Problem Gamblers Receiving Counselling or Treatment in New South Wales

Third Survey
October 1999

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Financial assistance for this Project was provided by the New South Wales Government from the Casino Community Benefit Fund.

EXECUTIVE SUMMARY

In August 1997 and September 1998, counsellors providing services for problem gamblers and their families were surveyed to determine the extent to which individuals were seeking help for gambling-related problems. This report provides results from a similar survey conducted in September and October, 1999. An attempt was made to gather information on all individuals who sought help from counsellors in a one week period. Additionally, counsellors were asked about their appointments for the week ahead and more general questions concerning assessment, intensity and type of treatment, and the extent to which clients were followed up with post treatment assessments. Altogether, 105 counsellors were surveyed, representing an increase from the 33 counsellors available for survey in 1997 and the 78 counsellors available in 1998.

Summary of Findings

- Numbers of gamblers or their families receiving face-to-face counselling in one week:
  558 individuals were counselled in a one week period. This is an increase over the numbers counselled in a similar week in 1998 (N=310) and continues the trend for increasing numbers from 1997 (N=154).

- The problem gambler was the recipient of counselling in 89% of the sessions conducted in the survey week.

- Of the individuals counselled in relation to problem gambling, 61% were male (decrease of 4% from 1998), 54% were based in Sydney (decrease of 19% from 1998), 76% were Anglo-Australian (increase of 5% from 1998), 83% were poker machine players (increase of 4% from 1998), and the average age of clients was 39 years.

- Appointments for the next seven days (N=456) showed similar trends: 57% male, 58% from Sydney, 77% Anglo-Australian, 85% with problems in relation to poker machine gambling, and an average age of 39 years.

- The main sources of referrals for the last seven days were G-Line (19% of referrals), advertising (15% of referrals) and other treatment agencies (14% of referrals). G-Line, a telephone counselling and referral service, was introduced in September 1997 after the first survey was completed. In 1998 the % of referrals through this source was 21%.

- Throughout New South Wales, there has been a large increase in the numbers of counsellors who routinely assess clients before treatment. In 1999, 73% of counsellors reported using some form of questionnaire to assess the severity of the gambling problem.

- Typically, gamblers receive approximately six sessions, once per week, lasting between an hour and an hour and a half, independently of city or rural residence.

- On the whole, individuals seeking help are able to make an appointment within seven days. Only four counsellors reported waiting lists at the time of interview.

When the actual numbers of clients using services are compared with the counsellors' estimate of the numbers who could be treated in the hours available, it is found that current usage is running at approximately 50% of capacity. Usage of services has increased from 1997 and 1998.

- A wide range of treatment approaches are used to help clients cut back or stop gambling, however follow up assessment of the effectiveness of treatment, especially long term effectiveness, is generally not conducted.

BACKGROUND

A range of services for problem gamblers is now available throughout New South Wales. The majority of these services are funded by the Casino Community Benefit Fund (CCBF). Although agencies providing services focus on helping individuals who are gambling excessively to cut back and stop gambling, services also include financial, relationship and family counselling, general psychotherapy and legal advice. Contact between problem gamblers and the services available is facilitated by the G-line telephone referral service which is also funded by the CCBF.

In order to provide information on the extent to which the counselling services are being used, surveys of all agencies providing face-to-face counselling were conducted in September of 1997 and 1998. The results of those surveys indicated that the numbers of problem gamblers seeking help rose significantly from 154 individuals in a one week period in 1997 to 310 in 1998. There are many possible reasons for this increase including the provision of more services funded by the CCBF and greater advertising of those services. Nevertheless, the dramatic increase in numbers of problem gamblers being counselled after a one year interval suggested that the usage of services should continue to be monitored. Thus, a third annual survey was conducted in September and October 1999, to determine whether the usage of services is continuing to increase.

Apart from knowledge of the size of the problem, the current survey provides several further pieces of information which are of importance at this time. In September 1997 the G-Line telephone counselling and referral service was contracted to provide a means of referring problem gamblers to an appropriate counselling service within the State of New South Wales. The service was operated by the Addiction Research Institute in Melbourne. From August 1, 1999, the G-Line service has been operated by High Performance Health, a Sydney-based organisation. The current survey provides information on the extent to which there has been any change in the proportion of referrals that are attributed to this service.

The current survey also provides information on the extent to which the capacity of existing services is being utilised by problem gamblers. Such information can guide policy in relation to the extension of existing services and the creation of new services to meet increases in need. Additionally, the current survey gathered information concerning the extent and intensity of the counselling provided to problem gamblers and their families, and aspects of assessment, treatment approach and evaluation. Much of this information was not collected in the previous surveys.

Aims of the third survey

(1) To report the number of gamblers treated in the last seven days;

(2) To report the number of gamblers with appointments for the next seven days;

(3) To report the number of gamblers who are waiting to begin treatment and the length of time in days that they have been waiting;

(4) To provide a demographic description of clients receiving treatment;

(5) To analyse the source of referral of each client;

(6) To report the intensity of treatment programs, the intensity duration and type of treatment programs;

(7) To estimate the maximum number of clients who can be treated each week;

(8) To report on the assessment procedures used;

(9) To report whether outcome evaluation programs are in place and the results of those programs if available;

(10) To compare current usage patterns with those reported in 1997 and 1998;

(11) To make an assessment of the G-line service as a referral mechanism for problem gamblers.

METHOD

The method of the previous two surveys was followed closely. It was intended that all agencies and individuals providing face-to-face counselling to problem gamblers and their families in New South Wales would be included. Thus, an important aspect of the method concerns the means by which a full list of agencies and individuals is compiled.

Locating Relevant Agencies and Individuals

The list of agencies and individuals was compiled by starting with the list used in the 1998 survey. This was updated by adding the new services funded since 1998 by the CCBF. Further additions were made by asking counsellors whether any other services operated in the area. The complete list of agencies providing data for the survey is shown in Appendix 1. Altogether, 121 counsellors were scheduled for interview. Of these, no interview was conducted with 16 counsellors who were either on vacation (N = 4) or who share-counselled exactly the same clients as another counsellor (N = 8), or who failed to respond to repeated requests for interview (N = 4). Since the focus of the survey is on clients counselled in a one week period, share-counselling, as occurs when clients are treated as in-patients, has no impact on the results of the survey. Counsellors on vacation typically make arrangements for their clients to be seen by another counsellor. Thus, the only serious source of error in the numbers of counsellors surveyed is that involving the four counsellors who were not able to make time available for an interview. One of these stated that he was not currently counselling any gamblers.
A second was too busy to arrange an interview. The remaining two counsellors could not be contacted by telephone despite many attempts.

Although every attempt was made to compile a complete list of agencies and counsellors, it is not possible to know that all service providers have been included. The list does not include Gamblers Anonymous (GA) or Gamanon. These self help agencies provide an important source of help for compulsive gamblers. However, the meetings of GA are not open to survey. Furthermore GA meetings are group meetings rather than individual, couple or family face-to-face counselling. Also not included are the general financial counsellors who from time to time will counsel individuals for whom the main drain on financial resources is gambling. However, an attempt was made to include all financial counsellors who provided help specifically for problem gamblers. Ministers of religion, medical practitioners and general psychotherapists who may, from time to time, counsel problem gamblers are not included, but counsellors in private practice who advertise a service for problem gamblers are included. The survey was confined to service providers who attempt to help their problem gambling clients through face-to-face counselling. Thus, telephone counselling services such as those provided by G-Line and Lifeline were not included.

Conduct of Survey and Interviews

All service providers were interviewed face-to-face. Face-to-face interviews are believed to provide information which is more reliable and valid. The interview

questions were concerned primarily with the clients seen in the last seven days, and appointments for the next seven days. The questions were of such a nature that counsellors were forced to refer to their files and diaries to be sure of the information provided. Although all interviews were conducted face-to-face, in a small number of instances the service providers had prepared their data in advance and thus did not need to refer to their diaries during the interview.

All agencies were contacted by telephone in the first instance and in most cases received a letter of introduction from the CCBF before the interviews were scheduled and conducted. No agency or counsellor refused to be interviewed. The majority of interviews were conducted by the same interviewer used in the first two surveys. Two further interviewers provided assistance, primarily in the inner city area. Each interview was typically completed within forty minutes. The large majority of interviews were conducted in September and October, although the final ten interviews were conducted in the first week of November.

Interview Questions

The full list of questions asked of counsellors is provided in Appendix 2. The questions can be regarded as falling in five areas: (a) clients seen in the last seven days (gender, age, ethnicity, gambling problem, assessment, service provided); (b) clients with appointments for the next seven days; (c) case load, capacity, and length of waiting list; (d) estimates of the numbers of clients counselled in the last twelve months; and (e) information concerning the type of service provided.

The questions in areas (a) to (d) were also asked in the two previous surveys. However, the questions included in area (e) were new in this survey and are described in more detail below.

1. "What is the typical number of sessions required to complete the treatment of a problem gambler?" [Explain that this does not include individuals who drop out before treatment is complete]. If the counsellor provides a range, the mid point of the range is coded as the answer.

2. "What is the average length of each session (in hours)?" If the counsellor reports a longer first session followed by shorter subsequent sessions, the length of the shorter subsequent sessions is coded as the answer.

3. "How often do you see your clients (every week, every fortnight)?" If the counsellor reports a variable number, the rate for the earlier sessions is entered.

4. If the treatment provided is to help the individual cut back or stop gambling, "How do you approach the task of helping the client cut back or stop gambling?" Answer recorded for later coding. Answers are coded as: cognitive therapy (CT), cognitive-behavioural therapy (CBT), behaviour therapy (BT), solution focussed therapy (SFT), psychodynamic therapy (PSY), Gestalt therapy (GT), supportive counselling (including client centred therapy) (SC). All other counselling approaches are categorised as 'other'.

5. "Do you have a program across sessions? This was asked to provide information on the extent to which the treatment is structured.

6. "Do you assess the gambling problems of each client?" If so, "What assessment devices do you use?" Coded as dsm4, sogs, gmap, own questionnaire and 'other'.

7. "For what % of your clients do you believe your intervention has been successful?" "What evidence do you have that your clients have cut back or stopped gambling?" The intent of these questions was to discover whether the counsellor was using any systematic evaluation procedures. To further validate the answer, counsellors were asked, "Do you have a follow up procedure?"

RESULTS

Numbers of Problem Gamblers in Treatment

During a one week period, counsellors provided services for 586 gamblers. Of those services, 6 were assessment only for legal purposes, 28 involved telephone counselling and 66 were gamblers seen in a group therapy context. For comparison with previous surveys, the telephone counselling data are omitted from further analysis. Thus, 558 gamblers or their families received face to face counselling in relation to gambling problems in 1999 in a one week period (Figure 1). This is an increase over the comparable figures for 1997 (N = 154) and 1998 (N = 310).

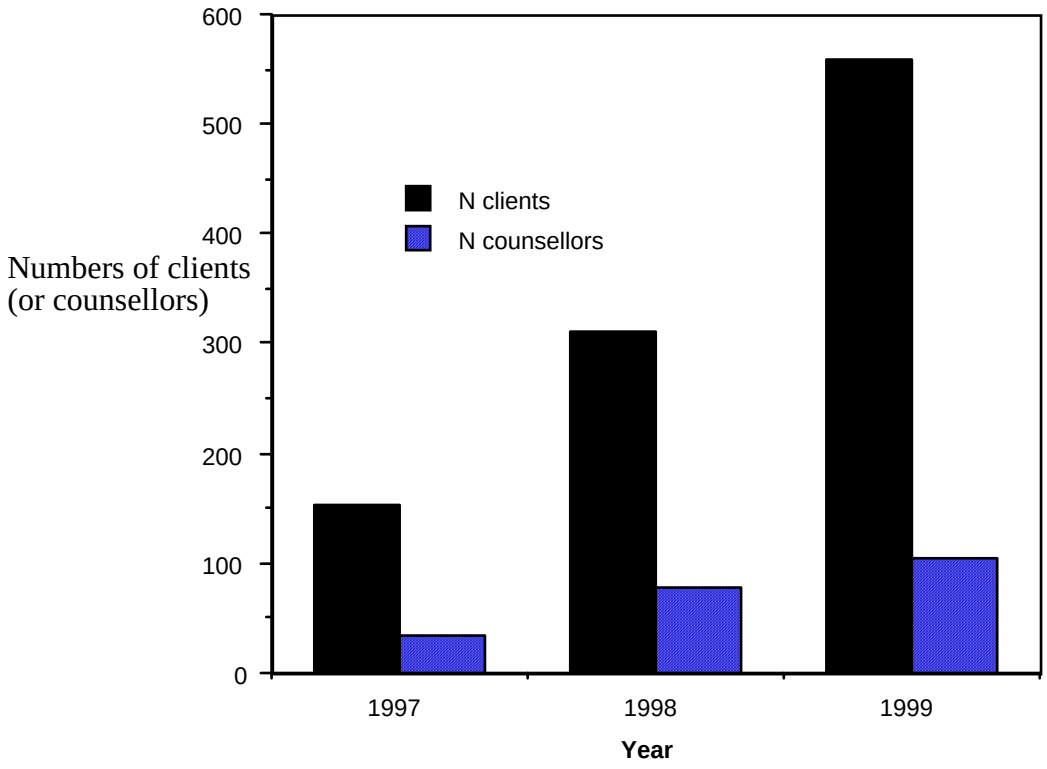

Figure 1: The numbers of clients seen in a one week period over the years 1997-1999.

Problem gamblers and their families can receive a range of services from counsellors. In table 1, the term "addiction" is used to refer to counselling which is primarily concerned with helping the client to cut back or stop gambling, but may include counselling in relation to the problems caused by excessive gambling. The term "financial" refers to counselling which is primarily concerned with resolving the financial problems caused by excessive gambling. The term "relationship" refers to all counselling where the client is not the problem gambler but a family member or friend of the gambler. The term "group" refers to group based therapy where the counsellor is working with two or more clients at the same time. All other counselling activities in relation to problem gambling, including assessments for legal purposes and legal advice are included in the category "other". Table 1 shows the comparisons for the

three surveys in terms of the numbers receiving different categories of counselling. Approximately 75% of face-to-face counselling of individual problem gamblers, across surveys, is directed primarily to helping the client cut back or stop gambling.

Table 1

The different kinds of counselling provided to problem gamblers

	1997		1998		1999	
	N	%	N	%	N	%
Addiction	115	75	238	77	360	65
Financial	16	10	31	10	69	12
Relationship	23	15	32	10	56	10
Group [1]	n/a		n/a		66	12
Other	0	0	9	3	7	1
Total	154		310		558	

Note 1: Group counselling was included with addiction counselling in previous surveys

From table 1, it can be seen that approximately 89% of face-to-face counselling in 1999, either in a group or individually, is concerned with the problem gambler as the client and the problems caused by gambling. Only 10% of the counselling is directed to the family and friends of the gambler.

Demographic Break Down of Problem Gamblers in Treatment

Table 2 shows the gender, location (rural or Sydney), mean age, ethnic background, type of gambling problem and the label used by the counsellor to categorise the problem. Figure 2 shows the main trends in the characteristics of problem gambling clients across the years 1997-99.

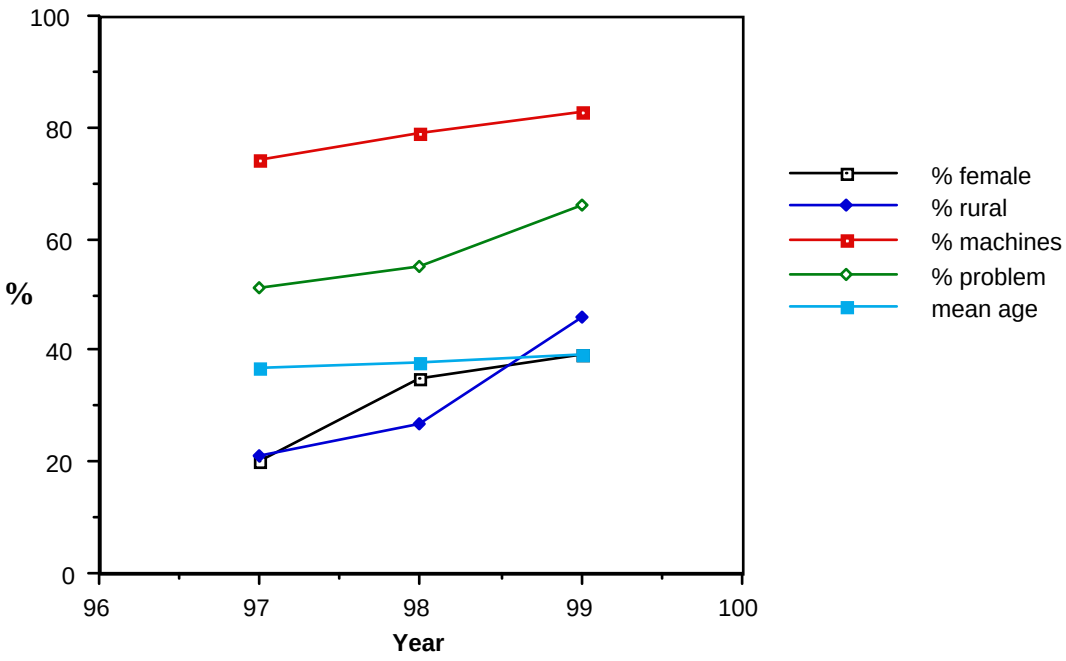

Figure 2: Demographic trends among gamblers seeking help

The trends evident over the three survey years are for increasing numbers of women to present for counselling and for the type of gambling problem to swing to even higher levels of problems centred around gaming machines. Table 2 shows that in 1999, nearly 40% of gambling clients were female. An even more obvious change has occurred in the proportions of rural gamblers seeking help. The percentage of rural clients in the set of gamblers treated has risen from 21% and 27% in 1997-98 to 46% in 1999. This increase may reflect the greater availability of services in country areas in 1999 compared with earlier years. Other interesting trends include the increasing percentage of problem gamblers for whom the main source of gambling related problems are poker machines. Poker machines are the primary problem area for 83% of clients in 1999 compared with 74% in 1997 and 79% in 1998. One other aspect of the data in table 2 should be noted: the increasing trend for counsellors to reject the use of the labels "compulsive gambler" and "pathological gambler". Increasingly, counsellors refer to their clients as problem gamblers, possibly reflecting usage at the governmental level (Dickerson et al., 1997).

Table 2:

Problem Gamblers Seen Individually in the Last Seven Days

		1997	**1998**	**1999**
Numbers of clients receiving counselling		N=154	N=310	N=558
		%	**%**	**%**
Gender	Male	80	65	61
	Female	20	35	39

Location	Sydney	79	73	54
	Rural	21	27	46
Average age	All	37	38	39
Ethnicity	Anglo-Australian	71	71	76
	Other English	9	4	4
	NESB non-Asian	15	17	11
	Asian	3	4	6
	Islander	1	2	2
	Aboriginal	0	1	1
	Other	1	1	0
Type of gambling	racing	17	12	11
	machines	74	79	83
	casino	6	6	5
	numbers	0	2	1
	stock market	0	0	0
	multiple	3	1	0
Gambler category	Compulsive	33	26	21
	Pathological	16	19	13
	Problem	51	55	66

A similar analysis may be made of clients with appointments in the next seven days. Since many of the clients with appointments in the coming week will be clients counselled in the previous week, it can be anticipated that the same demographic trends shown in table 2 will be repeated in table 3.

Table 3:

Problem Gamblers with Appointments for the Next Seven Days

		1997	**1998**	**1999**
Numbers of clients receiving counselling		N=116	N=259	N=456
		%	**%**	**%**
Gender	Male	75	66	57
	Female	25	34	43
Location	Sydney	91	72	58
	Rural	9	28	42

Average age	All	38	39	39	
Ethnicity	Anglo-Australian	67	67 (1)	77 (1)	
	Other English	10	5	3	
	NESB non-Asian	15	17	12	
	Asian	3	7	6	
	Islander	2	1	1	
	Aboriginal	0	1	1	
	Other	3	2	0	
Type of gambling	racing	24	10 (1)	10 (1)	
	machines	67	83	85	
	casino	9	6	5	
	other	0	1	0	
Gambler category	Compulsive	24	17 (1)	13 (1)	
	Pathological	14	23	13	
	Problem	62	60	74	

Note (1) Percentages are calculated excluding the category 'unknown'.

As was the case with clients receiving treatment in the last seven days, appointments for the next week show a considerable increase in problem gamblers and their families outside Sydney seeking help, increased numbers of female gamblers, an increased proportion of gamblers whose main problem is poker machines, and an increased tendency to label the client as a problem gambler rather than as a compulsive or pathological one.

Source of Referral of Problem Gambling Clients: The Role of G-Line

Problem gamblers and their families may be referred to counselling through a variety of sources. Of particular interest is the share of referrals made by the G-Line telephone referral agency. Unfortunately, some gamblers currently in treatment were referred by the Victorian G-Line which operated up until August 1, 1999. Other gamblers have been referred more recently by the New South Wales G-Line. In some cases, counsellors were unable to specify whether it was the earlier or later G-Line that made a specific referral Thus, in table 4, G-Line referrals are split into those attributable to the Addiction Research Institute (Vic), those attributable to High Performance Health (NSW) and those that cannot be discriminated (G-Line General).

Table 4:

Source of referral for problem gamblers treated in a seven day period in 1999

	Last seven days	**Next seven days**

		N	%	N	%
Source of referral	G-line	106	19	80	18
	G-line (Vic)	38	7	28	6
	G-line (NSW)	41	7	35	8
	G-line (General)	27	5	17	4
	family or friends	61	11	47	10
	another agency	80	14	57	12
	advertising	84	15	71	16
	self	56	10	41	7
	Lifeline	9	1	8	2
	medical	25	4	27	6
	parole service	10	2	7	2
	gambling industry	8	1	5	1
	other	59	11	57	13
	not known	60	12	56	13
Number of problem gamblers		558	100	456	100

G-Line referrals make 19% of all referrals for the last seven days (compared with 21% in 1998) and 18% of all referrals for the next seven days (compared with 16% in 1998).

Characteristics of the Services Available to Problem Gamblers

The results in table 5 are based on information provided by 105 counsellors interviewed face-to-face. Counsellors were asked the typical number of sessions to complete treatment, the average length of those sessions and the typical number of sessions per month. Many counsellors stated that there was a wide range in the number of sessions and, in some cases, could not provide a typical figure. Since a small number of estimates of number of sessions were atypical, the median was preferred as the statistic best representing practice. Usage of available services was calculated on the basis of the numbers of clients seen in the last week as a percentage of capacity. Capacity was estimated by each counsellor as the maximum number of clients that could be seen in a week while maintaining their standards of counselling and working their current number of hours per week. Assessment refers to the use of questionnaires or interviews to assess the severity of the problem gambling and includes the South Oaks Gambling Screen, the DSM-IV criteria, GA Twenty Questions and a number of other published schedules. It excludes the assessment of anxiety, depression and co-morbidities, and also excludes intake forms. Counsellors were asked whether they collected information on whether their clients had reduced or stopped their gambling following treatment. The data in table 5 refer to the percentage of counsellors who have a systematic follow up three months or longer after completion of treatment.

Table 5:

Intensity and duration of sessions and capacity of services
for problem gamblers treated in a seven day period in 1999

	Rural	Sydney	Total
Duration of treatment - median number of sessions	5	6	6
Intensity of treatment - median sessions/month	4	4	4
Average length of session per client (hours)	1.2	1.2	1.2
Usage of all services - percentage of capacity	50.0	46.8	48.5
Regularly assess gambling problem (% of total)	69	75	73
Systematic follow up of clients (% of total)	11	21	17

With the exception of the usage of services, the data in table 5 were not collected in the two previous surveys. Figure 3 shows the trend in usage of services across the years 1997-99.

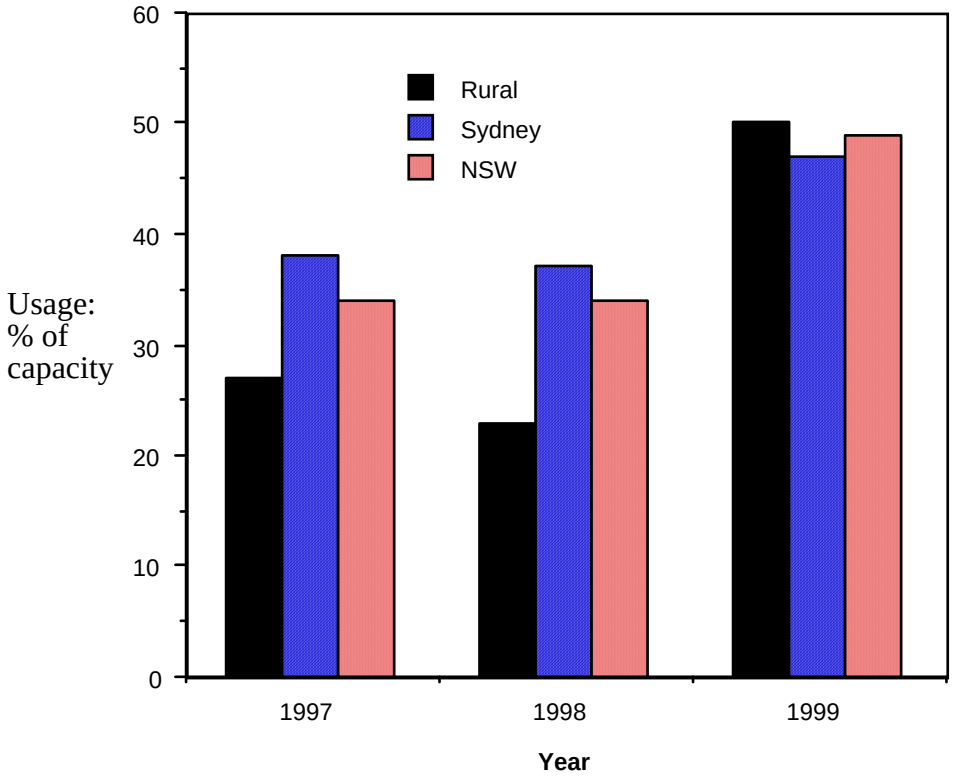

Figure 3: Trends in the usage of services over the years 1997-99

Waiting Lists

After the prospective client has contacted a counsellor, it is often important that an appointment is made as soon as possible. The counsellors interviewed were asked whether, in the last week, they had been unable to make an appointment to see a prospective client because all their appointment times were full. A waiting list was defined by the prospective client having to wait more than seven days before an

appointment time became available. Table 6 shows the extent to which counsellors have waiting lists compared across the years 1997-99.

Table 6:

The presence of waiting lists for problem gambling clients

	1997	1998	1999
Number of counsellors	31	78	105
Counsellors with waiting lists	7	3	4
Number of clients waiting	22	24	9

Use of Different Methods of Assessing Problem Gambling

Currently, there are relatively few methods for assessing problem gambling. The most commonly used questionnaire is the South Oaks Gambling Screen (SOGS). The original version of the SOGS (Lesieur & Blume, 1987) assesses gambling problems within a lifetime perspective. However, many clinicians prefer the revised version (SOGS-R) which assesses problem gambling within the last twelve months. In the analysis that follows no distinction is made between use of the SOGS and use of the SOGS-R. The SOGS was developed as a brief diagnostic tool for pathological gambling where the standard is set by the criteria in DSM-IV. The DSM-IV criteria should be assessed within a clinical interview, but in some cases the criteria are presented to the client in the form of a questionnaire. In the analysis that follows no distinction is made between the use of the interview approach and use of the questionnaire approach. More recently, the G-Map questionnaire has been developed in Victoria to provide a differential assessment of problem gambling in the client. Other methods which are not commonly used, including the G-Map, GA20 and Addiction Severity Index (gambling), are treated as a heterogenous 'other' category. Table 7 shows the extent to which these assessment devices are used by individual counsellors.

Table 7:

Assessment of problem gambling in clients seeking treatment

	Rural (N=35) %	Sydney (N=49) %	NSW (N=84) %
Use SOGS	43	55	50
Use DSM-IV	40	41	40
Use 'other'	40	43	42
Do not assess	31	24	27
Total assessing	69	76	73

Note: Total numbers of counsellors are less than those surveyed since financial counsellors have been omitted (financial counsellors typically do not assess

problem gambling as such). The total of %s exceeds 100% since many counsellors use more than one form of assessment.

Evaluation of Programs to Help Gamblers Cut Back or Stop Gambling

Ideally, therapy designed to help reduce excessive gambling would be assessed by an independent external assessor. However, many of the services for problem gamblers available in New South Wales are relatively new and the ideal would be an unrealistic expectation. Nevertheless, follow up assessments of clients following treatment are essential as a means of providing feedback on the extent to which treatment has been successful. Table 8 shows the extent to which counsellors systematically follow up the progress of their clients.

Table 8:

The extent to which problem gamblers are followed up after treatment in Rural areas of NSW and Sydney

Type of follow up	Rural (N=48) %	Sydney (N=57) %	NSW (N=105) %
Long term follow up	8	12	10
Short term follow up	2	7	5
Optional follow up	0	9	5
Letter follow up	11	2	6
No follow up	79	70	74

Service providers can be categorised according to the extensiveness and structure of the follow up process. The first category consists of those counsellors who have a follow up program in place in which data is obtained at least six months after the completion of treatment ('long term follow up'). Six months is the minimum elapsed time reported in long term follow up studies of treatment effectiveness. The second category consists of counsellors who systematically follow up clients for a period less than six months ('short term follow up'). A third category consists of counsellors who follow up those clients who make themselves available for this procedure ('optional follow up'). A fourth category consists of those services who send a letter to former clients asking them generally about the progress they are making ('letter follow up'). All other counsellors are categorised as having no follow up procedure.

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Appendix 1

Agencies Interviewed Face-to-Face

Agency name	Area of NSW	Number of counsellors	Services provided
Auburn Asian Welfare Centre	Lidcombe	1	a
Australian Arabic Welfare Council Inc	Bankstown	1	a
Baptist Inner City Ministries	Darlinghurst	2	a
Beth Stone	Edgecliff	1	a
Bridge House	Wickham	2	a
Bulli Community Health Centre	Bulli	1	a
Campbelltown Community Health Centre	Campbelltown	1	a
Carlingford Counselling Services	Carlingford	1	a
Centacare Catholic Family Services	Blacktown	3	a
Central Coast Problem Gambling Service	Woy Woy	3	a
Cessnock Family Support Service Inc	Cessnock	1	a
Chinese Australian Services Society Cooperative Ltd	Campsie	2	a
Christian Community Aid Service Inc	West Ryde	1	a
Coastwide Community Services	Gosford	2	a
Creditline Financial	Narellan	1	b

Counselling Service			
Gamblers' Helpline Inc	Berkeley	1	a
Greek Welfare Centre	Redfern	1	a
Integral Psychology Services	Lismore	1	a
Lao Community Advancement NSW Cooperative	Cabramatta	1	a
Life Activities Inc	Newcastle	3	a, b
Lifeline Central West Inc	Bathurst/Dubbo	3	a, b
Lifeline Northern Rivers	Lismore	1	a
Lifeline Western Sydney	Parramatta	5	a, b
Liverpool Hospital	Liverpool	2	a
Maryfields Day Recovery Centre	Campbelltown	5	a
Mission Australia Nowra	Nowra	3	a, b
Monaro Crisis Accommodation Service Inc	Cooma	1	a
Murray Darling Community Care Inc	Dareton	1	a
Newcastle City Mission	Hamilton	1	a
Northern Sydney Health Gambling Counselling Service	Hornsby	1	a
NSW Indo-China Chinese Association Inc	Canley Vale	3	a
Odyssey House McGrath Foundation	Sydney City	2	a
Odyssey House, Minto	Minto	2	a
Port Macquarie Neighbourhood Centre Inc	Port Macquarie	2	a, b

Relationships Australia Newcastle	Hamilton	2	a
Riverina Gambling Service	Wagga Wagga	3	a, b
Salvation Army William Booth Institute	Surry Hills	1*	a
St David's Care	Albury	2	a, b
St Edmunds Private Hospital	Eastwood	3	a
St John of God Hospital	Burwood	1	a
St Saviour's Neighbourhood Centre	Goulburn	3	a, b
St Vincent de Paul Society (GAME)	East Sydney	3	a, b
St Vincent de Paul Society, Wyong	Wyong	1	b
St Vincent's Hospital Ltd	Darlinghurst	1	a
Society of St Vincent de Paul, Freeman House	Armidale	3	a
STARTTS	Carramar	1	a
Sydney City Mission	Sydney City	1	a
The Northern Rivers Gambling Service	Bangalow	2	a, b
The University of Sydney Gambling Treatment Clinic	Sydney City	2	a
Vietnamese Community in Australia-NSW Chapter Inc	Cabramatta	1	a
Wagga Wagga Family Support Service Inc - Best Bet Counselling	Wagga Wagga	3	a, b
Waverley Action for Youth Services (WAYS)	Bondi	1	a
Wesley Gambling	Chippendale	9	a, b, c

Counselling Services			
Wesley Gambling Counselling Services	Penrith	3	a, b
Wesley Mission Central Coast	Tuggerah	1	d
Wesley Mission Private Hospital	Ashfield	1	a
Wollongong City Mission	Wollongong	4	a, b
Woodrising Neighbourhood Centre Inc	Woodrising	2	a, b

Key to Appendix 1

a = 'addiction counselling' which refers to counselling which is primarily concerned with helping the client to cut back or stop gambling;

b = 'financial counselling' which refers to counselling which is primarily concerned with resolving the financial problems caused by excessive gambling;

c = 'legal services' which refer to services primarily concerned with providing legal advice and providing the client with assessments for legal purposes;

d = 'relationship counselling' which refers to counselling where the client is not the problem gambler, but a family member or friend of the gambler;

***** = the service provides many counsellors to provide the same treatment to inpatients, which is recorded as one counsellor

Appendix 2

Face-to-Face Interview Questions

Name of Service Provider: _____

Date of interview: _____

Phone _____ Fax _____

Employment hours _____

Section a

Gamblers Currently Receiving Treatment
(Last 7 days; kept appointment/'phone/self-help)

___ / ___ / ___ to ___ / ___ / ___

	Gender	Age	Ethnicity	Source of referral	Counselling Service	Type of gambling	Category of gambler	Attend other agency?
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

NB: Validation required, e.g., log or other record.

Section b

Gamblers Currently Receiving Treatment

(Next 7 days; appointments only)

___ / ___ / ___ to ___ / ___ / ___

	Gender	Age	Ethnicity	Source of referral	Counselling Service	Type of gambling	Category of gambler	Attend other agency?
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

NB: Validation required, e.g., record of appointment in diary.

Section c

Case Load, Capacity and Length of Waiting List

* How many gamblers are you currently treating (estimate)?

  (i.e. -what is your current case load?) N= _____

* What is your capacity in terms of the maximum number of problem gamblers that you can treat per week to the standards that you set for yourself?

* What is the capacity in terms of the maximum number of problem gamblers that your agency can treat adequately per week?

Gamblers Currently on Waiting List N = ___

Number of days since they asked for treatment until today =

1. ___	2. ___	3. ___	4. ___	5. ___
6. ___	7. ___	8. ___	9. ___	10. ___
11. ___	12. ___	13. ___	14. ___	15. ___
16. ___	17. ___	18. ___	19. ___	20. ___
21. ___	22. ___	23. ___	24. ___	25. ___

Section d

Problem Gamblers seen in the Last 12 Months:

1. How many problem gamblers are currently receiving treatment?
   Answer: _____

2. How many problem gamblers have completed treatment in the last 12 months (case closed)?
   Answer: _____

3. How many problem gamblers began but did not complete treatment?
   Answer: _____

4. How many problem gamblers were assessed but did not receive treatment?
   Answer: _____

Section e

Assessment and Treatment

1. "What is the typical number of sessions required to complete the treatment of a problem gambler?" [Explain that this does not include individuals who drop out before treatment is complete]. If the counsellor provides a range, the mid point of the range is coded as the answer.

   _____

2. "What is the average length of each session (in hours)?" If the counsellor reports a longer first session followed by shorter subsequent sessions, the length of the shorter subsequent sessions is coded as the answer.

   _____

3. "How often do you see your clients (every week, every fortnight)?" If the counsellor reports a variable number, the rate for the earlier sessions is entered.

   _____

4. If the treatment provided is to help the individual cut back or stop gambling, "How do you approach the task of helping the client cut back or stop gambling?" Answer recorded for later coding. Answers are coded as: cognitive therapy (CT), cognitive-behavioural therapy (CBT), behaviour therapy (BT), solution focussed therapy (SFT), psychodynamic therapy (PSY), Gestalt therapy (GT), supportive counselling (including client centred therapy) (SC). All other counselling approaches are categorised as 'other'.

   _____

   _____

5. "Do you have a program across session?

   _____

   _____

6. "Do you assess the gambling problems of each client?" If so, "What assessment devices do you use?" Coded as dsm4, sogs, gmap, own questionnaire and 'other'.

   _____

   _____

7. "For what % of your clients do you believe your intervention has been successful?"
   "What evidence do you have that your clients have cut back or stopped gambling?" The intent of these questions is to discover whether the counsellor is using any systematic evaluation procedures. To further validate the answer, counsellors are asked, "Do you have a follow up procedure?"

   _____

   _____