

AN INTRODUCTION TO GAMBLER'S HELP FOR GPs

"I kept giving hints to my GP about my anxiety but it wasn't until a locum asked me directly about gambling that I got the help I needed." (male, 40s)



Victorian
Responsible
Gambling
Foundation



Gambler's
Help
1800 858 858

gamblershelp.com.au



Victorian
Responsible
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Foundation

Professional
Development
Centre

The focus of the Victorian Responsible Gambling Foundation's Professional Development Centre is to improve treatment services for gamblers by contributing to the professional development of clinicians.

The centre provides a range of learning opportunities from one hour webinars delivered by leading gambling academics to a three day Foundation Course for counsellors.

The centre has a well developed For Professionals section on the foundation's website (www.responsiblegambling.vic.gov.au / For professionals) which provides a range of resources to clinicians working in this area.

The centre provides a link between research and clinical practice by developing treatments which are informed by research findings, and undertaking innovative research that is informed by treatment practice.

For copies of this workbook, to provide feedback or to find out more about upcoming training development opportunities: Call (03) 9452 2668 or email pdcc@responsiblegambling.vic.gov.au

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A Victoria free from gambling-related harm

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FOREWORD

This document provides an introduction to the issue of problem gambling in our community and the service system, led by the Gambler's Help sector, which provides help to those affected by gambling.

This short guide provides an overview of the:

- gambling industry in Victoria
- services available for people affected by gambling
- epidemiological data
- issues presented by clients seeking help

The full document with extensive references is available from: pdcc@responsiblegambling.vic.gov.au.

ABOUT THE GAMBLER'S HELP FOUNDATION COURSE

The foundation course is available free to professionals working in the health and community sector. The course has three objectives:

- To prepare counsellors who are new to the sector for working with people experiencing the effects of a gambling addiction or people affected by the gambling addiction of a close other
- To inform counsellor's theoretical conception of gambling addiction and assist their ongoing professional development
- To foster a shared understanding of the clinical footprint of gambling addiction, and a common approach to clinical practice



A simple screening process can help identify problem gambling. When consulting with 'at risk' patients ask a simple screening question: "Have you ever had an issue with your gambling?" or "Has anyone in your family ever had an issue with gambling?" If the patient answers yes to the screening question, consider performing an assessment or referring the patient for a more thorough assessment by a Gambling Help Service.

medicSA, Dec 2013

ADVICE FROM THE AMA

Medical practitioners should be aware of the potential adverse impacts of problem gambling on the physical and mental health of individuals and their families. Patients with problem gambling may present with symptoms that appear unrelated to gambling. Other patients may present with health-related concerns arising from a family member's gambling problem.

Medical practitioners should consider including gambling as part of their systematic lifestyle risk assessment when taking a medical history.

Where relevant, a shared-care approach to the case management of people with gambling problems and their families may be developed. The general practitioner can be assisted by community agencies such as gambling intervention and counselling services, community mental health, relationship counselling, alcohol and drug services, financial advisory services and legal services.

AMA Position Statement – The Health Effects of Problem Gambling 2013

INTRODUCTION

WELCOME TO THE GAMBLER'S HELP SECTOR.

Clinicians notice themes in addictions. With alcohol addiction it's denial. For nicotine it's bravado and despair, while the theme for cannabis addicts is negativity and for opioids, it's crime and a sub culture based on expertise in scoring and using. Gambling is no exception. Gambling clients have themes of confusion: *'What am I addicted to? ... Why can't I just stop?'* and deception. Deception undermines the family and leads to self-loathing but is also one of the most powerful resources for change. Deception makes gambling recovery a tortuous and thorny process.

The gambler's confusion about their behaviour reflects society's lack of understanding about addiction. Until recently addiction was defined by withdrawals or neuro-adaptation. That is, to establish if a person was addicted the drug would be withheld and if they went into withdrawal, they were addicted. This worked reasonably well for drugs such as opioids and alcohol, not as well for nicotine, benzodiazepines and cannabis and not at all for drugs like Ecstasy or Acid.

This was a completely pharmacological definition of addiction. As a definition of addiction, withdrawal is useless for the behavioural addictions such as gambling or internet porn. This leaves gamblers, their families and the community with an implicit definition of gambling as related to character flaws or weakness of will.

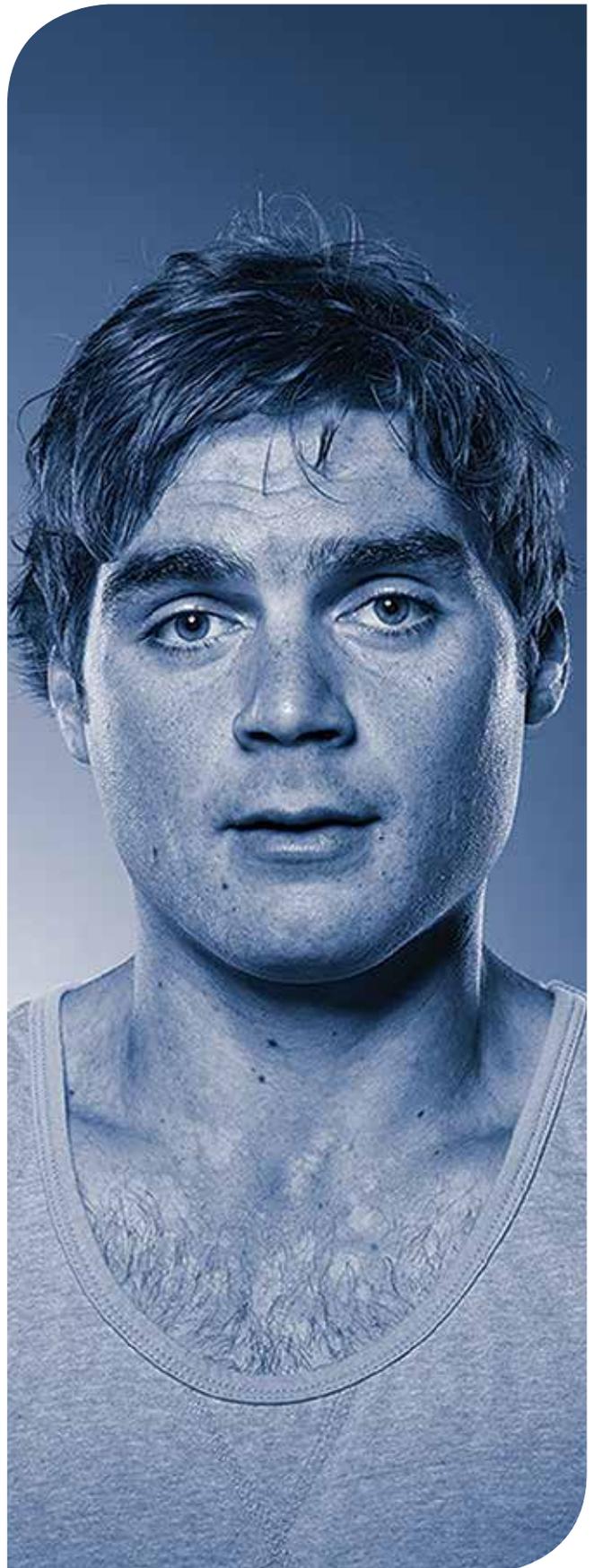
Confusion and a pejorative model of addiction drive gamblers to deception from themselves and others; often surprising both by the lengths to which gamblers go to hide their gambling.

Deception is anathema to a loving and trusting relationship and families are as painfully affected by gambling as families affected by other addictions.

Another factor in widespread moral explanation of addictions and in particular gambling is the role of choice. It's rare for addictive substances to not be self-administered and gambling always involves some kind of overt act. This reinforces the view of gamblers as making faulty choices and displaying moral weakness.

Our gambling clients arrive confused and bewildered by their loss of control over gambling. They are desperate to rediscover hope and to find a way to believe that despite their frequent failures in controlling their gambling they can succeed.

This guide seeks to connect GPs with the Gambler's Help sector to reinforce the foundation's 'no wrong door approach' to ensuring people with gambling problems can get help when and where they need it.



THE STRUCTURE OF THE GAMBLING INDUSTRY IN VICTORIA

The following forms of gambling are legal in Victoria:

- Electronic Gaming Machines (EGMs)
– also known as pokies
- Casino games
- Wagering
- Online sports betting
- Keno
- Lotteries
- Bingo

All of these forms of gambling are regulated in Victoria.

In Victoria, the Victorian Commission for Gambling and Liquor Regulation (VCGLR) regulates gambling in clubs, hotels and the Crown casino as well as sports betting and wagering. Gambling businesses or activities need the commission's permission to operate in Victoria.

The offices of the Minister for Liquor and Gaming Regulation and the Minister for Racing have responsibility for developing and implementing policies on gambling as well as amending the legislative framework in Victoria as required.

Horse sense is a good judgment which keeps horses from betting on people.

W.C. Fields

Different forms of gambling are legalised or prohibited by Victorian and Commonwealth legislation. The Victorian *Gambling Regulation Act 2003* legalises gambling on EGMs, keno, lotteries and bingo while the *Casino Control Act 1991* legalises gambling on casino games at the Crown Casino.

The Commonwealth *Interactive Gambling Act 2001* legalises online sports betting and online wagering in Australia from licensed providers, however, it prohibits the provision of other forms of online gambling like EGMs and casino games.

The diagram below illustrates the broad structure of the gambling industry in Victoria.

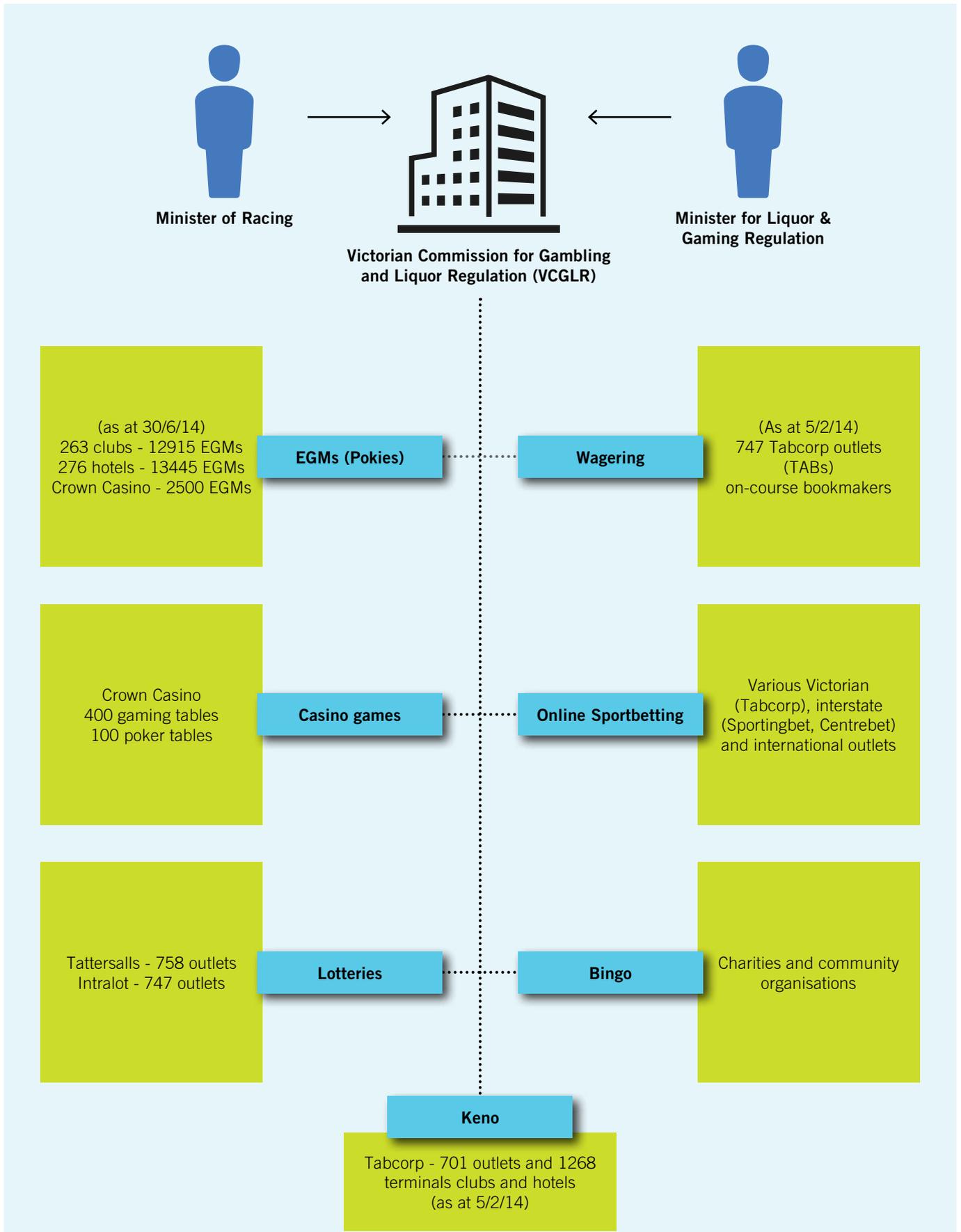


Figure 1: Structure of the gambling industry in Victoria

THE GAMBLING SERVICE SYSTEM IN VICTORIA

GAMBLER'S HELP TELEPHONE LINE

Advice and support is available 24/7 through the Gambler's Help telephone line and Gambler's Help Youthline. These phone helplines refer clients to local services for face to face counselling and send resources and materials on request.

- Gambler's Help FREECALL 1800 858 858
- Gambler's Help Youthline FREECALL 1800 262 376

Where a client doesn't want face to face counselling, the helpline will refer them to a local service for call back and telephone counselling.

It's really important if you give out this number that you warn the person that they aren't guaranteed that a live operator will pick up their call. If all operators are engaged at a given time then the call will go through to voicemail. The service **will** call back and **is** discreet. They know what they're doing.



Go to the foundation's website to find out more about the Helpline and Youthline:

- www.responsiblegambling.vic.gov.au
Getting Help section

SELF-HELP RESOURCES

If you are talking to a client or colleague about problem gambling you should let them know about the self-help options available to them. Self-help tools can help people build confidence and work through gambling issues at their own time and pace.

There are quite a few self-help options, many of these are available in languages other than English:



Go to www.gamblershelp.com.au for an extensive list of self-help resources.

He who sees a need and waits to be asked for help is as unkind as if he had refused it.

Dante Alighieri

A range of services are available in Victoria to cater for the needs of individuals, family members, affected others or allied health professionals.

As a counsellor working in a local service you will need a broad awareness of the range of services, as well as a solid knowledge of the range of local services.

GAMBLING HELP ONLINE

Gambling Help Online is funded as part of an agreement between all state and territory governments and the Australian government. As with the helpline, the online service is operated by Turning Point Alcohol and Drug Centre.

This service provides access to counselling and information services.

Gambling Help Online provides:

- 24/7 availability of chat and email counselling and support services
- Links to professional counsellors with expertise in problem gambling and online services
- Integration with state based 24/7 telephone services and face-to-face counselling
- Provision of extensive website content, self-help information and weblinks for additional support.



Visit gamblinghelponline.org.au and responsiblegambling.vic.gov.au for more about online support and treatment services.

MENTAL HEALTH RESOURCES

The foundation funds two mental health service providers to support counsellors working in the gambling help sector who are working with clients and families with complex issues.

BOUVERIE

The Bouverie Centre is part of La Trobe University specialising in family and systemic therapy. The Bouverie provides specific training in these areas and offers a program of Family Practice Champions.

ALFRED

The **Alfred Hospital State-wide Problem Gambling and Mental Health Program** (PG&MHP) provides mental health consultations to the local services. The program is staffed by highly experienced and qualified clinicians with a background in psychiatry, psychology and social work who specialise in the diagnosis and treatment of comorbid mental health and problem gambling disorders.

The Alfred clinicians do phone consultations, run regular 'Grand Round' webinars where difficult clinical situations are discussed in a teaching environment and visit services for case reviews.

SELF-EXCLUSION (SEP)

A self-exclusion program is a service offered by the gaming industry to people who wish to ban themselves from gaming rooms in clubs and hotels around Victoria.

The currently operating self-exclusion programs are:

- **Australian Hotels Association (AHA):** Direct all enquiries about the Association's self-exclusion program to (03) 9654 3491 (24 hour, 7 day message service) or email maha@ahavic.com.au.
- **Clubs Victoria Inc.:** Direct all enquires about the Clubs Victoria Inc. self-exclusion program brochures to 1300 787 852 or email codeoffice@clubsvic.org.
- **TAB:** Call 1800 882 876 Customer Service Centre for information about Betcare, Tabcorp's wagering self-exclusion program, or talk to staff at any TAB outlet.
- **Crown Casino:** Call the Crown Responsible Gaming Support Centre on 1800 801 098 for information about the Crown Casino self-exclusion program.



Some changes in the AHA and Clubs Self Exclusion programs are expected early in 2015.

A person can enter a deed of self-exclusion (on a voluntary basis) from the gaming room of a nominated venue or venues. The person commits not to enter the gaming room of nominated venues for between six months and two years and in addition they authorise venue staff to stop them entering gaming room and if necessary remove them.

A self-excluded person can still use the other facilities on offer at the venue. It is the responsibility of the gaming room staff at the venue to ask any person on the venue's self-exclusion program, once they are detected, to leave the gaming room.

GAMBLER'S HELP LOCAL SERVICES

Gambler's Help offers face to face counselling provided by agencies across Victoria including community health services and child and family welfare agencies.

Gambler's Help is a free and confidential service offering a range of specialised counselling services to people with a gambling problem as well as their partners and close family members.

In addition to therapeutic and financial counselling services, Gambler's Help local services also provide a range of additional services for clients including:

- Peer connection programs
- Self exclusion support
- Recovery assistance program (RAP)
- Community education and prevention.

PEER CONNECTION PROGRAM

The foundation currently funds two peer connection programs which are delivered by trained volunteers who have overcome problem gambling issues.

The program offers confidential telephone support to individuals experiencing problem gambling issues and those affected by the problem gambling of others. The program does not offer professional counselling but rather the support of a peer who is able to empathise based on their personal experience of problem gambling. Activities of the volunteers during sessions consist of active listening and sharing mutual stories and support:

- Peer Connection Program (Banyule Community Health)
- Chinese Peer Connection Program (Eastern Access Community Health)



More information is at:
www.responsiblegambling.vic.gov.au
and search for peer connection

RECOVERY ASSISTANCE PROGRAM (RAP)

Problem gambling is known to significantly affect the financial stability of problem gamblers and their families. RAP can help stabilise individuals and families who are in financial difficulties arising from problem gambling. The program provides short term relief in order for the gambling problem underlying the financial crisis to be addressed. RAP is intended to provide material and financial assistance to individuals and their families when gambling has resulted in financial crisis.

LOCAL COMMUNITY EDUCATION AND PREVENTION PROGRAM

The Victorian Responsible Gambling Foundation's Local Community Education and Prevention Program delivers a range of planned activities with the aim of building community resilience to problem gambling through increased awareness of problem gambling and promotion of responsible gambling and the Gambler's Help Service system.

The local community education model is delivered via three programs:

- community education
- venue support
- prevention grants

Gambler's Help Service Community Education Program

The Gambler's Help community education program delivers a range of locally appropriate initiatives to:

- increase help-seeking across the range of gamblers help services
- improve community knowledge about the potential harms and risks associated with gambling
- encourage responsible gambling behaviour

There are 21 specialist community educators based at Gambler's Help organisations across Victoria who provide local community education and prevention activities. These vary across catchments and are tailored to local communities but can include attending community events and providing talks to workplaces, community groups, schools and vulnerable groups.

Community education does not involve direct clinical services to individuals.

Gambler's Help Venue Support Program

The Gambler's Help Venue Support Program provides training and support in responsible gambling practices and environments for gaming venue staff and management.

The objective of the program is to build the capacity of gaming venue staff to:

- respond appropriately to patrons displaying signs of problem gambling
- improve the awareness of the support services available for people experiencing gambling related harm
- support the development of responsible gambling practices consistent with approved industry responsible gambling codes of conduct.

Venue support workers can tailor training and support to suit the needs of a particular venue. They interact with venue management and staff but not patrons. Importantly, venue support workers do not assess compliance, this is a key role of the Victorian Commission for Gambling and Liquor Regulation (VCGLR).

Prevention Project Grants Program

The foundation commenced a new grants program to deliver local prevention projects across Victoria from 1 July 2014. The 15 funded local prevention projects will be delivered by a range of agencies to a number of population target groups such as young people (including apprentices), trades and labourers, international students; aboriginal community; CALD communities, prisoners and those in other health services and health related sectors.



Go to www.responsiblegambling.vic.gov.au / Awareness and prevention to find out more about the local prevention program.

CALD SERVICES

Five ethno-specific agencies have been funded to support community members affected by gambling issues (both gamblers and other people affected by someone else's gambling). Services will be a mix of counselling, casework and other support. These organisations will work with the Vietnamese, Chinese and Arabic speaking communities. The Multicultural Centre for Women's Health has also been funded to promote services and provide culturally appropriate community education and support services about gambling issues. They will also work with each of the new services:

- Springvale Indo-Chinese Mutual Assistance Association Incorporated (SICMAA)
- Australian Vietnamese Women's Association (AVWA)
- Chinese Gambling Concern Incorporated (CGCI)
- Arabic Welfare Incorporated
- Victorian Arabic Social Services (VASS)
- Multicultural Centre for Women's Health

ABORIGINAL COMMUNITIES

Aboriginal communities are vulnerable to problem gambling issues. Two preliminary surveys, one in Queensland and the other in New South Wales, suggest that the prevalence of problem gambling among Aboriginal Australians is as much as 15 times greater than that of the general Australian population. Two Victorian services are funded to meet the needs of Aboriginal communities:

- Victorian Aboriginal Health Service (VAHS), to provide problem gambling counselling services to Indigenous clients
- Victorian Aboriginal Community Services Association (VACSAL), which provides capacity building assistance for Gambler's Help services.

In September 2014, the foundation announced services for regional Aboriginal communities would be increased with three local organisations to provide services in the Loddon Mallee, Goulburn Valley and Gippsland catchments. It is anticipated these organisations will provide direct services to their local communities and support Gambler's Help agencies to meet the needs of local people.

CROSS-SECTOR COLLABORATION

Cross-sector collaboration is a way of providing services for individuals and/or families with complex needs. Cross-sector collaboration allows agencies to better manage the complex needs of clients, and provide a more holistic and coordinated service.

By working across sectors, Gambler's Help services can contribute to a growing pool of knowledge, expertise, funding, shared referrals and other valuable resources which can improve outcomes for clients.

Cross-sector collaboration: Implications for Gambler's Help background paper published by the Victorian Responsible Gambling Foundation and the Bouverie Centre (2014) is designed to promote and support cross-sector collaboration in the Gambler's Help sector and includes principles and practical examples of creative ways in which Victorian services have implemented effective cross-sector collaboration.



You can find additional case examples at www.responsiblegambling.vic.gov.au and www.bouverie.org.au.

WHAT ARE THE BENEFITS OF COLLABORATION?

For clients:

- A more responsive service that has the capacity to address a range of inter-related issues
- Increased accessibility to services
- Decrease in service overlap and the need for clients to repeat information
- An easier and more efficient pathway through services.

For agencies:

- Improved accountability; more efficient distribution of resources
- More efficient cross-sector communication pathways
- Achieving continuity of care
- Ensuring responsibility/accountability
- Co-ordinating the planning and delivery of resources for the benefit of service users.

For practitioners:

- Pool of knowledge and expertise enabling creative problem-solving
- An increase in staff morale resulting from a decrease in isolation
- A sense of common purpose
- Improved cross-sector communication.

*It is the long history of humankind
(and animal kind, too) those who
learned to collaborate and improvise most
effectively have prevailed.*

Charles Darwin

- Approximately 30,000 Victorians experience problems with gambling and a further 105-thousand are at moderate risk of developing problems
- Only 10 per cent of people with gambling problems seek formal help

Increasingly recognised as an important public health issue, problem gambling can negatively affect individuals, families and communities.

Many people struggling with gambling often experience co-occurring conditions. When they do come into contact with services it is often for other concerns such as drug, alcohol or mental health issues. Related problems and behaviours can also incur the involvement of family services and the justice system.

The inter-related nature of the issues surrounding problem gambling, and those affected by it, requires an integrated and collaborative response from the service system.

DID YOU KNOW?

People with gambling problems will have experienced at least four of the following problems within a 12 month period:

- Needs to gamble with more money to get the same excitement from gambling as before
- Feels restless or irritable when trying to reduce or stop gambling
- Keeps trying to reduce or stop gambling without success
- Gambling is frequently on the person's mind -- both reliving past gambling experiences, and planning future gambling events
- Gambles when feeling depressed, guilty or anxious
- Tries to win back gambling losses
- Lies to cover up how much they are gambling
- Loses not only money, but also relationships, their job, or a significant career opportunity as a result of gambling
- Becomes dependent on other people to give them money to deal with financial problems that have been caused by gambling

Source: American Psychiatric Association, DSM V, 2013

MENTAL HEALTH

International mental health community based studies show:

- 40-60 per cent of problem gamblers have anxiety disorders
- 50-75 per cent of problem gamblers reported depression in the past year
- More than 60 per cent of problem gamblers have had a lifetime personality disorder
- Problem gamblers are at least 18 times more likely to suffer from a severe mental illness than non-problem gamblers

Source: Miller, H., Victorian Responsible Gambling Foundation, 2014

DRUGS & ALCOHOL

There is a high level of association between problem gambling and drug and alcohol abuse. Community based studies show:

- 50-70 per cent of problem gamblers have a co-occurring alcohol use disorder with the prevalence of problem gambling increasing as the number of units of alcohol consumed weekly increases
- More than 25 per cent of problem gamblers experience both alcohol abuse and severe mental health disorders
- 30-46 per cent of problem gamblers report drug dependence or drug abuse
- Victorian problem gamblers are three to four times more likely to be current smokers than non-problem gamblers

Source: Miller, H., Victorian Responsible Gambling Foundation, 2014

EPIDEMIOLOGY OF PROBLEM GAMBLING

While the individual man is an insoluble puzzle, in the aggregate he becomes a mathematical certainty. You can, for example, never foretell what any one man will be up to, but you can say with precision what an average number will be up to. Individuals vary, but percentages remain constant. So says the statistician.

Arthur Conan Doyle

The information in this section is derived from the epidemiological study *A Study of Gambling in Victoria – Problem Gambling from a Public Health Perspective*, Department of Justice 2009. This was a survey of a representative sample of 15,000 Victorians conducted between July and October 2008. People were asked to describe their gambling behaviours and attitudes to gambling. People with gambling problems were identified through their scores in the Problem Gambling Severity Index (PGSI) which was part of the survey.

PREVALENCE

The study found the following data about who gambles and who among those had problems with gambling:

- 73 per cent of Victorian Adults participated in some form of gambling
- 0.7 per cent of Victorian Adults were identified on the basis of the PGSI scores as having problems with gambling (0.95% for males and 0.47% for females)

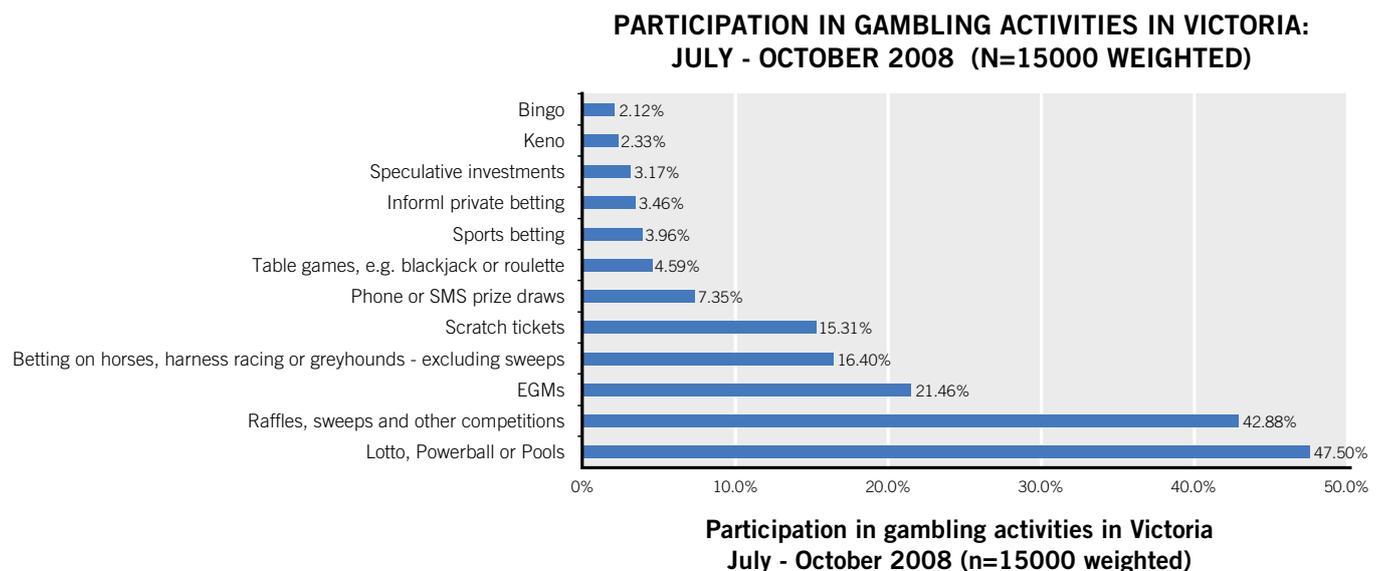


Figure 2: Participation in gambling activities Victoria July-October 2008

COMMUNITY ATTITUDES

The epidemiological study also asked the people who had gambled in the past month whether they considered gambling to be a serious social problem and whether local government did enough to address the problem.

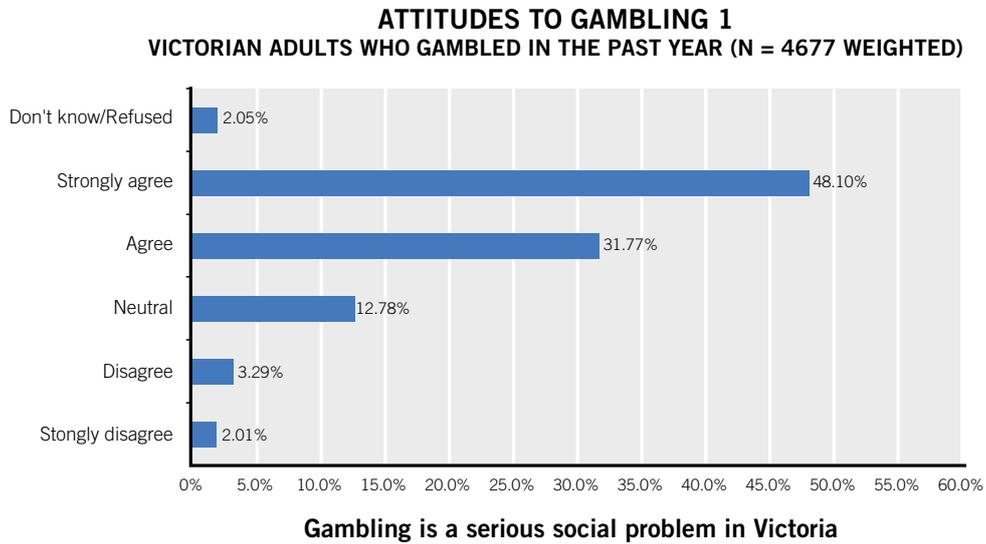


Figure 3: Attitudes to gambling 1

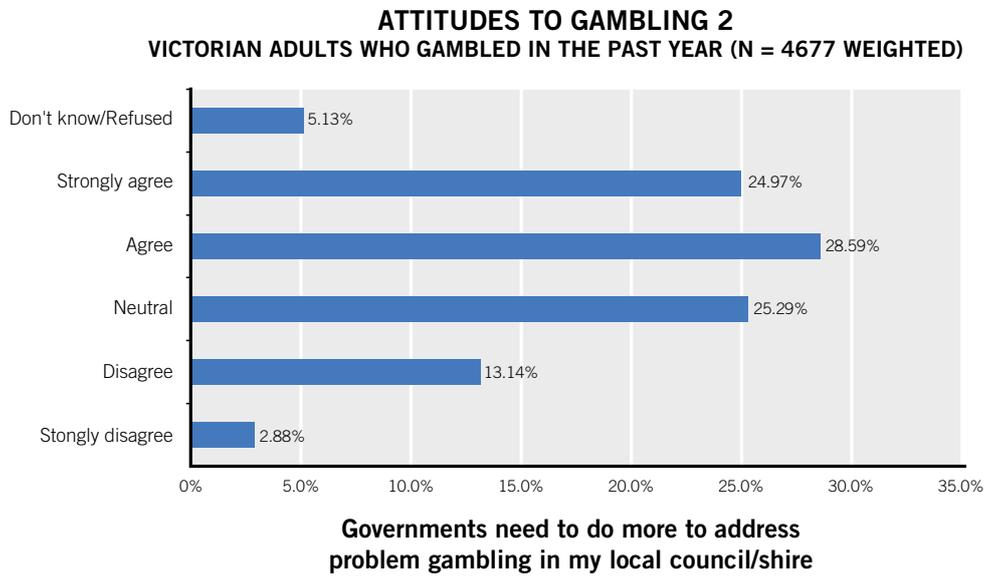


Figure 4: Attitudes to gambling 2



For more information go to the foundation's website www.responsiblegamblingl.vic.gov.au and search for: A Study of Gambling in Victoria – Problem Gambling from a Public Health Perspective, Department of Justice 2009.

MENTAL HEALTH COMORBIDITIES

Macbeth: How does your patient, doctor?

Doctor: Not so sick, my lord, as she is troubled with thick-coming fancies that keep her from rest.

Macbeth: Cure her of that! Canst thou not minister to a mind diseased, pluck from the memory a rooted sorrow, raze out the written troubles of the brain, and with some sweet oblivious antidote cleanse the stuffed bosom of that perilous stuff which weighs upon her heart.

Doctor: Therein the patient must minister to himself.

William Shakespeare

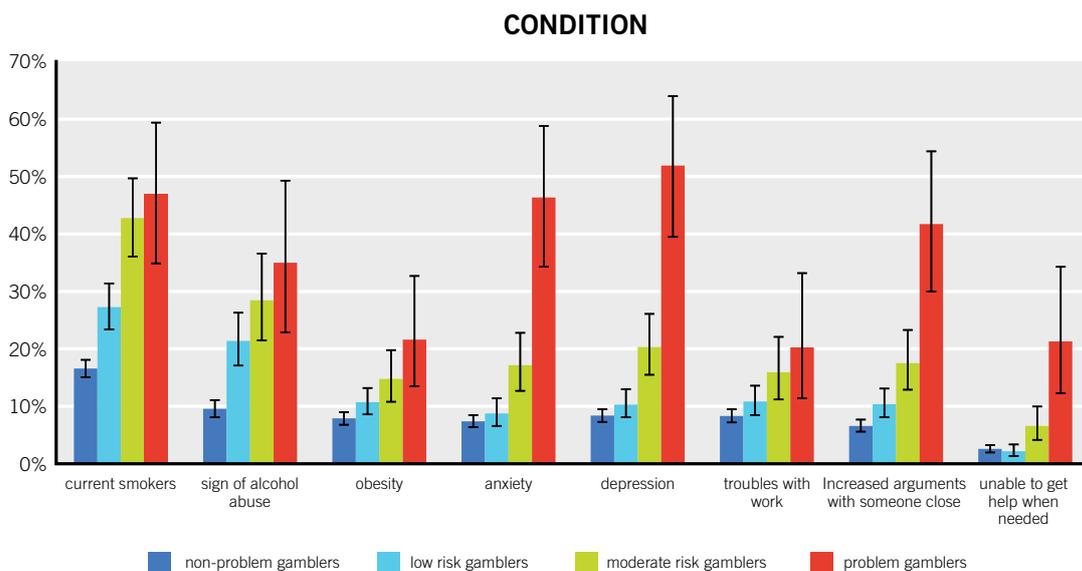
The available evidence, described in this section, suggests that people experiencing the effects of gambling addiction are likely to have other mental health problems. It isn't necessarily clear which problem(s) come first, but it is clear that a gambling addiction is very likely to have a compounding effect upon other mental health disorders and vice versa. The implications for your clinical practice are also clear:

- Be alert through your approach to screening and assessment for evidence of comorbid conditions
- Expect that many of your clients will present complex clinical profiles
- Prepare to develop individually tailored case formulations that might involve collaboration with other services
- In particular, look for mood and anxiety disorders, personality disorders and substance use disorders.

This section summarises the evidence for the high prevalence of mental health comorbidities.

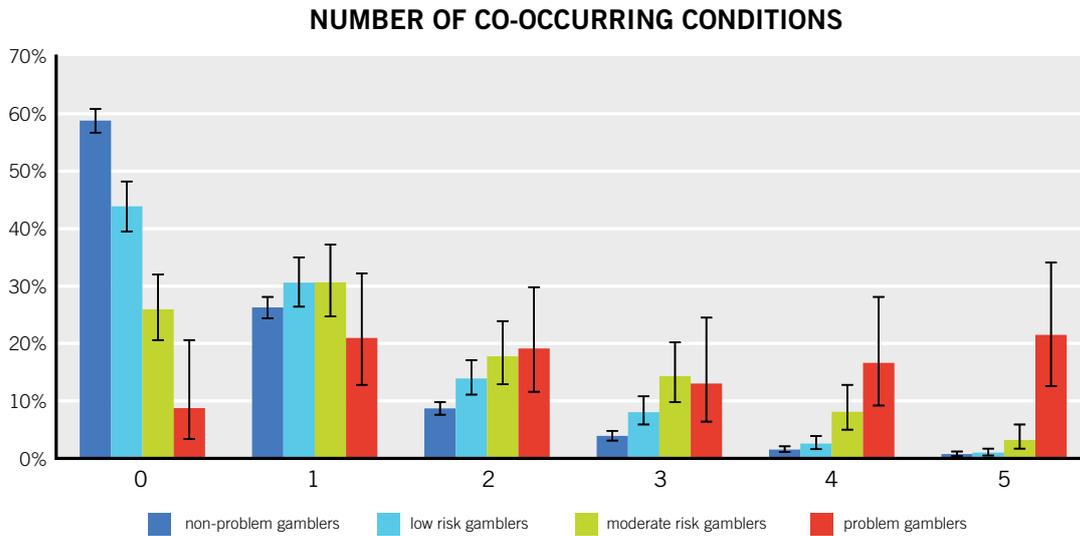
Problem gambling has been consistently associated with a range of comorbid mental health conditions in both population surveys and studies of treatment seeking problem gambling samples. These two study types are complementary in understanding gambling disorders. Population studies are representative but yield very small numbers of problem gamblers. Treatment-seeking samples are not representative but involve larger samples of problem gamblers.

Researchers from the Problem Gambling Research and Treatment Centre in Victoria conducted systematic reviews and meta-analyses of comorbid disorders in both population and treatment-seeking, samples.



Source: Victorian Gambling Study, 2008 (Sample =15,000, weighted)

Figure 5: Co-occurring conditions – Victorian Gambling Study 2008



Source: Victorian Gambling Study, 2008 (Sample =15,000, weighted)

Figure 6: Numbers of co-occurring conditions across the population

The population study review indicated very high prevalence rates of alcohol or substance use disorders (58%), mood disorders (38%), and anxiety disorders (37%) in problem gamblers. Specifically, the rates were highest for nicotine dependence (60%), alcohol use disorder (28%), major depression (23%), illicit drug use or dependence (17%), generalised anxiety disorder (11%), and bipolar disorder or manic episodes (10%). There were also high rates of antisocial personality disorder (29%).

The treatment-seeking review found that three quarters of treatment-seeking problem gamblers report at least one comorbid current disorder.

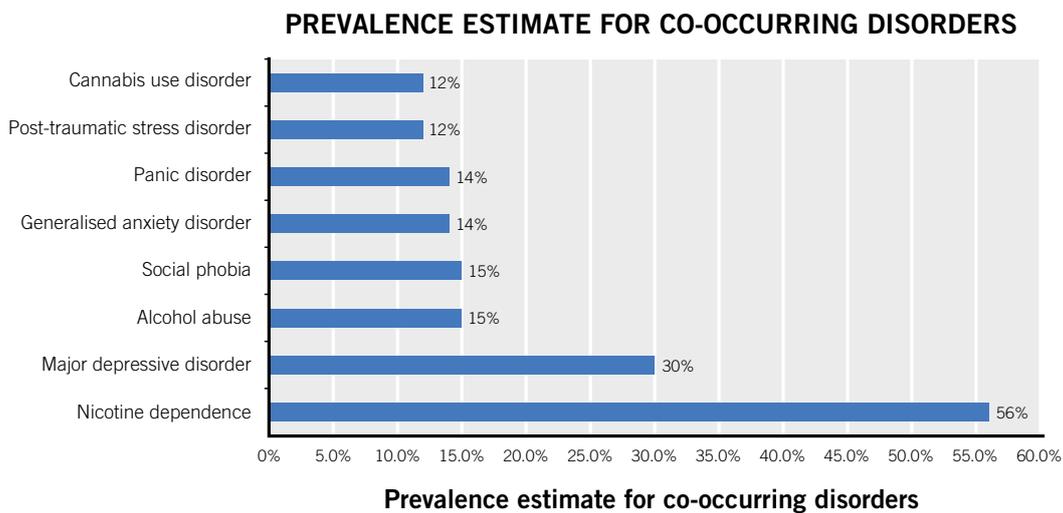


Figure 7: Prevalence of co-occurring disorders – Treatment seeking review

This review also found that nearly half of treatment-seekers (48%) report at least one comorbid current personality disorder. These reviews reveal high rates of psychiatric disorders in problem gambling. We have not yet definitively established which disorders come first or whether the disorders are causally related. Although age of onset data suggest that many mental health conditions precede and predispose vulnerability to gambling problems, the gambling and other disorders are likely to interact and escalate in a complex way.

Emerging evidence suggests that treatment-seeking gamblers with comorbid disorders have more complex clinical profiles. These are characterised by an increased severity of gambling behaviour, gambling-related consequences, impulsivity, psychiatric symptoms, other psychosocial difficulties, and substance use difficulties.

The findings of these reviews highlight the need for systematic and routine screening and comprehensive assessment of co-occurring mental health disorders. They underscore the need to develop individually tailored case formulations, treatment selection, treatment plans and objectives, and individualised intervention approaches.

From a clinical perspective there is a cluster of disorders frequently co-occurring so that when any one is present you should look for the others. This is demonstrated in the diagram below.

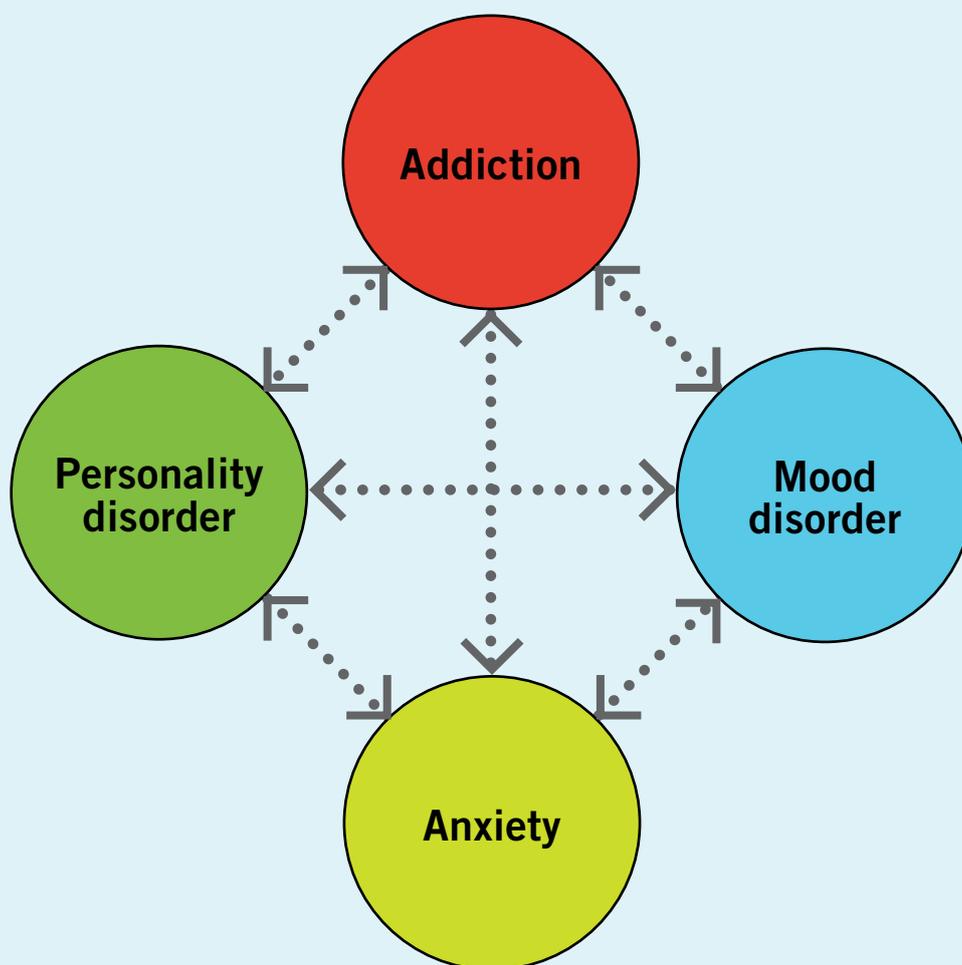


Figure 8: The co-morbidity matrix

CONCEPTUALISATIONS OF PROBLEM GAMBLING

It is paradoxical, yet true, to say, that the more we know, the more ignorant we become in the absolute sense, for it is only through enlightenment that we become conscious of our limitations. Precisely one of the most gratifying results of intellectual evolution is the continuous opening up of new and greater prospects.

Nikola Tesla

Since people first observed others gambling to the point of causing themselves (and often as not the people they were close to) serious harm, we have tried to find ways to explain this behaviour. For nearly a century therapists and researchers have constructed models that could fit problem gambling behaviour within the broader framework of their understanding of mental health. Beginning with Freud who first defined problem gambling as a psychological disorder rather than a moral failure, it has been variously described as:

- Impulse control disorder
- Obsessive compulsive disorder
- Maladaptive behaviour
- Cognitive disorder
- Cognitive disorder *causing* maladaptive behaviour

In each instance researchers and therapists were able to identify and classify aspects of gambling behaviour within the paradigm, and in each case this work added a new layer of understanding. However, it was not until advances in physics led to MRI technology that researchers were able to directly observe the gambling brain in action. An important effect of this breakthrough was to illustrate the close neurophysiological similarities between problem gambling and drug or alcohol addiction.

In 2013, the fifth edition of the *Diagnostic and Statistical Manual (DSM5)* of the American Psychiatric Association reclassified problem gambling from an impulse control disorder to the category *Substance-Related and Addictive Disorders*. This repositioning informs our own conceptualisation of problem gambling and our approach to treatment.

Nevertheless, the dominant popular view of gambling, or any other addiction for that matter, is that it is a moral issue stemming from the weakness of the individual or a flaw in their character. This is also a view that is often held by people in positions of power and influence and as such bedevils addicts themselves. We must remember this as we develop our approaches to working with people experiencing the effects of gambling addictions.

ADDICTION: DSM 5 - DIAGNOSTIC CRITERIA FOR GAMBLING DISORDER

The American Psychiatric Association includes a definition of problem gambling in their publication the Diagnostic and Statistical Manual of Mental Disorders DSM5. In the 2013 version of the DSM (version 5) problem gambling is called disordered gambling and fits into its newly created addiction section along with the various drug addictions. Before this drug addictions were in a section called Substance Use Disorders and gambling was in the Impulse Control section.

The DSM5 defines disordered gambling characteristics (called diagnostic criteria). To meet the diagnostic requirements, four of these have to be present. In its introduction, the manual specifically warns against using it as a cookbook, this means the characteristics have to be of 'clinical significance' meaning they have to be seen in the context of the person's whole life and impacting significantly on the person's ability to function in normal life roles.

The diagnostic criteria for Disordered Gambling in DSM5 are:

- Persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12 month period:
 - Needs to gamble with increasing amounts of money in order to achieve the desired excitement
 - Is restless or irritable when attempting to cut down or stop gambling
 - Has made repeated unsuccessful efforts to control, cut back, or stop gambling
 - Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)
 - Often gambles when feeling distressed (e.g. helpless, guilty, anxious, depressed). After losing money gambling, often returns another day to get even (chasing losses)
 - Lies to conceal the extent of involvement with gambling
 - Has jeopardised or lost a significant relationship, job, or educational or career opportunity because of gambling
 - Relies on others to provide money to relieve desperate financial situations caused by gambling

In addition, the gambling must not be happening as part of another mental health disorder such as a manic episode, that is, the gambling must not be better explained by the existence of another mental health disorder.

SIGNIFICANT OTHER CLIENTS

There is no such thing as fun for the whole family.

Jerry Seinfeld

Problem gambling not only affects the person with the gambling problem, but also disrupts intimate and family relationships and harms the emotional and physical health of family members.

Although most research is based on intimate partners and children, there is evidence that others, such as parents, grandparents, friends, employers and colleagues, are also affected. A study of concerned significant others in the Victorian Gamblers Help services found the most common issues were relational, followed by intrapersonal, family and financial issues.

INTERVENTIONS FOR SIGNIFICANT OTHERS

Given the difficulties reported by concerned significant others, it is not surprising they frequently seek counselling. Approximately 30 per cent of Gambler's Help clients and 15 per cent of Gambling Help Online clients are the family members or concerned significant others of problem gamblers. However, the evaluation of interventions involving the significant others of problem gamblers is lagging behind practice.

Only two interventions specifically designed to assist these concerned significant others have been described and evaluated:

- *Community Reinforcement and Family Therapy (CRAFT)* and
- *Coping Skills Training (CST)*

Although several couple-oriented interventions have been described in the literature, the effectiveness of these approaches has not been adequately tested. These include integrative behavioural couple therapy, congruence couple therapy, and adapted couples therapy. A brief description of each of these therapies is provided below.

COMMUNITY REINFORCEMENT AND FAMILY THERAPY (CRAFT)

The most widely used and evaluated treatment for concerned significant others is a minimal treatment intervention based on a self-help workbook modified from the CRAFT model.

CRAFT is a cognitive-behavioural intervention that aims to improve the personal and relationship functioning of concerned significant others, engage the problem gambler in treatment, and decrease gambling behaviour. The manual, which is available from Professor David Hodgins at a small cost, is divided into five major sections:

- **Part A** provides an explanation about the approach, the aims of the approach, and the ways family members should work their way through the self-help workbook.
- **Part B - BECOMING AND STAYING MOTIVATED TO HELP** is to help family members to become more motivated to help:
 - Negative consequences of living with a problem gambler
 - Reasons for seeking assistance
 - Possible benefits of taking action
 - Benefits that may result once the gambler enters treatment
 - Remember the good things about the gambler
 - Establish realistic goals about yourself
- **Part C – HELPING YOURSELF** allows family members to begin addressing their own needs. It helps them to get control of their finances, identify better ways of coping with the problem, and deal with other issues such as anger, depression, domestic violence and emotional abuse:
 - Getting control of finances
 - Minimise your distress
 - Dealing with other issues
- **Part D - INCREASING YOUR AWARENESS AND UNDERSTANDING OF THE GAMBLING PROBLEM** provides seven exercises designed to help family members to increase their awareness and understanding of the gambling problem so they can learn to better help the gambler:
 - Problem gambling defined
 - Gamblers irrational thoughts
 - Reasons for gambling
 - General signs of gambling
 - Immediate signs of gambling
 - Triggers and patterns
 - Consequences of gambling (for the gambler)
- **Part E - HELPING THE GAMBLER** requires family members to examine their role in managing the gambling. It provides eight sections designed to assist family members in helping the gambler:
 - Identify financial bail-outs and enabling behaviour
 - Stop interfering with natural consequences
 - Arrange activities that are incompatible with gambling
 - Arrange positive reinforcers for NOT gambling
 - Stop ineffective responses to gambling
 - Improve communication skills
 - Engage the gambler in treatment
 - Prepare for relapse

COPING SKILLS TRAINING (CST)

CST is a face-to-face coping skill intervention that has the primary goal of increasing coping skills and decreasing distress. CST consists of 10 weekly individual sessions designed to teach more effective coping skills. In this program, the initial sessions focused on the stress and coping model, the relationship between thoughts, feelings and behaviour, problem solving, and effective communication skills.

INTEGRATIVE BEHAVIOURAL COUPLE THERAPY (IBCT)

Ciarrocchi describes an integrative behavioural couple therapy (IBCT) model. The primary aim of this therapeutic model for couples is to support problem gamblers in abstaining from gambling. This model employs a range of diverse strategies, including:

- developing environmental controls
- restoring the couples' financial situation
- managing legal problems
- permitting non-gambling partners to ask questions and give gamblers feedback about their behaviour
- providing gamblers' partners with emotional support

CONGRUENCE COUPLE THERAPY (CCT)

Lee has developed the *Congruence Couple Therapy* (CCT) model. This integrative, multi-dimensional model, based on a systemic approach, is centred on the concept of congruence, which is assessed according to four dimensions:

- interpersonal
- inter-psycho
- universal-spiritual
- intergenerational

For example, the therapist fosters the development of a spouses' understanding of their communication behaviours in connection with their family learning. In addition, the therapist attempts to promote acceptance and validation of the partner's needs and experience. CCT, which involves 12 weekly couple sessions, seeks to initiate structural changes in the couple system to obtain durable changes to gambling habits and communication.

ADAPTED COUPLES THERAPY (ACT)

Bertrand, Dufour, Wright and Lasnier have proposed *Adapted Couples Therapy* (ACT), a couples-focused intervention of usually eight to 12 sessions. ACT is designed to be offered in conjunction with individual treatment (usually cognitive-behaviour therapy) of the family member with the gambling problem.

NOTES

Many ways to **get support**

If you or someone you care about is experiencing problems with gambling, help is available.

We understand that gambling affects people from all walks of life and in different ways. That's why we offer many ways to get support.

Find the support that's right for you.



Phone

Talk to someone

You can call Gambler's Help 24 hours a day, seven days a week for free, confidential information, advice and counselling.
Call **1800 858 858**



Peer support

Talk to people like you

We can help you find support from other people going through the same problems, either in a group setting or one on one.
Call **1800 858 858**



Face to face

Meet a counsellor

Gambler's Help offer face-to-face counselling either on a one-off basis or ongoing.
Call **1800 858 858**



Young people

Are you under 25?

Call our dedicated Gambler's Help Youthline for a confidential chat or for information about gambling.
Call **1800 262 376**



Financial counselling

Get help with your finances

Financial counsellors can give you confidential advice and help you sort out your financial problems.
Call **1800 858 858**



Online support

Get immediate help online

Email or chat live with a counsellor 24 hours a day, seven days a week.
Visit **www.gamblinghelponline.org.au**



Family & friends

Concerned about a loved one?

If someone else's gambling is affecting you, we offer free, confidential information, advice and support.
Or you can attend counselling with your partner or family.
Call **1800 858 858**



Help yourself

Tools to help yourself

Self help tools can help you build confidence and work through your issues in your own time, at your own pace.

Visit **www.gamblershelp.com.au**

Or sign up for the Fight for you 100 Day Challenge. It's an online service designed to help you set goals, keep a diary and receive tips and tools for controlling your gambling over 100 days.



**Gambler's
Help**

1800 858 858
gamblershelp.com.au



Visit **www.fightforyou.com.au**