Southern Adelaide Local Health Network

Statewide Gambling Therapy Service

2013-2014 Annual Report

World leaders in gambling therapy

Government
of South Australia

SA Health

Statewide Gambling
Therapy Service

Statewide Gambling Therapy Service

2013-2014
Annual Report

World leaders in gambling therapy

"Chase your dreams, not your losses"

Message from the Director

This year has been a year of development and change for the Statewide Gambling Therapy Service. We secured a further three years of funding from the Office for Problem Gambling which includes the development and implementation of a new training package. Considerable effort has been put into the development and delivery of a "Stepped Care Training Program" for other Gambling Help Services and community workers across Southern Mental Health. The training program provides basic and intermediate education about Cognitive Behavioural Therapy and the therapeutic benefits for people with a gambling problem.

Statewide Gambling Therapy Service continues its collaborative partnership with the Flinders University through the Flinders Gambling Research Centre and the Flinders Masters in Mental Health Sciences program. These partnerships are critical in adding value to the service by ensuring the ongoing delivery of a quality evidence-based Cognitive Behavioural Therapy model and the investment in highly trained cognitive behavioural therapists.

As a result of our key collaborations and great team, Statewide Gambling Therapy Service continues to deliver world leading evidence-based therapy for people affected by problem gambling in South Australia.

Professor Malcolm Battersby

Professor and Head of Psychiatry
Faculty of Medicine, Nursing and Health Sciences
Flinders University

Director
Flinders Human Behaviour and Health Research Unit

Director
Statewide Gambling Therapy Service

1. Executive Summary

1.1 About SGTS

The Statewide Gambling Therapy Service (SGTS) is a free community-based service funded by the Gambling Rehabilitation Fund which is administered by the Office for Problem Gambling. The purpose of the service is to assist people in overcoming gambling problems. SGTS's head office is located at the Flinders Medical Centre and the service is managed through the Southern Adelaide Local Health Network (SALHN). The service is headed by the Director of SGTS and the Flinders University Human Behaviour and Health Research Unit, Professor Malcolm Battersby. SGTS has three clinics in Adelaide located at the Flinders Medical Centre (Bedford Park), Salisbury and Port Adelaide.

SGTS has been helping South Australians beat problem gambling for more than fifteen years. Treatment is available for all kinds of gambling including electronic gaming machines (pokies), TAB, Keno, sports betting, card games and online gambling. The program is generally made up of four to twelve one-on-one therapy sessions with a highly qualified cognitive behavioural therapist. High therapist standards are ensured through a regular structured supervision program managed by Professor Malcolm Battersby. The number of treatment sessions vary depending on the person's need and circumstances. In addition to one-on-one sessions, SGTS offers a hospital stay in-patient program as well as support groups for close friends and family members affected by problem gambling.

The therapy

Cognitive Behavioural Therapy (CBT) is a research-based therapy which focuses on identifying unhelpful thought patterns (cognitions) and reinforcing behaviours, and retrains the person to respond in a different way[2]. SGTS's CBT program is a unique model developed specifically for gambling addiction developed over fifteen years through research by Flinders University and SGTS. SGTS's CBT model has been evidenced as highly effective in the treatment of problem gambling[8]. The SGTS CBT program unlike other forms of CBT focuses on the urge to gamble. It aims to eliminate the urge or compulsion to gamble, and helps people to identify unhelpful thoughts and manage these through thought restructuring.

To maintain the quality assurance of the service and ensure the continued delivery of an evidence-based CBT model specific for problem gambling, SGTS works in a collaborative partnership with the Flinders University Gambling Research Centre and Masters of Cognitive Behavioural Therapy program. The therapy is constantly refined to improve its effectiveness and new practicioners are trained to apply the therapy, adhering strictly to the CBT model.

This collaboration and high standard of practice sets SGTS apart as a centre of excellence and world leader in evidence-based CBT for problem gambling.
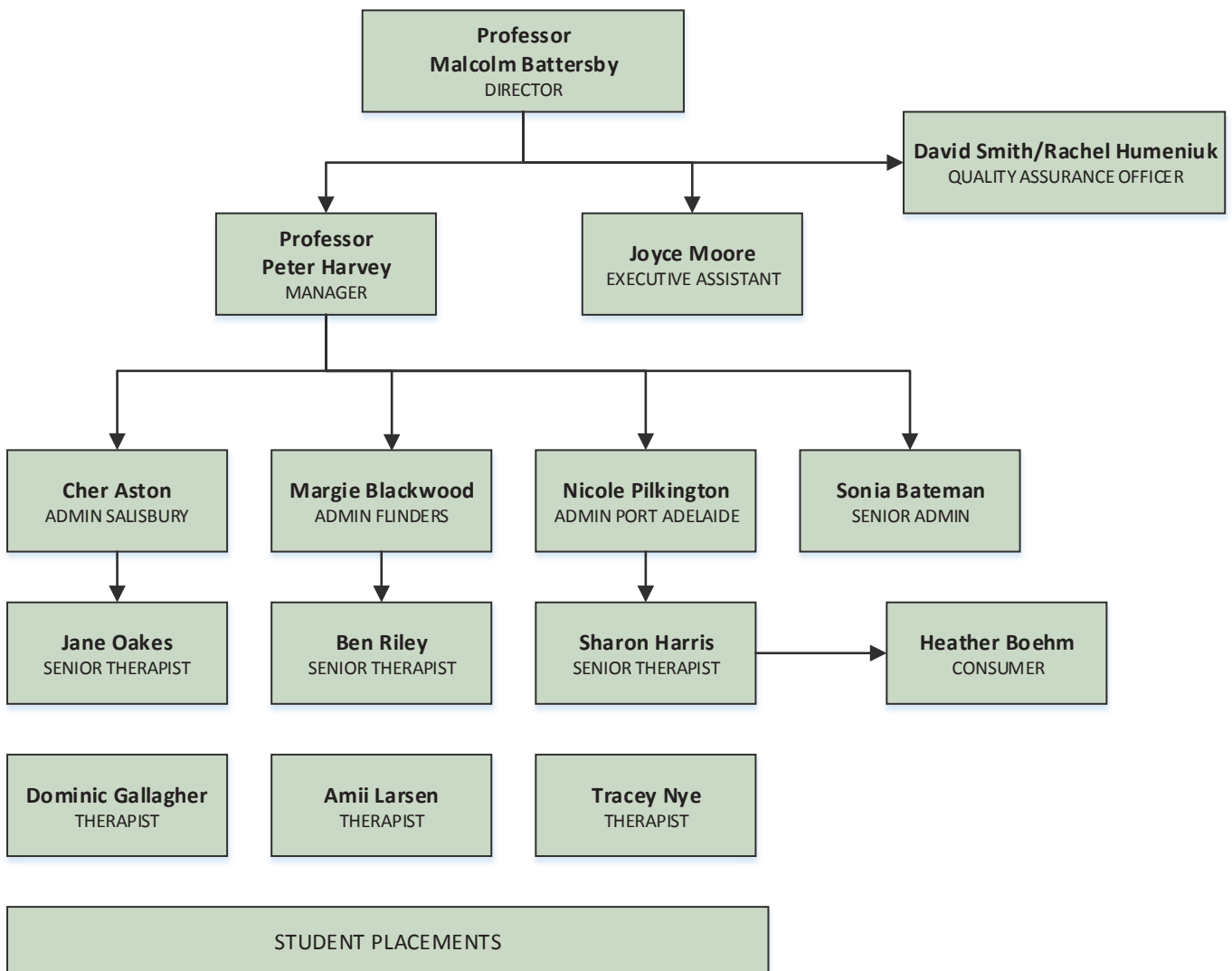
Our vision and goals

Vision: To be world leaders in gambling therapy

2013 to 2015 Strategic goals

> Provide access to evidence-based CBT for people with problem gambling.
> Deliver training and support to Gambling Help Service providers and Mental Health Services.
> Support research in the area of CBT in the treatment for problem gambling.

Our structure

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                        Professor
                     Malcolm Battersby
                         DIRECTOR
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          ┌─────────────────┼──────────────────────────────────┐
          │                 │                         David Smith/Rachel Humeniuk
          │                 │                         QUALITY ASSURANCE OFFICER
          ▼                 ▼
     Professor          Joyce Moore
    Peter Harvey      EXECUTIVE ASSISTANT
      MANAGER
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Cher Aston      Margie Blackwood    Nicole Pilkington    Sonia Bateman
ADMIN SALISBURY  ADMIN FLINDERS    ADMIN PORT ADELAIDE    SENIOR ADMIN
  │               │                  │
  ▼               ▼                  ▼
Jane Oakes       Ben Riley        Sharon Harris  ──►   Heather Boehm
SENIOR THERAPIST SENIOR THERAPIST SENIOR THERAPIST      CONSUMER

Dominic Gallagher  Amii Larsen    Tracey Nye
THERAPIST          THERAPIST      THERAPIST

              STUDENT PLACEMENTS
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1.2 Service and clinical outcomes

In 2013-14 SGTS provided services to 708 people across South Australia affected by problem gambling. Most of the clients who attended SGTS for gambling therapy self-referred. Clients were either drop in referrals who found out about the service via their own contact network or engaged with the service after a recommendation from the Gambling Helpline.

Of the 708 people engaged with the service 357 (50.4%) were gamblers who were provided with episodes of care, 49 (6.9%) were provided support as non-gamblers and 276 (39%) were in follow-up treatment. Twenty-six (3.7%) failed to attend their initial appointment.

An analysis of patient outcomes showed significant reductions in psychological distress caused by gambling and marked improvements in functional capacity. A review of treatment goals set by clients showed that 83% (126) of clients who set treatment goals successfully achieved them. Recovery outcomes were measured using the Victorian Gambling Scale (VGS) and this found that 73% of 123 clients recovered from their problem gambling disorder moving from above to below the problem gambling cut off score.

In addition to the provision of therapy services, this year SGTS developed a Stepped Care Training Program for Gambling Help Service providers and community workers across Mental Health Services. A training needs analysis was prepared and training was delivered to thirteen organisations. Sessions were held across South Australia including the Adelaide Metropolitan region, Millicent, Naracoorte, Murray Bridge, Barmera, Berri and Port Augusta.

All SGTS clients are asked to consent to ongoing outcome data collection. All research is part of the SGTS quality improvement framework so that new intervention outcome measures or models of care are tested before they are implemented into routine practice. This year, in collaboration with the Flinders Gambling Research Centre, a number of scientific publications in peer review journals were produced. Three articles of relevance are highlighted as key achievements:

> Assessing randomised clinical trials of cognitive and exposure therapies for gambling disorders: A systematic review (2013) *The Journal of Behavioural Change*. D. Smith, R. Pols, M. Battersby, & P. Harvey.

> The gambling urge scale: reliability and validity in a clinical population (2013) *The Journal of Addiction Research and Theory*. D. Smith, R. Pols, M. Battersby, & P. Harvey.

> Effects of affective and anxiety disorders on outcome in problem gamblers attending routine Cognitive-Behavioural treatment in South Australia (2014) *The Journal of Gambling Studies*. D. Smith, P. Harvey, R. Humenuik, M. Battersby, & R. Pols.

Achieving our goals

Goal	Outcome
Provide access to evidence-based CBT for people with problem gambling	*Successfully achieved*
Deliver training and support to Gambling Help Service providers and Mental Health Services	*Successfully achieved*
Support research in the area of CBT for the treatment of problem gambling in collaboration with Flinders Gambling Research Centre	*Successfully achieved*

2. Statistics

2.1 Demographics

Of the 357 clients (213 males and 144 females) who were provided with episodes of care, the large majority of clients (69%) were between 18 and 50 years of age (refer Figure 1).
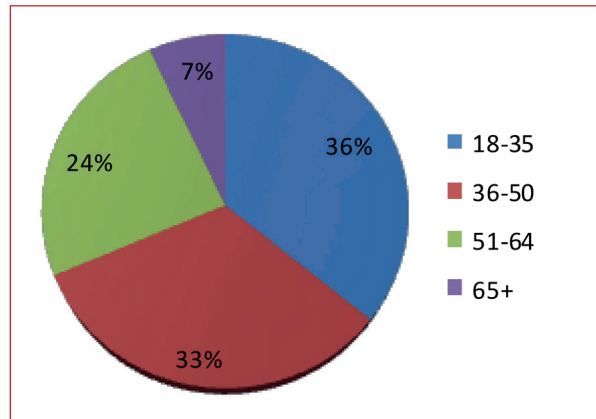

Figure 1: Age

The percentage of those married or in a de-facto relationship was 37%. Sixty-one percent of clients were separated, divorced, never married or widowed (refer Figure 2).
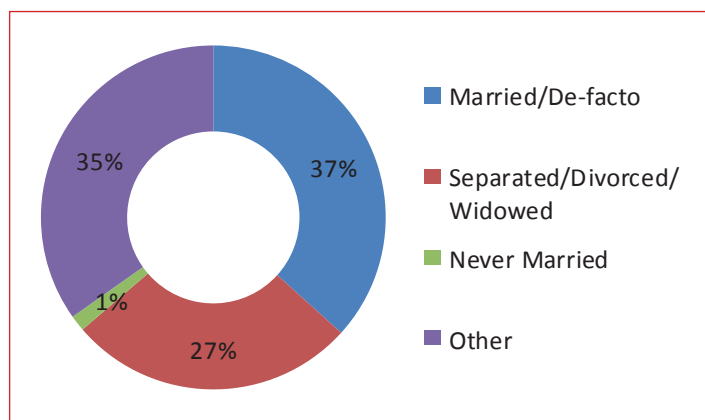

Figure 2: Marital Status

Statewide Gambling Therapy Service
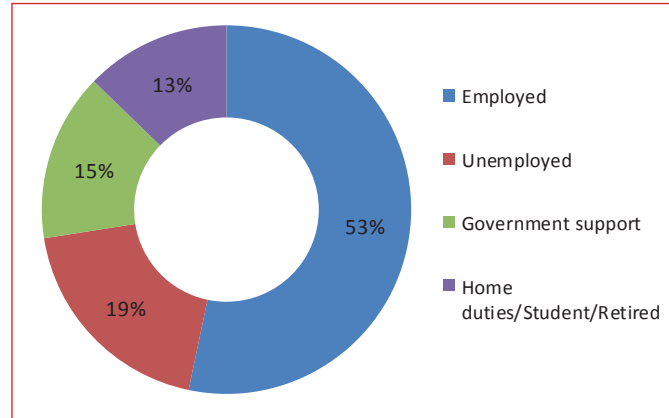
Figure 3: Work Status

Half of the clients treated were in paid employment and half were earning an income of less than $26,000 per year (refer Figures 3 and 4).
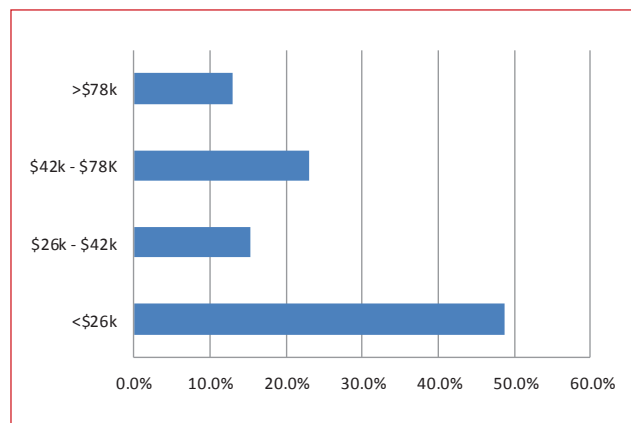

Figure 4: Annual Income

2.2 Referral source

Around 50% of clients were made aware of the service through their general practitioner/health professional, family/friend or the Gambling Helpline (refer Figure 5).
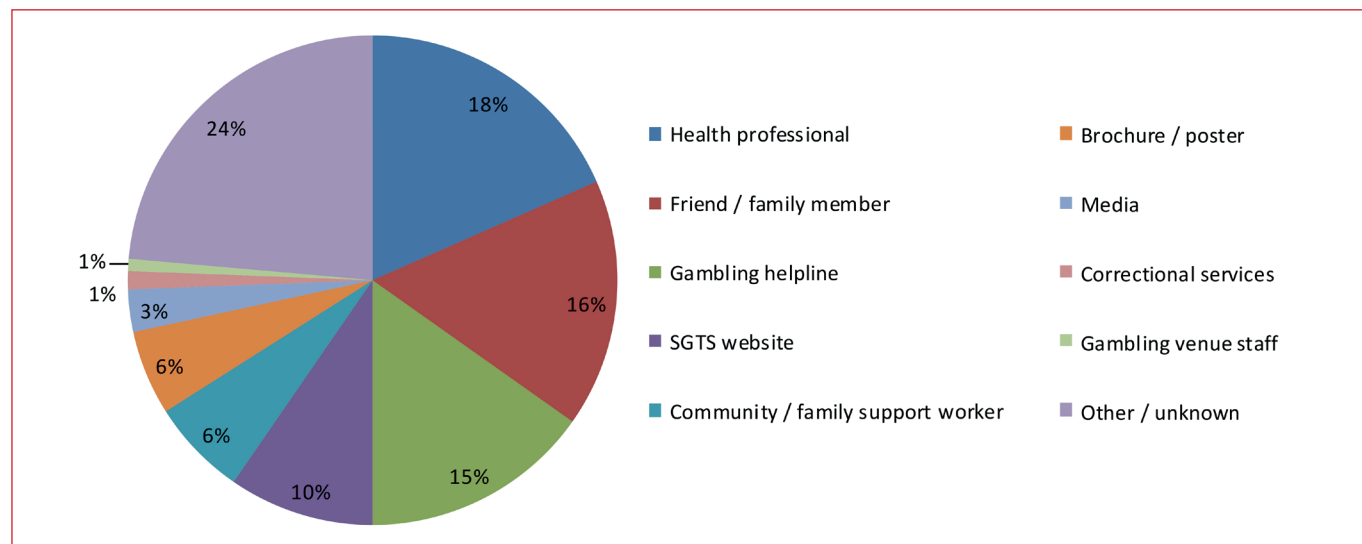

Figure 5: Referral Source

2.3 Main gambling type

Electronic gaming machines (pokies) continue to dominate the gambling activity type with more than three quarters of clients (78%) stating that pokies was their main gambling type (refer Figure 6). Horses, racing and TAB betting was the second largest gambling activity (16%). Other gambling activities such as online betting, casino and keno betting made up only a small proportion of gambling activity (6%).
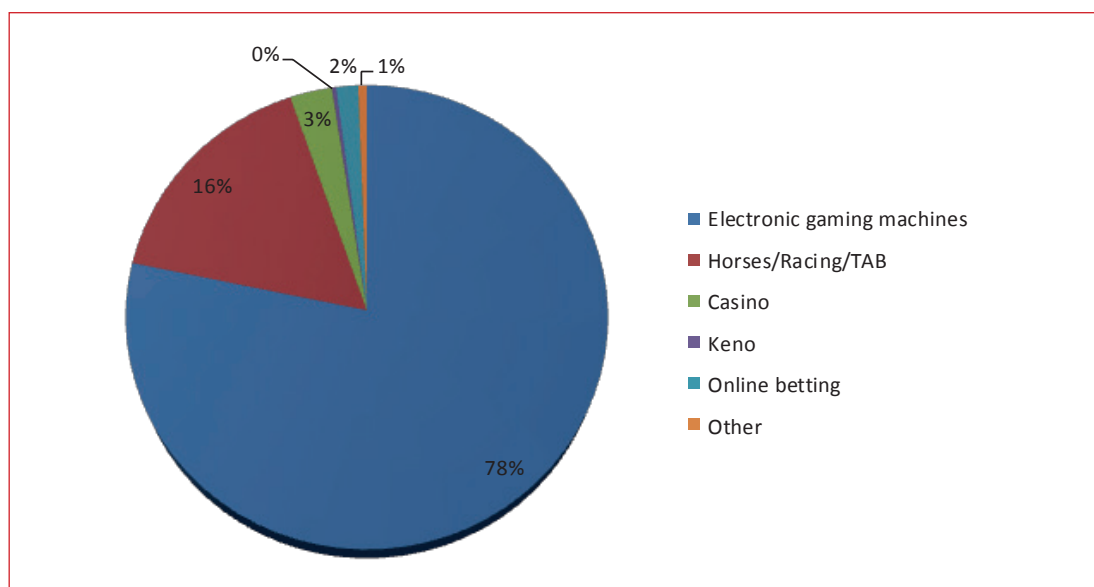

Figure 6: Main Gambling Type

2.4 Gambling severity

The Problem Gambling Severity Index (PGSI) is a nine-item scale aimed at assessing the severity of problem gambling[4]. The PGSI is a valid and reliable tool for discriminating recreational gamblers from problem gamblers[4]. Each of the nine items is rated on a four point scale ranging from 0 (never) to 4 (almost always) with total scores ranging from 0 to 27. Total scores are used to assign gamblers to one of four gambler categories (refer Table 1).

Table 1: PGSI Categories

PGSI Score	Gambler type
0	Non-gambler
1 – 2	Low-risk gambler
3 – 7	Moderate-risk gambler
>7	Problem-gambler

The PGSI was administered to all clients at their initial assessment to obtain an indication of gambling severity. The majority of clients (97%) were classified as problem-gamblers.

3. Performance outcomes

All clients who commenced a treatment program through SGTS were provided with an initial assessment to allow understanding of the psychological and social factors and severity of their disorder. A number of well researched tools (brief questionnaires) were used at the initial assessment to obtain baseline measures. These measures were taken again at several points throughout treatment, at the completion of treatment and where possible at follow up post treatment. This allows the service to assess the therapeutic benefit of treatment and the effectiveness of the treatment model.

Of the 357 clients who received CBT, 250 completed treatment in the 2013-14 year. This section describes outcomes for this group using the following measures:

> Level of psychological distress.

> Level of functional capacity impairment.

> Gambling severity.

> The urge to gamble.

> Achievement of treatment goals.

Overall recovery rates

Clients who completed their CBT program had a high probability of reaching their treatment goals, improving their functional capacity and psychological distress levels and reducing their urge to gamble. Gambling is classified as an addiction in the DSM 5, and therefore it is important to summarise recovery on a range of outcomes. For this purpose SGTS used the Victorian Gambling Scale (VGS) where a score of greater than 21 identifies problem gambling[8]. This analysis shows that at treatment end, 73% of clients had recovered from problem gambling. In other words, 73% of clients moved to a VGS score of under 21. SGTS used a Reliable Change Index (RCI) to determine whether the magnitude of change for a given client was statistically reliable. The RCI showed that 79% of clients had a clinically meaningful reduction (improvement) in problem gambling symptoms (refer Table 2).

Table 2: Treatment outcomes*

VGS Category	Pre-treatment (%)	Treatment-end (%)
Non-problem gambler	3.25%	73.17%
Problem-gambler	96.75%	26.83%

*Based on a sample size of 123 clients who completed a post treatment VGS questionnaire

3.1 Level of psychological distress

The Kessler Psychological Distress Scale (K10) is a brief measure of non-specific psychological distress in the anxiety-depression spectrum[5]. The K10 has been widely used for public health surveys in Australia and recommended as a simple measure of outcome following treatment[1]. The K10 comprises ten questions of psychological distress designed to quantify the frequency and severity of anxiety and depression-related symptoms[5]. Each of the ten questions are scored with lower K10 scores indicating a lower level of psychological distress while higher scores indicate a higher level of psychological distress[5]. The lowest possible score is 10 and the highest possible score is 50. This scoring range is widely used in primary health care for mental illness to assess symptom severity and treatment effectiveness[6] (refer Table 3).

Table 3: K10 Scoring Categorisation

K10 Score	Level of psychological distress
10 – 15	Low level
16 – 21	Moderate level
22 – 29	High level
30 – 50	Very high level

At the commencement of treatment the client K10 mean score was 28.3 which is within the high level of psychological distress. Post treatment the client mean score dropped significantly to moderate levels of 16.3 (refer Figure 7). This is a 42% reduction in psychological distress for clients who completed treatment.
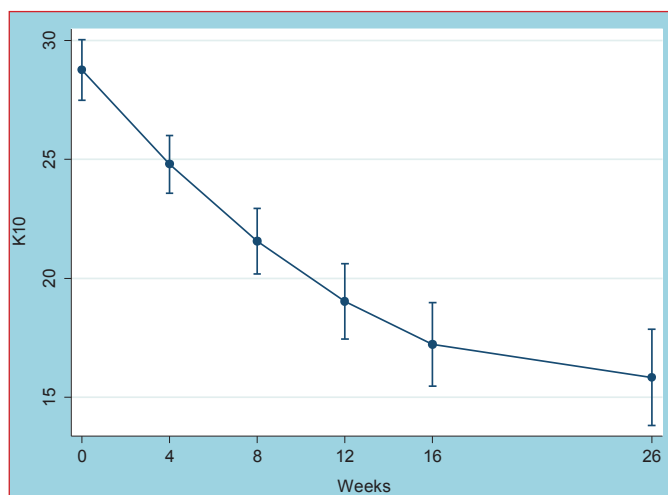

Figure 7: Level of psychological distress (mean scores and 95% confidence intervals)

3.2 Level of functional capacity impairment

The Work and Social Adjustment Scale (WSAS) is a reliable, validated and simple scale that measures self-reported functional impairment attributable to an identified problem[7]. It has been widely used to assess the level of disability, symptom severity and improvement with treatment for people with mental illnesses such as depression, anxiety and obsessive compulsive disorders[3]. The WSAS is a five-item scale that assesses the person's ability to perform everyday activities including work, home management, family and relationship interactions and social and private leisure activities[3]. Each of the five items is rated on a nine-point scale ranging from 0 (not at all a problem) to 8 (very severely impaired) with higher scores indicating a higher level of disability[3].

At initial assessment the client WSAS mean score was 14.4 and reduced significantly to 2.5 post treatment (refer Figure 8). This shows an 83% improvement in overall functional capacity for clients who completed the CBT treatment.
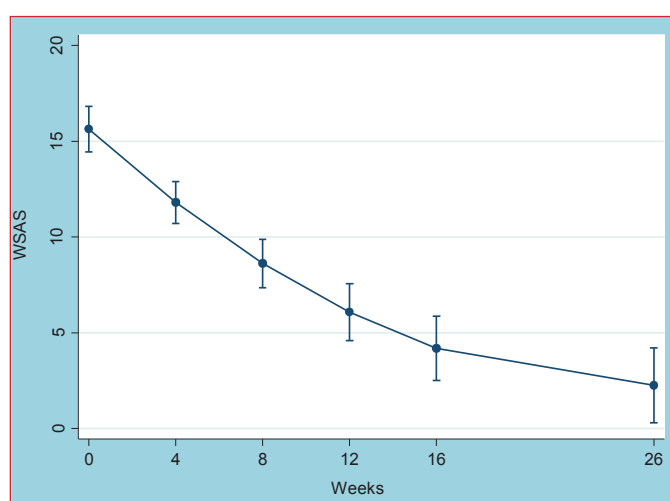

Figure 8: Functional capacity impairment (mean scores and 95% confidence intervals)

3.3 Gambling Severity

The Victorian Gambling Scale (VGS) is a reliable outcome measure of problem gambling. This self-rated tool was developed and validated in Australia[8]. The VGS is a fifteen-item scale that assesses a person's experiences with gambling over the previous four week period. Each of the fifteen items is rated on a five-point scale ranging from 0 (never) to 4 (always). The lowest possible score is 0 and the highest possible score is 60. Scores over 21 identifies a person as a problem gambler[8].

At the commencement of treatment 96.75% of clients were classified as problem gamblers and by the end of treatment this dropped significantly to 26.83%.

In addition to the VGS, a second measure of gambling severity, a self-rating scale in response to the question "Please rate the severity (how much the problem upsets or interferes with normal activities)" was taken. Responses were measured on a scale of 0 to 8 with '0' indicating no severity and '8' indicating high severity. Outcomes showed a significant decline in self-rated severity post treatment (refer Figure 9).
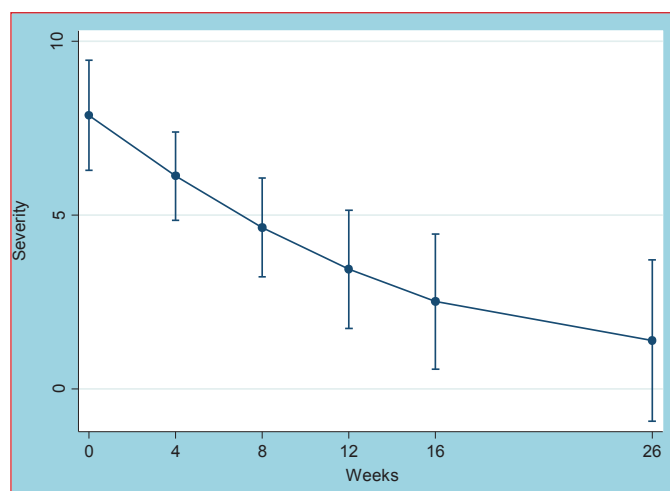

Figure 9: Self-rated severity (mean scores and 95% confidence intervals)

3.4 The urge to gamble

Gambling urge was assessed by the strength of the urge to gamble in the previous week using a self-rating scale in response to the question *"Please rate the strength of your urge to gamble during the past week"*. Responses are measured on a scale of 0 to 8 with '0' indicating no urge at all and '8' indicating a very severe urge. A significant decline in the urge to gamble was demonstrated (refer Figure 10).
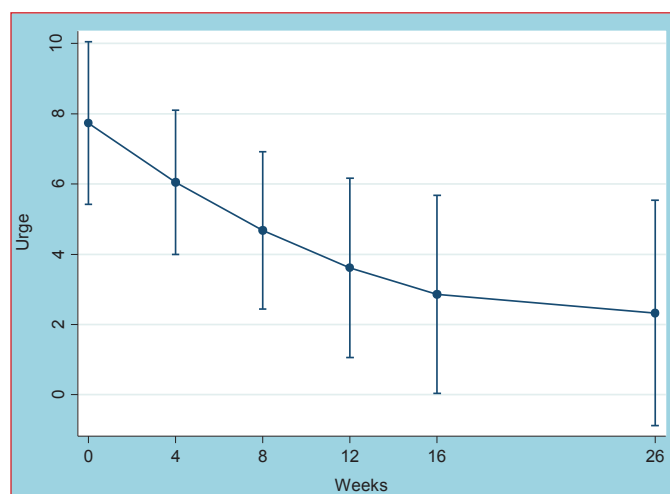

Figure 10: The urge to gamble (mean scores and 95% confidence intervals)

3.5 Achievement of treatment goals

SGTS collects information on how successful a client has been in reaching their personal treatment goals. Goals are set early in the treatment program and re-evaluated at the client's final session. Achievement of personal goals helps to assess whether or not the client has been successful in overcoming their urge to gamble. Of the clients who set treatment goals (n= 152) as part of their treatment plan 83% successfully partially or fully reached their goals.

4. Plans for 2014-15

In 2014-15 SGTS will continue to focus on delivering against the set strategic goals:

> Providing access to evidence-based CBT for people with problem gambling.
> Delivering training and support to Gambling Help Service providers and Mental Health Services.
> Supporting research in the area of CBT in the treatment of problem gambling.

In addition, two special projects have been approved to commence:

A problem gambling treatment pilot in a prison setting

A new project funded by the Department for Correctional Services to deliver and evaluate an evidence-based problem gambling treatment program in a prison setting has been approved following a successful pilot in 2010. This program will commence in November 2014 and will offer a CBT program to prisoners at a range of prison sites in South Australia.

Experiences of partners of non-treatment-seeking gamblers

A new project funded by the Flinders University to explore the experiences of families of problem gamblers where the problem gambler is not receiving treatment. This exploratory study will examine the issues and impacts on these family members.

For more information about these projects or any information provided in this report, please contact our business unit on (08) 8204 6982.

5. References

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For more information

Statewide Gambling Therapy Service

Flinders Medical Centre
E2, The Flats,
Flinders Drive
Bedford Park
South Australia 5042
Telephone: (08) 8204 6982
Email: eleni.labadas@sa.gov.au
Website: www.sagamblingtherapy.com.au