐
☐ 95. Refer client to a general practitioner or psychiatrist for treatment of depression or mood disorders.	☐	☐ 104. Develop and initiate regional skill development workshops regarding problem gambling for health and community services industry personnel in order to identify and respond to the needs of problem gamblers.	☐
☐ 96. Provide client with a self help manual in order to gain a better understanding of problem gambling.	☐	☐ 105. Deliver education programs on problem gambling to gambling facilities in order to assist the gaming industry to respond to the needs of problem gamblers.	☐
☐ 97. Refer client to medical practitioner for treatment of health problems that are caused or exacerbated by gambling.	☐	☐ 106. Deliver community education programs to the general public and the gaming industry in order to promote an awareness of problem gambling.	☐
☐ 98. Educate spouse, parents, children and other family members about gambling.	☐	☐ 107. Collate and distribute information regarding gambling trends and problem gambling in order to maximise the impact of community education.	☐
☐ 99. Observe people as they work, giving instruction when needed or appropriate, in order to promote effective work habits.	☐	☐ 108. Promote the problem gambling counselling service amongst the gaming industry, service providers and the community in order to publicise its existence.	☐
☐ 100. Exchange information about case details with supervisor and/or colleagues in order to get guidance or feedback in dealing with an individual.	☐	☐ 109. Explain service programs and policies to people in public appearances of various kinds in order to inform the general public about issues and programs.	☐
☐ 101. Attend workshops or seminars or programs deals with topics of interest or need in order to improve your job knowledge and skill.	☐	☐ 110. Attend Financial Counselling Induction training and regular in-service training with the Financial and Consumer Rights Council.	☐

HOW OFTEN DO YOU DO THIS TASK?

❶ **Not Done** ❷ **Seldom**
❸ **Occassionally** ❹ **Frequently**
❺ **Almost Always**

HOW IMPORTANT IS IT TO YOUR JOB?

❶ **Not Important** ❷ **Somewhat Important**
❸ **Moderately Important** ❹ **Frequently Important**
❺ **Extremely Important**

A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 111. Respond to request or inquiries from the community regarding the Financial Counselling Program.	☐	☐ 120. Participate in the development of educational and informative resources for the program.	☐
☐ 112. Gather and analyse data about services provided to people in order to prepare statistics for periodic reports.	☐	☐ 121. Work with multicultural service providers in order to investigate culturally relevant and sensitive interventions for problem gambling.	☐
☐ 113. Review and analyse data about service needs and demands in order to establish workload and staffing requirements.	☐	☐	☐
☐ 114. Take part or direct studies or research projects in order to increase the knowledge base of social work either in education or service provision.	☐	☐	☐
☐ 115. Liaise with other services in the regional network in order to compare and analyse agency trends or issues in relation to problem gambling.	☐	☐	☐
☐ 116. Develop, maintain and analyse client data consistent with the statewide format, and participate in any research projects regarding the service model.	☐	☐	☐
☐ 117. Contribute to the agency's policy development, planning, monitoring and evaluation of the problem gambling counselling service.	☐	☐	☐
☐ 118. Work with gambling facilities in order to assist them in developing policies, practices and procedures to deal with problem gamblers.	☐	☐	☐
☐ 119. Identify and promote best practice models for problem gambling programs in order to provide an accountable, professional and accessible service to clients.	☐	☐	☐

Appendix B—Counsellor Task Analysis

Final 108 Item Version

Developed by Problem Gambling Research Program The University of Melbourne, Australia

Agency Code: _____ Worker Code: _____

PLEASE READ CAREFULLY

The survey asks you to describe the kinds of tasks you PERSONALLY do on your job. To do this, you are required to make TWO ratings about each of the tasks. Each rating uses a 5-point scale. In using the two scales, you should make BOTH ratings before moving on to the next task.

The first scale (SCALE A) measures 'HOW OFTEN' you personally perform a task.

HOW OFTEN DO YOU DO THIS TASK?

❶ **Not Done** ❷ **Seldom** Done ❸ **Occassionally Done**

❹ **Frequently Done** ❺ **Almost Always Done**

Starting on the next page, read each task and decide '**HOW OFTEN**', in the course of a **TYPICAL MONTH**, you actually carry it out **YOURSELF**. Choose the statement above one of the 5 circles that best describes how often you perform it and write the number corresponding to it in the box to the **LEFT** of the task under the heading '**A. HOW OFTEN?**'. If you never carry out a task, you would put a '1' in the box. If you do it frequently, you would put a '4', and so forth.

The second scale (**SCALE B**) measures '**HOW IMPORTANT**' the task is to your job.

HOW IMPORTANT IS IT TO YOUR JOB?

❶ **Not Important** ❷ **Somewhat Important** ❸ **Moderately Important**

❹ **Frequently Important** ❺ **Extremely Important**

Read the task and decide **HOW IMPORTANT** the task is to your job as it is defined within your agency or organisation. Choose the statement above one of the 5 boxes that best describes its importance and write the numbers corresponding to it in the box to the **RIGHT** of the task under the heading '**B**. '**HOW IMPORTANT?**'

PLEASE INCLUDE ANY TASKS THAT WAS NOT INCLUDED IN THIS LIST WHICH ARE IMPORTANT TO YOUR JOB IN THE BLANK ROWS AT THE END.

HOW OFTEN DO YOU DO THIS TASK?	HOW IMPORTANT IS IT TO YOUR JOB?
❶ **Not Done** ❷ **Seldom** ❸ **Occassionally** ❹ **Frequently** ❺ **Almost Always**	❶ **Not Important** ❷ **Somewhat Important** ❸ **Moderately Important** ❹ **Frequently Important** ❺ **Extremely Important**

A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 1. Determine the urgency or risk in the individual's situation in order to decide if emergency services or routine handling and referral are required.	☐	☐ 10. Observe individuals and gather information from appropriate sources in order to establish the existence of substance/alcohol abuse problems.	☐
☐ 2. Observe individuals and gather information from appropriate sources in order to decide whether there is a need for specialist counselling or mental health treatment.	☐	☐ 11. Gather information on gambling when evaluating other addictions affecting individuals and families.	☐
☐ 3. Interview client/family in order to gather information including gambling activities as part of a psychosocial assessment or to compile a social history.	☐	☐ 12. Ascertain what functions gambling plays in the client's life.	☐
☐ 4. Assess specific aspects of client and/or family life in order to determine the need for mental health or medical services.	☐	☐ 13. Identify high risk situations in order to assess when gambling is most likely to occur.	☐
☐ 5. Assess clients in order to determine eligibility for service and/or referral where appropriate.	☐	☐ 14. Evaluate addictive behaviours including substance abuse, eating disorders or relationship addictions of gambler's partner in order to assess multiple addictions in families.	☐
☐ 6. Interview people, review applications and/or complete paperwork in order to determine initial or continued eligibility for services or financial help.	☐	☐ 15. Inquire as to the drinking, gambling and/or drug use of each parent to assess family patterns of addictions.	☐
☐ 7. Obtain information from individuals, their relatives or significant others in order to carry out admission or intake procedures for treatment or services.	☐	☐ 16. Where either or both partners are found to have a sexual dysfunction or a sexual addiction, obtain more detailed sexual histories in order to refer to a sex therapist.	☐
☐ 8. Ask specific questions relating to gambling when a client presents with symptoms of depression, insomnia, anxiety, and/or family conflicts without any mention of gambling.	☐	☐ 17. Interview client regarding employment in order to assess work impairment issues.	☐
☐ 9. Gather information to assess whether client has other addictions as well.	☐	☐ 18. Use screening information in order to diagnose problem gambling and provide treatment or refer client to other sources.	☐

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A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 19. Enable the client to recognise the problem and address it openly and positively within an established and trusted relationship.	☐	☐ 28. Develop culturally appropriate intervention plans for clients in order to meet the needs of individual clients.	☐
☐ 20. Discuss treatment options with individuals in order to help them understand choices and/or resolve a particular problem.	☐	☐ 29. Use specific intervention techniques with individuals in order to improve behavioural functioning and adjustment.	☐
☐ 21. Develop Individual Service Plans in order to reflect the client's goals, strategies and timeframes to achieve these goals, and evaluation of these outcomes.	☐	☐ 30. Use a specific therapeutic method in a group situation in order to improve the adjustment and functioning of the group members.	☐
☐ 22. Enable the client to analyse the benefits of continuing to gamble versus the costs of giving up gambling.	☐	☐ 31. Advocate on client's behalf in a manner that encourages self-determination and self-reliance.	☐
☐ 23. Ascertain whether abstinence or controlled gambling is the goal of the gambler.	☐	☐ 32. Negotiate arrangements in relation to clients within the agency and with relevant agencies in order to ensure effective case management.	☐
☐ 24. Talk with individuals and/or relatives about problems in order to reassure, provide support, or reduce anxiety.	☐	☐ 33. Work with individuals, family members, or significant other, in order to prepare them psychologically and socially for movement from one living arrangement to another.	☐
☐ 25. Encourage and help people to discuss their points of view, feelings, and needs in order to establish open and trusting relationships.	☐	☐ 34. Work with individuals, family members and significant others in order to prepare them for termination of treatment, services, or financial help.	☐
☐ 26. Express and demonstrate understanding of peoples' point of view, feelings, and needs in order to establish open and trusting relationships.	☐	☐ 35. Schedule non-gambling activities in order to occupy the gamblers free time.	☐
☐ 27. Confront people about unacceptable behaviour in order to reassure, provide support, or reduce anxiety.	☐	☐ 36. Challenge client's beliefs regarding personal luck in order to get their thinking straight on the amount of money lost.	☐

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A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 37. Suggest strategies to overcome the impulse to gamble when confronted with gambling related stimuli.	☐	☐ 46. Suggest strategies for coping with sadness or depression that do not involve gambling.	☐
☐ 38. Teach client to set limits regarding number of gambling sessions in order to gain control of gambling.	☐	☐ 47. Develop with client ways to celebrate occasions that do not involve gambling or gambling venues.	☐
☐ 39. Instruct clients to stop gambling when a predetermined amount of money has been lost.	☐	☐ 48. Teach client to set limits on the amount of money spent in order to gain control of gambling.	☐
☐ 40. Teach client to set limits regarding length of gambling sessions in order to gain control of gambling.	☐	☐ 49. De-emphasise labelling client as a 'problem gambler' in order to draw upon the client's awareness of the problem and his or her preparedness to change.	☐
☐ 41. Encourage clients to seek support from spouse, family and friends in order to maintain treatment goals.	☐	☐ 50. Advise clients to limit alcohol and drug consumption while gambling in order to gain control over gambling.	☐
☐ 42. Assist gambler to find new friends who do not gamble in order to enable attention and energy be directed away from gambling.	☐	☐ 51. Teach clients self-monitoring skills in order that they may have greater control when gambling.	☐
☐ 43. Teach clients how to overcome 'action' or arousal or excitement stage by encouraging the client to take breaks between sessions of gambling.	☐	☐ 52. Instruct clients to keep a gambling diary of all monies spent and won from gambling in order to keep a record of the amount of money spent gambling.	☐
☐ 44. Advise clients that chasing ones losses in an attempt to get even will only produce irrational gambling and further losses.	☐	☐ 53. Teach clients to reward themselves when they maintain their treatment goals.	☐
☐ 45. Provide advice on how to overcome the need to raise money without resorting to gambling.	☐	☐ 54. Teach clients various relaxation techniques like muscular relaxation training, exercise and yoga in order to keep to keep the urge to gamble under control especially when they feel tense and irritable.	☐

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A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 55. Encourage clients to change their gambling from games of luck to forms of games involving a degree of skill so as to minimise losses.	☐	☐ 65. Facilitate partners, other family members and significant others to confront the gambler.	☐
☐ 56. Teach client optimal strategies in order to maintain gains in the longer term.	☐	☐ 66. Include the partner and key significant others as early as possible in the assessment of a gambling problem.	☐
☐ 57. Teach clients problem-solving skills which do not involve gambling.	☐	☐ 67. Teach partners ways to reinforce non-gambling behaviours.	☐
☐ 58. Make clients aware of the possibility of relapse and suggest strategies to adopt should relapse occur.	☐	☐ 68. Encourage partners not to nag the gambler about their gambling as nagging is counter productive.	☐
☐ 59. Interview each partner alone in order to establish a therapeutic bond with each.	☐	☐ Teach partners appropriate responses in order not to reinforce gambling behaviours.	☐
☐ 60. Use specific intervention techniques to work with family members, individually or as a group, in order to strengthen the family as a unit.	☐	☐ 70. Analyse case background, consult with appropriate individuals, in order to arrive at a plan for services and/or financial help.	☐
☐ 61. Facilitate emotional healing between partners in order to assist the gambler to become more emotionally sensitive to partner's feelings and needs.	☐	☐ 71. Provide specialist problem gambling financial counselling to individuals and families.	☐
☐ 62. Resolve interpersonal conflicts through marital, family or group therapy in order to rebuild trust that has been destroyed.	☐	☐ 72. Assess client's financial situation in order to provide information regarding the legal implications of debt and government assistance, budgeting and negotiation with debtors.	☐
☐ 63. Provide individual and family counselling to address the problem of gambling openly within an established and trusted relationship.	☐	☐ 73. Teach clients about money and budgeting in order to develop skills in the management of personal finances.	☐
☐ 64. Assess and intervene directly in the dysfunctional couples system in order for a significant change to occur.	☐	☐ 74. Develop a realistic family budget and a plan for financial restitution in order to enable the family to gain or regain control over finances.	☐

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A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 75. Discuss with client the need to make restitution for incurred debts in order to teach gambler responsibility for his/her indebtedness including avoidance of further bailouts.	☐	☐ 85. Refer client to a general practitioner or psychiatrist for treatment of depression or mood disorders.	☐
☐ 76. Suggest spouse assumes responsibility for family checking and savings accounts in order to avoid financial crises taking place.	☐	☐ 86. Provide client with a self help manual in order to gain a better understanding of problem gambling.	☐
☐ 77. Suggest to clients that access to cash must be limited in order to restrict gambling.	☐	☐ 87. Refer client to medical practitioner for treatment of health problems that are caused or exacerbated by gambling.	☐
☐ 78. Advocate for individuals in order to persuade others that those people do qualify for services or financial help.	☐	☐ 88. Educate spouse, parents, children and other family members about gambling.	☐
☐ 79. Start a legal process in order to protect the rights of an individual.	☐	☐ 89. Develop a marketing strategy in order to publicise and promote the gambling counselling service.	☐
☐ 80. Testify or participate in court hearings in order to provide information on which legal decisions can be based.	☐	☐ 90. Educate individuals and groups of people about legal issues relating to debts.	☐
☐ 81. Make contact with other units/agencies, by letters, memos, or phone calls, in order to refer people to appropriate services.	☐	☐ 91. Develop and initiate regional skill development workshops regarding problem gambling for health and community services industry personnel in order to identify and respond to the needs of problem gamblers.	☐
☐ 82. Put individuals in touch with people of similar backgrounds, cultures or ethnicity in order to make a move or change easier for them.	☐	☐ 92. Deliver education programs on problem gambling to gambling facilities in order to assist the gaming industry to respond to the needs of problem gamblers.	☐
☐ 83. Establish contact between the service and local provider networks in order to create linkages and referral networks for people affected by problem gambling.	☐	☐ 93. Deliver community education programs to the general public and the gaming industry in order to promote an awareness of problem gambling.	☐
☐ 84. Refer individuals with gambling issues to GA and Gam-Anon recovery programs.	☐	☐ 94. Collate and distribute information regarding gambling trends and problem gambling in order to maximise the impact of community education.	☐

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1 Not Done **2 Seldom**	**1 Not Important** **2 Somewhat Important**
3 Occassionally **4 Frequently**	**3 Moderately Important** **4 Frequently Important**
5 Almost Always	**5 Extremely Important**

A HOW OFTEN?	B HOW IMPORTANT?	A HOW OFTEN?	B HOW IMPORTANT?
☐ 95. Promote the problem gambling counselling service amongst the gaming industry, service providers and the community in order to publicise its existence.	☐	☐ 104. Contribute to the agency's policy development, planning, monitoring and evaluation of the problem gambling counselling service.	☐
☐ 96. Explain service programs and policies to people in public appearances of various kinds in order to inform the general public about issues and programs.	☐	☐ 105. Work with gambling facilities in order to assist them in developing policies, practices and procedures to deal with problem gamblers.	☐
☐ 97. Attend Financial Counselling Induction training and regular in-service training with the Financial and Consumer Rights Council.	☐	☐ 106. Identify and promote best practice models for problem gambling programs in order to provide an accountable, professional and accessible service to clients.	☐
☐ 98. Respond to request or inquiries from the community regarding the Financial Counselling Program.	☐	☐ 107. Participate in the development of educational and informative resources for the program.	☐
☐ 99. Gather and analyse data about services provided to people in order to prepare statistics for periodic reports.	☐	☐ 108. Work with multicultural service providers in order to investigate culturally relevant and sensitive interventions for problem gambling.	☐
☐ 100. Review and analyse data about service needs and demands in order to establish workload and staffing requirements.	☐		
☐ 101. Take part or direct studies or research projects in order to increase the knowledge base of social work either in education or service provision.	☐		
☐ 102. Liaise with other services in the regional network in order to compare and analyse agency trends or issues in relation to problem gambling.	☐		
☐ 103. Develop, maintain and analyse client data consistent with the statewide format, and participate in any research projects regarding the service model.	☐		


State Government
Victoria
Community
Support Fund