Turning Point
Alcohol & Drug Centre
ABN: 68 223 819 017

Turning Point Alcohol & Drug Centre
54–62 Gertrude Street
Fitzroy, Victoria 3065
Australia

T: 03 8413 8413
F: 03 9416 3420
E: info@turningpoint.org.au
www.turningpoint.org.au

29 March 2012

Lyn Beverley
Committee Secretary
Parliamentary Joint Committee on Gambling Reform
Canberra

Dear Lyn Beverley

Thank you for the invitation to provide a submission for the **Inquiry into the prevention and treatment of problem gambling.** Turning Point believes problem gambling to be an important public health issue that creates significant harm for the individual and community.

Turning Point is well placed to provide expertise into this enquiry. We have been providing gambling services for the past 12 years across a range of jurisdictions and modalities.

Services include four statewide helplines (Victoria, Queensland, Tasmania and after-hours in the Northern Territory) as well as the national online counselling and support program, *Gambling Help Online*. Over this time Turning Point has provided services to over 100,000 people affected by problem gambling.

The attached submission addresses the following content areas:

1. A description of gambling treatment services provided by Turning Point
2. Knowledge and use of services
3. Ease of access to assistance for problem gambling
4. Methods currently used to treat problem gambling
5. Data collection, research and evaluation issues

Please contact us if you require any further information regarding the submission.

Yours sincerely,

Simone Rodda and Professor Dan Lubman
Turning Point Alcohol and Drug Centre

easternhealth

## 1. Services provided for problem gambling

Treatment services for problem gambling range from online and helplines, to face-to-face problem gambling counselling. Turning Point provides a range of telephone and online services for problem gambling including:

- Victorian Gambler's Helpline
- Queensland Gambling Helpline
- Gambler's Helpline Tasmania
- Northern Territory Gambling Helpline (after-hours)
- *Gambling Help Online* (national)
- *Ready to Change* (telephone-based semi-structured psychological intervention)

These gambling helpline and online services are often a point of first contact for anyone affected by problem gambling. Service users include gamblers, family and friends, health professionals, gaming venue staff and other interested people such as students.

Helpline and online services provide similar levels of access and responsiveness including:

- 24/7 immediate connection to a qualified counsellor that is typically anonymous
- Screening for problem gambling and associated harms
- Referral to problem gambling counselling, financial, legal, support groups and government bodies (sourced from a national database developed by Turning Point)
- Single-session brief intervention from crisis intervention to relapse prevention
- Adjunctive treatment for those currently accessing services
- Information and education on a range of issues from understanding how gambling works, how problems develop through to information on venue exclusion programs
- Telephone counselling case management for regular callers
- Mail out or online access to self-help materials developed by Turning Point and governments across Australia.
- Immediate access to interpreters through the national Telephone Interpreter Service.

While each state and territory funds a gambling/gamblers helpline, a national agreement via the ministerial council on gambling agreed to fund one national online counselling program. Launched as *Gambling Help Online* in 2009, the program primarily aims to (1) attract a new cohort of clients who may not otherwise access face-to-face services and (2) extend the availability of counselling and support by addressing issues around remoteness, anonymity and after-hours availability.

The program has all the features of helplines (as above) in addition to extensive self-help information, self-assessment, local information as well as synchronous and asynchronous counselling. Synchronous counselling is delivered in real time via chat functionality over the internet. Asynchronous counselling is provided via email as a support program for anyone concerned about gambling. Emails are exchanged with an allocated counsellor via the secure *Gambling Help Online* website involving two emails a week for up to six weeks.

It is our experience that people do not seek help until limits have been breached in relationships or credit cards, assets lost or bills cannot be paid. Similar to helplines, the needs of people accessing the service cover a spectrum of readiness to change from pre-contemplative (not ready for change) to action (doing something about their gambling).

In addition to these immediate interventions, Turning Point also provides a scheduled telephone-based intervention for problem gamblers. This program has been offered to callers of the Victorian Gambler's Helpline since January 2008 and more recently in Tasmania and Queensland. The *Ready to Change* program is a 4-6 week cognitive-

behavioural therapy (CBT) program delivered via telephone and workbook for problem gambling.

## 2. Service usage and knowledge of service

### 2.1 Gambling Helplines

Statewide and national gambling services are most often promoted where advertising occurs across the state or territory. This results in a high number of calls to helplines as shown on Table 1. While calls to helplines have decreased over recent years, calls to the Victorian Gambler's Helpline have increased to a high of over 11,000 calls during 2010-11. Large spikes in call volumes occurred over this period, triggered by television and online advertising.

Table 1
*Service usage across Gambler's/Gambling Helplines 2010-11*

| | Vic | Qld | Tas | NT* |
|---|---|---|---|---|
| Calls answered (N) | 11,141 | 3,353 | 574 | 154 |
| Target group (N) | 7,276 | 1931 | 372 | 37 |
| Gambler | 67% | 66% | 64% | 73% |
| Family/friends | 28% | 27% | 28% | 24% |
| Gender (% male) | 52% | 47% | 42% | 58% |
| Age (%) | | | | |
| 18-29 | 17% | 21% | 22% | 28% |
| 30-39 | 30% | 31% | 25% | 12% |
| 40-49 | 26% | 25% | 27% | 24% |
| Over 50 | 27% | 22% | 26% | 36% |
| Primary gambling type | | | | |
| EGM | 78%** | 77% | 77% | 77% |
| Horses/dogs | 20% | 13% | 16% | 5% |
| Cards/numbers | 11% | 5% | 4% | 5% |
| Sports bet | 3% | 2% | 2% | 5% |
| Internet gambling | 4% | 2% | 1% | 5% |
| Other | 2% | 1% | 1% | - |
| Service knowledge (%) | | | | |
| Directories | 16% | 26% | 29% | 27% |
| Poster, venue notice, take home cards | 42% | 28% | 29% | 24% |
| Advertising | 22% | 3% | 8% | 3% |
| Family/friends | 5% | 13% | 13% | 8% |
| Other | 15% | 30% | 21% | 38% |

*After-hours response only

**Note multiple responses possible on gambling type in Victoria

Consistent with reports from gambling helplines internationally[1], 34-48% of calls are indirectly related to a gambling problem. These calls include administrative, hoax, immediate hang-up and other non-clinical calls.

The largest group of helpline callers are people experiencing problem gambling. Around two-thirds of people with a gambling problem are contacting for immediate counselling and support for that problem. Around 30% of calls contact for a referral to another service

[1] Clifford, G. 2008. The evolution of problem gambling helplines. *In:* Zangeneh, M., Blaszczynski, A. & Turner, N. (eds.) *In the pursuit of winning.*

with approximately 20% contacting for information/education. Although less than one-third of calls immediately request a referral, over 50% of callers are provided a referral, often following a brief intervention and discussion of further treatment options. People experiencing problem gambling also contact requesting immediate assistance with relationships and negative mood states as well as legal, financial, employment and medical issues.

Over one-quarter of calls are received from the partner, family or friend of someone with a gambling problem. It has been noted that family and friends are significant in assisting the gambler seek help[2] and improving gambling outcomes[3]. However they also experience significant harms associated with problem gambling, including poor mental health, family violence and increased financial problems[4]. The 2010 Victorian Gambler's Help campaign "Talk to us before you talk to them" encouraged family members to contact the helpline for assistance with their own problems, resulting in a 300% increase in calls.

Electronic gaming machines continue to be the main type of gambling which prompts a person to contact the helpline. Across all four states EGM gambling was the primary presenting issues for 77-78% of all contacts. Higher proportion of callers from Victoria report problems associated with wagering (20%) and casino games (cards and numbers). However, comparisons should be made with caution due to differences in data collection methods. The Victorian Gamblers Helpline dataset allows the recording of multiple gambling types, whereas the other states/territory requests information on the primary type of gambling.

Callers found out about the helpline via a range of online and offline resources. Previously callers cited phone books/directories as the main source of their referral, however this has changed in recent years. As shown in Table 1, Information in venues including posters and take-home cards (typically located in toilets) are a major source of information. Hearing about the helpline via advertising was much higher in Victoria where extensive television, radio, newspapers, internet and billboard advertising have occurred over the last 18 months.

## 2.2 Gambling Help Online

### 2.2.1 Website, information and self-help content

Over 2010-11 *Gambling Help Online* was visited 60,729 times by 47,333 visitors. Around a quarter of visitors to the site returned more than once with 25% of visitors to the site originating from banner advertising.

Google analytics can provide a wealth on browser information and website activity. Most frequently viewed content pages included the online counselling pages (n=25,094 page views), helping others (n=10,188 page views), a spending self-assessment (n=4136 page views) and self-help information on regaining control (n=3045). Almost 2800 people viewed the problem gambling severity index with 1346 unique visitors completing the self-assessment.

While 93% of visitors originated from Australia, 4326 people visited the site from international locations (predominantly USA, UK, Canada, India and Singapore).

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[2] Clarke, D., Abbott, M., Desouza, R. & Bellringer, M. 2007. An overview of help seeking by problem gamblers and their families including barriers to and relevance of services. *International Journal of Mental Health and Addiction* 5**,** 292-306.

[3] Ingle, P. J., Marotta, J., Mcmillan, G. & Wisdom, J. P. 2008. Significant others and gambling treatment outcomes. *J Gambl Stud,* 24**,** 381-392.

[4] Kalischuk, R. G., Nowatzki, N., Cardwell, K., Klein, K. & Solowoniuk, J. 2006. Problem gambling and its impact on families: A literature review. *International Gambling Studies,* 6**,** 31-60.

### 2.2.2 Real time chat and email support

Almost 1800 people accessed one of the counselling options offered via *Gambling Help Online.* As shown in Table 2 below for the 2010/11 year, 1491 people accessed the real time chat and 288 people used the email support program. Email clients exchanged 753 emails ranging from a single session exchange (48.3%) to just under a third of clients engaging in six or more emails (32%).

Table 2
*Service usage for Gambling Help Online 2010-11*

| | **Real Time Chat** | **Email Support** |
|---|---|---|
| Calls answered | 1491 | 288 (clients) |
| Gambler | 85% | 74% |
| Family/friends | 14% | 24% |
| Gender (% male) | 56% | 46% |
| Age (%) | | |
| Under 29 | 45% | 42% |
| 30-39 | 30% | 20% |
| 40-49 | 15% | 18% |
| Over 50 | 11% | 19% |
| Gambling Type | | |
| EGM | 64% | 68% |
| Horses/dogs | 15% | 14% |
| Casino/cards | 8% | 7% |
| Sports bet | 7% | 6% |
| Other | 6% | 6% |
| Service Knowledge (%) | | |
| Internet | 66% | 70% |
| Promotional material | 16% | 15% |
| Family/friends | 8% | 5% |
| Other | 10% | 10% |

Compared with helplines, more people access the immediate real time chat for their own gambling. They are more often male and aged less than 30 years. *Gambling Help Online* is unique in attracting this vulnerable demographic.

Since its launch in 2009, reported rates of internet and sports betting have increased. In September 2010 an additional pre-screening field was introduced 'preferred mode of gambling'. Almost 30% of clients stated that their preferred mode of gambling was via the internet (desktop and mobile devices). Similarly, most people accessing their help online sourced the referral information online.

Typically, helpline counsellors find it difficult to collect ethnicity information, due in part to the lack of a physical presence. *Gambling Help Online* provides some interesting information on ethnicity as the client completes this data field themselves prior to commencing a counselling session. While 67% of real time chat clients identified their ethnicity as Australian, Chinese (5.5%), New Zealander (2.3%) and Indian (2.1%) were also identified. While helplines rarely identify ethnicity as Aboriginal or Torres Strait Islander, in 2010/11, 22 real time chat and five email support clients identified themselves as Aboriginal.

*Gambling Help Online* includes the Problem Gambling Severity Index within pre-session screening. The average score for real time chat clients was 21.1 with a range between 0

and 27. Five clients were not currently experiencing gambling related harm and eight clients were classified as low to moderate risk. All other contacts were classified as probable problem gamblers (n=1220). The average score for email support clients was 20.3 with a range between 0 and 27. Six clients were not currently experiencing gambling related harm and two were classified as probable problem gamblers (n=206).

### 2.3 *Ready to Change* CBT program

Since its launch in 2008, the *Ready to Change* program has provided over 2000 scheduled telephone-counselling sessions to 390 gamblers. Client demand for the service has increased steadily with excellent feedback received from clients in relation to the flexibility and utility of the model.

A review of the first three years of service engagement indicates more females (56%) accessed the program than males[5]. The mean age was 44 years (range 19-81), mostly employed full-time or part-time (68%) and engaged in EGM gambling (82%).

Entry to the RTC program was limited to those who would not or could not access face-to-face services. The most common reasons for referral were structural access to services including a convenient time or location.

## 3. Ease of access to assistance for problem gambling

While free services are offered in every Australian state and territory, it is estimated that fewer than 10% of people seek formal face-to-face treatment[6]. Turning Point has been working with funding bodies to provide innovative and accessible services to both reduce barriers to treatment and facilitate treatment uptake and engagement.

### 3.1 Shame, stigma and anonymity

A reluctance to admit having a problem due to shame and embarrassment, not wanting others to know about the gambling and a desire to recover without formal assistance are the most commonly cited individual barriers to treatment[7]. Helplines offer an anonymous and confidential first point of contact for people who may otherwise not have made contact with treatment or support services. Confidentiality and anonymity in helpline services are important for many callers in reducing the fear of stigma and shame often associated with disclosing gambling problems.

The absence of physical presence during online interventions makes them potentially less stigmatising and easier to access. A systematic review on why healthcare interventions are delivered over the internet found this mode ideal in reaching isolated groups and those with conditions associated with high amounts of stigma[8].

An evaluation of *Gambling Help Online* by ARTD consultants in 2011 found high levels of satisfaction, 63% rated overall satisfaction as 8 or more out of 10 and 95% would

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[5] Rodda, S. & Lubman, D. 2012. Ready to change: A scheduled telephone-counselling program for problem gambling. *Australasian psychiatry,* in press.

[6] Productivity Commission 2010. Gambling. Draft Report ed. Canberra.

[7] Pulford, J., Bellringer, M., Abbott, M., Clarke, D., Hodgins, D. & Williams, J. 2009a. Reasons for seeking help for a gambling problem: The experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. *Journal of Gambling Studies,* 25**,** 19-32.

[8] Griffiths, F., Lindenmeyer, A., Powell, J., Lowe, P. & Thorogood, M. 2006. Why are health care interventions delivered over the internet? A systematic review of the published literature. *Journal of Medical Internet Research,* 8.

recommend the service to a friend[9]. Consistent themes to emerge were that the online service was easy to access, easy to talk about the problem and an easy first step.

- Because it helped me (16 comments, 29%)
- It's a good place to start, an easy first step (14 comments, 25%)
- It's confidential, you can be anonymous (12 comments, 21%)
- You can talk to someone immediately (5 comments, 9%)
- It helps you be honest about your problem (5 comments, 9%)
- It's convenient, easy to access, easy to use (4 comments, 7%)
- Good way of learning about resources, other ways of finding help (3 comments, 5%)
- You can write or say what you think freely (3 comments, 5%)
- You can transition to face to face if you need to (2 comments, 4%)
- You can go at your own pace (1 comment, 2%)

Less satisfied clients generally had a preference for face to face counselling but were using GHO as a first step. Indeed, around 70% of online clients had never sought treatment before, with younger people having a strong preference to access their treatment online.

## 3.2 Structural barriers to treatment

When treatment is sought, concerns regarding the availability of services increase[10]. A survey of callers to the New Zealand Gambling Helpline found a quarter of respondents were unable to access an appointment at a suitable time and almost 20% said that treatment at a face-to-face service was not preferred[11]. Agency opening hours, geographic location, waiting lists and practical issues around appointment attendance, such as transport and child minding, can impose structural barriers to help-seeking.

The *Ready to Change* program is unique in that it specifically targets those who experience barriers to treatment. The inclusion criteria under which the program is offered includes (1) Clients who experience barriers to accessing treatment services in the community (e.g. structural/systematic barriers such as hours of operation, travel) or (2) Clients who prefer to access support services by telephone (e.g. individual factors such as flexibility, convenience, concerns around privacy, stigma).

Due to these conditions of entry, less than 2% of eligible gamblers to the Victorian Gamblers Helpline are offered the RTC program. Research is currently being undertaken on the effectiveness of this program, however we expect that this short-term telephone mode of delivery is attractive due to its convenience, ease of access and lack of physical presence leading to less embarrassment and ease of access to treatment.

Helplines/online provide options to those unable to access services during business hours. *Gambling Help Online* receives 70% of contacts outside of business hours (Monday – Friday, 9am-5pm) and the Victorian Gambler's Helpline receives over half its contacts outside of business hours. As shown on Figure 1, the online service responds to a greater proportion of contacts in the evenings and overnight compared to telephone services.

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[9] Artd Consultants 2011. Evaluation of gambling help online. Melbourne, Victoria: Office of Gaming and Racing.

[10] Rockloff, M. & Schofield, G. 2004. Factor analysis of barriers to treatment for problem gambling. *Journal of Gambling Studies,* 20**,** 121-126.

[11] Pulford, J., Bellringer, M., Abbott, M., Clarke, D., Hodgins, D. & Williams, J. 2009b. Barriers to help-seeking for a gambling problem: The experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. Ibid.25**,** 33-48.

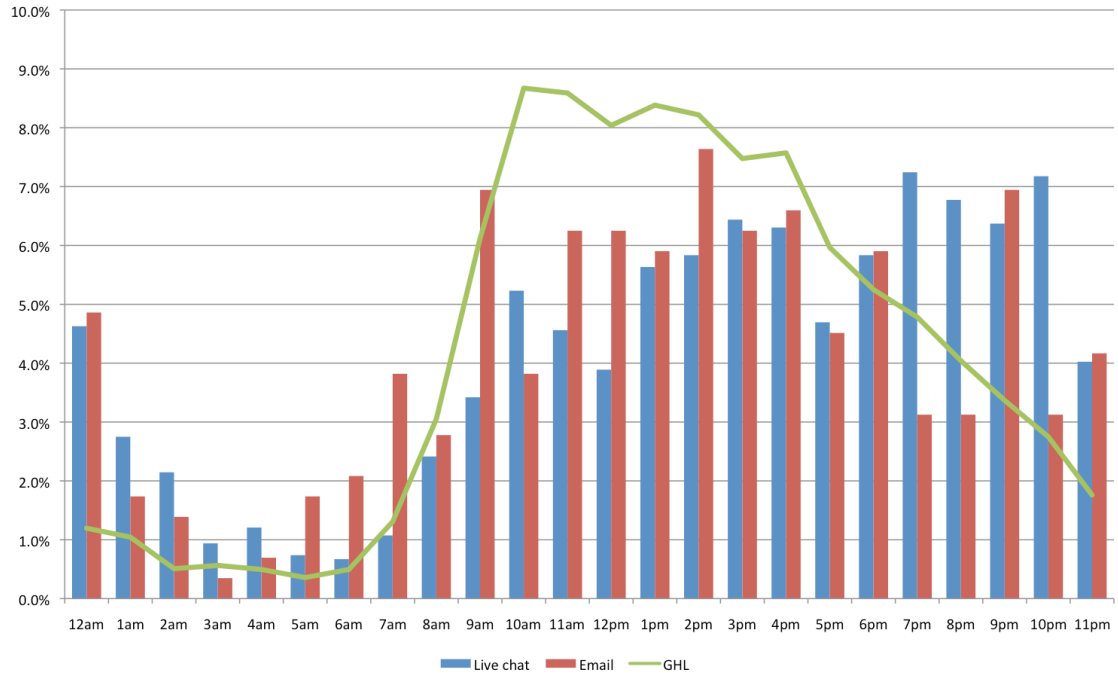


*Figure 1*: Time of contact across 7-days for Gamblers Helpline and *Gambling Help Online*

## 3.3 Service system access and referral

Individual and structural barriers also appear to prevent people from moving from telephone to face-to-face treatment. Approximately half of the callers to the Victorian Gambler's Helpline are provided a referral to another agency with only around two-thirds of people acting on that referral[12].

Since this research was conducted, Turning Point has been actively engaged in reviewing referral practices to improve treatment uptake and continuity of care for clients across the service system. This has included the development and implementation of a system of facilitated referral for all helplines. Commencing in 2006, all helpline callers who are appropriate and amenable to referral are provided with options including: direct telephone transfer during business hours; a referral callback from the gambling agency and/or; standard agency referral where contact details are provided.

Not all callers are appropriate or ready for a referral to another agency. As discussed earlier, helpline callers are a diverse group contacting for: immediate single-session treatment; relapse prevention; support in maintaining change; service and gambling information; and as an adjunct to face-to-face or other treatment.

Around one-third of callers who were offered a facilitated referral state that they want information only. This suggests that they are not ready for (or don't currently require) further treatment.

## 3.4 Access to ongoing support

Most gamblers fluctuate in the severity of their gambling and it is probable that help seeking follows a similar pattern where an individual dips in and out of the treatment system.

[12] Shandley, K. & Moore, S. 2008. Evaluation of gambler's helpline: A consumer perspective. *International Gambling Studies,* 8**,** 315-330.

Approximately 20% of Helpline callers typically indicate previous experience of gambling support or treatment. This might include contact with a face-to-face counselling service; self-help group or other allied health support service. This group of callers may be currently involved with a treatment service or have had a previous experience of treatment in relation to a gambling concern. For this population, it is common for callers to use the Helpline for immediate support in a crisis situation (e.g. feelings of desperation, suicidal ideation), for after-hours assistance when other support systems are unavailable or on an as-needs basis when confronted with challenging situations (e.g. relapse).

Recognising this gap in support during treatment/change attempts and post care, Turning Point is developing moderated online forums for anyone affected by problem gambling. Provided within the *Gambling Help Online* program, the forum will provide low intensity access to professional and peer support 24/7. Research on forums for problem gambling in the UK suggests they are attractive due to reduced shame and stigma and particularly attractive to those who have not previously sought face-to-face treatment[13].

### 3.5 Comorbidity and problem gambling treatment

People with problem gambling experience high rates of comorbid conditions, including depression, anxiety, substance use disorders and nicotine dependence[14]. The telephone based *Ready to Change* program does screen for comorbidity. A recent review has found high rates of psychological distress and moderate to severe functional impairment as measured by the Kessler 6 and Work and Social Adjustment Scale[15]. In addition, there were high rates of tobacco use and moderate to heavy alcohol consumption. Initial client follow-up suggests that some people experienced continuing mental health symptoms even after the gambling problem was resolved. Modules treating mental health and risky alcohol use could be helpful additions to multi-session programs such as *Ready to Change*.

## 4. Methods currently used to treat problem gambling

Turning Point provides gambling services via an integrated telephone counselling and consultancy service model based in Melbourne, Victoria. A shared infrastructure, with a range of alcohol and drug programs, enables an immediate 24/7 response typically within 30 seconds. The current service model has been built from 18 years experience in the provision of distance-based counselling and health intervention models in Australia.

### 4.1 Counselling approaches

Turning Point adopts key state government policy frameworks and clinical guidelines and standards for gambling counselling such as the *Guideline for screening, assessment and treatment in problem gambling* (PGRTC, 2011).

In addition, Turning Point has developed guidelines for online delivery based on the following sources:

- Australian Psychological Society (APS) (2008) Guidelines for providing psychological services and products on the internet
- Victorian Government (1999) Guidelines for the development of online counselling and crisis management services
- American Counselling Association (ACA), Code of Ethics (2005)

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[13] Cooper, G. 2004. Exploring and understanding online assistance for problem gamblers: The pathways disclosure model. *International Journal of Mental Health and Addiction,* 1**,** 32-38.

[14] Lorains, F. K., Cowlishaw, S. & Thomas, S. A. 2011. Prevalence of comorbid disorders in problem and pathological gambling: Systematic review and meta-analysis of population surveys. *Addiction,* 106**,** 490-498.

[15] Rodda, S. & Lubman, D. 2012. Ready to change: A scheduled telephone-counselling program for problem gambling. *Australasian psychiatry,* in press.

- International Society for Mental Health Online (ISMHO) Suggested principles for the online provision of mental health services (accessed 12/11/2010)

### 4.1.1 Engagement

Often this is the first time the client has told anyone about his or her concern or spoken to a professional. As with all supportive interventions the development of a therapeutic relationship is essential.

A client-centred approach in a telephone-counselling environment builds rapport, trust and a therapeutic alliance in a relatively short period of time. Counsellors are skilled to build empathy, respect and unconditional regard with the caller in the telephone-counselling environment through tone of voice, language, and pacing of the call.

### 4.1.2 Screening for problem gambling

When working with a caller, counsellors typically explore a broad range of issues around the gambling behaviour, including (but not limited to) the frequency, duration and severity of gambling behaviour(s), gambling types, treatment/help seeking attempts, social supports and what has motivated the caller to make a call at this time.

## 4.2 Counselling Intervention

Services are provided in line with a bio-psychosocial approach to gambling, consistent with a public health orientation. Key intervention frameworks include cognitive-behavioural therapies, solution-focused therapies, motivational interviewing and the Stages of Change model.

The stage of change model has implications for interventions and processes used in treatment. Helpline/online clients present at varying readiness to change, requiring different clinical responses.

- Pre-contemplative clients typically contact in response to the request of another, or when experiencing legal or financial difficulty. People at this stage find the positives of gambling outweigh the negatives. Typically the counsellor's role is to raise awareness, provide harm reduction information/education, and explore the advantages and disadvantages of current patterns of gambling.
- Contemplative clients feel ambivalent about their gambling. Though they often enjoy it, the costs associated with the gambling behaviour may be high. The counsellor's role is to tip the balance by evoking reasons to change and identifying risks of not changing. Strengthening client's self-efficacy for change of current behaviour is important.
- People in preparation feel ready to manage the problem and have made the decision to do something about it. Additionally, they have scheduled a time in the very near future in which to commence making changes.
- The action stage is when people develop a package of strategies that assists them to change their behaviour. Counsellors typically assist with developing strategies for change such as identifying high-risk situations, goal setting, managing finances and identifying social support.
- People in maintenance have successfully changed their behaviour so that it is integrated into daily routines. This group typically contact helpline/online for ongoing support, reassurance and encouragement. Addressing other issues such as grief and loss may become important.
- Lapse/relapse is a common part of the process of change. Counsellors assist clients to normalise the experience and assess triggers that may have instigated the lapse/relapse. Clients can then reset goals and reframe the experience as a learning opportunity.

Ideally the service system and counselling interventions are responsive to client readiness to change. This should include advertising and collateral that targets people at different stages of change (e.g., current quit smoking campaign normalises these stages).

Helpline/online counsellors also apply different counselling techniques according to the client's stage of change.

*Motivational Interviewing*

- Motivational interviewing works to enhance motivation to change by exploring and resolving ambivalence. It is particularly helpful for clients in contemplation stage of change.
- Counsellors aim to elicit behaviour change by helping clients to explore the potential problems caused, consequences experienced, and risks faced as a result of their gambling. Counsellor's work within the framework of respectful collaboration, asking open-ended questions, providing affirmations, reflective listening and periodically providing summary statements to the client. The goals of motivational interviewing are to establish rapport, elicit change talk and establish a commitment from the client.

*Cognitive Behavioural approach*

- Cognitive Behavioural Therapy (CBT) addresses erroneous cognitions, through the identification of current thought patterns and resulting behaviours. This approach is particularly helpful for those in preparation and action stage of change.
- Rather than focusing on negative and often global interpretations and assumptions by the client - there is an examination of gambling patterns in the 'here and now', with attention to present thinking and resulting behaviours.
- The counsellor explores alternative thinking and behaviour. This includes addressing erroneous cognitions, urges to gamble, activity scheduling and rewards, and goal directed relapse prevention strategies.

*Solution Focused Brief Therapy*

- Solution focused brief therapy (SFBT) assumes that change happens when (1) people experience themselves as competent (2) people believe a situation can be altered (3) people work towards the desired situation rather than focusing on the current problem.
- The approach does not focus on the past, but rather on the present and future. The counsellor invites the client to envision a preferred future, and explore when, where, with whom and how aspects of the preferred future are happening.
- SFBT focuses on existing client strengths and resources, which can be accessed by identifying exceptions to present unhelpful thinking, feelings or behaviour. The client is positioned as expert; with the counsellor identifying and facilitating the implementation of the client's own solutions.
- Some callers to our service are not ready to work with a face-to-face agency or are generally tentative about disclosing the extent of their gambling. Using SFBT can facilitate a person-centred approach with solutions already existing within the client. The counsellor elicits these solutions through respectful curiosity, remaining closely attentive to identifying each client's unique capacity for change.
- SFBT may be particularly helpful for those in pre-contemplative stage of change. As discussed above, some callers do so at the insistence of another. Counsellors explore this issue by asking questions like 'what could you do to get your parents to calm

down about your gambling?' Similarly this approach can be helpful during action and lapse or relapse in clarifying goals.

In addition to therapeutic techniques used on helpline/online, the *Ready to Change* (RTC) program is based on established Motivational Enhancement Therapy and Cognitive Behaviour Therapy methods[16,17]. Core content covers resolving ambivalence and goal setting, urge management, uncovering and correcting erroneous cognitions, scheduling alternative activities and rewards and relapse prevention. While relapse prevention is a specific content module, the entire program was designed to prevent relapse as most gambling interventions demonstrate effectiveness at least over the short term, albeit with high relapse rates.

The average length of a helpline call that involves an immediate brief intervention is between 20-30 minutes. In comparison, brief interventions online are typically between 45 minutes and an hour. The increased length of online contacts is due in part to the medium (typing is time intensive compared with oral communication) and the nature of the contact (new treatment seekers, time of day).

## 5. Data collection, research and evaluation issues

Helpline services for problem gambling have been operating in Australia for over 15 years. Over this time, the range of services has increased to include semi-structured short-term programs and online counselling, including real time chat and email. However, helplines have attracted little research or evaluation. Current issues for the delivery of services are discussed below.

*Data collection*

- While Turning Point operates four of the eight statewide gambling helplines in Australia, minimum data sets differ in terms of labels and values (e.g., type of gambling, ethnicity versus cultural identity). In addition, research currently being undertaken on *Gambling Help Online* suggests jurisdictional differences in demographics and gambling involvement. A single national minimum dataset would lead to greater ease of comparisons between jurisdictions.

*Evaluating the effectiveness of brief interventions*

- Despite helpline services attracting the largest number of people concerned about a gambling issue, they are often excluded from research on the effectiveness of problem gambling treatments.
- There is a growing evidence base internationally that single session and brief interventions are effective for problem gambling. For example, a Canadian study comparing MI, BT and CT with a minimal intervention found the 90-minute minimal intervention (feedback on assessment and practical strategies) produced reductions in DSM-IV symptoms comparable with longer-term interventions[18]. Helpline/online counsellors apply therapeutic approaches according to caller stage of change and presenting issues. For example, contemplative callers are often treated with motivational interviewing techniques, such as resolving ambivalence, whereas clients who have already resolved to change may be provided strategies to prevent relapse. Research examining the effectiveness of this approach for telephone and online

[16] D Hodgins, "Becoming a winner: Defeating problem gambling: A self-help manual for problem gamblers," ed. Calgary Regional Health Authority (Calgary, Alberta, Canada2002).

[17] R Ladouceur and S Lachance, "Overcoming your pathological gambling: Workbook.," (New York: Oxford University Press., 2006).

[18] Toneatto, T. & Gunaratne, M. 2009. Does the treatment of cognitive distortions improve clinical outcomes for problem gambling? *Journal of Contemporary Psychotherapy,* 39**,** 221-229.

settings is yet to be conducted.

- Similar to *Gambling Help Online*, online interventions attracting large numbers of clients are typically anonymous single-session interventions (e.g., *Kids Help Online, Counselling Online, GamCare-UK*). However, available guidelines typically relate to ongoing counselling provided to registered clients (e.g., Australian Psychological Society, 2008, *Guidelines for providing psychological services and products on the internet*). Developing national guidelines for single session online interventions would be beneficial.
- There is also an urgent need to develop standardised screening and treatment guidelines for brief and short-term interventions. This should be across telephone, online and other modes of delivery.

*Embedding research in clinical services*

- Due to its research, education and clinical functions, Turning Point is uniquely placed to develop and evaluate evidence-based interventions. Over recent years, Turning Point has developed real time chat and email support guidelines for counsellors, an evidence-based short-term telephone counselling program and a checklist for working with family and friends affected by problem gambling.
- In 2008, Turning Point undertook a quantitative and qualitative review of calls from family and friends to the Queensland and Victorian helplines. This included an internal analysis of data over three years including presenting issues and contact outcomes (such as counselling and referral interventions). In parallel, Turning Point undertook a series of interviews with helpline counsellors to identify knowledge and attitudinal factors in responding to this population.
- Issues identified through this project were reviewed in the context of (limited) practice literature, resulting in a checklist to assist counsellors to respond to family members in Queensland. Counsellors were then engaged in a series of group exercises to promote learning outcomes and further development of the checklist. Learnings from this project were also presented to the Gambling Help network at the annual Queensland forum in 2008 and have been extended to all Gambling Helplines.
- This initial investigation involving family and friends prompts further questions on how best to treat this group. Little is known on whether brief interventions are effective, the most efficient delivery of services (e.g., helpline, online, face-to-face) or key ingredients for evidence based interventions (e.g., increasing confidence, reducing distress) for concerned family or friends.
- Problem gambling is recognised as highly comorbid with other conditions such as depression, anxiety, substance and tobacco use. Treatment to specifically target these conditions could be provided within existing treatment or as an adjunct (e.g., series of modules). However, almost nothing is known on the best method to treat comorbid conditions (e.g., before, during or after gambling treatment), how comorbidity impacts on outcomes or how clients would prefer to receive treatment for comorbid conditions.
- The rates of comorbid conditions within helpline/online populations are unknown. Implementing screens within the helpline/online services would provide information for both clients and counsellors and contribute towards our knowledge of gambling and comorbidity.

*Client satisfaction and service preferences*

- Most gamblers fluctuate in the severity of their gambling and it is probable that help seeking follows a similar pattern where an individual dips in and out of the treatment

system. The current treatment service system does not readily support easy access or escalation between services. Research identifying how clients would prefer to access the range of services offered and how the service system should work together to support clients and concerned others is required.

- Acknowledging that shifting motivation, problem resolution and readiness to change influences help seeking; methods could be introduced to help clients stay connected to the gambling treatment system (e.g., proactive or assertive follow up).
- Similarly, there is a gap in support during treatment/change attempts and post care. Better integration between services could provide formal after-hours and post care support via helpline or online modalities.
- *Gambling Help Online* is attracting one of the most vulnerable groups (i.e., young men). It would be helpful to understand service features attractive to young people so that services can be designed appropriately (e.g., immediate assistance where no appointment is required).
- Higher rates of Aboriginal and Torres Strait Islander people accessed the online service compared with helplines. Whether the different reporting of ATSI status is due to data collection issues or a preference for online counselling is yet to be determined.
- Little is known of differences between modalities (face-to-face, online, helpline) in terms of who accesses services, whether preferences predict engagement and the outcomes of interventions.
- Similarly, the emergence of online gambling may have created a new cohort of treatment seekers that prefer to access their treatment online.

*Impacts on service usage*

- We expect television, print and online advertising to significantly affect the volume and type of client presentations. This includes client demographics, type of gambling and whether the client is the gambler or family member. Future research might identify how advertising impacts client presentations during campaign and non-campaign periods (e.g., readiness to change, number of services accessed).
- *Ready to change* is unique in that it specifically targets those who experience barriers to treatment. Given that it is offered to fewer than 2% of callers, the true demand or preference for this short term, distance based modality is not known.
- Facilitated referral involves chaperoning clients from the helpline to face-to-face services. While this system operates across all helplines provided by Turning Point, the impact on appointment attendance is not fully known.

*Professional development*

- Currently there is no recognised specific clinical accredited training for new problem gambling counsellors. While it is acknowledged interventions share similarities with substance use, gambling specific interventions such as cognitive therapy are unique.
- In addition, professional development involving new and emerging gambling types is required.
- The Productivity Commission report recommends closer linkages between specialist gambling and other community based services. High rates of comorbidity, and relatively low presentations to gambling services suggest people may be presenting at other services (e.g., general practitioners, allied health, alcohol and drug services). Providing professional development to other workforces could provide both early intervention and a referral pathway for those affected by problem gambling.

- Turning Point operates Drug and Alcohol Clinical Advisory Service (DACAS) in Victoria, Tasmania and the Northern Territory. It is a 24-hour, 7-day specialist telephone consultancy service that provides clinical advice to health professionals who have concerns about the clinical management of patients and clients with alcohol and other drug problems. A similar service for the clinical management of patients with gambling problems could also be provided to professionals (e.g., GP's, mental health, accountants, financial advisers).
- While there is a growing evidence base for the treatment of problem gambling, there is a need to ensure that treatments are being delivered as intended. Critical to treatment integrity are clinical supervision and governance models.