LESSONS OF THE PAST

PROCEEDINGS OF THE 10TH NATIONAL ASSOCIATION FOR GAMBLING STUDIES CONFERENCE

MILDURA 2000
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WHY ARE AUSTRALIANS DIFFERENT? A CRITICAL PERSPECTIVE ON AUSTRALIAN PREVALENCE STUDIES OF PROBLEM GAMBLING

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ABSTRACT

From an examination of problem gambling prevalence studies conducted internationally, it is evident that Australian general population surveys undertaken during the 1990s are anomalous in a variety of ways. Differences include the conceptualisation of problem gambling, the timeframe employed to assess problems, methods of respondent selection, the non-standard presentation of problem gambling measures, the cut-off score used to differentiate problematic from non-problematic gamblers and the interpretation of survey findings. The Australian studies are also characterised by low response rates and a failure to use appropriate statistical adjustments for the effects of complex sample designs and low proportions. It is argued that some of these and other features of the Australian surveys produce systematically biased results that are likely to downplay the magnitude of serious problem gambling and associated economic and social costs.

Introduction

John Cleese was once asked how the British differ from Americans. His reply was that they differ in three ways. First, he said that when the British hold world championships they invite people from other countries. Second, he said that when you meet the British Head of State you are expected to go down on only one knee. The third difference, I cannot recall. Given the tenor of second difference, it is probably just as well.

Australians and New Zealanders have much in common. However, differences, real and imagined, come to the fore in the many 'Australian' and 'New Zealand' jokes that provide amusement to us all. One that I enjoy originates from a previous New Zealand Prime Minister, Rob Muldoon, who was responding to Australian media comments about New Zealand migrants. Rob said that Kiwi migration to Australia was not a problem because both countries benefited from the resulting increase in average IQ on both sides of the Tasman. Someone added that it was safe to relate this joke to Australians because most of them would not be able to understand it.

Australians and New Zealanders also have much in common with respect to gambling. Gambling has played a significant role in both countries since colonial times and, relative to many other parts of the world, they had a more tolerant approach to gambling throughout the Twentieth Century. Both also lay claims to the racing icon Phar Lap, a horse that had the distinction of being raised in New Zealand, making racing history in Australia and being poisoned in America. For many years its stuffed remains formed a central exhibit in New Zealand's national museum. However, its heart is buried in Australia.
While New Zealand and Australia have things in common concerning gambling, there are differences with respect to the way in which problem gambling has been conceptualised and studied in these countries. Recently colleagues and myself have completed national surveys of gambling and problem gambling in New Zealand (Abbott & Volberg, 2000; Abbott, Williams & Volberg, 1999; Abbott & McKenna, 2000; Abbott, McKenna & Giles, 2000) and Sweden (Ronnberg, Volberg & Abbott et al, 1998). Preparation for these studies included an extensive review of previous community surveys of gambling and problem gambling conducted throughout the world (Abbott & Volberg, 1999a). This included an examination of Australian surveys undertaken during the 1990s.

From the review of the international literature, it was evident that the Australian studies, particularly those conducted prior to the recent Productivity Commission survey (Productivity Commission, 1999), differed in some ways conceptually and methodologically from their counterparts undertaken elsewhere in the world. It also appeared that the Australian problem gambling community surveys used procedures that ensured that low prevalence estimates would be generated. Despite these procedures being employed, many of the resulting estimates were higher than those obtained in other countries.

Given the prominence of Australian scholars in the field of gambling studies it was surprising to find that the quality of these studies, methodologically, was often not high. Furthermore, written accounts of the studies typically lacked important information that is mandatory for scholarly publication. Without this information, for example response rates, there is considerable uncertainty about the likely validity of the survey findings. Lack of methodological detail also makes it difficult to interpret the findings and compare them with those of other studies. It also means that other investigators could not readily repeat them.

**Problem gambling prevalence studies**

The great majority of extant general population problem gambling surveys, internationally, are prevalence studies, concerned primarily with the estimation of the proportion of the adult or adolescent population that experiences significant gambling problems. Most have also been interested in determining prevalence rates for major sub-sectors of the population, differentiated on the basis of age, gender, ethnicity, socioeconomic status and/or other sociodemographic indices, with a view to identifying high-risk groups. Some studies have also examined other potential risk factors, for example preferences for, frequency of participation in, and expenditure on different types of gambling.

The first prevalence studies to use officially recognised diagnostic criteria or validated psychometric measures were undertaken during the mid to late 1980s in North America and New Zealand (Abbott & Volberg, 1999a; Shafer, Hall & Vander Bilt, 1997). These studies employed the Diagnostic Interview Schedule or the South Oakes Gambling Screen (SOGS), both based on the diagnostic criteria for pathological gambling that were included in the 1980 American Psychiatric Association Diagnostic and Statistical Manual (DSM-III) (American Psychiatric Association, 1980). Until 1991, the majority of surveys used the SOGS and provided lifetime measures of probable pathological gambling and problem gambling. Reference to ‘probable’ pathological gambling is made to distinguish diagnostic assignment based on a screening test from that obtained by
way of a formal psychiatric assessment. With respect to the SOGS, 'problem gambling' refers to people who acknowledge having some problems or attributes of pathological gambling but who fall short of the criteria for probable pathological gambling. Typically, a score of five or more (out of a possible total of 20) is required for classification as a probable pathological gambler and a score of three or four is required for classification as a problem gambler.

In 1991, the original SOGS (Lesieur & Blume, 1987) was adapted for use in the New Zealand National Survey of Gambling and Problem Gambling (Abbott & Volberg, 1991; 1992; 1996; Volberg & Abbott, 1994). This adaptation, referred to as the SOGS-R, included the addition of current (past 6 months) measures of probable pathological gambling and problem gambling. The original SOGS did not include a current measure, presumably because it was assumed that pathological gambling is a chronic or chronically relapsing disorder. However, in psychiatric epidemiology, it has long been standard practice to determine both lifetime and current prevalence estimates for psychiatric disorders (Abbott, 1994). This distinction recognises that the temporal course or chronicity of psychiatric disorders is variable. As with physical illnesses or disabilities, many are of short duration whereas others are longterm, in some cases life-long. In epidemiological studies, the difference between lifetime and current rates is typically regarded as an indicator of change in state over time, through 'natural' or 'self recovery and successful treatment.

Since 1991, the majority of problem gambling surveys conducted throughout the world have used the SOGS-R (Abbott & Volberg, 1999a). However, apart from Australian and New Zealand studies, almost all have employed a 12-month timeframe for the current measure rather than six months. This adjustment was made because it was concluded from the original New Zealand validation study (Abbott & Volberg, 1992; 1996) that the six-month format generated a large number of false negatives. In this context, false negatives were people who did not score five or more on the SOGS-R but who were assessed as pathological gamblers on the basis of double blind interviewer ratings. In other words, if it is assumed that the interviewer assessments provided an accurate measure of serious gambling problems, these people were misclassified by the six-month SOGS-R scale as not having problems.

Although the 12-month frame is now generally employed, in addition to the lifetime measure, it has yet to be shown that it produces fewer false negatives than the sixmonth version or that it generates higher prevalence rates. Logically, the 12-month version would be expected to detect more people with current problems than the sixmonth screen. However, the only jurisdiction where both six and 12 month formats have been used obtained virtually identical estimates, suggesting that there may be little difference between the current measures in this regard (Volberg, 1994).

Critical reviews of North American and international problem gambling prevalence studies are provided by Shaffer, Hall and Vander Bilt (1997) and Abbott and Volberg (1999a) respectively. A special edition of the Journal of Gambling Studies and the Productivity Commission (1999) report also provide relevant information. Some general observations and comments based on my examination of the international literature are provided in Figure 1. Time does not allow expansion on most of these cursory comments, other than with regard to the focus of this paper, namely the assertion that while Australian scholarship is significant, an idiosyncratic approach has been taken in the conduct of prevalence studies.
Figure 1: Some General Observations and Comments on Problem Gambling Prevalence Research

- The great majority conducted since 1990 with rapid growth since the mid-1990s
- Prevalence studies associated with and often played a role in the development of services for problem gamblers
- Most studies cross sectional 'baseline' prevalence surveys using a single measure of problem gambling
- In recent years, an increasing number of 'replication' or repeat surveys.
- Apart from the 1991 and 1999 New Zealand national surveys, no two-phase studies to check the diagnostic accuracy of problem gambling screens and attempt to refine prevalence estimates based on information concerning false positives and false negatives
- With the partial exception of the 1999-2001 New Zealand Gaming Survey, a lack of incidence studies, prospective longitudinal surveys and field experiments - with implications for causal inference, knowledge of the natural history of problem gambling and service planning
- Isolation of the field from mainstream epidemiological scholarship
- Lack of in-depth qualitative information and triangulation
- Mainly regional or sub-national studies until 1999
- In 1998-2000, national surveys in Sweden, United States, Australia, New Zealand and England
- Almost all carried out in North America, a few European countries, New Zealand and Australia
- Methodological quality often poor, reporting incomplete and no evidence of improvement over time in North American surveys
- Australian scholarship significant yet approach to prevalence research idiosyncratic
- Problem gambling a "robust phenomenon" - internationally, broadly similar results from studies using different methods, of varying quality, conducted by different investigators
- Some convergence of findings consistent with the view that problem gambling prevalence has increased over time in some areas and that increased prevalence is associated with rising per capita gambling accessibility and expenditure
- Competing hypotheses regarding the long-term stability of a rising expenditure increased problem gambling relationship
- Continuous forms of gambling and forms with a degree of skill more strongly associated with problem gambling development than other forms
- Some consistency across studies in other major risk factors for problem gambling although also some variation in the profile of risk factors across jurisdictions and overtime
- Little multivariate analysis to examine relationships between multiple risk factors and their relative importance in predicting problem gambling
- Although most survey sample designs have been technically complex, statistical procedures are rarely used that take account of this complexity
- Although the low prevalence of problem gambling means that conventional methods for calculating confidence intervals are inappropriate, procedures to calculate more accurate intervals are seldom employed

The field is characterised by "ideological contamination" and "researchers in the crossfire" (Shaffer, Hall & Vander Bilt, 1997).
"Problem gambling prevalence studies are like looking for a needle in a haystack followed by statistical alchemy to transmute base metal into gold" (Abbott & Volberg, 1999b).

Australian general population surveys of problem gambling

Introduction

The Australian studies that were examined are listed in Table 1. This table refers to the jurisdiction involved, the year each survey was undertaken, the method of interview administration (face-to-face interviews or telephone), the category of respondents that was administered the problem gambling screen, the sample size and the current problem gambling point prevalence estimate using cut-off scores of five and ten.

<table>
<thead>
<tr>
<th>Location</th>
<th>Year</th>
<th>Method</th>
<th>'SOGS'</th>
<th>N</th>
<th>5+</th>
<th>10+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tasmania</td>
<td>1994</td>
<td>D</td>
<td>Regular</td>
<td>1220</td>
<td>1.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Tasmania</td>
<td>1996</td>
<td>T</td>
<td>All</td>
<td>1211</td>
<td>2.9</td>
<td>0.3</td>
</tr>
<tr>
<td>WA</td>
<td>1994</td>
<td>D</td>
<td>Regular</td>
<td>1253</td>
<td>0.6</td>
<td>0.3</td>
</tr>
<tr>
<td>NSW</td>
<td>1995</td>
<td>D</td>
<td>Regular</td>
<td>1390</td>
<td>2.6</td>
<td>0.6</td>
</tr>
<tr>
<td>NSW</td>
<td>1997</td>
<td>D</td>
<td>Regular</td>
<td>1209</td>
<td>2.9</td>
<td>0.4</td>
</tr>
<tr>
<td>SA</td>
<td>1996</td>
<td>T</td>
<td>Regular</td>
<td>1206</td>
<td>1.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Victoria</td>
<td>1997</td>
<td>T</td>
<td>All</td>
<td>2000</td>
<td>0.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Victoria</td>
<td>1998</td>
<td>T</td>
<td>All</td>
<td>1737</td>
<td>1.5</td>
<td>0.3</td>
</tr>
<tr>
<td>National</td>
<td>1999</td>
<td>T</td>
<td>Selective</td>
<td>10600</td>
<td>2.1</td>
<td>0.3</td>
</tr>
</tbody>
</table>

From Table 1 it is evident that surveys have been conducted in all Australian states other than Queensland and that in three states, namely Tasmania, New South Wales and Victoria, there have been repeat or replication studies. Two national studies are also included, however although referred to by its authors as "national", the first of these surveys was in fact confined to urban residents domiciled in four state capitals (Dickerson et al, 1996a). Although the majority of Australians live in these cities (Sydney, Melbourne, Adelaide and Brisbane), caution is required when comparisons are made between the findings of the 1991 baseline survey and the only truly national survey that was conducted during 1999 for the Productivity Commission Inquiry.

The Australian surveys all involved people aged 18 years and older. The Australian Institute for Gambling Research conducted most of the surveys. All used variants of the SOGS. Most used stratified random sampling although, in some cases, quotas were used and, sometimes, particular categories of respondents were boosted in an ad hoc way. Most also used two phase sample designs and all are technically complex. In other words, they involve a departure from truly random and independent sampling of the population. Five employed face-to-face (door-knock) interviews and five used telephone interviews. The sample sizes are comparable to or somewhat larger than those of most North American prevalence surveys. However, it is important to note that in most of the Australian studies, only sub-samples of respondents were administered the problem gambling screening measure.
In both describing how Australian prevalence surveys differ from their counterparts in other countries and attempting to answer the more difficult question of why they differ, it is helpful to examine the first Australian survey as this formed the model for future studies. It also influenced the way the findings of subsequent surveys were analysed and interpreted.

The 1991 four cities survey

In the 1991 four cities ('national') study, 2,744 participants from four state capital cities were recruited using a stratified random door-knock approach. The survey was presented to potential participants as a study of leisure activities. People who agreed to take part were administered a brief structured interview concerning their leisure activities, gambling participation and socio-demographic characteristics. Respondents who reported gambling once a week or more on continuous forms of gambling such as gaming machines and track betting during the past six months were asked to proceed with two additional sections of the questionnaire which included a modified version of the SOGS. A "quota" of weekly or more frequent noncontinuous gamblers (lottery participants) was also asked to continue. A $1,000 cash prize was used as an incentive for recruitment. The resulting second phase sample consisted of 195 people who gambled regularly on continuous forms and 95 who gambled regularly on non-continuous forms. People who gambled less often than once a week during the six months prior to the survey were excluded. This included people who were regular gamblers in the past.

Response rates were not cited for either the first or second phase of the 1991 survey (Dickerson et al, 1996a). Although there is no mention of the percentage of sampled individuals that completed the first part of the interview, it was stated that the regular continuous gamblers who did so were more than three times as likely than the regular non-continuous gamblers to refuse to continue with the second phase. However, elsewhere (Australian Institute for Gambling Research, 1994) it is stated that 29.7 per cent of the former participants refused to complete the second phase compared with 4.2 per cent of the latter participants - a much higher ratio of differential responding than the three-to-one ratio mentioned in the published report. As the authors of the study noted, it is likely that those who declined to proceed to the second stage of the interview (predominantly regular poker machine and off-course track participants) contained proportionately more problem gamblers than those who were assessed. This is one reason, acknowledged by the authors, why the problem gambling prevalence estimates from this survey could be expected to be conservative.

The second phase of the four cities study included measures that had been used in the earlier 1991 New Zealand National Survey (Abbott & Volberg, 1991; 1992; 1996; Volberg & Abbott, 1994), including a variant of the SOGS-R, the General Health Questionnaire and the Beck Depression Inventory. Both the Australian and New Zealand surveys also included series of items designed to assess various 'costs' and 'benefits' of gambling. Some additional measures were also employed in the four cities study that were not used in New Zealand. Dickerson was a consultant to the New Zealand survey and this commonality between the survey instruments was intended to facilitate comparison of their respective findings.
Although the four cities study included the newly developed SOGS-R, designed to yield both current (past 6 months) and lifetime probable pathological gambling and problem gambling prevalence estimates, it was further adapted by the addition of a multiple response format and 'blind' procedure for recording interviewee responses. These additions appear to have merit on procedural and psychometric grounds, however, it is not known to what extent they produce results that are comparable to those of the original SOGS or SOGS-R. Without this information, it is not known whether these quite substantial changes to the standard administration of the SOGS and SOGS-R result in higher or lower scores.

A major difference between the four cities study and the 1991 New Zealand survey and the large majority of surveys conducted before or since in countries other than Australia, is that the problem gambling screen was administered to a sub-set of respondents, namely people who reported currently gambling on a weekly or more frequent basis. Most other surveys administered the screen to all participants who reported having gambled at some time during their lives. This difference has important implications for prevalence estimation.

Dickerson et al (1996a) reported that, using the customary SOGS cut-off of five or more, the lifetime point prevalence estimate for probable pathological gambling was 7.07 per cent and the current (6 month) estimate was 13.39 per cent. By way of comparison, the corresponding percentages from the 1991 New Zealand National Survey were 2.7 per cent and 1.2 per cent. An additional 4.2 per cent were classified as lifetime problem gamblers and another 2.1 per cent were classified as current problem gamblers. It will be recalled that problem gamblers, in this context, are defined as people who obtain scores of three or four.

It has been shown in two New Zealand studies that SOGS-R identified probable pathological and problem gamblers do not differ in terms of their sociodemographic profile and that both groups differ significantly from non-problem gamblers in this respect (Abbott & Volberg, 1991; 1996, 2000; Volberg & Abbott, 1994). For this reason, in many studies, the two groups are combined for the purpose of comparison with non-problem gamblers. In the four cities study, prevalence estimates were not provided for problem gamblers. However, based on the findings of many other surveys conducted throughout the world, it is expected that their inclusion would have doubled or trebled the total number of people estimated to have gambling problems.

The 1991 Australian prevalence estimates of 7.07 per cent for lifetime probable pathological gambling and 13.39 per cent for current probable pathological gambling are unusual in two respects. As the authors of the study note, "it was expected that the current SOGS score would yield a lower estimate of prevalence than the lifetime score" and "both scores are very high compared with other studies" (Dickerson et al, 1996a).

In general population surveys of mental disorder, current prevalence rates are almost always lower than lifetime rates. This is expected because, unless all people who suffer from a particular disorder never recover from it or forget or fail to report that they ever had it, fewer people will have the disorder currently than did so throughout the course of their entire lives (which includes the past 6 or 12 months). In the case of problem gambling, current estimates are typically approximately half those of lifetime estimates (Abbott & Volberg, 1999a; Shaffer, Hall & Vander Bilt, 1997). While in some situations, for example prison settings (Abbott & McKenna, 2000; Abbott, McKenna & Giles, 2000),
current and lifetime rates have been found to be more similar, it is in fact not possible to obtain a higher current than lifetime score. Apart from being impossible logically, the SOGS and SOGS-R are administered in such a way that while, in theory, the rates could be the same, the current rate cannot be higher. This is because respondents are only asked the questions about their current problems if they first acknowledge having experienced these particular problems at some time during their lives.

Although it is unclear precisely how the modified version of the SOGS-R used in the four cities study was administered, the most likely explanation for the higher current rate is that the prevalence estimates were either incorrectly calculated and/or reported. With respect to the current estimate, this interpretation is supported by more recent references to the 1991 survey that state that it was 6.6 per cent rather than 13.39 per cent (Dickerson et al, 1997). The revised estimate, while being lower than the lifetime estimate of 7.07 per cent, is still anomalous in that it is very similar to the lifetime rate and is high in comparison to that of other surveys conducted in Australia and other countries.

Assuming that the 6.6 per cent estimate is correct, this raises questions about the accuracy of the lifetime estimate, which, it will be recalled, could be expected to be approximately double the current rate. One possibility is that, in contrast to other parts of world, very few Australians who have gambling problems overcome them. However, there is no reason to assume that Australians are different from New Zealanders, North Americans and Europeans in this regard. The most likely explanation for the similarity in the current and lifetime estimates, other than a calculation and/or reporting error, is that it was a consequence of the omission of participants who did not report that they currently gambled on a regular basis. The modified SOGS-R was not administered to these people and it was assumed that none of them had ever experienced significant gambling problems, either currently or in the past.

The recent New Zealand longitudinal study (Abbott, Williams & Volberg, 1999), found that over three-quarters of people who had serious gambling problems seven years ago no longer did so when they were re-assessed and many of these were currently non-gamblers or infrequent gamblers. Had the Australian survey included people who did not report that they currently gambled on a regular basis, the lifetime point prevalence estimate would undoubtedly have been higher. Incidentally, even this higher lifetime rate would have been conservative because the longitudinal survey also found that most people who obtained lifetime SOGS-R scores of five or more in 1991 scored less than five on the lifetime scale when reassessed in 1998 (Abbott, Williams & Volberg, 1999). In other words, many people who had problems in the past forget that they did so or failed to report them. Apart from suggesting that lifetime prevalence estimates from all problem gambling surveys are highly conservative, this finding implies that the lifetime-current differences are actually larger than has been assumed on the basis of cross sectional surveys and that, for many people, problem gambling is a transitory condition.

Although the omission of non-regular gamblers can be expected to have most impact on lifetime prevalence estimates, their omission can also be expected to have some impact on current estimates as well. This is because problem gamblers who fail to accurately report their current gambling behaviour or who have a 'binge' pattern of gambling will be excluded. Dickerson et al (1996a) were aware of the possibility that the omission of 'binge' gamblers may reduce their estimates somewhat, although they considered this to be a rare phenomenon in Australia. Whether or not this is the case can only be
determined by further study.

Aspects of the methodology the 1991 four cities study and the decision not to report findings for problem gamblers with scores of three or four resulted in prevalence estimates that were lower than would be the case if standard procedures had been used. Despite this, the reported rates were nevertheless higher than those obtained by any other general population survey, before or since. The investigators did not consider these rates to be credible and, for this reason, they introduced procedures designed to reduce them substantially. First, they omitted probable pathological gamblers who did not report gambling weekly or more often on continuous forms of gambling (referred to as the "lotto only" group). Second, they changed the criterion score from five to ten. These adjustments produced a prevalence estimate of 1.2 per cent for current probable pathological gambling. The authors referred to this group as "problem gamblers" (Dickerson et al, 1996a). An adjusted lifetime rate was not provided.

How were these adjustments and the revised current prevalence rate justified? First, it was suggested that a rate of around one per cent was more credible and consistent with expectations. Second, it was argued that the reported gambling expenditure by the non-continuous probable pathological gamblers was lower than that of problem gamblers who had sought help for their problems and that they were probably false positives (people who are identified by a screen as having problems but who, in fact, do not). Third, it was further argued that the average reported expenditure of the remaining probable pathological gamblers was also lower than that of people seeking treatment and that this group also contained large numbers of false positives.

Apart from producing a more 'acceptable' prevalence estimate, the change in the criterion score from five to ten was justified by a process the authors describe as "anchoring". Respondents with scores of ten or more were claimed to more closely resemble interviewer-assessed 'pathological gamblers' in the 1991 New Zealand national survey than respondents with scores of five or more did. The comparison involved selected SOGS-R and other questions related to problem gambling. In the New Zealand study, all participants who reported ever having gambled were administered the SOGS-R in the first phase of the survey. In the second phase, phase one probable pathological gamblers, problem gamblers and regular non-problem gamblers were re-assessed, double blind, by interviewers using DSM-III-R diagnostic criteria for pathological gambling.

While this anchoring approach may appear to be reasonable, there are in fact major flaws involved, both logically and procedurally. From reference to Table 2 in Dickerson et al (1996a), where the Australian and New Zealand groups are compared, it is not evident why the Australian respondents with scores of ten or more are regarded as comparable to the New Zealand DSM-III-R assessed pathological gamblers. For example, whereas a third of the New Zealand group said they gambled longer than they intended, only nine per cent of the Australian group did. Thirty-two per cent of the Australian group reported that they themselves considered that they had a problem with gambling and 55 per cent reported having borrowed money to gamble and not paid it back. The respective percentages for the New Zealand group were 14 per cent and ten per cent. Interestingly, the Australian group that obtained SOGS-R scores of five or more and who did not report gambling regularly on continuous forms (the "lotto only" probable pathological gamblers), actually had higher rates for these two items (41 % and 83% respectively). It will be recalled that people in this latter category were
excluded from the revised prevalence calculations.

The gambling expenditure justification is similarly problematic. It would be expected that problem gamblers who seek treatment have more serious gambling and related problems, on average, than those who do not. Often, financial crises precipitate help seeking. Furthermore it has been found in general population surveys conducted in Australia and elsewhere that respondents under report gambling expenditure (Abbott & Volberg, 1999a; 2000; Productivity Commission, 1999). Given that one of the diagnostic criteria for pathological gambling is "lies to family members, therapists and others to conceal the extent of involvement with gambling" this tendency may be even greater among problem gamblers. On the other hand, problem gamblers in treatment settings are more likely to be candid and accurate in this regard. Thus, 'apples' are not being compared to 'apples' in making comparisons between the reported expenditure of community survey respondents and serious problem gamblers in treatment.

Even when the foregoing is taken into account, the average reported weekly gambling expenditure for probable pathological gamblers who favoured continuous forms in the four cities study was $58. At face value, while this may not seem much for a professional or executive, it is quite a substantial sum for Australians in 1991 who were beneficiaries or on low incomes. People in this category are typically overrepresented among problem gamblers. Furthermore, other Australian research has concluded that gambling problems are likely to be associated with gambling expenditure in excess of $50 per week (Queensland Department of Family Services and Aboriginal and Island Affairs, 1995).

In discussion of the survey findings, the investigators state "... the most significant finding was that 1.16% (± 0.34%) of the adult population in Australia were likely to be problem gamblers. In the New Zealand study the equivalent group was called "pathological gamblers" and the corrected current (6-month) prevalence was reported as 1.17% (± 0.33%). This prevalence rate is very similar to the present findings for Australia. Given the legal availability of a similar mix of gambling and gambling products in both countries, the similarity of prevalence rates has good face validity."(Dickerson et al, 1996a).

There are serious flaws in the reasoning involved in reaching the conclusions quoted in the preceding paragraph.

For reasons already outlined, the case for 1.16 per cent being a valid estimate is highly tenuous. Furthermore, it should be noted that the 'pathological gamblers' in New Zealand in fact included no respondents with current SOGS-R scores of ten or more. Over a half actually scored less than five (they were false negatives). Thus, had the procedures used to revise the Australian estimate been used in New Zealand, it would have been concluded that there were no probable pathological gamblers in that country. This, of course, is most unlikely. There is little "face validity" if Australia and New Zealand are compared and the latter has a zero prevalence of probable pathological gambling!

Reference to the New Zealand "corrected current (6-month) prevalence" as being comparable to that of the revised Australian rate is also invalid for a further reason. The New Zealand prevalence revision took account of the majority of phase two interviewer assessed pathological gamblers who actually scored less than five on the current
SOGS-R. As mentioned, these people were false negatives - they were not detected as having problems by the SOGS-R when it was administered in phase one. While increasing the criterion score in the way Dickerson et al did will reduce the number of false positives (people who are incorrectly assessed as having problems when they do not), it also has the effect of increasing the number of false negatives. As it happens, the New Zealand phase one probable pathological gambling prevalence estimate, based on the SOGS-R alone, was also 1.2 per cent. Had false negatives been taken account of in the Australian study, the 'revised' estimate may in fact have been similar to, or higher than, the original 13.4 (or 6.6) per cent.

Although there are some similarities between Australia and New Zealand with respect to social attitudes towards gambling and gambling participation, per capita gambling expenditure in New Zealand was substantially lower than that of any Australian state in 1991. If there is a link between per capita expenditure on gambling and the prevalence of problem gambling, it would be expected that Australia would have higher rather than similar rates to New Zealand. Findings from the more recent national Productivity Commission (1999) and 1999 national New Zealand study (Abbott & Volberg, 2000) suggest that this is indeed the case.

While other things could be said about the four cities study, some of them positive, to conclude it should be noted that the study was confined to selected metropolitan areas and did not include rural Australians. For this reason, it is also inappropriate for the report authors to state that its findings apply to "the adult population of Australia."

In reflecting on the first problem gambling prevalence survey conducted in Australia, while it is concluded that the revised 1.2 per cent current prevalence estimate greatly under-estimates the likely extent of significant gambling problems at the time it was conducted, the original estimate was surprisingly high. Even if the 6.6 per cent estimate is the correct one, it could well have been higher if somewhat different and, it has been argued, more appropriate, procedures had been used. As it stands, it is three times higher than the national estimate obtained by the 1999 Productivity Commission survey. The findings remain anomalous.

The difference between the estimates derived from the two 'national' Australian surveys is potentially important. Among other things, it implies that there has been a substantial reduction in problem gambling in Australia during the past decade. For this reason, it would be appropriate to conduct an independent re-analysis of the 1991 survey data. Apart from checking data entry and the original analyses, it would be important to determine what the first and second phase response rates were.

Post 1991 Australian surveys

The four cities study has been considered at some length because, as mentioned, most of the subsequent Australian surveys used the same methodology, higher criterion score and classification system for problem gambling. This statement requires some qualification in that a modification of the method used to calculate prevalence estimates was made in the 1995 New South Wales survey (Dickerson et al, 1996b) and the two-phase door-knock procedure has largely been superseded by telephone surveying in more recent studies.
The modification to the scoring method used in prevalence estimation was made because of the belated realisation that a substantial number of respondents scoring five to ten on the SOGS-R are likely to be true positives (i.e. people with serious gambling problems) and that their omission is not justified. The 'anchoring' procedure referred to earlier was replaced by examining the SOGS-R score distribution of 82 pathological gamblers attending a specialist treatment centre. These data were claimed to support retention of a criterion score of ten or more (Dickerson et al., 1996b). Although the cut-off score of ten was retained, the authors acknowledge that a score of seven would still have correctly classified 97 per cent of the sample. For the purpose of calculating prevalence estimates it was assumed that all people who score ten or more are true positives. In addition, "based on the ... SOGS data base and the team's expert opinion" (Dickerson et al., 1996b) 50 per cent of people with scores of 7-9 and 20 per cent of people with scores of 5-6 were also considered to be at risk of experiencing severe gambling problems.

How the "SOGS data base" or the team's "expert opinion" justifies the use of this categorisation system is unclear. However, it should be noted that there are again problems of comparing 'apples' with 'apples' when SOGS-R scores of problem gamblers in treatment are compared with problem gamblers interviewed in community surveys. People who are selected at random from the general adult population and asked about gambling problems are probably less likely to be aware of their problems and/or to report them candidly than people who recognise that they have problems and have sought help to overcome them. From this, it follows that the same SOGS-R score may mean different things in community and clinical contexts. More specifically, it is expected that scores obtained from community samples will represent more serious problems than the same scores obtained from people in counselling, in-patient or mutual-help groups.

The appropriate way to assess the extent to which a screen identifies problems among people living in the community is to reassess, double blind, the same individuals using diagnostic interviews or other measures that are known to be more accurate than the initial screen.

Whatever the justification for increasing the SOGS-R cut-off score to ten and including only a small proportion of those with scores ranging between five and ten, this procedure will generate much lower prevalence estimates than would be obtained using the procedure that is used everywhere else except Australia. In some situations the difference will be considerable because the great majority of people with SOGS-R scores of five or more typically score less than ten. This is illustrated by findings from the Productivity Commission (1999) survey. Using the conventional cut-off of five, the national adult prevalence estimate is 2.1 per cent. The revised method yields an estimate of 0.9 per cent. Although less than half that which would be obtained without the 'Australian' adjustment, the adjusted score is three times higher than that (0.3%) obtained when the cut-off of 10 is used.

The major problem with both the ten plus and modified ten plus systems is that they are based on a one-sided preoccupation with false positives that takes no account of the role of false negatives in prevalence estimation (Abbott & Volberg, 1999a; Abbott & Volberg, 1999b; Abbott, in press).

When the SOGS-R was first developed and examined psychometrically in a community sample, it was found that the lifetime measure produced only a small number of false
negatives (Abbott & Volberg, 1992; 1996). False negatives, it will be recalled, are people who are pathological gamblers but are not identified as such by the screen. Dickerson has taken this as an indication that false negatives do not increase when the SOGS-R is used in community rather than clinical situations. However, in contrast, the new six months scale (the timeframe adopted in all Australian surveys other than the Productivity Commission survey) actually generated more false negatives than true positives. Concern about this high rate of false negatives is the reason why subsequent studies, including the Productivity Commission survey, have adopted the longer 12-month current measure. This high rate of false negatives was not taken into account by Dickerson and his colleagues in prevalence estimation or discussed in relation to their survey findings.

Whereas increasing the criterion score reduces false positives, decreasing it reduces false negatives. Abbott and Volberg (1999a) comment further on this matter:

> It is normal practice when developing clinical screening tests to very carefully consider and weigh the benefits of increasing cut-off scores against the cost of more false negatives. This is best accomplished by using Receiver Operating Characteristic (ROC) analysis that enables optimum cut-off scores to be determined for different circumstances. For prevalence studies the optimum cut-off would certainly not be one that produces no false positives and a large number of false negatives. This would be a guarantee for the production of grossly understated estimates. As mentioned previously, the optimum cut-off for use in prevalence studies would produce a balance of false positives and false negatives (p. 102).

To reiterate, what has happened in Australia is that investigators have focussed on the people who were included when they should not have been but overlooked those who should have been included but were not. This is a serious omission, as Gambino (1997) explains:

> The argument that the SOGS overestimates prevalence because it generates excess false positives represents an incompletely specified logical mode. While false positives are a necessary condition for overestimation, they are not a sufficient condition. It must also be the case that false negatives are not equal to or greater than the number of false positives (p. 346).

On the basis of available information about the performance of the current SOGS-R measure in community settings, it appears that false negatives outweigh the effects of false positives (Abbott & Volberg, 1992; 1996; 1999a; 2000; Gambino, 1997; 1999). This means that rather than overestimating prevalence, the current SOGS-R cut-off of five probably produces a conservative (underestimate) of serious gambling problems in the community. Thus, the calculation procedures employed in Australia can be expected to greatly amplify this under-estimation.

**How are the Australian studies different?**

The main ways in which the Australian surveys differ from their counterparts in other parts of the world are listed as follows:
- Conceptualisation of problem gambling
- Timeframe used to assess problems
• Methods of respondent selection
• Response rates
• Non standard presentation of the screening measure
• Cut-off scores to differentiate problem gamblers

Discussion of some of these differences has already taken place in relation to the four cities study.

**Conceptualisation of problem gambling**

As mentioned, in the Australian four cities study, people with current SOGS-R scores of ten or more were referred to as 'problem gamblers'. Elsewhere, this group is not differentiated from people who score five to ten on the lifetime or current SOGS-R and all people who score five or more are defined as probable pathological gamblers. The rationale for this is that the original SOGS was validated using clinician-diagnosed DSM-III-R pathological gamblers as the criterion group.

More recently, Dickerson et al (1997) have taken this definitional diminution process further by referring to probable pathological gamblers with SOGS-R scores of five to nine as being "at risk". Elsewhere, it is conventional practice to refer to people with SOGS-R scores of three or four as "problem gamblers". Sometimes this group, or people who score one or two, are referred to as being at risk for the development of more serious problems. The Australian terminology has the effect of downplaying the seriousness of gambling-related pathology. This is illustrated in Figure 2.
Figure 2: Problem gambling terminology used in Australia and other parts of the world

<table>
<thead>
<tr>
<th>SOGS/SOGS-R score</th>
<th>Conventional Practice</th>
<th>Australian Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Problem gambler</td>
<td>(10 or more)</td>
</tr>
<tr>
<td>10</td>
<td>Probable pathological</td>
<td>At risk (5-9)</td>
</tr>
<tr>
<td></td>
<td>gambler</td>
<td>(5 or more)</td>
</tr>
<tr>
<td>5</td>
<td>Problem gambler</td>
<td>No risk (0-4)</td>
</tr>
<tr>
<td>4</td>
<td>(3-4)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>At risk (1-2) or No</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>problem</td>
<td>(0 or 0-2)</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is something of a paradox that people with SOGS-R scores of three or four have been referred to in Australia as a "no risk" group (Dickerson et al, 1997). This is because the major thrust of the 'harm minimisation' approach within which the .Dickerson et al conceptualisation is allegedly embedded involves recognition of the fact that in many areas, such as alcohol use, the major health and social costs are actually generated by people who do not meet diagnostic criteria for misuse or dependency. The major reason for this is that although people in this sub-clinical category are much less likely to experience serious problems, they are far more numerous. As a consequence, in aggregate, their problems and the costs associated with them are of much greater magnitude. One implication of this, and a reason why harm minimisation advocates are often critical of case finding approaches, is that they divert attention from this wider group.

From a public health perspective, there is merit in taking this more inclusive approach. For example, if prevention programmes were exclusively confined to preventing disorders such as alcohol dependence or pathological gambling, they would not reach the people who actually account for the majority of problems and costs associated within the community. This phenomenon is well recognised in public health. Ironically, in the present context, it is referred to as the 'prevention paradox' (Abbott & Volberg, 1999a).

Although all of the Australian studies have been concerned with identifying "cases" of serious problem gambling and have provided prevalence estimates, Dickerson and his
colleagues have consistently expressed strong dissatisfaction with the classification of pathological gambling as a mental disorder. This perspective has become widely accepted in Australia and has influenced approaches to the study and treatment of problem gambling in that country. While most people in the field, internationally, accept that gambling problems exist on one or a number of continua, for over 20 years pathological gambling has been included in the two most widely used psychiatric diagnostic systems world-wide, namely the International Classification of Diseases (ICD) and the American Psychiatric Association Diagnostic and Statistical Manual (DSM).

According to the ICD-10, a mental disorder implies "the existence of a clinically recognisable set of symptoms or behaviours associated in most cases with distress and with interference with personal functions" (World Health Organisation, 1992, p.5). While Dickerson and his colleagues may take issue with the inclusion of serious problem gambling as a mental disorder, acceptance of the notion that problem gambling can be recognised as a discrete entity is implicit in their prevalence research. In practice, the main difference in their approach is to set criteria for the identification of "problem gambler" cases that are far more restrictive than those specified in official diagnostic systems and to ignore, or briefly mention in passing, people with less severe problems.

**Timeframe used to assess problems**

Since the 1991 four cities study, apart from the Productivity Commission survey, Australian studies have used a six-month timeframe for assessing problem gambling. In contrast elsewhere, as discussed, a 12-month frame has been used and most studies have also included a lifetime measure. Given that most Australian studies have only administered the screen to people who report gambling weekly or more often on continuous forms of gambling, use of the lifetime measures would be inappropriate as it would seriously underestimate lifetime prevalence. However, the lifetime measure, which yields rates that are typically double those derived from current measures, does have some value. It appears to generate substantially less false negatives than the current measure and, while it probably underestimates lifetime rates, it may in fact give a better indication of current rates than the current measure. The difference between the current and lifetime rates also give some indication of problem remission over time, although this is better assessed by prospective surveys. Further, in as much as serious problem gambling is prone to relapse or chronicity, it may also help to provide an indication of the number of people who will be at risk for problems in the future.

In general psychiatric epidemiological studies, 12 month timeframes are often employed for the more common categories of mental disorder such as anxiety, affective, alcohol and drug use disorders. The first and, to date, only national psychiatric epidemiological survey conducted in Australia (Australian Bureau of Statistics, 1998) used a 12-month frame for all mental disorders. Unfortunately, pathological gambling was not included.

The Productivity Commission concluded that the use of the six-month timeframe in Australia could be expected to result in lower estimates than would be obtained using the 12-month measure. However, at this time, there is insufficient information to determine whether or not this is the case.
Methods of respondent selection

As mentioned earlier, respondents were selected using one of two general methods, approaching people in their own households for a face-to-face interview and telephoning residential numbers and inviting a resident to take part in a telephone interview. Generally, it appears that households and numbers have been selected at random, typically using a stratified sampling approach.

In the case of the door-knock interviews (other than the Productivity Commission survey), only current 'regular' gamblers (people who reported that they gambled weekly or more often) were invited to take part in the second phase of the interview. In this second phase the true purpose of the study was disclosed and the problem gambling screen was administered. It was assumed that only this group, or the subgroup that gambled regularly using continuous forms, included problem gamblers. As discussed in relation to the four cities study, this method of respondent selection can be expected to generate lower prevalence estimates than would be the case if all people who reported having gambled at some time had been interviewed.

Incidentally, the use of deception (telling potential respondents that the survey was about leisure activities) and a lottery (a $1,000 prize for participation) would not receive ethics committee approval in many countries and studies using such methods could not be replicated there. In addition, these procedures may result in media coverage of a type that could adversely influence survey participation and the some problem gamblers (for example those attending GA groups or who have problems in remission) may decline to take part because participation per se involves gambling. Although lottery involvement does not have a strong association with problem gambling development, some might argue that this procedure is equivalent to offering a prize of alcohol for taking part in a survey on alcohol dependence.

In the case of the telephone surveys, some involved administration of the screen to regular gamblers only and in other surveys questions were administered to all people who had gambled at least once in the last six or 12 months. In all cases, given that it is assumed that people who were excluded did not have problems, these procedures can also be expected to produce conservative prevalence estimates. It should also be noted that these procedural variations (door-knock versus telephone and different subgroups administered the screen) mean that the findings from the various surveys cannot be validly compared. This is a serious deficiency, especially in the case of the 'replication' studies where a major reason for conducting the second survey was to assess whether or not there had been a change in prevalence over time. The large difference in the prevalence estimates from the Tasmanian surveys, for example, is probably due to methodological differences rather than an actual change in problem gambling frequency within the community. It is standard practice in studies of this type to use identical or very similar survey designs. Failure to do so, as in the Tasmanian surveys, results in findings that cannot be readily interpreted. These wide variations are particularly surprising given that the same organisation conducted the great majority of the surveys examined.

The Australian surveys all appear to have used complex, multi-stage, stratified cluster designs. However, they have been treated, statistically, as if they were simple random samples (Abbott & Volberg, 1999a). While stratification can adjust for some of the potential bias resulting from sample complexity and over-representation of particular
sectors of the population, standard errors and confidence intervals calculated for prevalence estimates will be inaccurate. Specifically, these measures of the reliability of the estimates will imply a level of confidence that is not justified. In addition, any inferential statistical analyses based on the survey data will be incorrect. In some cases the difference between the results of analyses based on the assumption that the data come from a simple random sample and those that take account of design complexity will not be great. However, in particular instances, differences are likely to be considerable. The problem is that unless appropriate methods are used, it is not possible to know when this is, and is not, the case.

To be fair, the Australian studies are not unique in this regard. Such matters have only been considered in a few recent studies internationally (Abbott & Volberg, 1999a; 2000; Productivity Commission, 1999). Similarly, the Australian studies are not unique in failing to use appropriate statistical procedures to calculate confidence intervals for low proportions (including problem gambling prevalence estimates). In practice, the use of appropriate analyses results in wider confidence intervals that are asymmetrical. Given that the intervals generally extend further above the point prevalence estimate than below it, the methods used in those Australian surveys that calculated confidence intervals will produce lower prevalence 'bands'.

There are a number of additional reasons why the samples selected in the Australian surveys can be expected to produce conservative prevalence estimates. However, as with sample complexity and the calculation of confidence intervals for low proportions, the Australian studies do not differ in this regard from most North American surveys.

These reasons include:
• the exclusion of people in treatment settings and prisons
• the small number of visits or phone calls typically made to recruit people who are difficult to contact, and
• a lack of special methods, such as the use or interviewers proficient in languages other than the English, to facilitate the inclusion of certain migrant and ethnic minority groups.

Response rates

The 1997 Australian National Survey of Mental Health and Wellbeing of adults obtained a response rate of 78 per cent. Shaffer, Hall and Vander Bilt (1997) advocate a minimum rate of 70 per cent and are critical of the low rates (typically below 60 percent) attained in North American studies. Most government statistical organisations such as the Australian Bureau of Statistics and Statistics New Zealand (SNZ) would be uncomfortable with rates below this in official surveys. In the case of the recent New Zealand national survey, for example, SNZ was sub-contracted to conduct phase one of the study. It was made clear that the organisation's involvement would cease if a pilot study did not obtain a response rate of at least 70 per cent. This was because it was considered that valid results would not be obtained from a survey with a rate lower than this and that association with such a survey would damage SNZ's reputation.

Given the importance of response rates to the adequacy of survey findings, it is mandatory in reporting the results of surveys to provide the response rate and to specify precisely how it was calculated. Shaffer, Hall and Vander Bilt (1997) are critical of North American surveys because a number did not report rates and rates were often incorrectly determined.
In the case of reports on the Australian surveys, other than the Productivity Commission study, none provided response rates or sufficient information to enable rates to be determined. However, some information is provided on refusal rates. These rates are very high, for example, in South Australia 32 per cent of households contacted refused to be interviewed and 16 per cent of people who agreed to take part did not complete interviews. Given that around 20 per cent of households selected were not apparently contacted at the outset, this suggests a response rate of approximately 40 per cent. From the limited information available it appears that this may well be typical of, if not better than, rates attained by the other Australian survey.

Even the Productivity Commission survey, which is described as "similar to the best of surveys that have been carried out in recent times" (Productivity Commission, 1999, p.F27), in fact attained a low response rate. Although the participation rate of those selected from phase one of the survey for interviewing in phase two was a high 92 per cent, the response rate for phase one was only 47 per cent. Thus, the overall response rate was 0.92 x 0.47, i.e. 43 per cent. While this may well be higher than that of previous Australian surveys, as the Commission maintains, it falls far short of the rates of the recent New Zealand and Swedish national surveys (75% and 72% respectively).

It is widely assumed that low response rates result in deflated prevalence estimates, owing to regular and problem gamblers being more likely to number among those who are not contacted or who decline to take part (Shaffer, Hall & Vander Bilt, 1997). If so, this is another reason why Australian prevalence rates are under-stated. However, as mentioned, this particular bias may be counteracted, in full or part, by low response from people with little or no gambling involvement (Abbott & Volberg, 1999a; 2000). Given the uncertainty about these matters and the likelihood that reasons for non-response are related in some way to problem gambling, it is important that high response rates are attained if survey findings are to be treated seriously. It would appear than all of the Australian studies are deficient in this regard and that their findings should, as a consequence, be treated with extreme caution.

**Non-standard presentation of the screening measure**

It is acknowledged that, apart from making minor modifications to clarify the meaning of question phrasings, standardised psychometric instruments should not be altered and that they should be administered in precisely the way that they were when they were initially developed and validated. With respect to the SOGS and other problem gambling screening tests, Shaffer, Hall and Vander Bilt (1997) caution:

> If you select an existing instrument, do not make significant modifications to the survey (instrument); instead, consider adding questions relevant to your particular data needs. In this way, the psychometric properties of the original survey instrument will be maintained (p.114).

It has already been noted that the SOGS-R was substantially modified in the initial Australian four cities study, that subsequent studies have not included the lifetime scale and that all bar the Productivity Commission survey used a six-month current scale when a 12-month frame is now generally used. The affects of these changes on participant responses are not known but could be considerable.
A draft Appendix B was prepared for the Productivity Commission report that critically examined prior Australian problem gambling surveys (personal communication). This document, which was not included in the draft or final Commission report, was highly critical of the extent to which there were significant differences in both the wording and placement of the SOGS-R in these surveys. Although often not mentioned in the survey reports, examination by the Commission of the survey instruments revealed that virtually all of them made changes of this type and that these changes varied from one study to the next. The Commission concluded:

This means that the variations in the prevalence rates observed will inevitably reflect an amalgam of real differences, random sampling errors and differences in test instruments and contexts.

In other words their findings, at worst, are meaningless and, at best, cannot be validly compared with one another or with those of studies conducted elsewhere in the world. Again, these inconsistencies are particularly surprising given that most studies were conducted by the same organisation.

Cut-off scores used to differentiate problem gamblers

This matter has already been discussed and will not be repeated here other than to note that the Productivity Commission was also influenced by previous Australian practice. The Commission concluded that only one per cent of adult Australians was estimated to have "severe problems with their gambling" when, using the conventional SOGS-R criteria of five or more, the estimate was 2.1 per cent. However, it also concluded that this higher percentage could have "moderate" to "severe" problems and acknowledged that these estimates were likely to be conservative.

Other considerations

In reviewing the literature to identify Australian studies for inclusion in the 1999 international review (Abbott & Volberg, 1999) some additional surveys were located that reported prevalence estimates. For example, three Victorian surveys were located (AGB McNair, 1992; 1994; DBM Consultants, 1995) that were not included because they used an unvalidated series of items without a time frame to assess gambling problems. An additional, fourth Victorian study (Victorian Council on Problem Gambling, 1996) was also omitted from the review because of the small sample size and a lack of information on the score distribution of the screen. While significant deficiencies have been described in those surveys that were included, they were more adequate in both their execution and reporting than the few that were not.

The literature search also indicated that only one of the Australian surveys (Dickerson et al, 1996a) had apparently been reported in a refereed journal. However, given that this study did not provide a response rate, cited lifetime and current prevalence estimates that could not be correct given the way the SOGS-R is administered, and contained other inconsistencies, it is unlikely that it would have been published had the first author not been the co-editor of the special edition of the journal in which it was included.

In their North American meta-analysis, Shaffer, Hall and Vander Bilt (1997) were highly critical of the fact that under half of the studies located had not been published in refereed journals. The reason for their concern was that publication in this way makes
findings more accessible and exposes the methodology, findings and interpretation of surveys to rigorous peer review. Publication in this way is important for quality control. It is not known whether any of the other Australian surveys were submitted for publication. However, from examination of the original reports, it is unlikely that any of them, other than the Productivity Commission study, would have passed peer and editorial review without substantial revision and the inclusion of important methodological information.

The foregoing does not mean that there is nothing of value in the Australian studies. Some employed innovative procedures, for example with respect to using prevalence data to estimate some of the financial costs associated with gambling problems, and produced interesting findings with respect to risk factors and a number of other aspects of problem gambling. However, as outlined, they are lacking in important aspects such as response rates, methodological differences compromise comparison across studies, and they are deficient as epidemiological surveys.

The Productivity Commission survey, while having a low response rate, is in many other ways impressive and comprehensive. In contrast to previous Australian surveys, it provides more adequate information about the prevalence of gambling problems in Australia and allows comparisons to be made across states and territories.

**Why are the Australian studies different?**

It is easier to state how the Australian surveys differ from those conducted elsewhere than to determine why they differ. In attempting to answer the 'why' question, it should be appreciated that the reasons given, for the most part, are speculative and tentative.

Possible reasons are as follows:

- The place of gambling in Australia's economy, society and culture?
- Problem gambling service provision outside formal health services?
- An error in the first general population prevalence survey?
- Dominance of the field by a small number of practitioners?
- Research funding?
- Isolation from mainstream epidemiology and public health and failure to appreciate the importance of false negatives in prevalence estimation?

**The place of gambling in Australia's economy, society and culture?**

Australian reports on gambling and problem gambling in the community often refer to Australia being special or different from other countries in that gambling is said to have a long history, to be more tolerated and widespread, and to be normative behaviour. It is asserted that Australia has the highest per capita gambling expenditure in the world (Dickerson et al, 1997). There may be some truth in these statements. However, Costello and Millar (2000) have recently argued that they are part of a "luck myth" which has at its core "the great Aussie gambler" and that this myth has been exploited by the gambling industry to generate rapid expansion of gambling in Australia during the past 20 years. This thesis warrants consideration. It is possible that Australian gambling research has contributed to this myth, if it is a myth, and its consequences.
It would seem that the assertion that Australians are different in their acceptance of and involvement in gambling is a major justification given for questioning the validity of problem gambling definitions and measures used elsewhere in the world and for increasing the cut-off scores of screening tests. For example, Dickerson et al (1997) claim:

In the Australian context, where per capita expenditure on legal gambling is higher than in other jurisdictions internationally, and where there is a generally positive social acceptance of gambling as an important leisure activity, the criteria of the DSM-IV are likely to be over-inclusive. This theme of over-inclusion is revisited below in the evaluation of the various measurement instruments that have been derived from the mental disorder model (p.16).

Later in the same report it is stated that the revised SOGS-R cut-off score of ten (which had the effect of reducing the four cities current prevalence estimate from 13.4 (or 6.6) per cent to 1.2 per cent) "was seen as more relevant to Australian circumstances" (p.38).

While social and cultural contexts should be considered in the assessment of problem gambling and other mental disorders and social problems, it does not follow that because gambling or alcohol consumption is widespread that the criteria for problem gambling or alcohol misuse or dependence should be redefined to produce lower prevalence rates. Indeed, this practice brings to mind the quip that an alcoholic can be defined as someone who drinks more than his or her doctor.

If it is true that gambling is more widespread in Australia, especially regular gambling on gaming machines, track betting and other continuous forms, it could be expected that problem rates might also be higher. Why reduce them by changing the definition to bring them down to or below levels in countries with much lower levels of participation?

**Problem gambling service provision outside formal health services?**

Although the DSM, which since 1980 has included pathological gambling, is widely used by mental health professionals in Australia, problem gambling services have largely developed separately from psychiatric services in Australia. As Dickerson et al (1997b) explain, "the notion of 'problem gambling' was preferred to pathological gambling in Australia"... and:

> From the outset the 'treatment' strategies introduced, in Queensland and subsequently in Victoria and other states, have included significant harm minimisation themes, many of them actively supported and developed by the gaming industry itself (p.17).

Given the serious nature of pathological gambling and its high co-morbidity with affective disorders, substance dependence and some other mental disorders, the appropriateness of this marginalisation from mainstream mental health and addictions services may be questioned. In the present context this matter has relevance to the way in which problem gambling is conceptualised and assessed in Australia. As mentioned earlier, there appears to be nothing in the harm minimisation approach per se that calls for the introduction of measures that redefine people with serious gambling problems as being "at risk" or "no risk". Harm minimisation does not mean minimalising problems by
defining them out of existence. It involves recognising and amplifying the importance of the wide spectrum of extant problems and introducing strategies that target people who are at risk for the development of future problems and who have problems of low severity.

An error in the first general population survey?

The Productivity Commission (1999) comments:

Most Australian studies have judged the 10 or more SOGS measure as the most reliable and appropriate measure of problem gambling prevalence - a judgement which had its genesis in the excessively high apparent prevalence rate suggested by using the traditional SOGS 5+ rating in the first major Australian prevalence study (where the apparent rate of problem gambling - at 6.6 per cent - lacked credibility). However, none of the subsequent surveys have revealed problem gambling rates at anything like that suggested by the first survey (p.6.24).

As indicated earlier, the rate that was mentioned in the initial reports on the four cities study was in fact more than double 6.6 per cent. It seems reasonable to assume that the Productivity Commission is correct in the view that this played a part in the decision to massage the survey findings to produce a much lower estimate. The 13.4 per cent estimate appears to have been an error. Given this and some other uncertainties about the survey and its reporting, it is conceivable that 6.6 per cent was also an error.

Dominance of the field by a small number or practitioners?

The Australian Institute of Gambling Studies, with Dickerson as the principal or co-author, conducted the large majority of Australian prevalence surveys. This has undoubtedly led to consistency in some of the main methodological and other features of these studies that have been criticised on various grounds in this paper. This dominance, combined with the failure to report the studies in mainstream academic and professional journals, has also resulted in a lack of contestability of the methods used, the results obtained and their interpretation.

Research funding?

It is very expensive to conduct high quality national or state level surveys that have large sample sizes and attain response rates of 70 per cent or more. Indeed, the only large scale general population surveys of problem gambling that appear to meet these criteria (Abbott & Volberg, 2000; Ronnberg, Volberg & Abbott et al, 1999), involved official government statistical agencies and cost in excess of $500,000. With the exception of the Productivity Commission survey, this level of funding has not been available in Australia for studies of this type.

The low level of funding meant that corners had to be cut. The two-phase method used in the early studies, and the decision to administer the screen to small subgroups selected from the larger initial samples, was in part justified on the grounds of economy (Productivity Commission, 1999). The relatively low number of visits or call backs to recruit participants, and the resulting low response rates, may also have been a consequence of resource availability.
While cost has a bearing on some of the design features of the surveys and their findings, this does not explain why measures were explicitly taken to reduce conventionally derived prevalence estimates after the data had been collected.

The author of the present paper has been asked by Australian journalists if it can be concluded that the downward prevalence adjustments were made because they would be more acceptable to the industry or statutory bodies that funded much of the research, either directly or indirectly through endowed professorial chairs. This is a delicate issue. If the answer is "yes", this has important implications for the credibility of Australian gambling and problem gambling scholarship.

In considering this matter, it is important to appreciate that gambling researchers come under considerable pressure when they produce results that do not serve the interests of key stakeholders in the field (Abbott & Volberg, 1999a). There is polarisation and researchers are prone to be labelled as pro or anti gambling, often irrespective of their actual position. It should also be said that no field of human inquiry or individual investigator is an isolate from the society and culture within which they are embedded and that many factors, both overt and covert, influence the research enterprise.

The authors of the majority of the Australian surveys have themselves acknowledged that their rates are likely to be conservative and that they are more credible and acceptable in the Australian context. However, it would seem most unlikely that these adjustments were made in response to industry pressure or expectations.

**Isolation from mainstream epidemiology and public health and a failure to appreciate the importance of false negatives in prevalence estimation**

With the exception of the Productivity Commission survey, none of the other studies appear to have had input from mainstream epidemiologists or biostatisticians experienced in the analysis of data from complex sample surveys. Basic terms such as prevalence and incidence are confused. For example, a report commissioned by the Victorian Casino and Gaming Authority (Dickerson et al, 1997), which primarily concerns problem gambling prevalence, is titled 'Definition and Incidence of Problem Gambling, Including the Socio-economic Distribution of Gamblers'. The report contains no reference to studies of problem gambling incidence, in large part because other than the partial exception of Abbott, Volberg and Williams (1999), there have been no studies of the incidence of this disorder.

Probably the most important implication of a lack of basic epidemiological knowledge flows from the failure to understand and take account of the role of false negatives in determining prevalence rates. This has already been discussed and will not be mentioned further here. The necessity to draw on appropriate statistical expertise in analysing data from complex surveys and calculating confidence intervals for rare events has also been discussed earlier.

**Conclusion**

This paper has identified features of Australian problem gambling prevalence studies that, it has been argued, have produced systematically biased results that have downplayed the magnitude of serious problem gambling in Australia. These effects have been most pronounced in the early studies and are somewhat less evident in more
recent state-level studies. They also have some presence in the 1999 National Productivity Commission survey. Other features of these studies result in an inability to meaningfully compare their findings. The authors of the Australian studies are themselves aware that they have produced conservative estimates. However, they differ from the author of this paper with respect to the extent to which they believe that their estimates have been downwardly adjusted.

Despite the considerable reductions that have been made, some of the resulting estimates remain among the highest reported internationally, suggesting that Australia has very high levels of problem gambling in comparison to other countries where this type of study has been undertaken.

The criticisms outlined, while serious, should not be taken as a negative reflection on the more general scholarship of the researchers involved. Dickerson, in particular, has made a massive contribution to the understanding of gambling and problem gambling and done much to bring the fields of gambling studies and psychology closer together. I hold him and other leading Australian gambling researchers in high regard and, on most matters, consider myself a novice in comparison. This said, it should be apparent that I don't think they are very good at doing prevalence research.

References


THE MAROONDAH ASSESSMENT PROFILE FOR PROBLEM GAMBLING (G-MAP)

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ABSTRACT

This paper describes the development and use of a Greek version of the Maroondah Assessment Profile for Problem Gambling (G-MAP). The G-MAP is a self-report inventory, designed to provide a “map” of relevant treatment issues to assist in the planning of interventions for people with gambling problems. It is an interactive instrument, designed to be used collaboratively with the client. The G-Map identifies 17 inter-related factors relevant to the treatment of problem gambling and suggests corresponding treatment implications and strategies to assist the person.

This paper includes an overview of the G-Map together with a description of the developmental process of the Greek G-Map. The G-Map has been translated to be linguistically and culturally sensitive to the Greek community. By removing these language barriers clients are able to more clearly reconstruct their gambling patterns. It also allows for an exchange of information and provides people with increased awareness regarding their motives and drives elicited by gambling behaviour. This awareness seeks to encourage clients to recognise their needs and habits associated with their own gambling; to introduce self-empowering techniques to clients to overcome associated drives; to inform the Greek community of matters related to community services and resources which are culturally and linguistically appropriate.

Introduction

The Maroondah Assessment Profile for Problem Gambling (G-MAP) has been developed by three psychologists at the Break-Even Eastern Problem Gambling Service, based at the Eastern Access Community Health Service in Ringwood East, Melbourne, Australia.

The G-MAP is designed primarily as a clinical tool to assist in the development of individualised cost-effective treatment plans for people presenting with gambling problems. It is designed to provide a time-efficient map of a broad range of interrelated treatment issues that might otherwise take the counsellor numerous sessions to cover. The G-MAP is designed as an interactive instrument to be used with the client in exploring the major issues related to their problem gambling behaviour. The G-MAP has been developed from the observation of themes that emerged from case discussions over a three-year period from 1995 to 1998. From these discussions 17 factors were identified and an 85-item questionnaire was developed to collect individualised data in regard to each factor. The factors represent a constellation of variables that could be described from multiple perspective’s. They overlap and can exist concurrently in any particular problem gambling presentation. Each factor was retained on the basis that it would have significance for treatment planning. The G-MAP has now been published. Reliability and validity measures along with a
comprehensive assessment and treatment manual are included in the final publication. This also contains a computer scoring facility and self-help “Action Sheets” which suggests challenges, affirmations and community resources relevant to each factor. These can be used at the discretion of the counsellor to assist clients to become self-managing more quickly.

**Development of the Greek G-Map**

The author completed the initial translation. This Greek translated version was then screened by two Greek Lecturers at Monash University as well as two Greek Social Workers and a Greek Psychologist. This phase of validation was to examine accuracy and appropriateness of the information used. Following this process it was later screened by 15 Greek clients who presented at Breakeven - Eastern, in order to ensure whether statements where comprehensible to the clients. Appropriate changes were made as a result of this feedback. Significant changes included the deletion of item 63, which was too similar in meaning to another item, as well as taking into account the needs, beliefs, experiences and family dynamics and expectations of the Greek community.

**Brief overview of the G-MAP**

The 17 factors of the G-MAP are divided into five Groups as follows:

**Group 1— Beliefs about Winning**

1. Factor C — Control / 
   • Is a system involved?
2. Factor P — Prophecy 
   • Ideas about luck.
3. Factor U — Uninformed 
   • “Anybody can win.”

**Group 2— Feelings**

4. Factor G - Good Feelings 
   • To manage depression.
5. Factor R — Relaxation 
   • To manage anxiety.
6. Factor B — Boredom 
   • To manage boredom
7. Factor N — Numbness 
   • To dissociate / split off

**Group 3— Situations**

8. Factor 0 — Oasis 
   • To escape demands or pressure
9. Factor T — Transition 
   • To manage a life transition
10. Factor D – Desperation 
    • Chasing losses / Illegal activities
11. Factor M — Mischief
   • To rebel.

**Group 4—Attitudes to Self!**

12. Factor L - Low Self Image
   • To become a winner.
13. Factor W - “Winner”
   • To maintain a ‘winner’ image.
14. Factor E — Entrenchment
   • Abstinence versus Control / Disease versus “A phase of life”
15. Factor H - Harm to Self
   • To punish oneself.

**Group 5—Social**

16. Factor S — Shyness
   • Social isolation / Social contact
17. Factor F — Friendship
   • Competitiveness / Status issue of assertiveness with friends.

**Case study**

The following case study will be used to demonstrate both the assessment and treatment plan devised through use of the Greek G-Map.

Christina, 49 years old and John 52 years old, both have been living in Australia for 30 years. Their dream was to come to the ‘lucky country’ Australia to prosper and return home to Greece.

John’s problems with gambling began 10 years ago when the first Tabaret venue opened at the Rialto hotel in the city of Melbourne. Back in Greece, John always played cards from a very young age, especially during the festive season. But it was purely for entertainment. Once he arrived in Australia, he was introduced to billiards and horse betting. His time and money was limited because of family obligations, as he was married and had three children all, under the age of four.

For 15 years he worked at a factory, felt restricted and consequently resigned. He later bought a van and began his own courier transport business. Most of the jobs he was given were in the city and often he would wait for hours between jobs and to kill time he spent hours at the Tabaret.

The next day he would be desperate to find a spare moment to go again. Since then he lost many times over, he would win one time and lose twenty times over. Work was suffering and his gambling started to really affect his family when John began to abuse his wife and children both physically and verbally, due to the shortage of income. To make matters worse Christina’s friends introduced her to the casino. Christina at the time was not working and her children had just been married. She was extremely bored, lonely and isolated at home and was looking for an escape, as she no longer had anything to occupy her time with. The pokies became her only outing. While John was at work Christina would go to the nearest pokie venue with or without friends. While John was spending all the income Christina secretly was gambling their savings. The
relationship between Christina and John had become distant. The situation peaked when he found out from bank statements that they no longer had any money left in their account. Christina later began to borrow money from friends and family to be able to continue with her habit and was unable to pay any of it back. This type of behaviour was seen as unacceptable by relatives and friends and no one wanted to know them, they lost all contact with family members and life-long friends, and became even more isolated. They both finally came to realise that there were no other solutions but to seek help.

**Application of the G-Map**

Once questionnaire was completed, scores are then transported onto a profile sheet in order to provide graphic representation of all the scores together. Scores must be crosschecked with responses to individual items. The counsellor then provides feed back about the profile to the client and a second phase of collaboration occurs. From this process, treatment goals and strategies are identified and refined. The following factors were identified as significantly relevant.

**Issues: John**

- Low self— image (to prove one’s worth)
- Transition (to deal with a difficult times)
- Uninformed (to pay bills, to increase profit and income)
- Mischief (to be rebellious)
- Winner (to prove to self and others that one is a winner)
- Shyness (to be around people)

**Issues: Christina**

- Low self— image (to prove one’s worth)
- Transition (to deal with a difficult times)
- Boredom (to fill in time)
- Friendship (to socialise and keep up with friends)
- Shyness (to be around people)
- Mischief (to be rebellious)
- Desperation (to escape financial problems)

Initially, the counsellor must establish of which motivation patterns the client scores highest. These relevant factors guide and determine the counselling process. It is important for the counsellor to access relevant background and personal history of the clients in order to address underlying issues.

**Background information**

It has been observed that many Greek clients have a distorted view about the counselling process. The word counselling does not exist in the Greek language, the closest translation is ‘to advise’. For many to seek help for personal problems still holds a stigma so there is great reluctance to use the services. The clients that do decide to come to counselling have an expectation for a ‘quick fix’ or are very skeptical about how the counsellor is going to help them. The G-Map facilitates clients to think and understand more about their gambling behaviour. Because the questionnaire is in Greek
they are able to read and personalise the questions asked, they can recognise some of
the emotional situations they are going through and relate it with their own actions. The
G-Map assists clients to understand that gambling is the presenting symptoms of much
deeper underlying causes.

Furthermore, many Greek migrants have come with the view to staying for a period of
years and then returning to their homelands to build a new life. With this view in mind
many did not learn the language, access services or develop networks. They worked
hard for long hours. They were raising children who may not have mastered their
parent’s language. Many from the earlier periods of migration did not return to their
homelands. They may have reached retirement age to discover that they have no
country to return to or that there dream will be forever gone. Many from this group are
out of touch with their children, lonely and socially isolated, angry and depressed and
looking for a way to fill their time.

Assessment factors

As previously stated, the factors identified through the client assessment determine the
nature of counselling provided. The following factors were determined as priority
motivation factors through the case study.

The factors Transition, Winner and Shyness relate to alienation, which is a major
ethno—specific problem. The term ‘gambler’ is derogatory when used as a description of
character. Therefore, for a Greek person the issue of admitting their gambling problem
has serious repercussions. Firstly for themselves, as part of they’re seeking help and
secondly for their place in their family and the broader Greek community, the social
stigma and disgrace that may result form such an admission. The community alienates
both the gambler and his / her family by severing all social ties.

Factor Uniformed, relates to John’s attempts at combating financial hardship and
feelings of incompetence as a ‘breadwinner’ and relief is sought through gambling.

These feelings of incompetence often results in men participating in high-risk gambling
behaviours, generally without the knowledge of their partners, children, friends and
relatives. Most do not acknowledge that they have a problem and usually continue
gambling until they lose all their savings and their families. Johns employment status,
level of stress, loneliness and inability to control impulses all impacted on the gambling
going from controlled to destructive.

Family and marriage breakdowns are also significant issues with problem gamblers.
Relationships between partners alter once gambling becomes out of control. When one
partner is not able to perform duties for the family such as spending time with each other
tension arises. Gamblers may place pressure on their spouses to deal with payment of
household expenses with limited money or borrow from relatives and friends to pay off
debts, but are frequently unable to repay them.

Traditionally, the husband is viewed as the head of the household in Greek families. This
status affords the husband with dominant and control over the family affairs gambling
frequently leads to a sense of abstraction and anger in times of loss. These feelings of
trust are experienced by the husband along with the pressures of traditionally being
associated as ‘breadwinner’, can lead to an increased risk of violence within the household.

Many Greek women live within patriarchal family structures, which result in restricted social freedom. Gambling venues are considered socially acceptable environments for women and provide a safe place to pass time. Frequently women are driven to gambling venues because of feelings of boredom and isolation. Women whose children are grown and no longer at home feel this isolation and boredom more acutely. In some instances some women rely on gambling as a sole form of entertainment, relaxation and socialisation.

Conclusion

As demonstrated by this paper the Greek version of the G-Map has been translated parallel to the English version. This enabling non Greek speaking counsellors seeing Greek clients who speak but do not read and write English to utilise the Greek version G-Map. Language barriers are difficult to overcome when individuals are enduring emotional difficulties related to problem gambling. The Greek G-Map allows an exchange of information and provides people with increased awareness regarding their motives and drives elicited by gambling behaviour. This encourages clients to recognise their needs and habits associated with their own gambling. It introduces self-empowering techniques to clients to overcome associated drives. It also informs the Greek community of matters related to community services and resources, which are culturally and linguistically appropriate.

References


APPENDIX 1

The following information provides some further guidelines on how to use the G-Map and the content of the instrument.

Administration

• The questionnaire takes about 20 minutes to complete, 5 minutes to computer score and about 10 minutes to analyse (although a brief analysis can be completed within minutes).
• Responses are in a liker scale format comprising 5 possible answers from “Does not apply to me at all” to “Applies to me very strongly’. Responses are translated into scores from 0 to 4. As there are five items for each factor, the maximum score for any factor is 20.
• Scores are then transposed onto a profile sheet in order to provide a graphic representation of all the scores together.
• Scores must then be crosschecked with responses to individual items. Whilst cross checking, it is useful for the counsellor to make notes of relevant findings and questions to broach with the client. The profile must also be checked for low scores, which may still be significant for treatment.
• After analysing the profile in private, and developing hypotheses to explore further with the client, the counsellor then provides feedback about the profile to the client and a second phase of collaborative exploration occurs. From this process, treatment goals and strategies are identified and refined.

The G-MAP Administrators Manual also provides guidelines about how to compare factors within and between groups. This is an integral part of the G-MAP design and adds considerable depth to the analysis and exploration of the profile with the client.

**Example extract from Administrator’s Manual**

To further illustrate the content and format of the G-MAP the following is a detailed description from the Administrator's Manual of Factor L, Low Self-Image. This includes:

a) a detailed description of the factor including implications and suggestions about treatment;
b) the items from the questionnaire as they would appear in collated form for discussion with the client. An example score is included to illustrate how data is then transposed to the profile sheet;
c) the profile sheet with example score;
d) challenges and affirmations from the “Client Information Booklet” which can be used with a person who has a high score on Factor L.

**a) Detailed description of Factor L**

Factor L - Low Self Image

**Sample item**

“I am not very successful in my life but I often hope that gambling could change all that”.

**Description**

Scores on Factor L-Low Self Image are an indication of the extent to which the respondent’s gambling is associated with the need to prove to themself and to others, that they are not a “loser” in life. The client who has a high score on factor L is likely to have a very negative self image and is trying to use gambling to make a transition to become more like a “winner”. They tend to see themselves as “losers” and believe that others also see them in this way. They are likely to be primarily motivated by feelings of jealousy, resentment and inferiority. These feelings may be experienced in relation to people with whom they gamble socially, ‘significant others' in their lives and/or the ‘glamorous' people presented to them through the media.

Whilst the client with a high score on factor L-Low Self Image aspires to be a “winner”, the person who has a high score on factor W-Winner is trying to maintain their “winner” image at all costs. People with high scores on factors L and W may share many of the same underlying insecurities. Moreover, they are both caught in the same illusion.
Treatment implications

Treatment needs to include consideration of:

- Exploration of life script and self-image issues.
- Development of personal skills in building self-esteem and self-confidence.
- Consideration of longer-term psychodynamic therapy for some clients.
- Assessment for the presence of depression
- Education about gambling odds
- Education about the culture of gambling and the use of the media to promote images about “winners”.

The use of insights into the private world of gamblers who always present themselves as “winners” (from other treatment cases) can be very helpful in reframing this goal as undesirable. The tendency of high scorers on factor L to constantly, and unfavourably, compare themselves to others, can be utilised so that they can begin to consider themselves more fortunate than people who constantly try to present a facade of being a “winner”.

b) Items for Factor L: Low Self Image

<table>
<thead>
<tr>
<th>Score</th>
<th>Item No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>8</td>
<td>I hope that gambling could change me from an unsuccessful person to a successful person.</td>
</tr>
<tr>
<td>3</td>
<td>25</td>
<td>If I could have a ‘big win’ at gambling, I would no longer feel inferior to other people.</td>
</tr>
<tr>
<td>2</td>
<td>42</td>
<td>I hope that winning at gambling might make others see me as more of a ‘winner’.</td>
</tr>
<tr>
<td>3</td>
<td>59</td>
<td>I feel jealous of other people who are winners at gambling.</td>
</tr>
<tr>
<td>3</td>
<td>76</td>
<td>I gamble to try to change peoples’ view of me as a ‘loser’.</td>
</tr>
</tbody>
</table>

Total Score: 14 out of possible 20.

c) Profile sheet with example score

d) Action sheet of Factor L, from the “Client Information Booklet”: 
MAROONDAH ASSESSMENT PROFILE FOR PROBLEM GAMBLING (G-MAP(tm))

ACTION SHEET – L

Factor L - LOW SELF IMAGE

NOTE: Before reading this sheet, please make sure that you have read the Client Information Sheet titled “HOW TO USE THE G-MAP”.

8. I hope that gambling could change me from an unsuccessful person to a successful person.
25. If I could have a ‘big win’ at gambling, I would no longer feel inferior to other people.
42. I hope that a big win at gambling might make others see me as more of a ‘winner’.
59. I feel jealous of other people who are winners at gambling.
76. I gamble to try and change peoples’ view of me as a ‘loser’.

• Your scores on Factor L - Low Self-image are an indication of the extent to which your gambling is being driven by an attempt to prove to yourself, and to the world, that you are not a “loser”.
• You have likely developed, at some stage in your life, a belief about yourself, that you are an inferior person.
• Gambling offers you the ILLUSION that you could leave behind forever the ‘loser’ tag, if only you could have a big win.
• The reality is that the more often you gamble, the more likely it is that you will lose very badly.
• Your Challenges

• Your challenge, primarily, is to develop the belief that you are worthwhile, and equal to all other human beings.
• Your challenge is to develop the belief that you have nothing to prove - to yourself or anyone else.
• If you still feel the need to prove that you are not a ‘loser’ - choose an activity other than gambling.

Professional Assistance Available

Your counsellor is available to discuss these issues at length with you.

Affirmations

“I AM A WORTHWHILE, SUCCESSFUL PERSON”.
“I LET GO OF THE NEED TO GAMBLE.”

Self-Help Resources

A COMPARATIVE EVALUATION OF IMAGINAL DESENSITISATION AND GROUP COGNITIVE THERAPY IN THE TREATMENT OF PATHOLOGICAL GAMBLING

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Abstract

Over recent years a substantial quantum of gambling-generated revenue has been allocated to fund counselling and treatment services for problem gamblers and their families. The approaches to counselling and treatment offered by these services vary significantly in the type of intervention and theoretical framework applied. Given this diversity and the need to establish evidence-based interventions that work, the questions remain as to the effectiveness of many counselling and clinical interventions in the absence of adequate numbers of well conducted randomised controlled long-term outcome studies. To date, only two interventions have been demonstrated to be effective in reducing problem gambling: imaginal desensitisation and cognitive therapy. This paper reports data from a short-term treatment outcome study comparing the effectiveness of group based cognitive therapy (CT) and imaginal desensitisation (ID). Sixty-eight consecutive treatment-seeking pathological gamblers were randomly assigned to receive CT or ID either alone or in a combined format (IDCT). While 70% of subjects reported a significant improvement in their condition at one-month follow-up, results revealed minimal differences between the imaginal desensitisation and cognitive therapy interventions. Reduction in strength of irrational beliefs across groups was associated with successful treatment outcome. Imaginal desensitisation may be a cost-effective intervention in the management of problem gambling.

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

Introduction

Problem gambling is a major public health issue. The adverse consequences of problem and pathological gambling have been well documented in recent comprehensive national and international reviews into gambling (Productivity Commission, 1999; National Research Council, 1999). In response to the perceived need for treatment strategies to assist problem gamblers and their families, there has been a significant increase in the level of funding support provided for gambling counselling and treatment services. However, these services are seen to offer a diverse range of therapeutic interventions (Jackson, Thomas & Thomason, 2000) including reflective listening, neuro-linguistic programming, win therapy and art therapy. The majority of these interventions are of unknown or unproven long-term efficacy and effectiveness with proper randomised controlled long-term outcome studies representing the exception rather than the rule.
Although anecdotal and empirical outcome data strongly suggests that gambling is a treatable condition, it is fair to state no conclusive statements can be offered regarding which treatments works, why such treatments work (their necessary and sufficient components) or if the effects of treatment are maintained over the long-term. Blaszczynski (1993) highlighted the methodological difficulties associated with most existing studies:

1. Except for a minority of recent studies, most research from 1914 to the present have included single case studies or case series involving small subject numbers and,
2. Inclusion criteria are generally poorly specified.
3. Co-morbid conditions are often not reported.
4. Generalisation of findings is hindered due to variable diagnostic criteria used: cut off scores of either 5 or 10 on the on the South Oaks Gambling Scale (Lesieur & Blume, 1987).
5. Treatments are rarely described in adequate detail to allow replication.
6. Outcome measures are unclear.
7. Dropout rates are rarely reported. Treatment dropout is typically high and failure to report this rate will inflate estimates of treatment effectiveness.
8. Follow-up data is inadequate. Very little is known about the effectiveness of treatments beyond a six-month time frame.

Until the mid-1990’s only one treatment approach had been evaluated using a randomised-controlled design. In a series of studies McConaghy and colleagues (McConaghy, Armstrong & Blaszczynski, 1983; McConaghy, Blaszczynski & Frankova, 1991) evaluated the effectiveness of a relaxation based imaginal technique called imaginal desensitisation. In their first study (McConaghy et 1983), 20 inpatient pathological gamblers were randomly assigned to receive either electric shock aversion therapy or imaginal desensitisation. Both these treatments were based on a behaviourist perspective of gambling, which viewed gambling as a learned behaviour that is initiated and maintained by positive and negative reinforcement (Anderson & Brown, 1984; Dickerson, Hinchy & Falve, 1987). In the aversion therapy condition personal gambling cues were paired with an unpleasant electric shock. The aim was to counter condition the arousal and excitement associated with gambling.

In the imaginal desensitisation intervention derived from McConaghy’s Behaviour Completion Mechanism Model, subjects were taught a relaxation imagery-based technique aimed at reducing cue-exposure arousal. Subjects received three daily sessions over five days. At the beginning of each session four minutes of progressive muscle relaxation instructions were given followed by instructions to recall three gambling related scenes. In each scene gamblers were asked to recall specific images and feelings experienced associated with gambling cues and then requested to visualise themselves walking away from the situation without having gambled.

McConaghy et al (1983) found that gamblers completing imaginal desensitisation reported a significant reduction in gambling urges and behaviours at one year as compared to those gamblers receiving aversion therapy. In a series of further studies McConaghy et al (1991) randomly assigned 120 inpatient gamblers to receive either imaginal desensitisation or an alternative procedure: aversion therapy, imaginal relaxation or brief/prolonged in-vivo exposure. At two to nine years follow-up (average of 5 years), 79% of subjects followed up in the imaginal desensitisation group ceased or controlled their gambling compared to 53% of subjects receiving the alternative
procedures. Results were interpreted to suggest that imaginal desensitisation had a specific effect additional to that present in the alternative therapies.

More recently, there has been an increased awareness of the role of cognitive distortions and erroneous perceptions among pathological gamblers and their contribution in maintaining impaired control (Toneatto & Sobell, 1990; Sylvian, Ladouceur & Boisvert, 1997). Common cognitive distortions identified include illusions of control where gamblers maintain a belief that they can control the outcome of random chance events (Langer, 1975), biased outcome evaluations (Gilovich, 1983; Gilovich & Douglas, 1986; Griffiths, 1990), and misunderstanding of probability (Sylvian, et al, 1997, Toneatto, 1999).

Sylvian, et al (1997) randomly assigned 29 pathological gamblers to cognitive therapy or a waiting list control group. Gamblers completing cognitive therapy showed a significant reduction in gambling and a reported increase in perceived selfcontrol over gambling as compared to a waiting list control sample. However, some limitations of this study related to the fact that subjects in the cognitive therapy condition also received additional problem-solving training and where necessary social skills training. The combination of additional interventions weakened the ability of the study's design to identify the relative contribution of cognitive therapy over and above the other interventions in producing changes in gambling behaviour. Further, it was not possible to determine the independent contribution of cognitive restructuring given the absence of any measure of cognitive change. Nonetheless, these findings suggest cognitive therapy is a promising approach for the management of pathological gambling.

In the only other randomised controlled trial published to date, Echeburua, Baez and Fernandez-Montalvo (1996) compared the relative effectiveness of behavioural and cognitive approaches to treatment. In this Spanish study, 64 pathological gamblers were randomly assigned to either, an individual stimulus control and exposure with response prevention group, a cognitive restructuring group, a combination of both stimulus control and cognitive restructuring group or wait-list control group. All treatments were conducted over a six-week period. Results indicated that most patients improved following treatment, although surprisingly the highest success rate (defined as abstinence or one to two episodes over 12-month follow-up) was in the individual behavioural treatment involving stimulus control and exposure with response prevention. The authors acknowledged that the treatment delivery format for the cognitive restructuring and combined programs may not have given subjects sufficient time to adequately assimilate the skills learned, but concluded that it seems more reasonable to design specific short treatments than engage clients in the multicomponent treatments commonly recommended.

One important issue that has not been addressed in this literature is the degree to which particular therapies effect behaviour change via the pathways they purport to, and more generally delineating the mechanisms by which therapeutic change occurs. For example, cognitive therapy is hypothesised to produce behavioural change by altering the individual's beliefs systems, yet no published reports have included a measure designed to assess the degree to which beliefs change from pre-to post treatment are correlated with positive outcome. A dose-dependent relationship between changes in cognitive distortions and successful outcome would provide strong evidence in support of the theoretical model of cognitive therapy.
In the present study the following aims were pursued:

1. To extend on previous research and evaluate the effectiveness of an audio-cassette home use version of imaginal desensitisation
2. To compare imaginal desensitisation with a cognitive restructuring program.
3. Evaluate the cognitive changes associated with treatment outcome.

To this end, subjects were randomly assigned to one of three conditions: individual imaginal desensitisation (ID), group cognitive therapy, (CT) or group imaginal desensitisation and cognitive therapy (IDCT), and the comparative effectiveness of each intervention at one-month was evaluated.

Subjects

Sixty-eight treatment-seeking gamblers agreed to participate in the study. Twenty-one subjects were randomly allocated to receive ID, 26 to CT and 21 to IDCT. Of the 68 subjects, 46 or 67.6% completed treatment: ID = 12, CT = 20, IDCT = 14. The percentage of subjects completing each treatment did not differ significantly between groups.

The 32.4% drop out rate is consistent with figures found in other studies (Sylvian et al. 1997). An independent researcher attempted to contact all dropouts and was successful in interviewing 71% of these individuals. Results indicated that gambling status and the reasons for drop out were varied. Subject's main reasons for dropping out were that they felt they did not need any formal treatment, or could not attend due to work/family commitments. The impact of this data on treatment effectiveness is difficult to determine. All subjects in the study met DSM-IV criteria for pathological gambling and obtained a mean SaGS score of 12 (SD = 2.1). The mean SaGS scores did not differ between groups.

There were 30 males and 16 females in the sample. Overall, male subjects were found to be significantly younger \( M = 34.6 \text{ yrs}, SD = 9.2 \text{ yrs} \) than female subjects \( M = 47.8 \text{ yrs}, SD = 8.5 \text{ yrs} \) but there was no significant age differences found between the three treatment groups.

Poker machine gambling was the main form of problem gambling for 78.8% of male, and 100% of female, subjects. Of the remaining males, 16.7% percent of males reported their main problem as TAB betting, and 1.5% (\( n = 1 \) for each form, respectively) of males reported casino table games, sports betting, Internet betting, and Keno, as their main problem.

Subjects reported a mean duration of problem gambling of 4.6 years. There was no significant difference between treatment conditions on this variable suggesting that the treatment groups were of equal severity of gambling problems.

Procedure

Consecutive gamblers attending the clinic were administered the SOGS and a semi structured clinical interview assessing their gambling history. If they met research criteria, subjects were invited to participate in the study and then randomly allocated to either the individual or group treatment programs. Prior to commencing treatment,
gamblers completed a battery of questionnaires assessing gambling behaviour and beliefs, and emotional and personality variables.

**Individual Imaginal desensitisation (ID)**

In the ID condition, subjects attended two treatment sessions. During the first session they were provided with an audiocassette containing two ID sessions, and a set of printed instructions for its use. The therapist explained the rationale and instructions for the procedure and directed subjects to listen to the tape and practice the technique three times a day for five consecutive days. Their use of the tape was reviewed two weeks later.

**Cognitive group therapy (CT)**

In the CT condition subjects attended a structured six-week cognitive therapy group program developed by the authors and based on the principles of Beck, Rush, Shaw and Emery's (1979) cognitive theory. Groups of four to six individuals met weekly for one and a half hours. Each group was lead by two therapists with the treatment protocol written in manual form to guarantee integrity and standardisation of treatment delivery.

The program targeted the following areas of distortion:
- Loss of control
- Gambling as income versus entertainment
- Winning
- Illusions of control and superstitious behaviour
- Probability

**Imaginal desensitisation cognitive therapy group (IDCT)**

Subjects in the IDCT group received imaginal desensitisation and cognitive therapy in a group setting similar to the CT condition.

**Follow-up interviews**

Follow-up interviews were conducted one-month, six-months and 12-months following completion of treatment. Six-month and 12 month interviews are still being completed and results of these assessments will be reported in future publications. This paper will focus primarily on findings from the one-month follow-up assessment.

**Results**

**Treatment outcome (one-month follow-up)**

Forty-three subjects (93.5% of those subjects who completed treatment or 63.2% of the total sample) completed the one-month follow-up assessment. Two subjects could not be contacted and one subject refused to attend.

In evaluating outcome, the rate of effectiveness of a treatment depends on the criteria used to judge "success". Many programs accept abstinence as the only viable objective or criteria of success. However, determining the success or failure of a program based on dichotomous global ratings of abstinence or non-abstinence fails to take into account
significant improvement in other areas of functioning including reduced frequency of gambling, urge, or ability to control gambling once initiated. A strong argument could also be put forward to support the claim that a program successful in producing abstinence yet failing to reduce the urge or pre-occupation with gambling is of questionable efficacy. Accordingly in the current study, success or improvement in was evaluated using both behavioural and subjective reports of gambling behaviour.

1. Gambling behaviour.
2. Presence/absence of self reported problems
3. A clinical rating

**Gambling behaviour**

At each assessment, subjects were coded as being abstinent, controlled or uncontrolled according to the level of their gambling behaviour during the month prior to assessment. "Abstinent" was defined as no gambling on problem form during the one-month prior to assessment. "Controlled" was defined as spending no more than $20 per week and spending no more than intended to at anyone session. "Uncontrolled" was defined as repeated failure to resist the urge to gamble, spending more than intended, and chasing losses.

Subjects who reported one to two uncontrolled gambling sessions were allocated to a fourth category (one to two sessions) given research findings suggesting that subjects are able to maintain abstinence despite occasional lapses (Blaszczynski, et al, 1991). It is argued that one measure of the success of a treatment is reflected in the capacity, of the individual to apply skills learnt to prevent further gambling episodes and to resume abstinence, that is, to prevent a lapse from becoming a relapse to (near) pre-treatment levels.

As shown in Table 1, results showed that of the 43 subjects on whom complete data was available, at one-month follow-up, 48.9% of subjects were abstinent or maintained controlled gambling, 23.6% of subjects continued uncontrolled gambling, and the remaining 27.9% of subjects reported one to two gambling episodes that displayed at least one feature of uncontrolled gambling. The pattern of gambling behaviour did not differ between treatment conditions.

**Table 1: Gambling behaviour at one-month in n = 43 subjects**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>TOTAL N=43</th>
<th>ID N=11</th>
<th>CT N=20</th>
<th>IDCT N=12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinent</td>
<td>35%</td>
<td>37%</td>
<td>30%</td>
<td>42%</td>
</tr>
<tr>
<td>Controlled</td>
<td>14%</td>
<td>18%</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>One to two episodes</td>
<td>28%</td>
<td>18%</td>
<td>35%</td>
<td>27%</td>
</tr>
<tr>
<td>Uncontrolled</td>
<td>23%</td>
<td>27%</td>
<td>25%</td>
<td>16%</td>
</tr>
</tbody>
</table>

**Self reported problems**

Subjects were asked to provide a subjective estimate of the degree to which they considered that they were still experiencing gambling problems. Self-report data was available for 41 subjects. Table 2 shows the percentage of subjects reporting changes in
behaviour and urges/preoccupation.

Table 2: Self-reported changes at one-month in n = 41 subjects

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>ID</th>
<th>CT</th>
<th>IDCT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=41</td>
<td>N=20</td>
<td>N=11</td>
<td>N=10</td>
</tr>
<tr>
<td>Gambling</td>
<td>7%</td>
<td>20%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Urges/preoccupation</td>
<td>12%</td>
<td>10%</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Gambling and urges/preoccupation</td>
<td>12%</td>
<td>10%</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td>32%</td>
<td>40%</td>
<td>35%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Of these, 13 (31.7%) reported experiencing continued problems associated with gambling behaviours: three (7.3%) reported problems because of persistent gambling, five (12.2%) reported being troubled by urges and a pre-occupation with gambling, and five (12.2%) reported problems with both ongoing gambling and urges and preoccupation. Consequently, results indicated that at one month follow-up 68.3% of subjects who completed treatment reported that they no longer experienced any problems with gambling. There were no differences in the proportion of subjects reporting problems between treatment conditions.

Clinical ratings

Based on all available information, the clinician categorised subjects as showing a:
- Deterioration: increased gambling (sessions / expenditure) following treatment.
- No change: Continued problems with gambling and urges to gamble.
- Moderate improvement: Reduction in problems (some gambling, urges or preoccupation).
- Significant improvement: No problems with gambling and minimal urges or preoccupation.

Overall, 79.9% of subjects were rated as showing either moderate or great improvement at one-month follow-up (see Table 3). The remaining 20.1% of subjects were rated as showing no change in gambling. There was no difference in improvement rates across treatments.

Table 3: Clinical ratings of improvement at one-month in n = 41 subjects

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>ID</th>
<th>CT</th>
<th>IDCT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=41</td>
<td>N=11</td>
<td>N=20</td>
<td>N=12</td>
</tr>
<tr>
<td>No change</td>
<td>21%</td>
<td>18%</td>
<td>25%</td>
<td>17%</td>
</tr>
<tr>
<td>Moderate</td>
<td>33%</td>
<td>27%</td>
<td>35%</td>
<td>33%</td>
</tr>
<tr>
<td>Significant</td>
<td>47%</td>
<td>55%</td>
<td>40%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Cognitive beliefs

One aim of this research program was to investigate cognitive changes associated with treatment outcome. Subjects completed the Gambling Beliefs Questionnaire (Joukhador, Maccallum & Blaszczynski, 2000) at pre-treatment and follow-up assessment interviews. This yet to be validated measure consists of 65-item designed to describe key concepts that at face value relate to unhelpful and distorted cognitions on gambling frequently
reported in the literature. The 65 items cover 12 categories of cognitive belief structures: for example, illusion of control, superstition, money as the solution, near miss, erroneous beliefs of winning and entrapment.

Subjects were asked to rate the degree to which they believed each statement on a 5 point scale ranging from 0 = not at all to 4 = very much. Statements from each category were placed in random order within the questionnaire. A high score reflect greater levels of cognitive distortions and unhelpful beliefs. Pathological gamblers have been shown to score significantly higher on this scale than social gamblers (Joukhador, et al, 2000).

There was no difference between the three treatment conditions on the pre-treatment total scale score. A group by time repeated measures analysis of variance indicated that, on average, mean scores for this scale decreased significantly from pre to post (Q < .001) with no difference between treatment conditions in the size of this change. That is, as predicted, cognitive therapy was associated with a decrease in gambling-related cognitive distortions from pre to post treatment. Interestingly, however, the individuals who received imaginal desensitisation without cognitive therapy also showed a similar reduction in levels of unhelpful gambling related beliefs.

Summary

In summary this study found that gambling problems decreased following treatment with home based imaginal desensitisation, a six-week group cognitive group therapy program or a combined six-week group imaginal desensitisation and cognitive therapy program. At one month follow-up 70 % of subjects who completed treatment reported they no longer experienced ongoing problems with gambling, and 80% were rated as showing a moderate or great improvement. There were no significant differences between the three treatment conditions in terms of dropout rates, gambling behaviour and continued gambling-related problems at the one-month follow-up.

These findings provide promising signs that the less costly home based imaginal desensitisation program may be as efficacious as an inpatient imaginal desensitisation program. Initial rates of improvement among subjects in the imaginal desensitisation condition were comparable to those reported earlier by Blaszczynski, McConaghy, and Frankova (1991).

Although the majority of clients benefited from treatment, caution is needed before drawing any firm conclusions about the relative efficacy and effectiveness of home use imaginal desensitisation or cognitive therapy based on one-month follow-up data. Longer-term follow data is clearly needed to assess maintenance of treatment gains over time. Accordingly, six month and 12-month follow-ups interviews are in the process of completion.

Currently, six-month follow-up data is available for 23 or 50% of the sample that completed treatment. A preliminary examination of the available data comparing one-month to six-month gambling behaviour reveals that 55% of subjects reported no change in their behaviour. Subjects reporting controlled or abstinence at one-month maintained that improvement over the longer timeframes. However, subjects who reported one to two sessions tended to do worse at the six-month assessment suggesting that one or two episodes of uncontrolled gambling in the month following treatment appears to be an indicator or poor long-term outcome despite the subject's
own one-month self-report estimate that gambling episodes were no longer problematic.

An examination of clinical outcome ratings from one to six months reveals a similar pattern with subjects showing moderate improvement at one-month failing to improve further while subjects showing significant improvement tended to maintain their status.

This study raises interesting questions about the mode of action of the treatment techniques and the role of cognitions in maintaining gambling behaviour. As expected, cognitive therapy was associated with a reduction in cognitive distortions. However, subjects in the imaginal desensitisation group also showed significant reductions in cognitive distortions raising questions over the mode of action of this technique. Further research is needed to clarify if imaginal desensitisation reduces gambling behaviour in the manner hypothesised by its conceptual model; that is by reducing the arousal triggered by gambling related cues, or whether it produces change through alterations in cognitive activity.

There appeared to be a dose-dependent relationship between level of cognitive distortion and clinical outcome among subjects responding to treatment. Subjects rated as showing signs of moderate and significant improvement displayed similar changes in pre to post treatment levels of cognitive distortions. However, the general level of distortion was higher among subjects showing moderate improvers as compared to those showing significant improvement, suggesting a connection between level of distortion and gambling behaviour. The casual relationship between changes in behaviour and changes in cognitions requires further investigation.

In conclusion this paper compared the effectiveness two theoretically differing approaches to the treatment of pathological gambling namely imaginal desensitisation and cognitive therapy. No significant differences were found between outcome one-month for subjects who received either or both treatments.

Inclusion of a measure of cognitive change indicated that both treatment modalities were associated with pre-post changes in gambling related cognitive distortions, and that for the majority of subjects level of cognitive distortion was associated with treatment outcome. Further investigation of the process of change during therapy is necessary to explore the causal nature of therapeutic change, however, the current findings encourage a move away from allegiance to particular schools of therapy toward basing treatment approaches on an empirical understanding of particular disorders and mechanisms of change. It is only by further investigation of the process of change that we will improve treatment effectiveness for pathological gambling.

References


THE VLGA GAMBLING RESEARCH NEWSLETTER: SOCIAL AND POLITICAL CONTEXTUAL ISSUES

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ABSTRACT

The Victorian Local Governance Association (VLGA) has commissioned Borderlands Cooperative to produce a monthly Gambling Research Newsletter as part of its gambling research program. The following discussion will centre on three related questions:

1. Why is the VLGA involved in producing the Gambling Research Newsletter?
2. In what ways has research method come into prominence in association with the political and social context of gambling in Victoria?
3. What are some of the issues covered in the Gambling Research Newsletter to date?

Background to establishment of the Gambling Research Newsletter

The primary purpose of the Gambling Research Newsletter is to resource local governments in developing and implementing policy on gambling related issues, though it is also perceived that it can provide benefit to other community groups and organisations. The Gambling Research Newsletter, as a component of the VLGA’s research program, recognises that local governments need to be kept up to date on Victorian gambling legislation and policy, on gambling research and on national and international trends - and to be in communication with each other on these and related matters. And through the Newsletter the sharing of local government knowledge and resources towards common objectives can be facilitated.

The following discussion will begin with a brief outline of the social, economic and political context which preceded and created the rationale and purpose for a Gambling Research Newsletter in Victoria.

Contrary to the commonly held view that Australians have always warmly embraced gambling, the history of gambling in Australia - and in Victoria, in particular, has been characterised by a multi-layered, shifting ambivalence - by prohibition and disapproval as well as by the widespread popularity of some types of gambling in large sections of the population. Toward the end of the A.L.P.’s term in office in the late 80s, the Victorian economy was subjected to local and global financial pressures - including the collapse of several major financial institutions, for which the government was largely held responsible, and a significant downturn in the manufacturing industry. With drastic cutbacks to Commonwealth Government funding, all states, including Victoria, looked to alternative revenue sources, eventually competing with each other for gambling revenue. This led to the establishment of casinos throughout Australia and, in the 90s, to the spread of Electronic Gaming Machines (EGMs) throughout every state except Western Australia. Victorian legislation passed in 1991 paved the way for the installation of EGMs in hotels and clubs in 1992 and the establishment of a casino in 1994.
Following legalisation, the rise in the number of EGMs in Victoria has been extraordinarily rapid, numbering 27,408 in 552 venues in June of this year. Crown Casino has 2,500 EGMs as provided for in legislation.

The VLGA first encountered the issue of gambling around 1996 as it conducted training for local government candidates. Both candidates and newly elected councillors were met with a high level of community concern about the social ramifications and trends associated with EGM gambling, as well as an expectation that the ‘situation’ should be addressed at this level of government. This was despite the apparent lack of control local governments had over the proliferation of EGMs due to provisions in the new gambling legislation - that usual planning processes could be bypassed in the event that EGMs covered less than 25% of floor space in a nominated venue. Communities that appeared to be most affected by adverse impacts of gambling were those that were already socially disadvantaged - often with high levels of unemployment and low income and with large migrant populations. Over time these issues intensified and many local governments were pressed by their constituents to respond. Consequently, by agreement with the Municipal Association of Victoria, the VLGA formalised its involvement in gambling issues by convening the Local Government Working Group on Gambling (LGWOG).

The concern of many local governments about the impact of new forms of gambling on their communities was exacerbated by the State Government’s increasing reliance on gambling revenue and its failure to: adequately fund relevant social impact research, develop a transparent mechanism to assess applications to the gambling-funded Community Support Fund, provide relevant data at a local level and, importantly, legislate for adequate planning controls to provide local governments with the power to ensure appropriate development of gambling venues in a way that was responsive to the needs and aspirations of local communities. In addition to addressing these issues, priorities for the LGWOG included lobbying for regional caps on EGMs and advocating for a review of the Victorian Casino and Gaming Authority (VCGA), particularly in view of its apparently conflicting roles as gambling regulator and promoter of tourism and economic development. (An often-voiced accusation of the VCGA was that it had failed to oversee meaningful social impact research due to these conflicting roles).

Subsequently, the VLGA has resourced and supported the LGWOG and prepared submissions on behalf of local governments to the Productivity Commission during its inquiry into Australia’s gambling industries and to the newly elected State Government in its overhaul of gambling legislation. The VLGA has also implemented an innovative local area research program, financed by some local governments and overseen by the LGWOG. The first phase which was completed in 1999 provided a greater understanding of the relationship between patterns of consumption expenditure and access to local gambling venues. The second phase includes the production of a Gambling Research Newsletter (the subject of this discussion) and the development of a practical method in the form of a kit to enable the assessment of the social and economic impacts of local venues on local communities. The VLGA has also commissioned the production of a software tool to assess the economic impact of EGMs and EGM venues on local communities.
The Gambling Research Newsletter and its political context

The particular convergence of private market forces, government policy and gambling research is an interesting one and one which the Gambling Research Newsletter is mandated to cover. Gambling research, obviously a central focus of the newsletter, has become very topical in a broader context for several reasons:

• It sheds light on the nature and extent of new forms of gambling on the community - not least because it tends to highlight adverse social and economic impacts as well as positive ones.

• Research highlighting adverse community impacts as well as community concern about the proliferation of new forms of gambling has the potential to affect government policy and lead to increased regulation of the gambling industry.

• The nature of gambling research commissioned by the VCGA, using gambling taxation revenue and as required by gambling legislation, has been criticised and has become a political issue.

• Gambling research method in itself has become a political issue as different types of research will yield different findings, revealing both positive and negative effects. Accordingly, public legitimacy and funding is spread differentially across different types of research. Within this regime, gambling problems tend to be individualised, personal experiences of adverse gambling impact are frequently trivialised as ‘anecdotal’ and some have argued that economic models employed in research place market forces above social well-being in importance.

• Last, but not least, research evidence can be used to substantiate local government submissions to the VCGA in responding to gambling industry applications for the establishment of new gambling venues or an increase in gambling machines in existing ones.

I will elaborate on and develop some of these points in this discussion, beginning with the particular convergence between the current Victorian legislative framework and the central importance of gambling impact research.

Legislation and gambling research

The first Gambling Research Newsletter was produced in September, 2000 and was rather timely, following a change in State Government in late 1999. Obviously the changed policy and legislative environment was one which local governments needed to be informed about to resource their own social and planning policies and strategies. Key aspects of the Gambling Legislation (Responsible Gambling) Act 2000 (Vic.), as outlined in the first Newsletter, included:

• a freeze on the number of gaming machines in Victoria;
• the imposition of ‘caps’ on the number of gaming machines (27,500 across the state and 2,500 in the Casino);
• a limit to 24-hour gaming venues, with bans in regional Victoria;
• an independent panel to oversee research into gambling matters;
• a strengthening of the independence of the VCGA; and
• some opportunity for local governments to have input into decisions about the placement of gaming machines in their areas - through submissions to the VCGA within 28 days after receiving a copy of an application for approval of premises.

Evidently, most of the above were measures that the VLGA and other bodies had lobbied for.

Within the new legislative context, gambling research and associated research method has reached a new prominence and topicality and an enhanced awareness, among the community and key stakeholders, of its relevance. This is because the Responsible Gambling Act makes provision for the assessment of the economic and social impact of gaming in the event of a proposal for a new gaming establishment or expansion in the number of EGMs in a venue.

Within this framework, the VCGA must be satisfied that the net economic and social impact of gaming venues will not be detrimental to the well-being of the community of the municipal district, taking into account surrounding districts. However, the basis on which the VCGA will make its determinations is not totally clear at this point, and has been an area of concern given the types of evidence called for within the form it provides. Many questions within the local government submission form call for evidence of linear causality in relation to gambling and its cumulative individual impacts. This approach would obviously be inadequate as a full and meaningful assessment of social impact. Specific concerns that have been raised include:

• that much of the empirical data will be under-representative due to the well-documented ‘hidden nature’ of gambling activity and gambling problems; and that
• much of the requested data is not available (for example official statistics currently collected in the three major areas of the Criminal Justice System cannot be used to identify crimes as being gambling related).

This being said, application forms do allow for the attachment of a broader type of evidence in relation to the assessment of impact on community well-being: ‘It is not necessary to provide a quantified cost/benefit analysis, however statements about impacts should be substantiated, and wherever possible, supported with quantitative or qualitative data’ (p.2).

In the definition of terms at the end of the form, social impact is defined broadly and includes the concept ‘social capital’ as part of what might be considered. This would seem to give adequate scope for a broadening and inclusive approach to the type/s of research method that might be used in providing evidence to support submissions - however this is stated with the qualifications that the short 28 day submission period presents obvious restrictions for the research that can be carried out in relation to the relevant application. The other point is that it is still too early to tell what weight will be given to the various types of research and evidence in assessing applications.

Hence, the new prominence being given to research method, and the strengths, weaknesses and appropriateness of the various approaches to the assessment and understanding of social impact. In this context, we see an important role of the Gambling Research Newsletter in raising the level of awareness and public discussion around research method issues in addition to keeping local governments and community organisations informed about changes in policy, regulation and social trends in relation
to gambling. This is especially important given the often selective and misleading use made of research methods and research results.

However, it should be said that interest in and debate around gambling research in Victoria pre-dates the latest legislative changes and has occurred roughly in tandem with concerns about adverse social ramifications of the introduction of new forms of gambling in the 90s.

As the Victorian (and other governments in Australia and overseas) has become increasingly dependent on gambling taxes for revenue, many have argued that there has also been an increasing incentive to safeguard the ongoing profitability of the gambling industry - which would seem to sit uncomfortably with traditional governance roles wherein representation of the public interest is primary. The Victorian Premier who was in power during the introduction of gaming machines and the Casino (though not at the time of the ratification of the enabling legislation) was known as a great champion of the swiftly prospering gambling enterprises after 1992 and spoke of the casino as the new spirit of Victoria. Hence, those who became concerned about detrimental social impacts on the community and the changing culture and values that were being promoted (it was argued) to enhance gambling profits, were portrayed as the great spoilers or 'wowsers' as described by the quaint, newly revived and frequently used term. Most public speeches which addressed the subject of adverse gambling impacts during the 90s came to be prefaced ad nauseum by a defensive explanation of how the speaker was not anti-gambling as such: 'My father used to take me to the races....'. Evidently, to be openly pro-gambling, or indifferent to it in principle, was the only publicly legitimate stance, while those expressing caution in the face of the brave new world must explain their position and demonstrate their lack of bias before even venturing to speak on their chosen subject - whether it be the philosophical and ideological shifts associated with the promotion of new forms of gambling, the social context underpinning the immense success of the new enterprises or the variable impacts on different sections of the community. Within this context, research data and findings which threatened to highlight ill effects of new forms of gambling could be used to fuel both negative public sentiment and the so-called 'anti-gambling' lobby' - seemingly presenting a threat to the public legitimacy of the policy regime wherein the swiftly prospering gambling industry was (arguably) under-regulated. For example, a review of the Community Support Fund by the Auditor General’s Office in 1997 identified a need for an improved research program to investigate the impacts of gambling in Victoria, among other recommendations.

Within this climate, gambling impact research - including both findings and method, became highly political. Though it could also be argued that research is always political in its context and in its ramifications, only sometimes this achieves a higher transparency due to particular surrounding circumstances.

**Local impact research**

Consistent with this, there seems to have been a great lack of research and information about the effects of the new burgeoning gambling activity on a local level - a point of particular interest to local governments in responding to the needs of local communities in the formation of policy and in social support and service delivery. In the face of widespread community concern about the social impact of new forms of gambling in Victoria in the 90s, particularly gaming machines, it has been argued by many local governments and community organisations that access to research data and information
at a local level has been highly and inappropriately restricted, and furthermore, some have argued that this has been tied to a political agenda which gives priority to safeguarding the new gambling revenue stream.

Information about EGM expenditure by local government area only became available in 2000 (after intensive lobbying by local governments and community organisations and eight years after the introduction of EGMs) following the change in government in Victoria in 1999. Information collected via the ‘Minimum Data Set’ on those accessing Breakeven gambling support services throughout Victoria has never been collated or analyzed by local area, although this could easily be done, and has been requested many times by agencies as well as by local governments. A massive body of VCGA research, largely comprising population surveys, has been of limited use to those wishing to obtain a greater understanding of the local social and economic impacts of gambling due to the aggregate analyses which are generally employed as well as the framing of topics for investigation. Given the high level of expenditure involved in commissioning the latter (drawn from gambling taxes) it is rather telling that the development of methods for measuring local social and economic impact has been left to the comparatively meagre budgets of local governments participating in the VLGA research program and, also to some extent, to some community and church based organisations.

**Distinction between perception and social impact**

Much of the research commissioned by the VCGA has favored the collation of quantitative data obtained through survey methods. While not denying the contribution that such information can and does offer for our understanding of social trends and impacts associated with gambling, in Newsletter Two we challenge the ostensible objectivity and scientificity of such data.

We also speak of the trivialisation of personal accounts of gambling activity, experiences and views as ‘perceptions’ or worse, ‘anecdotal’, which invariably invalidates and de-legitimises their authors and entrenches the invisibility and voicelessness of those in our community who are often the most disadvantaged and lacking in power. This practice also perpetuates a nonsense whereby a mythical ‘objective’ social world is postulated that is somehow independent of the world views and meaning systems of those comprising and living in it.

In contrast, research methods that are less exploratory and easier to manage statistically are seldom criticised in the public domain and comprise the main approach employed by large research organisations. Population surveys predominate in research commissioned by the VCGA (though Vic Health and Department of Human Services have commissioned interesting qualitative research by Women’s Health West and Women’s Health in the North, respectively). In the regular series *Community Gambling Patterns and Perceptions* commissioned by the VCGA, the implication in the title that people’s views are suspect in some way in relation to ‘hard data’ or ‘real evidence’ is probably not surprising, however it is subject to the above criticism that there is not an ‘objective’ world to be ‘measured that stands above the experiences of those living in it.
Economic impact research

The Gambling Research Newsletter has also given coverage to some interesting debates around gambling economic impact research. In a couple of reports conducted by the National Institute of Economic and Industry Research (NIEIR) for the VCGA it has been proposed that increased gambling expenditure was largely funded by a decline in savings rather than a diversion from alternative consumption and that this generated additional economic activity. However this contention has been criticised by the Productivity Commission in its Inquiry into Australia’s Gambling Industries and by the Workplace Studies Centre at Victoria University in that NIFIR’s model uses unreliable self-report data, contained in the Australian Bureau of Statistics, Household Expenditure Survey. Other VCGA studies have indicated leakages of economic activity away from local communities. So, while some economic research posits an overall benefit to the community and other highlights adverse impact involving diversion from other businesses and from whole communities, economic research has become eminently topical. This is evidently occurring in a politically charged area where the ‘stakes’ are high in terms of industry profit and government revenue and where there is also a high level of awareness about the adverse effects of gambling, on gaming machines in particular, and the accumulation of economic and social factors which fragment the community.

A recent study by KPMG Consulting for the VCGA (2000) concurs with the conclusion that gambling spending is not financed through savings, but inevitably draws spending from other industries. However this study, utilising a classical econometric model based on a free market ideological stance, proposes that it is not of undue consequence if market forces associated with gambling activity cause a redistribution of revenue from local areas:

‘In KPMG Consulting’s view, the impact of expansion in gaming venues on other (local) businesses should not of itself be necessarily an issue of concern for government policy...change is an integral feature of any dynamic economy and generally governments leave businesses to respond to the changing expenditure patterns of consumers, rather than intervening to protect individual businesses from these effects’ (2000:2);

and

gambling taxes and returns to Tabcorp and Tattersalls represent a leakage from local economies...such leakages and injections are an integral part of all local economies’ (2000:2).

However, the apparent obliviousness shown in these contentions to the Victorian legislative framework that gives priority to local social and economic well being is surprising, to say the least.

In section 12D(l) of the Gambling Legislation (Responsible Gambling) Act 2000, in relation to applications for approval of gambling premises, it is clearly stated that: ‘the net economic and social impact of approval will not be detrimental to the wellbeing of the community of the municipal district in which the premises are located.’ This criterion also applies to an increase in EGMs in an existing venue: if the proposed amendment will result in an increase in the number of gaming machines
permitted in an approved venue, the Authority is satisfied that the net economic and social impact of the amendment will not be detrimental to the wellbeing of the community of the municipal district in which the approved venue is located...' (27(3B)). This clearly entrenches in legislation the importance of the well-being of communities at a local level.

The types of debates entered into by the KPMG study under discussion (perhaps unwittingly in some areas) also highlight the tensions and contradictions apparent in a social, political, regulatory and commercial environment where:

- central (State) forms of control are favored;
- priority for the well-being of local areas is enshrined in legislation (at least in spirit);
- the rightful ascendancy of market forces is assumed (for example, in economic impact analyses and in the recent review of Victorian legislation as required by the N’ational Competition Review); and
- the reign of market forces is over-ridden with a regulatory framework which creates both a monopoly (the casino) and a duopoly (EGM operators) and actively protects the ongoing profitability of the industry.

In sum, it puts the debates surrounding the gambling industry squarely into the domain of the larger debates about the rights of local communities to protect themselves and their social and economic well-being against the economic interests of globally based industries.

**Individualisation (and marginalisation) of problem gambling as pathology**

A frequent argument put forward by the gambling industry by the previous Kennett Liberal government, and promulgated through VCGA research, is that problem gambling as individual pathology is confined to a small proportion of the population and therefore the enjoyment and recreational opportunities of the majority should not be restricted to protect a few. This can be translated into an argument for minimal regulation of the gambling industry (or at least minimal regulation that may reduce profit levels) to allow for the reign of market forces based on the rational decision making capabilities of the populace.

‘... on the basis of the responses to our survey, the vast majority of residents (98 per cent) are at no risk of problem gambling...’ (KPMG, 2000:3).

‘Maribyrnong also has the highest EGM density of our regions and the highest expenditure on gaming per adult ... nevertheless, 97% of Maribynong adults on the basis of the responses to our survey are at no risk of problem gambling’ (KPMG, 2000:3).

‘the small incidence of problem gambling is fairly uniform across the regions, despite large differences in expenditure on gaming and EGM density...'’ (KPMG, 2000:3).

Note the highlighting of those figures which portray the proportion of people ostensibly not experiencing gambling problems. This is an inversion of the normal practice of presenting problem gambling rates in prevalence data. There is also an implication that those not designated as problem gamblers are problem free, however many of these
may be suffering the effects of problem gambling as partners, family members, colleagues, friends or just as members of the community ‘picking up the tab’ for the social and economic costs of problem gambling. They may also be one of those problem gamblers for whom honest self-reporting may prove to be too difficult or one of those experiencing a transient problem with gambling. In short, problem gambling prevalence studies were never meant or designed to measure the proportion of the population who were problem free in relation to gambling. When such an obvious error is made in the reporting of data one is led to wonder at the reluctance to publish problem gambling rates as they clearly appear.

KPMG’s ideological position inherent in the theoretical base it uses for data analysis is clear in other parts of its report. For example, the position that people’s spending patterns are a manifestation of their innate rationality in decision making processes is an integral part of economics theory underpinning the report:

‘The widespread participation in poker machine playing indicates that people are deriving recreational benefit from it ... and that to significantly restrict access to poker machines, could reduce these recreational benefits (KPMG, 2000:1).

However, there are several errors of reasoning and ethical difficulties inherent in such a position.

1. Where the industry derives its profits from: According to the Productivity Commission, 42% of EGM revenue comes from problem gamblers. This being so, there are obvious ethical difficulties for an industry which derives a large proportion of its profits from those with compulsions. addictions or problems.

2. According to several VCGA studies, most people do not enjoy their gambling, therefore it could not be argued to be a rational activity: For example, in a study by the Marketing Science Centre for the VCGA only 35% of respondents indicated that they derive entertainment and pleasure from the money they spend on gambling. This obviously has implications for economic models employed to measure gambling impact which rely on the assumption that people spend money on those activities which they derive benefit from. (2000:41).

I have used this study as a central point for discussion, not because it is so unique in the ideas it puts forward but because of its clear articulation of the philosophical, theoretical and ideological underpinnings of its research method and analysis.

Of course, the conceptualisation of problem gambling as individual pathology (and the associated idea that it is a marginal problem only that need not concern most of us) is not new to economic impact analysis as it pervades much of gambling research, notably in the psychological and medical literature and inevitably in service utilisation evaluations. Some ramifications are eloquently obvious - if we accepted that problem gambling is essentially a problem of cumulative individual pathology which is low anyway, we would not need to investigate social impact too deeply, nor would we need to provide the optimum regulatory framework which safeguards general community well-being. Taken to its extreme conclusion, rationality of market forces could reign unhampered by a regulation which, if too vigorous, would have a serious impact on the
postulated ‘enjoyment of the majority’ as well as on the profitability of the gambling industry and the associated taxation revenue stream for government.

Hopefully, at this point I have demonstrated, at the very least, that research, and particularly gambling research, does not operate in a political and ideological vacuum and elucidated a little on why gambling impact research is currently such a politically charged area in Victoria.

Importantly, for our future understanding of the social and political context of gambling and the ramifications of changes in the structure of the gambling industry and associated consumption patterns, the Gambling Research Newsletter is documenting the historical process of what is happening in Victoria as issues around impacts on community life, politics, policy, regulation and research converge.

**Policy and research and the role of local government**

Finally, it should be highlighted that the legitimacy of both research and policy is at its fullest when it addresses the experienced needs of people in the places that they inhabit and live their lives - at the local level where local governments receive their mandate.

The Gambling Research Newsletter and the material it canvasses is illustrative of the issues surrounding all areas where individual and social well-being meet the process of policy making, as a matter of everyday practice. As gambling clearly marks the area where the creation of policy meets individual and social needs in the very locus where they are experienced, it is not an exceptional or marginal area - it relates very much to what the essence of (local) policy making is about.

Furthermore, as local governments have a mandate and responsibility to support the health and well-being of their communities, the facilitation, management and implementation of local area research, to inform relevant and effective policy, is evidently very much the business of the Victorian Local Governance Association.
“FREE YOURSELF PROGRAM” - A STEP BY STEP GUIDE TO CONTROLLED, RESPONSIBLE GAMBLING

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Abstract

The “Free Yourself Program” is not a magical cure for Gambling Addiction but it can be a life-changing tool for people who apply these strategies on a regular basis. It represents a much-needed “new model” of gambling addiction therapy where the main responsibility is given back to the person directly affected by the addiction to work on changing “attitude” and “behaviour”. Once the behavioural pattern is broken, the void that people used to fill with gambling needs to be addressed and worked on with the help of qualified professionals. This will make recovery complete. The Free Yourself Program complements every other approach within the gambling addiction therapy.

Mental Training Module

Teaches awareness and control of the internal “war” that precedes the problem gambling behaviour; provides strategies to increase flexibility in “general change” and how to actively and passively train the “will muscle”, “decision-making muscle”, etc. A lot of these skills and techniques used in the program are based on “Neuro Linguistic Programming” (NLP) and Cognitive-Behavioural therapy. They provide people with “shortcuts” to specified outcomes, such as “stop gambling”.

Physical Training Module

Teaches how changes in diet and exercise routines will support the controlled, responsible gaming behaviour.

Every behaviour produces a “cocktail” of different chemicals in the brain. People experience a “high” due to a massive increase of “arousal chemicals”. Over a period of time the initial “kick” is experienced as normal. To experience a chemical “high” they have to increase activity or money spent, etc.

The “Free Yourself Program” teaches how a healthier lifestyle will enable the body to detoxify and re-balance the brain chemistry. When people feel better they are better equipped to work on their mental strategies to stop gambling.

Introduction

Gabriela Byrne was addicted to gambling for more than four years. In her efforts to free herself of an addiction that was destroying her life, she developed the “Free Yourself Program”.

She studied psychology, nutrition, exercise and the importance of prayer/meditation on a daily basis to support the change process. Gradually the ‘Free Yourself Program” was
born. Gabriela continued to improve and to refine FYP over a period of several years and has successfully taught this program to 100’s of people in the process.


The “Free Yourself Program” is a product of her passionate desire to enable other people to help themselves. It is a message of hope for people everywhere.

The Free Yourself Program — Mental Training Module

1. Talking to the Beast — Strategy

The first strategy that I’ve learnt when I studied Neuro Linguistic Programming was the possibility to differentiate between various parts within myself. I often thought that during my time as a problem gambler that I felt like I had two people living in one body. There was still one part of me that was loving and caring and wanted to be a good wife, mother and a friend but that I had developed a part within me, the “gambling part”, that was totally ruthless, dishonest and basically had no values at all. I learnt that, like every other behaviour, gambling served me in a positive way when I first started. It gave me enjoyment, relaxation and a little bit of thrill. But within a very short period of time this part had slowly taken over my whole being. To explain this process, “the becoming addicted process”, I compare it to the following scenario. Just imagine somebody, a good friend or relative asking you very politely if they could stay with you for a couple of nights. “Of course” you say, “no problem”. You are excited having them there. Now, the couple of night’s turn into weeks, weeks in to months, they slowly start spreading their belongings and they rearrange your furniture. They determine what’s on TV when you come home and what you should eat at night. Eventually you, the owners, are not in control in you own house. The OTHERS are.

Don’t you agree that is exactly how the “becoming hooked process” works? That’s how it worked for me. It started off as a fun activity, but slowly this other part was taking over everything, basically my whole life.

So I learnt to separate the two parts within me. The way I separated them was to become aware of the “other part’s” voice inside of my head. This little voice that popped up in my head and said something like “Let’s just go down and spent $10! This time you can control it”. I understood that I could work with the 2 parts if I was able to see 2 pictures. So the image that I gave the “Gambling Part” of me was the picture of an ugly creature. I always believed in Good — Evil in God and the Devil so for me that “demon-like” thing was very easy to create and I made it real. You know - ugly face, green, evil eyes and horrible features. A lot of people that I teach this strategy to say: “I can’t do this, I don’t want to visualise something horrible” I don’t believe in this kind of stuff. I make it very clear that “my picture, the devil” is not compulsory. The clients that I taught this technique to in the last couple of years came up with all sorts of images; images that worked for them. One of my clients for example hated spiders. So for her, every time that voice popped up and wanted to go gambling she visualized that black hairy spider hissing these tempting words out. Another client, whose husband ran away with the secretary and, believe it or not, she put the secretary into the picture. I thought the
husband would have been a better option but you see — that was her choice. That worked for her. Ok, this was the first step. Disassociation from the “Gambling Part.”

The second step in this “Talking to the beast strategy” is, equally or even more importantly, learning how to talk back to the “Gambling Part”. I learnt that I needed to talk to “IT”, like I would talk to my worst enemy. From then on every conversation I had with my “demon” was brief, short, to the point and the “demon” became very much aware that I was about to “push” him out of my house. I was re-gaining control, by taking control of the “talking” inside of my head. I will give you an example. I am driving along and are about to pass one of my “favourite” venues. The voice pops up: Immediately I see “Mr. Demon” sitting next to me on the passenger seat, hissing out these words: “come on now, let’s just spend $10”. Just to relax a little”. I am not sure if this was the tone he spoke in — but I tried. So I very calmly and in control, turn to him and say: “YOU would like to spent the $10. I Don’t! So why don’t you get lost. Leave me alone.” And it worked. Because I could do something in the moment when I normally would have argued backwards and forwards with myself and then let the demon win every time. This technique worked for me and many others because it gives us something to do when the urge to gamble hits.

I will take you through a few of my conversations with the “demon” and I am sure that you’ve heard them before. Most of the “demon's” fight with the same weapons. They play on our low self-esteem, lack of self confidence and loss of our ability to make decisions and stick to them. So here are a few of mine:

One of my demon’s favourites played on my right to have time to myself. “You work hard, have a job, a household, look after children so you deserve this time out”. So here was my response. “Excuse me, I deserve to have time out, but not with something that I can’t afford at the moment. So “You” just give me a break”.

Another good one: “This time you will win, I know it” (and would support this with pictures of the times that I had actually won) so my answer to that one: “You know that I lost more than I could ever win back — so back off”.

It wasn’t always easy, so one thing I did and always recommend to everybody that I teach this strategy to, is to prepare themselves. I advise them to rehearse situations and answers before they take place. Like driving home from work. This was one of my “problem-times”, because I had a little bit of time to myself. It was so easy to call home and say — got to work back tonight, or going shopping on the way, etc. I am sure you know what I am talking about. So when I got in the car, I put my little “demon” onto the passenger seat and when we came close to a venue I would start talking to “it”: “Look who’s driving the car, You can try to move my feet, see, it’s not possible because I am in control and I am going home —so do us both a favour — Get lost”. Before I went to sleep at night, I looked at the day ahead and prepared myself so that I was able to concentrate and use all my energy to fight the unexpected” attacks of the “Gambling Beast”.

2. Preparing the whole person for – CHANGE

“Human being’s are pattern making organisms” (Peter Dawson; Integrated Learning).
I believe that people who want to change a part of themselves have to prepare their
whole self so that they are able to become flexible enough to tackle the big change. i.e. to stop gambling. So they need to experience in an easy way that they are able to change. When I understood this principle I looked at every other routine in my life like: “how I showered in the morning”; which shoe did I put on first; where did I sit at the table, etc” and I changed it.

It helped me to firstly recognise more and more how conditioned I had become in general and by breaking these routines I experienced discomfort. But I also realised that I could change and by “becoming” a different person, with less routines attached, gambling eventually was just another change.

3. Working out the “Will-Muscle”

“I will never gamble again”, was a constant sentence that I repeated to myself and others after a bad day at the Poker — Machines. Just to find myself breaking that promise the next day. By making this decision and breaking it, I trained myself over and over again Not to believe in myself. That impacted the trust in my decisions in every other area of my life. So what I learnt to do was, during the day I would deliberately make a decision like: “Get up and get a glass of water” or “iron one shirt”, or “call this person” and the minute I decided to do it — I followed through with it. It was extremely important that the decisions where small enough and easy enough for me to be successful. With time I learnt to trust myself — so if I said: “I am not going gambling right now” — I trusted myself to keep that promise.

4. Delay of Gratification

We have needs (water, food, shelter, air etc) and wants (coffee, cigarettes, junk food, nice clothes etc). We have trained ourselves to not question ourselves anymore in regards to what we actually need and what we just desire. If it is somehow possible we get whatever it is we want — immediately. One of the things that helped me a lot and interrupted the pattern of wanting to go gambling and going straight away was the exercise that delayed other “wants” in my life for a set period of time. If I wanted a coffee, I acknowledged that I could have the coffee but that I could wait 1 minute. If 1 minute was too much, 10 seconds had to do. But whatever time I decided to wait — I stuck to that time. Over time it became normal for me not to give in to immediate impulses and when the “gambling part” wanted to take over, with this exercise I knew the least I was able to achieve was that I was able to win “a little bit of time”.

5. Working with icons and symbols

Icons and symbols represent more than the basic feature. A song can recall a special memory; the cross represents a “way of life”. Words, repeated often enough can symbolise an institution and/or product. “Which bank?” We all are exposed to it every day. So I learnt to use this “programming” to my advantage. Every time I successfully fought off the “Gambling part” using one or more of the above mentioned strategies, I visualised my icon. Every time I felt good about myself. I visualised my icon. I had pictures of my icon everywhere (at the beginning I chose a sunflower, but that has changed over the years). So when I felt down and I was in danger of giving in to my “gambling part”, just looking at my icon brought back the resources I needed. I had programmed them behind the icon. I had created a shortcut to feeling in control.
The Free Yourself Program — Physical Training Module

1. Exercise

Being addicted to Poker-Machine gambling means that over a prolonged period of time my senses were constantly stimulated by artificial, electronic devices. So “I didn’t smell the roses anymore”. Natural stimulation became boring. So I retrained my senses by exposing them to nature, first thing in the morning. To start with I just went outside and took 10 deep breaths. A couple of days later I went to our letterbox and back. After a few weeks I started walking for 15 minutes and to this day I am still walking (almost) every morning for 40 minutes. It also changes the “start of the day” routine and it will help setting the day up differently.

2. Diet

I am not a dietician but I discovered that what I ate influenced how I felt. The suggestions are just based on my own personal experience and have supported the “freeing process” from my gambling addiction. I stopped drinking coffee and tea, basically everything that contained caffeine. That helped to drop the arousal chemicals in my brain. I also stopped eating red meat to leave all the oxygen in the brain where it was needed to work with the mental strategies. I increased the intake of water to more than 2 litres a day (this took months though) and I focused on consuming food groups that encouraged the production of Serotonin (well-being chemicals). I tried to eat a healthy and balanced diet — because when I felt better, I was able to talk to the “gambling beast’ better.

Conclusion

I believe we are people consisting of various parts like a puzzle consists of different pieces, all different forms and shapes. Gambling had become a big puzzle piece interlinking and impacting on all the others. Conventional therapy hopes to take the “problem piece out” and focuses on the “hole that it leaves”. My recovery was possible because I worked on all the other puzzle pieces, made them bigger and stronger and over a period of time filled the hole. Part of this “new piece” was the work that I am doing in helping others to stop gambling. Whilst not denying the value of trained counsellors, there is a very significant but unrecognised role for reformed gamblers to relate to and support problem gamblers on an informal but professional basis.

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SKEWNESS IS THE NAME OF THE GAME

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ABSTRACT

Theoretical models of risk taking attempt to explain why risk-averse individuals participate in unfair gambles. This paper evaluates the two explanations as to why rational individuals would accept gambles with negative expected returns. It is found that it is skewness, not the mean or the variance of the prize distribution that attracts risk-averse gamblers. However, evidence shows that there seems to be an optimal trade-off between operators' sales revenues and skewness of the pay-off a point that designer of gambling games needs to heed to.

Introduction

An individual must make billions of decisions over a lifetime and a lot of these decisions involve outcomes that are uncertain at the time of decision making. This implies that decision making, no matter big or small, is about evaluating possible outcomes taking into account the likelihood of their realisation. Economists in the past few decades have been using the von Neumann-Morgenstern theory of expected utility to predict individuals' decision making with risk. This theory postulates that individuals will choose the course of actions that maximise their expected utilities. That is, given \( m \) actions \( (a_1, \ldots, a_m) \) and \( n \) possible outcomes \( (x_1, \ldots, x) \) with corresponding set of probabilities \( (p_1, \ldots, p_n) \), an individual's choice boils down to choosing an action \( a \) among the \( m \) actions such that the highest expected utility or in layman terms anticipated satisfaction is achieved. Mathematically, the problem is:

\[
\max_{a} E(U(a_j)) = \sum_{i=1}^{n} \rho_{ji} U(x_{ji})
\]

And it is only reasonable to make a decision that brings about a positive or zero expected utility. Yet, what has continued to puzzle economists is that there are many incidences in gambling and investment (both involve the transfer of money among parties based on the outcome of some contingencies) where individuals have chosen actions that yield negative expected monetary returns, therefore a negative expected utility. This seemingly paradoxical behaviour has attracted much attention and effectuated many debates among academia, especially from the disciplines of economics and psychology.

This paper re-examines the validity of the two arguments put forward by various economists to explain the anomaly. It is found that the skewness, not the mean or the variance of the prize distribution, attracts gamblers and investors resulting in the 'irrational' behaviour mentioned above.
Negative Expected Returns in Horseracing and Lotteries

Researchers have long observed a phenomenon known as long shot bias in horseracing. By long shot bias, we mean that favourites tend to be under bet, win more often than the market odds indicate and have positive expected returns while long shots tend to be over bet, win less often than the market odds indicate and have negative expected returns. Ziemba & Flausch (1986) examine the data of more than 5,000 races in California racecourses and observe a steep drop in expected returns per dollar bet for market odds above 18 to 1 (all the way to 200 to 1) in their studies of US racetracks. According to the long shot bias, horses with market odds above 18 to 1 are long shots and they win less than the market odds indicate. Other studies in straight bets in horseracing (see e.g., Rosett, 1965; Thaler & Ziemba, 1988) also reveal this anomaly.

This phenomenon of race goers being attracted particularly to bets with much longer odds to win—therefore more likely to have negative expected returns—is also confirmed from causal observations in Australia and overseas. In Australian racecourses, there is a shift from straight bets towards quinella, a much riskier bet than the straight bet. In Hong Kong, the introduction of exotic bets (bets involving the outcome of more than one race) such as Double’, Six Up2, Double Quinella3, Treble4, Double Trio5, Triple Trio6 have captured the imagination of race goers. The money placed in straight bets has dwindled to only a tiny percentage of the betting pool. Technically, exotic bets exemplify the long shot bias in straight bets by substantially lowering the market odds of winning the bets. Taking Triple Trio as an example, assume that there are 14 starters in each race (the maximum number of starters allowed on the narrow racecourses of Hong Kong) and that each horse has an equal chance to be in the money. The consequent odds of qualifying for the dividend are about 48.23m to 1. For the 18 race meetings from 18 November 1998 to 27 January 1999, the average Triple Trio dividend is $4.0 m per ticket with each ticket

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1. Double requires the bettors to correctly select the first place horses of two nominated races (or legs).
2. Six Up requires the bettors to correctly select either the first or second place horses in each of the six legs.
3. Double Quinella requires the bettors to correctly select the first and second place horses in either order in both legs.
4. Treble requires the bettors to correctly select the first place horses in three nominated races.
5. Double Trio requires the bettors to correctly select the first, second, and third place horses in any order in both legs.
6. Triple Trio requires the bettors to correctly select the first, second, and third place horses in any order in three nominated races.
7. The odds of the ith horse winning in a race is $p_i = \frac{1}{t}$, where $t$ is percentage of the operator take and government taxation, $p$, is the market probability of winning, which can be calculated by finding the ratio of the bet on the ith horse over the total betting pool of the race.
costing $2.10. Even though half of the horses in each race have no hope of placing in the top three places, the average return would still be well below the market odds, implying negative expected returns.

This phenomenon of presumably rational individuals accepting gambles with negative expected monetary returns is also prevalent in lotteries. The average returns from winning the jackpots of Saturday, Oz, and Powerball Lotto in financial year 1998/99 fall far short of what the objective odds would imply. The objective odds of winning the jackpots are about 8.1 5m to 1 in the Saturday and Oz Lotto, and about 55m to 1 in Powerball Lotto while the average winnings for each dollar invested were $0.57m, $2.69m, and $5.54m per dollar bet, respectively.

**Risk Loving or Love of Skewness?**

There are two explanations as to why rational individuals would accept gambles with negative expected returns. The first explanation, which can be considered as the orthodox explanation and which follows from the von Neumann-Morgenstern utility theory, suggests that gamblers accepting gambles with negative expected returns are risk-loving individuals (Quandt, 1986, Kanto et al., 1992, and Hamid et al., 1996). The second explanation, deriving from the seminal work of Friedman & Savage (1948), suggests that risk-averse individuals may indulge in unfair gambles if winning will significantly improve their standard of living. That is, risk-averse individuals are attracted to the skewness of the pay-offs.

According to economic theory, the most common observed patterns of behaviour of rational individuals are (a) they will not harm their own interests, (b) they are risk averse, and (c) they probably possess decreasing absolute risk aversion. The first feature seems to be apparent. It implies that no one in a right mind would participate in gambles or investments with negative expected returns. The second feature is also quite easy to explain: Almost everybody buys insurance (say, house and content insurance) to protect themselves from possible financial losses. Furthermore, a relatively rich individual would be willing to pay a lower insurance premium than that of a relatively poor individual when confronted with the similar down side of financial risk. The decrease in willingness to pay for insurance premium is known to economists as decreasing absolute risk aversion. In mathematical terms, if individuals possess von Neumann-Morgenstern utility functions \( u(w) \) where \( W \) are the levels of initial wealth, then we expect \( u'(W) > 0, u''(w) < 0, \) and

\[
\frac{d}{d} \left( \frac{-u''}{u'} \right) = \frac{-u' u'''}{u''} + \frac{(u'')^2}{(u')^2} < 0.
\]

Note that \( U(W) > 0 \), so equation (2) has a negative sign if and only if \( J''(W) > 0 \), which implies that an risk-averse individual with decreasing absolute risk aversion must prefer positive skewness (see Arditti, 1967). Therefore, the two explanations

8 Arditti (1967) deals with required returns for investment with risk. Interestingly, the study of gambling and financial investment behaviour share similar methodology. Economists have long realised that the study of gambling behaviour lends much support to the study of financial markets, because like
advanced above must be incompatible with each other. Which of the two explanations is more plausible than the other?

The importance of Arditti’s suggestion that $UH(W) > 0$ lies in the third central moment of the utility function. To make the connection between $U'(W)$ and the third central moment, one can approximate the utility function $u(w + x)$ with the gamble $X$ by a Taylor series truncated to three terms. Suppose an individual has an initial wealth of $W$ and is confronted by a gamble $X$ with $E(X) = 0$ then the truncated Taylor series of $u(w + x)$ is

$$U(W + X) = \frac{U(W)}{0!} + \frac{U'(W)}{1!} X + \frac{U''(W)}{2!} X^2 + \frac{U'''(W)}{3!} X^3$$

Taking expectation, gives

$$EU(W + X) = U(W) + \frac{U'(W)}{1!} \mu_1 + \frac{U''(W)}{2!} \mu_2 + \frac{U'''(W)}{3!} \mu_3$$

where $\mu_1$ is the mean, $\mu_2$ is the variance, and $\mu_3$ is the skewness. Since the presence or absence of the gamble will not affect the initial utility $U(W) > 0$, it can be regarded as a constant. Now, holding variance $\mu_2$ constant, a decrease in the expected returns of the gamble, $\mu_1$, can be compensated by an increase of the skewness, $\mu_3$, to maintain the expected utility $EU(W + X)$, and vice versa. This makes sense when we relate this finding to horseracing and lotteries. Equation (2) and (4) jointly imply that individuals will accept lower expected returns in exchange with a higher skewness of returns with variance constant. When the pay-off distribution is so skewed to the right (i.e., the right tail of the distribution is much longer than the left tail), expected return may even become negative. This explains the phenomenon that is described in last section. Samuelson (1967) raises another question about using the mean-variance approach to study the phenomenon of long shot bias. He points out that as long as the risk involved is symmetric and is small relatively to wealth of the individuals concerned, financial investments gambling involves the transfer of money among parties based on the outcome of some contingencies. Gambling markets are better suited to study individuals’ risk preferences because each bet has a well-defined termination point at which its value becomes certain. The absence of this property in financial markets has made it difficult to test for market efficiency and rationality in the financial markets particularly in the stock market.

9 A unit free measure of skewness, $a_3$, is the quotient of the third central moment, $p$ (which is not unit free), divided by the cube of the standard deviation, denoted by $3/2$ or $\sigma^3$. That is, $a_3 = \frac{E(W - E(W))^3}{\sigma^3}$. For a symmetric distribution, we have $a_3 = 0$. A negatively skewed (or skewed to the left) distribution implies $a_3 < 0$ while a positively skewed (or skewed to the right) distribution, $a_3 > 0$. A distribution is highly skewed if $a_3 > 1$. 

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the expected utility functions can be approximated by the first two central moments. That is, the third term on the RHS of equation (4) disappears. As the risk to wealth increases, the first two central moments would become less and less accurate in estimating the expected utility of the gamble and higher central moments have to be considered.

When individuals bet on a long shot (say, defined by a market odd of 18 to 1 up to 200 to 1), the potential pay-off is between $18 to $200 for a $1 bet. When individuals purchase lotto tickets, they are expecting a potential pay-off of at least $1 m. Considering the entry prices to these gambles are often very small, the risk involved is highly asymmetric with a relatively small down side risk but an extremely high up side risk. The behaviour of these individuals is consistent with a mean-variance framework of utility maximisation if and only if bettors are risk lovers. With the third term on the right-hand-side of equation (4) omitted as by Quandt (1986) and Kanto et al. (1992) in their estimation of the expected utilities of long shots, inaccuracies creep in. As a result, a decrease of expected returns, $p_1$, given the value of the variance, can only be compensated by an increase in $U'(W)$, which may have contributed to their finding of risk-loving bettors. Therefore the expected utility of betting on long shots or buying a lotto ticket can not be accurately estimated by the mean-variance approach to expected utility. It has to be extended beyond the second central moment to include the third central moment.10

Insights from economic and finance literature provide some strong arguments for supporting the thesis that individuals accepting gambles with negative expected returns are attracted by the skewness of the pay-off rather than being risk loving. The next section examines some recent empirical evidence that also lends its support to the skewness argument.

**Recent Empirical Evidence**

Recent empirical research on a mean-variance-skewness approach to individuals facing risk confirms that skewness is statistically significant in the regression equation. Purfield & Waidron (1997) use the two stage least square technique to study the impact of skewness on the demand for 577 Irish lotto draws from May 1990 to December 1995. It is useful to consider that the demand for lotto tickets is determined by the expected utility of the pay-offs of the winning tickets while the entry price is the expected utility associated with the losing tickets. To ensure that the influence of the skewness of the pay-offs of the lotto jackpot is properly accounted for, a list of non-monetary factors is also examined)11 The estimated coefficients for the mean, variance, and skewness are of the correct signs and are all statistically significant.

10 There is no meaningful implication to include the fourth or higher central moment into the approximation of the expected utility.

11 The list of non-monetary variables included dummy variables account for different game formats, jackpot guarantees, number of rollovers, seasonal variation, bonus draws, etc.
Golec & Tamarkin (1998) use data from several U.S. racecourses for the years 1990-92 to examine the reason for the existence of long shot bias. Their data showed that when the market odds of the winner lengthened, it was almost certainly (with only a few exceptions) accompanied by an increase in variance and skewness. And it was skewness that pulled up the expected value of the winning tickets. These authors show that the empirical results of earlier studies on long shot bias (Ali, 1977; Hausch et al., 1981; Asch & Quandt, 1987) all show a consistent pattern of variance and skewness increasing (skewness increases faster than variance) as market probabilities decline. They conclude that the phenomenon of long shot bias may be explained by bettors’ preference for return skewness.

Garrett & Sobel (1999) extend the work of Golec & Tamarkin (1998) to lotteries by examining the significance of return skewness to the expected utility of the lottery players. They use data from 216 on-line lottery games offered in the U.S. during 1995 for their empirical test. They divide the 216 lottery games into two sub-samples, one with 112 games offering top prizes of less than $10,000, and one with 104 games offering top prizes of more than $10,000. This allows for the investigation of whether risk and skewness preferences differ if one considers different magnitudes of top prize payouts. The regression results show statistically significant coefficients for all three moments for each of the three samples. In addition, the estimated values for expected returns (skewness) are the lowest (highest) in the sub-sample where the top prizes exceed $10,000. These results confirm that there is a trade-off between the expected returns and skewness.

Optimal Design of Gambling Games

This section discusses the implication of the trade-off between expected returns and skewness on the optimal design of gambles. Since risk-averse individuals are attracted to positively and highly skewed pay-offs, the designers of gambling games need to heed this characteristic. Quiggin (1991, p.8) suggests that for a single-prize lottery, “the optimal solution would be an infinitely large prize with an infinitesimally small chance of winning”. This skewness principle is also applicable to gambling games with a number of prizes. As long as a very large top prize (with very long odds of winning) dominates the prize structure, the set of small prizes does not make much difference to the expected value of the gamble. Therefore, individuals can focus on the top prize provided the top prize is much greater than any one of the small prizes. As a matter of fact, the evolution of the design of new gambling games seems to follow closely to this skewness principle. An examination of the evolution of the format of Australian Lotto Bloc lotto games reveals the odds of winning the top prize in Powerball Lotto (introduced in 1996) lengthened from about 8.15m to 1 in the regular lotto game (Saturday and Oz Lotto) to about 55m to 1. This is mainly achieved by having the powerball drawn from a separate barrel. As a result, there are fewer winners and a lot more rollovers, and the

12 In reality, there are gambling games that have a more even distribution of prizes catering for individuals that have a less distorted probability-weighting function (see Tversky & Kahneman, 1992). One can argue that in single-prize gambling games, the highly skewed returns must be accompanied by very low objective probabilities to ensure that the expected values are lower than the entry prizes to allow for the operators’ take and government taxes. To make this kind of gambling game worthwhile in participation, the gamblers’ subjective probabilities must be distorted to produce positive expected utilities.
monetary value of the jackpot of Powerball Lotto increases substantially from that of the regular lotto games. A similar pattern of evolution arises in the horseracing in Hong Kong. Exotic bets with various odds of winning the top prizes have been introduced during the last two decades. These games can be seen as representing a strategy of product differentiation, trying to capture all consumers with various preferences by the skewness of prize structures.

Our observation of the evolution of the prize structure of the gambling games suggests that new gambling games are designed in such a way (more and more positively skewed prize structures with longer and longer odds to win the top prizes) to capture the imagination of the gamblers. However, designers of gambling games should pay attention to the trade-off between the perception of ease of winning and the size of the major prize. Take Powerball Lotto as an example, it has the highest average Division 1 prize13, yet it is not the most popular lotto game in Australia because there are so few winners. For the sample we have from Draw 33 to Draw 141, there were only 29 draws that produced a winner, that is, only one out of every four draws. Larger and larger major prize can only be created by more and more positively skewed prize structure with longer and longer odds to win the major prize. But when the odds of winning the major prize is lengthened too much and there is a lack of retrievability of instances (not enough winners), gamblers’ enthusiasm of participating in the game fades. There seems to be an optimal trade-off between revenue and skewness of the pay-off. If the prize structure is too skewed and there are not enough winners, the game will not be played by as many participants. However, if the major prize is not perceived as big enough, the game will not attract gamblers, therefore, lowering sales.

Conclusion

This paper evaluates two explanations to the seemingly irrational behaviour of individuals attracted to gambling games with negative expected returns. Both from a theoretical and empirical point of view, it is found that the skewness explanation is far superior to the mean-variance explanation.

The paper also examined the evolution of the design of gambling games (especially in horseracing and lotteries). It is observed that the evolution seems to follow closely the skewness principle: the optimal design includes an infinitely large prize with infinitesimally long odds of winning. However, it is also observed that there is a trade-off between sales and the skewness of the major prize; the lack of retrievability of instances (not enough winners) turns individuals away from participating in the game.

13 The largest jackpot ever won in Australia by one single (system 6) ticket is $30m in Draw 245 on 25 January 2001.

References

ON THE EVOLUTION OF PROBABILITY-WEIGHTING FUNCTION AND ITS IMPACT ON GAMBLING

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ABSTRACT

It is well known that individuals treat losses and gains differently and there exists non-linearity in probability. The asymmetry between gains and losses is highlighted by the reflection effect. The non-linearity in probability is described by the curvature of the probability-weighting function. This paper studies the evolution of the probability-weighting function. It is assumed that the probability weighting for an individual follows a mean-reverting stochastic process. The Monte Carlo simulation technique is employed to study the evolution of the weighting function. The evolution of the probability-weighting function implies that an individual does not treat gains or losses consistently over time, this may be due to the change of the individual's psychological status.

Introduction

The emergence of non-expected utility models since the late 70s has challenged the dominance of the von Neumann-Morgenstern expected utility theory, which is found not to be able to provide an adequate description of individuals' choices under risk and uncertainty observed in experiments, surveys, and causal observations. Among the various new paradigms, the cumulative prospect theory (Tversky & Kahneman, 1992), evolved from the earlier prospect theory (Kahneman & Tversky, 1979), has attracted the most attention. Violations of assumptions of expected utility theory are adequately accounted for in the cumulative prospect theory. They are, namely: Framing effects, non-linear preference, source dependence, risk seeking, and lose aversion. To provide for these phenomena of choice, cumulative prospect theory deviates from the expected utility models by (1) replacing the probabilities by decision weights, which may be sub-additive, (2) replacing the utility functions by value functions, (3) treating gains and losses differently, (4) determining the value of each outcome by gains or losses instead of final assets, and finally (5) multiplying the value of each outcome by a decision weight and not by an additive probability.

14 Variations in the framing of options (e.g., in terms of gains and losses) yield systematically different preferences. Nonlinear preferences refer to the fact that the utility of a risky prospect is nonlinear in outcome probabilities. Source dependence refers to an individual’s willingness to bet depending on an uncertain event but also depending on its source. Risk seeking behaviour are consistently observed in situations where a small probability of winning a large prize and in situations where people must choose between a sure loss and a large probability of a larger loss. Loss aversion refers to the phenomenon of asymmetry between gains and losses; losses loom larger than gains.
A significant implication of the cumulative prospect theory is the fourfold pattern of risk attitudes, which is also envisioned by other contemporary theories (e.g., Fishburn, 1979) and observed by several experiments (see, e.g., Cohen et al., 1987; Tversky & Fox, 1995; Wu & Gonzalez, 1996). For non-mixed prospects, the shapes of the value and the weighting functions imply (a) risk aversion for gains of high probability, (b) risk seeking for losses of high probabilities, (c) risk seeking for gains of low probabilities, and (d) risk aversion for losses of low probabilities. However, the characteristic curvature of the value and weighting functions does not imply perfect reflection in the sense that the preference between any two positive prospects is reversed when gains are replaced by losses.

This paper focuses on the part of probability weighting by individuals. Edwards (1962) suggests that there is a tendency for people to over-weight low-probability events and under-weight high-probability events. We are particularly interested in the relationship between learning and weighting. We posed the question: Would people correct their weighting functions towards the linear weighting function if they were given the opportunity to learn?

**Probability Weighting in the Cumulative Prospect Theory**

For each mixed prospect \((x,p; 0, 1-p)\), let be the ratio of the certainty equivalent of the prospect to the non-zero outcome \(x\). If individuals are risk neutral, \(\xi = p\). If individuals are risk averse, \(\xi < p\) for \(x > 0\) and \(\xi > p\) for \(x < 0\). Based on their experimental data, Tversky and Kahneman (1992) come up with two curves, one showing the relation between and \(p\) for gains and the other one for losses. They suggest fitting the two curves by the following functions:

\[
\begin{align*}
\xi^+ (p) &= \frac{p^y}{\left[ p^y + (1-p)^y \right]^{1/y}}, \\
\xi^- (p) &= \frac{p^\delta}{\left[ p^\delta + (1-p)^\delta \right]^{1/\delta}}
\end{align*}
\]

where \(\xi (p)\) is the probability-weighting function (PWF) for gains, \(\xi (p)\) is the PWF for losses, \(y\) is a parameter of gains, and \(\delta\) is a parameter of losses. Using their experimental data, they estimate that the median value for \(y\) to be 0.61 and \(\delta\) to be 0.65. Their results are summarised in the following figure.
Figure 1 shows that the PWFs for gains and losses, individuals overweight low probabilities and underweight moderate and high probabilities with probabilities in the middle of range relatively unchanged. This tendency would manifest an S-shaped probability transformation. Edwards (1962) suggests that there is a tendency for individuals to perceive an inflation of probabilities of low-probability events (e.g., winning the jackpot of a lotto game) and deflate the probabilities of high-probability events (e.g. being caught speeding by a Multinova speed camera). Psychological research attributes this distortion of probabilities to cognitive factors such as (a) illusion of control (Langer, 1975), (b) retrievability of instances (Tversky & Kahneman, 1974), and (c) near misses (Reid, 1986). Individuals who are more internally controlled are more susceptible to the illusion of control. They usually believe that they have the tools to beat the system. As a result, the perceived probability of success of winning a lotto jackpot shortens substantially. Probability distortion also results from the retrievability of instances. The constant parade of multi-million dollar lottery winners in the mass media convinces people that the odds of winning a lotto jackpot are not really as long as the objective probability would indicate. As a result, the perceived probability of winning the lotto jackpot is revised upwards. Near misses also contribute to probability distortion. They are always taken as the encouraging signs and boost the confidence of the gamblers about their chances of winning; consequently causing them to revise the perception of probability upwards. Near misses also reaffirm perceptually that the gamblefs tools are working, if not perfect, and that some fine-tuning is all that is required in order to win.

Figure 1 also shows that the PWF for gains and for losses are quite close. Experiments consistently shows that the PWF for gains is slightly more curved than the PWF for losses because risk aversion is more pronounced for gains than risk seeking for losses.

The Stochastic Model

The cumulative prospect theory portrays static PWFs for gains and losses. In this paper, we are interested in exploring the dynamic nature of the PWFs. An individual is likely to have different PWFs over time, and the adjustment in one’s PWFs would depend on a
state of mind influenced by some psychological factors like those mentioned in Section II. For example, a gambler purchases lotto tickets every week and the perception of the odds of winning the jackpot is influenced by beliefs about the effectiveness of the gambler’s ‘system’ and awareness of the numbers of winners. The gambler would revise subjective odds upward if encouraged by the near misses or media coverage of winners or both. The gambler would revise subjective odds downward if discouraged by a long losing streak or frequent rollover of jackpot or both. This random nature of events can be described by a stochastic factor. To model the evolutionary nature of the PWFs, we use a stochastic process similar to the one used in depicting asset prices in finance literature (Hull, 2000). Since the PWF for gains and the PWF for losses are similar, we shall only use the PWF for gains to illustrate our model. More specifically, we assume that the probability weighting adjustment procedure follows a mean-reverting process:\

\[
dw_i^* = \alpha \left( w - w_{i-1}^* \right) dt + \sigma dz_i, \]

where \( \alpha > 0 \) is the reverting or adjustment rate, \( w \) is the mean toward which the which the probability weighting process is reverting, \( t \) is time, \( u \) is the diffusion coefficient (which is the conditional standard deviation of the weighting function measuring the volatility during the \( dt \)), and \( dz \) is the standard Wiener process\(^{16}\) representing the unpredictable events that occur during \( dt \). And the term \( \sigma dz \) is used to capture the impact of random events such as near misses and retrievability of instances on the mean-reverting process. Note that the parameters \( \alpha \) and \( \sigma \) can be pre-determined for each individual by experiment. Furthermore, this mean-reverting process has a long-term trend or mean, but the deviations around this trend are not entirely random. The process \( w^* \) can take an excursion away from the long-term trend (e.g., near misses boost the individual’s confidence about a ‘system’ resulting in severe probability weighting or distortion). The process eventually reverts to that trend, but the excursion may take considerable time. The average length of the excursions is controlled by the reverting or adjustment rate (characterising the ability to learn or come to the senses by the individual), which is a parameter in the equation. As this parameter becomes smaller, the excursions away from the long-term trend take longer.

Again, we would stress that dynamic nature of the mean-reverting model differs significantly from the static PWFs in Tversky & Kahneman (1992), as described by equation (1), by capturing the dynamic nature of the PWFs. Therefore, the mean-reverting model is suitable for examining an individual’s behaviour in repeated bets. Apparently, the use of the mean-reverting process to describe an individual’s probability weighting adjusting process hinges on the ability to learn from a mistake.\(^{17}\) The assumption of \( w(p) = p \) is plausible as long as the individual is aware of the ‘error’ after each time period and adjusts the PWF for gains accordingly. One may visualise that an individual starts with a PWF for gains given by equation (1). But as time elapse, the individual would notice a discrepancy between the PWF for gains, \( w^* \), and the linear PWF, \( w(p) \). Consequently, the individual would revise the probability weights from bet to bet towards the state of linear weighting with the PWF for gains approaching the linear PWF. In the context of gambling, one can take the objective probability of winning (as described by the linear PWF) as the mean, and probability weighting by the individual to

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15 The mean reverting model is often used to model interest rate dynamics.
16 The Wiener process is a stochastic process that models Brownian motion.
17 The adjustment process described here is similar to adaptive expectation in economic literature.
make the PWF \((w7)\) deviate from the linear PWF because of the illusion of control, retrievability of instances and near misses. The parameter \(a\) determines how fast the individual adjusts to the ‘error’ in PWF for gains. Some individuals are capable of adjusting faster (represented by larger \(a\) ‘s that are closer to unity) and are therefore able to achieve LPDF quicker than the others (those with smaller \(a\) ‘s that are closer to zero). In the next section, we shall examine the stochastic process using the Monte Carlo simulation for a set of parameters.

**The Monte Carlo Simulation**

In this section, we examine the mean-reverting model by employing the Monte Carlo simulation technique. First, we need to discretize the stochastic process. It is customarily practice to discretize a stochastic process by Euler approximation. The discretized mean-reverting model is given in equation (3):

\[
w_t^+ = w_{t-1}^- + a\left(w - w_{t-1}^+\right)\delta_t + \sigma\sqrt{\delta_t} \ e_t
\]

where \(a\) is now interpreted as the reverting or adjustment rate per small time step. \(e\), is i.i.d. \(N(0,1)\), and \(\delta\), is the discretization interval or time step. Note that the discretized mean-reverting model assumes that the adjustment has two components: a mean-reverting term and a random term.

In our simulation, the initial weighting function is taken as \(w\) in Figure 1 and we use the following set of values for the parameters:

\[
\alpha = 0.5, \ \delta_t = \frac{1}{52}, \ \sigma = 0.4
\]

That is to say, we assume that the adjusting rate is 50 per cent of the ‘error’, the time step is taken as one week (because the lotto game is drawn once a week), and the conditional standard variation of the weighting function is 40 per cent per annum.

A snapshot of the simulation is depicted in Figure 2.
Figure 2: A snapshot illustrating the stochastic process for a probability-weighting function for gains.

Note that the simulated PWF for gains is nothing but one of the many other possibilities. To see exactly how the PWF evolves, we need to run the simulation many times (500 times in this exercise) and take the mean of weighting functions across all simulations. This is illustrated in Figure 3. By comparing the PWFs for gains for the 30th period (week) and the 60th period (week), one can see that the PWFs for gains are indeed reverting to the linear PWF over time.

Figure 3: The mean of the simulated probability-weighting functions for gains with alpha = 0.5

\[ \alpha = 0.5, \sigma = 0.4, \delta_t = 1/52 \]
To see the impact of the reverting or adjustment rate, we further run the following simulations with the following set of parameters:

$$\alpha = 0.5, \delta_t = \frac{1}{52}, \sigma = 0.4$$

The simulated results corresponding to the set of parameters in equation (5) are depicted in Figure 4. Compared to Figure 3, Figure 4 shows a faster speed of reverting toward the linear PWF. This is exactly due to the higher reverting rate or adjustment speed assumed in equation (5) ($a = 1$ versus $a = 0.5$).

**Figure 4: The mean of the simulated probability weighting functions for gains with alpha = 0.5**

Our simulation results as shown in Figures 3 and 4 show that the stochastic model as described by equation (2) adequately captures the evolution of the PWF for gains. We anticipate similar performance would be achieved with respect to PWF for losses.

**Conclusion**

In this paper, we are interested in the evolution of an individual’s probability-weighting function. We analyse the reasons that the probability-weighting function should be dynamic rather than static as traditionally assumed in cumulative prospect theory. Furthermore, we set up a stochastic model to emulate the evolution of the probability-weighting function. Our simulation results show that an individual’s probability-weighting function converges to the linear probability-weighting function over time; therefore, confirming the capability of the stochastic model in capturing the evolutionary nature of probability-weighting functions.
References


COGNITIVE-BEHAVIOURAL TREATMENT OF FEMALE PROBLEM GAMBLING: A COMPARISON OF ABSTINENCE AND CONTROLLED GAMBLING

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ABSTRACT

Despite the promising evidence for the application of cognitive-behavioural treatment for problem gambling, to date all treatment outcome literature is based substantially on the study of males. The current report describes the results of an ongoing cognitive-behavioural treatment program in which 31 women with electronic gaming machine gambling problems were treated on an individual basis using a randomised, controlled group outcome design. The differential treatment outcome of gambling behaviour and psychological functioning of abstinence and controlled gambling as goals of treatment were also examined. The current report examines the results collected to the completion of this comprehensive treatment program that consists of a number of cognitive-behavioural techniques. These results reveal that all measures of gambling behaviour and psychological functioning changed significantly over the treatment period. They also demonstrate that the choice of treatment goal did not influence the outcome of treatment. Follow-up data is currently being collected to determine the stability of these improvements in gambling behaviour and psychological functioning outcomes.

Introduction

A variety of different theoretical models attempt to account for the acquisition and maintenance of problem gambling. The cognitive perspective, for example, recognises that problem gamblers maintain distorted cognitions that may contribute to the development of problem gambling (e.g., Ladouceur & Walker, 1996; Sharpe & Tarrier, 1993; Toneatto & Sobell, 1990). It is thought that these distorted beliefs, which tend to centre on the notion of randomness in games of chance, often motivate gamblers to adopt strategies they believe will increase the possibility of a win (e.g., superstitious behaviour) (Ladouceur & Walker, 1996). In Sharpe and Tarrier’s (1993) cognitive-behavioural model, it is argued that both winning and losing reinforce these cognitive errors.

Despite the acceptance of the role cognitions play in problem gambling, the evidence to date for the effectiveness of cognitive or cognitive-behavioural treatment approaches for problem gambling is derived from only three case studies (Bannister, 1977; Sharpe & Tarrier, 1992; Toneatto & Sobell, 1990), three multiple baseline designs (Bujold, Ladouceur, Sylvain & Boisvert, 1994; Ladouceur, Boisvert, & Dumont, 1994; Ladouceur, Sylvain, Letarte, Giroux, & Jacques, 1998), and three comparative designs (Blaszczynski, Maccallum, & Joukhador, 2000; Echeburua, Baez, & Fernandez-Montalvo, 1996; Sylvain, Ladouceur, & Boisvert, 1997). While the case studies and multiple baseline designs provide encouraging results, the most powerful evidence for the efficacy of cognitive or cognitive-behavioural treatments derives from the methodologically more robust comparative studies.
The studies by Blaszczynski et al. (2000) and Echeburua et al. (1996) provide some empirical evidence regarding the comparative effectiveness of cognitive and behavioural techniques on predominantly EGM problem gambling. Using similar research designs, these studies compared the differential effectiveness of behavioural techniques on an individual basis, cognitive therapy on a group basis, and combinations of the two treatment modalities. Both studies revealed that behavioural and cognitive modalities produce comparable levels of success. They differed, however, in the efficacy of the combined cognitive and behavioural therapies in comparison to the single approach therapies. While the Echeburua et al. (1996) study suggested that the single treatments demonstrated superiority over the combined treatment, the results from Blaszczynski et al. (2000) did not provide support for any type of treatment over another. The controlled study by Sylvain et al. (1997), which evaluated the efficacy of an individual cognitive-behavioural treatment program on predominantly EGM gambling problems, supported the combination of cognitive and behavioural techniques. This program, which targeted gambling specific cognitive distortions and included behavioural techniques as necessary, produced a superior outcome to that of a waitlist control group. It may be that it is the group modality that increases the likelihood of relapse rather than the combination of therapeutic approaches.

These studies, in combination with the case studies and multiple baseline designs, indicate that the rationale for the utilisation of cognitive-behavioural techniques is valid and yields promising outcomes in the treatment of problem gambling. Analysis of these studies, however, reveals that most reflect the existing substantial body of gambling literature by implying a treatment goal of abstinence. Empirical evidence and some consensus exists that long term controlled gambling is often a treatment outcome that can be achieved and maintained by some gamblers with comparable levels of reduced psychopathology to that produced by abstinence (e.g., Blaszczynski, McConaghy, & Frankova, 1991a; McConaghy, Armstrong, Blaszczynski, & Ailcock, 1983, 1988; McConaghy, Blaszczynski, & Frankova, 1991). It may also be that treatment becomes a more appealing proposition if the goal of treatment is influenced by the client (Blaszczynski & Silove, 1995).

Despite the promising evidence for the effectiveness of cognitive-behavioural applications in the treatment of problem gambling, to date outcome studies have focused almost exclusively on male populations or fail to make gender related comparisons. To date, no attempt has been made to specifically address the issue of gambling treatment for women using female participants as the target study group. This gender bias has emerged within the context of cultural views of gambling as a stereotypically masculine activity occurring in masculine environments, thus producing higher rates of gambling and problem gambling among males (e.g., Delfabbro, 2000; Mark & Lesieur, 1992; Ohtsuka, Bruton, DeLuca, & Borg, 1997). However, the liberalisation, introduction, and rapid proliferation and expansion of electronic gaming machines (EGMs) in most Australian states has led to a dramatic increase in the accessibility of gambling for women as a group (Brown & Coventry, 1997; Victorian Government Department of Human Services [VGDHS], 2000; Women’s Health West [WHW], 1997). Recent evidence now suggests that given gambling of their choice, female problem gambling has a faster rate of growth, with women as equally at risk of developing a gambling problem as their male counterparts (Hraba & Lee, 1996; Lesieur & Blume, 1991). For example, the Productivity Commission’s (1999) survey of counselling services revealed that females comprise 48% of clients presenting to Australian. and 53% of clients
presenting to Victorian, problem gambling services. Thus, it is evident from this closure of the gender gap for treatment of problem gambling in the community that females are greatly under-represented in the treatment outcome literature.

The current paper reports results derived from a more extensive study designed to redress the lack of empirical research on the treatment of female problem gambling. Specifically, it aims to (1) investigate the efficacy of individual cognitive-behavioural treatment on the EGM problem gambling of adult women and (2) explore whether there are differential gambling and psychological functioning outcomes when the treatment goal is abstinence or controlled gambling.

Method

Participants

Participants consisted of 31 female problem gamblers, with a mean age of 47 years (SD=10.3). The majority were currently in a relationship, with 42% married, 16% in a non-cohabiting relationship, and 10% in a cohabiting relationship. The average length of the current relationship was 14.3 years (SD=12.7). Most (55%) were employed full-time, with 26% employed on a part-time/casual basis, and 16% retired from the workforce. The most common occupations of those employed were administration (24%), nursing (20%), factory employment (16%), and hospitality (12%). All participants were recruited from the general community through advertisements and radio announcements. Inclusion criteria included a preferred gambling modality of EGMs and a gambling problem that satisfies the Diagnostic and Statistical Manual of Mental Disorders - IV (American Psychiatric Association, 1994) diagnostic criteria for pathological gambling. The average length of the EGM gambling history was 6.4 years (SD=2.5), however the length of EGM problem gambling was 4.2 years (SD=2.6).

Materials

Participants were required to attend a minimum of two assessment sessions before the commencement of the program, and this constituted the ‘baseline’ of measurement. The relative success of the treatment program was evaluated by comparing continuous gambling diary records during baseline and treatment phases. The diary recorded multiple measures of gambling behaviour, including the frequency and duration of gambling sessions, the amount of money inserted into the EGMs, and the amount of money won/lost on the EGMs. The gambling behaviour of participants will continue to be recorded for six months after the termination of treatment. Participants were assessed prior to, and following, treatment, and will be assessed after a six month period following treatment. At these times, progress was evaluated on a number of different self-report measures of psychological functioning. These measures included the Beck Depression Inventory-IT (BDI-II: Beck, Steer, & Brown, 1996), the State-Trait Anxiety Inventory (STAT: Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), and the Coopersmith Self-Esteem Inventory (SET: Coopersmith, 1990).
Procedure

At pre-treatment, all participants were interviewed individually. Each participant was then randomly allocated to either a treatment group or a waitlist control group. The goal of treatment was either abstinence or controlled gambling as determined by therapist and participant collaboration. Abstinence was defined as no episodes of gambling and 'spending nothing per week on gambling behaviours' during the treatment period. While there is no standardised notion of what constitutes controlled gambling, controlled gambling goals were defined by standardised frequency (no more than once per week) and duration (no more than one hour per week) parameters during the treatment period. The spending amount, however, was defined individually, with participants selecting an amount between $10 and $50. The mean spending goal of the 12 participants who selected controlled gambling was $25 (SD = $13).

Of the 48 participants who completed the initial assessment, 31 completed the program, with 19 (61%) selecting abstinence as a goal of treatment and 12 (39%) selecting controlled gambling. Of the 13 participants randomly allocated to the waitlist control group, 7 selected a treatment goal of abstinence.

Program outline

The treatment consisted of 12 sessions of 1.5 hours in length. While weekly sessions were attempted, the average treatment period was 22 weeks (SD = 11) in length. The treatment program incorporated a number of cognitive-behavioural components that targeted gambling specifically, as well as some problem areas in the women's lives. The program consisted of setting limits on gambling behaviour using techniques to control cash flow (sessions 1-2), identifying and participating in alternative leisure activities to replace or supplement gambling behaviours (session 3), cognitive therapy examining the erroneous thoughts and beliefs underlying the gambling behaviour centering on notions of randomness (sessions 4-6), cognitive therapy examining general problematic thoughts and beliefs in order to improve psychological functioning (session 7), traditional 5-step problem solving training (session 8), communication training with a focus on assertiveness training (sessions 9-10), and relapse prevention involving coping with high risk situations more effectively (sessions 11-12). In the final 30 minutes of the first six sessions, participants were subjected to imaginal desensitisation, outlined by McConaghy et al. (1983, 1988), in which participants, under relaxation, visualise detailed scenes that stimulate gambling responses, but in which they leave without gambling.

Results

Waitlist-control phase

Statistical analyses revealed that none of the gambling behaviour or psychological functioning measures of those participants on the waiting list improved over the period of time prior to the commencement of treatment.

Gambling behaviour measures

Table 1 shows the comparison of the average weekly gambling behaviours across the baseline and treatment phases for participants in the controlled and abstinence groups as well as for the groups combined. This table reveals that when the abstinence and
controlled gambling groups are combined, gambling frequency is reduced by 68%, gambling duration by 71%, money inserted into the EGMs by 75%, and the amount of money lost by 86%.

Table 1. Comparison of Average Weekly Gambling Behaviours During Baseline and Treatment Phases for Participants Selecting Abstinence and Controlled Gambling as Treatment Goals

<table>
<thead>
<tr>
<th>Treatment goal</th>
<th>Baseline phase</th>
<th>Treatment phase</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence</td>
<td>1.91 (1.66) 1.31 (1.32)</td>
<td>0.56 (0.85) 0.49 (0.45)</td>
<td>71%</td>
</tr>
<tr>
<td>Controlled</td>
<td>1.68 (1.54)</td>
<td>0.53 (0.72)</td>
<td>68%</td>
</tr>
<tr>
<td>Combined</td>
<td>216 (191) 136 (142)</td>
<td>62 (97) 40 (44)</td>
<td>71%</td>
</tr>
<tr>
<td>Abstinence</td>
<td>275 ($301) $151 ($169)</td>
<td>77 ($130) 27 ($28)</td>
<td>72%</td>
</tr>
<tr>
<td>Controlled</td>
<td>122 ($137) $227 ($262)</td>
<td>9 ($9) 27 ($57)</td>
<td>82%</td>
</tr>
<tr>
<td>Combined</td>
<td>148 ($208) $227 ($262)</td>
<td>20 ($39) 27 ($57)</td>
<td>86%</td>
</tr>
</tbody>
</table>

Statistical analyses reveal that these reductions are significant for all measures of gambling behaviour: gambling frequency, $F(1,29)=21.38, p<.001$; gambling duration, $F(1,29)=25.76, p<.001$; amount of money inserted into EGMs, $F(1,29)=19.32, p<.001$; and the amount of money lost, $F(1,29)=10.84, p<.003$. However, there was no difference between those selecting abstinence and controlled gambling as treatment goals in terms of any of their gambling behaviours.

Psychological functioning

Table 2 reveals that all measures of psychological functioning showed improvement from pre- to post-treatment.
Table 2: Comparison of Psychological Functioning Measures at Pre- and Post-Treatment for Participants Selecting Abstinence and Controlled Gambling as Treatment Goals

<table>
<thead>
<tr>
<th>Treatment goal</th>
<th>Pre Treatment</th>
<th>Post Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>BDI Scores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Controlled</td>
<td>22</td>
<td>15</td>
</tr>
<tr>
<td>Combined</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>STAI state anxiety percentile rank scores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence</td>
<td>82</td>
<td>25</td>
</tr>
<tr>
<td>Controlled</td>
<td>72</td>
<td>36</td>
</tr>
<tr>
<td>Combined</td>
<td>78</td>
<td>30</td>
</tr>
<tr>
<td>STAI trait anxiety percentile rank scores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence</td>
<td>86</td>
<td>22</td>
</tr>
<tr>
<td>Controlled</td>
<td>84</td>
<td>28</td>
</tr>
<tr>
<td>Combined</td>
<td>85</td>
<td>24</td>
</tr>
<tr>
<td>Coopersmith SEI scores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence</td>
<td>53</td>
<td>24</td>
</tr>
<tr>
<td>Controlled</td>
<td>59</td>
<td>28</td>
</tr>
<tr>
<td>Combined</td>
<td>55</td>
<td>25</td>
</tr>
</tbody>
</table>

Statistical analyses revealed that, when the abstinence and controlled gambling groups are combined, these pre-treatment to post-treatment improvements are statistically significant. Scores on the BDI were reduced from the 'moderate' range of depression to the 'minimal' range \((F(1,29)=51.55, p<.001)\). STAI state anxiety was reduced from the 78th to the 51st percentile rank \((F(1,29)=26.70, p<.001)\) and similarly, STAI trait anxiety was reduced from the 85th to the 58th percentile rank \((F(1,29)=39.35, p<.001)\). According to the oldest group for which the Coopersmith SEI was standardised, low self-esteem improved from being at only the 22nd to the 50th percentile rank \((F(1,29)=32.62, p<.001)\). In comparison, however, there was no difference between those selecting abstinence and controlled gambling as treatment goals in terms of any of their gambling behaviours.

**Discussion**

The current study provides the first empirical evidence for the efficacy of cognitive-behavioural treatment for female problem gamblers. The results demonstrate that female problem gamblers, like their male counterparts (e.g., Blaszczynski et al. 2000; Echeburua et al., 1996; Sylvain et al., 1997) are amenable to successful treatment with cognitive-behavioural techniques. Indeed, the findings provide clear evidence that this treatment program reduced gambling behaviour over the treatment period from 63 to 93%. In comparison to the beginning of treatment, participants gambled less often, spent less time gambling, inserted less money into the EGMs to play, and lost less money during the program. The most dramatic reduction in gambling behaviour occurred in terms of the amount of money lost by the female problem gamblers during treatment. Moreover, the effectiveness of the program is further demonstrated by the fact that women placed on the waiting list showed no improvement without treatment. It is evident from the results of this study that the severe initial rates of depression,
anxiety, and low self-esteem shown at presentation to treatment by male gamblers (Blaszczynski et al., 1991a, b; Echeburua et al., 1996; McConaghy et al., 1988) also exists in women. This supports the reported tendency of females to gamble as a means of coping and escaping from problems (Brown & Coventry, 1997; VGDHS, 2000; WHW, 1997). The psychological functioning of the participants in this study was improved by the implementation of the program, but did not spontaneously improve for those participants placed on the waiting list. This reduction of these types of psychological functioning measures with treatment is consistent with other research with male-only and mixed gender samples (e.g., Blaszczynski et al., 1991a, b; Echeburua et al., 1996; McConaghy et al., 1983, 1988).

One interesting finding revealed by this study is that the choice of treatment goal did not produce different outcomes in terms of gambling behaviour or psychological functioning. These equivalent outcomes according to the goal of treatment would appear to relate to the findings of Blaszczynski et al. (1991 a), whose results revealed that classification as abstinent or controlled following treatment corresponds to equivalent psychological functioning. Taken together, this evidence suggests that controlled gambling is as viable a treatment goal as abstinence and that client preference can be taken into account. The current study is one of the first which classifies clients according to their selected goal of treatment, thus the decision regarding the success of a particular individual in reducing their gambling behaviour could be ascertained using a priori established outcome criteria.

The findings of this study indicate that cognitive-behavioural treatment can successfully be applied to female problem gamblers. Using a randomised, controlled outcome design, the results demonstrate that gambling and psychological functioning were equivalent before treatment commencement for those selecting abstinence and controlled gambling, did not spontaneously improve for those on the waiting list, but did consistently improve across the treatment period. This research improves on others by removal of not only gender as a confounding factor, but also that of gambling modality (Delfabbro, 2000) with the strict inclusion of only EGM problem gamblers. The strategy of collecting ongoing continuous data in this study was adopted as one means of reducing the inherent biases introduced by categorising participants as abstinent or controlled over selected follow-up intervals. The study also utilised multiple measures of gambling behaviour and psychological functioning.

While the present findings provide clear evidence that female problem gambling can be treated effectively on an individual basis, the important question of whether these treatment gains are maintained into the future cannot be answered by the data in this study. This information is currently being collected in terms of measuring the gambling behaviour and psychological functioning of these women over a six-month period following completion of treatment. Comparisons will then be made regarding whether the outcomes produced by goals of abstention and controlled gambling retain their similarity.

References


“GPACK”: GAMBLING SAFETY EQUIPMENT FOR RUGGED TERRAIN

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ABSTRACT

Research into young people and gambling is growing steadily and is consistently finding, both in Australia and overseas, that many young people gamble and that a small but worrying percentage are problem gamblers. Additionally, researchers have found that young people are not only affected by their own gambling but also that of people in charge of their care, typically parents.

Victorian Gambler’s Help (formerly BreakEven) workers have for some time been concerned about the plights of young people in relation to gambling. This concern led to the formation of the Young People’s Working Group in early 1998 and, more recently, the Youth Action Group (YAG). YAG is a working group comprising Victorian Gambler’s Help community educators, problem gambling counsellors and youth access workers. Its primary aim is to research, develop, document and deliver a range of relevant, youth-sensitive community education and harm minimisation strategies in relation to working with young people affected by gambling.

In this workshop several YAG members will discuss and illustrate both the content and modes of delivery of its resource kit, “gpack”. The kit has a health promotion and prevention focus and covers such areas as:

- young people’s impressions and experiences of gambling
- facts and figures on gambling and problem gambling
- a demonstration of gambling odds
- alternative, health-enhancing leisure activities
- sources of help for gambling concerns.

Owing to the diverse needs of young people aged between 12 and 25 it has been important to make “gpack” as flexible as possible. To this end it links in with a range of media through which early intervention with young people at risk of being affected by their own or another’s gambling can be achieved.

Introduction

In a short while you will hear a metaphor which seeks to illustrate the value of having a ‘gpack’, especially to a young person. Before this I would like to make a few comments about whom ‘gpack’ is for and what its main aims and objectives are. ‘gpack’ has been designed to be used by the following groups:

- Gambler’s Help community educators, especially those providing education to young people;
- Teachers and educators in schools, TAFE’s and universities for inclusion in curricula, one-off sessions and other programs;
• Department of Human Services — it is hoped that ‘gpack’ will broaden service delivery, mitigate the development of problem gambling, and reduce related impacts;
• Youth service providers already engaging young people — ‘gpack’ can be a resource to pass on, to inform practice, to educate about problem gambling issues, and to raise awareness of available services; and,
• Young people aged 12 to 25 at school, in work, unemployed, from different backgrounds, gambling, living with gamblers, or just interested in gambling — in sum, anyone involved in or affected by gambling.

‘gpack’ has the following main aims and objectives:

• Early intervention and prevention through the provision of information;
• Raising people’s awareness of problem gambling;
• Increasing service access;
• Promotion of problem gambling help services;
• Development and provision of youth-friendly materials;
• A multi-pronged approach to addressing young people’s problem gambling-related issues;
• Increasing informed choice about gambling;
• Facilitating personal and environmental change to reduce the negative effects of gambling; and,
• Providing information and support for a diverse audience.

I would now like to hand you over to four other YAG members who will present a metaphor involving two young peoples’ journeys through adolescence and their differing degrees of preparedness to cope with the obstacles and hazards they encounter along the way.”

A metaphor

“In this workshop we would like to take you on a journey through some rugged terrain and illustrate how a ‘gpack’ can make a difference to how that journey is experienced. The path you can see between Child Hill and Mount Adult represents the journey all young people embark on through adolescence and young adulthood. Like most journeys there are sections where the path is flat and straight and easy to travel, and sections where the path is tougher and slower going because it contains opportunities to stop, obstacles, distractions, alternate routes or ‘side tracks’, and sometimes no clear direction at all.

You can see from the picture that along the path there are:

• Opportunities to rest, gather information and plan ahead (e.g. camping sites, a detour, other travelers) - these represent recreational activities which young people can engage in;
• Obstacles (e.g. fallen rocks blocking the path, a fire, and a snake on the path) - these represent various challenges all adolescents face;
• Distractions (e.g. a pathside lake) - these can be refreshing and replenishing or lead to prolonged self-absorption and doubt;
• Decision points (i.e. points along the way where there are sign posts indicating three different paths to choose from) - these represent choices young people must make about gambling;
• Sidetracks (e.g. a long winding river, an unprotected open section, a forest, and some psycho campers) - these represent some of the “rugged terrain” young people can get into without their ‘gpacks’; and
• Sources of help (e.g. the Park Ranger’s office, adults, a Park Ranger, and other travelers) - these represent some of the various forms of support which exist for young people during their journeys.

While the start and end point of each journey made by a young person is the same, there are a range of possible courses that can be taken as no two people ever make the same journey. Even the most conservative route taken, the main path, will never be free of problems as this path contains a common set of obstacles, the challenges of adolescence.

Regardless of the course a young person decides to take, and the resources (both internal and external) they possess, at some points in their journey they may find themselves ill equipped to cope with the circumstances or situations that arise. Others, under the same conditions, may have the necessary resources; others, still, may choose to avoid putting themselves at risk unnecessarily. All three sets of choices and courses will have different consequences.

Regrettably, those taking the “Problem gambling path” (the red path) will experience a very slow and painful journey (despite the path looking quicker and easier); those taking the “No gambling path” (the green or main path) will have a journey containing fewer distractions and dangers; and, those choosing the “Responsible gambling path” (the orange path) will encounter a potentially hazardous but safely managed journey using their ‘gpacks’.

We would now like to invite you to follow the respective journeys of two young females: Risky (a future problem gambler) and Ready (a future responsible gambler), as they set out from Child Hill. It should be pointed out that despite both girls starting together you can see that Ready sets out well stocked with a ‘gpack’ on. Her ‘gpack’ is a large backpack containing a number of survival aids, which she can access when faced with certain challenges during her journey.

Risky, on the other hand, has decided to travel light, carrying only a daypack containing a few basic items. Risky is often in a hurry to get places and doesn’t always think ahead. She figures that by carrying less weight she will be able to travel faster but, as we will see, she can also get herself into a lot of trouble.

The early stage of their journeys was quite uneventful (representing late childhood) but then they reached a branch in the main path, a chance to stop off at the Park Ranger’s office. At this point Risky decided to press ahead while Ready decided to drop in.”

RISKY

“I saw the Park Ranger’s office and I thought ‘NAH, I don’t need to drop in there - it will take too much time and I’m eager to be on my way’.”

READY
“I stopped at the Park Ranger’s office because I wanted to check that my map was up to date and would keep me on track. The Park Ranger was there to help out and she had a map that I checked against mine. This gave me an idea of what to expect along the track and I felt more prepared.”

PARK RANGER

“gp pack’, with its range of tools, is the map for young travelers journeying across gambling terrain. It can be consulted both before and during the journey — it’s up to date and shows the range of routes from Point A to Point B, including potential hazards along the way. There’s advice on planning for the journey and tips on how to avoid problems as well as what to do in tricky situations.

We know from available research that young people can set out early on the gambling trail and that they participate in a variety of activities. . . and even if they don’t gamble in an at-risk way themselves, they are often impacted upon by the gambling of family or friends. Forget American Express, its ‘gp pack’ that you ‘don’t leave home without’.”

“Back on the main path we see that Risky has shot ahead and come to a signpost with two paths listed: the ‘Responsible gambling path’; and the ‘Problem gambling path’. Straight ahead, as is always the case, is a third option: the ‘No gambling path’.

Despite its ominous name, Risky had chosen the ‘Problem gambling path’. This path took Risky past a river with beautiful clear water in it. She had decided she would love a drink of this water but could find no easy way to access the river. She had soon found that the only way she could get to the river was to walk on for miles to a clearing. Eventually she had found a spot where she could lean out from the riverbank and reach the water. Unfortunately, in the process of stretching towards the water she had fallen in and got swept along even further out of her way. Slowly she had managed to drag herself out, thoroughly soaked. She then had a very slow and soggy walk back to the main path, feeling thirstier than when she started out on the ‘Problem gambling path’.

RISKY:

“I chose the path I did because it looked faster and much more fun... .what a mistake!”

NARRATOR:

“Meanwhile, Ready had decided to head along the ‘Responsible gambling path’. Like Risky, Ready was enticed by the beautiful water as she walked next to the river. However, up ahead she had spotted a bridge, and from the safety of the bridge Ready had pulled out a billy can from her ‘gp pack’. She had then attached a piece of string to it and lowered the can down into the river. This enabled her to both fill up her can and taste the water, staying dry in the process. She was even able to take some extra water in this can in case she got thirsty later on. Once she had got her water supply she had decided to head back to the main path.”

READY:

“I saw the other path (the ‘Problem gambling path’) and it was tempting because it looked a lot shorter. But... after looking at my map I saw how easily I might get lost. This
path (the ‘Responsible gambling path’) looked longer but also easier and safer to follow. So... I took it.”

PARK RANGER:

“In this case, the billy can is a symbol for harm minimisation. We know that in Australia, many people choose to gamble. For young people, making the decision to participate in gambling needs to be made with a safety plan in mind. . . for instance, being aware of the risks and knowing how to recognise the signs of problems, understanding the random nature of play and the odds of losing, and setting limits on play. The billy can on a string provides a taste without the saturation.”

NARRATOR:

“Back on the main path we see that Risky has stopped for a bite to eat. She lit a fire with her cigarette lighter but soon after remembered that she didn’t have anything to cook her can of baked beans in, let alone open the can when the beans were cooked. Fortunately, Ready came along carrying her billy can full of water. She did not mind stopping to help Risky and placed the baked beans into her billy can and cooked them on the fire. When the beans were ready she reached into her ‘gpack’ and found a Swiss army knife, which she then used to open the can.”

PARK RANGER:

“In ‘gpack’ terms, think of the Swiss army knife as ‘gspot’. ‘gspot’ is the Youth Action Group’s web site for young people, and like the knife, it’s a multi-purpose tool all rolled into one. Young people can explore all the functions until they find the part they want — there’s something there for everyone.

In fact, now would be an opportune time for some ‘gspot navigation ... introducing Mr. Spot.

Mr. SPOT (Also known as the HOST):

“Time prohibits me from showing you and explaining all of the sections of “gspot”. Suffice to say that this web site can currently be accessed via the address: www.gspot.breakeven.org.au. As can be seen on the home page there are a range of icons which people can click on - by doing so people are taken to the following sections: Who Are We?; Home Issues; Hard Facts; Bright Ideas; Stories; Getting Help; Questions and Answers; Links; Bug Us; and, Disclaimers. We encourage you to have a look at the web site and let us know what you think. We'll now return to the metaphor.”

NARRATOR:

“After a feed both girls continued their journey but soon came across a pile of fallen rocks on the path (analogous to obstacles or blocks commonly experienced during adolescence, e.g. wanting to be independent but not being able to support oneself). Fortunately, with the help of some adults coming from the opposite direction, they were eventually able to move enough rocks to create some room to get past and resume their journey. (This is an example of youth still being dependent upon adults at the early stages of the journey of adolescence).
Further along the path both youngsters came across more signposts, as always with three paths to choose from. Risky again decided to take the ‘Problem gambling path’. Although it had looked like it would be the shortest path it turned out to be far from that as it trailed off into a very large open area. Night descended soon after, so Risky was forced to camp out without any shelter as there were no trees or caves in sight. She ended up spending a restless and cold night under the stars as all night strange, nearby noises could be heard and her imagination ran wild. To make matters worse there was a torrential downpour during the night and Risky got soaked through. In the morning she trotted wearily back to the main path."

RISKY:

“I thought that at least this time my luck would be in but my experience was terrible. I never want to take that path again!”

NARRATOR:

“Ready, meanwhile, chose the ‘Responsible gambling path’. While this also took her to a large open area by nightfall, she was prepared to camp out. In her ‘gpack’ she had a waterproof tent and she was able to camp comfortably overnight. Unlike Risky, Ready had a restful and dry night and was able to continue her journey back to the main path with plenty of energy (and dry clothes!).”

READY:

“So far this path (the ‘Responsible gambling path’) has been easy and safe to follow. so I decided to stick to a good thing. It was tempting to take the other path, but I was glad I didn’t because.... I got a good night’s sleep!”

PARK RANGER:

“Ranger again! Gambler’s Help counsellors are like tents, offering respite from the elements and providing a secure place to pause, take stock and review options. Young people can use a Gambler’s Help tent when they see bad conditions ahead on the horizon, or when the rain has arrived and they have to weather the storm.”

NARRATOR:

“Back on the main path both girls experienced a relatively easy section before suddenly encountering a snake slithering across the path (representing a potentially dangerous period during adolescence, e.g. the temptation of experimenting with drugs). Risky (who is quite bold) decided she would try to kill the snake and approached it with a stick. Ready (who is more cautious) decided to freeze and see if the snake would go away. Fortunately for the snake (and probably Risky as well) it was too quick and darted off into some nearby bush.

Not long after this there were more signposts. Not surprisingly, Risky headed off down the ‘Problem gambling path’. Unfortunately, the path was not well marked and she soon realized that she was in a forest and had lost her way. She then started to panic and yell out but no one heard her. Eventually she stumbled upon a disused Forestry Commission road and decided to follow it. However, the road was very steep and winding and Risky
exhausted herself walking along it for many hours. It was a long time before she found herself back on the main path.

RISKY:

“I thought ‘Hey, I’m invincible - if I can escape that snake I can do almost anything’. Boy, was I wrong!”

NARRATOR:

“Ready, as usual, opted for the ‘Responsible gambling path’. However, it too was hard to follow and trailed off into a forest. Just as Ready started to feel uneasy about her whereabouts she decided to open up her ‘gpack’ and take out a compass. Using the compass she then realized that she had headed due east into the forest and so figured that by heading back due west she would get back to her starting point. She did this and was able to resume walking on the main path in good time.”

READY:

“Again I chose this path (the ‘Responsible gambling path’) thinking it would be easy to follow, but it wasn’t. I started to panic and then I remembered I had a compass in my backpack. This helped me find my way and it didn’t take me long to get back on track.”

PARK RANGER:

“The compass is another reference to ‘gpack”s information base, essential for when young people are starting to feel lost or panicky about their situation. The information available can help them to locate where they’re at and guide them back to a place where they can recommence their journey on a smoother path.”

NARRATOR:

“Further along the path were other obstacles to be dealt with. At one point there was a bush fire. Thankfully, a Park Ranger was in the area at the time and was able to call in the CFA. He also warned the two girls to stay out of the area for the time being. Ready used this as an opportunity to rest on a detour track and reflect, and to make plans for the rest of her journey. Risky, however, ignored the Ranger’s advice and pushed ahead. She then came to another signpost and took off impulsively down the ‘Problem gambling path’. This led to an apparently deserted campsite. Risky had no sooner settled herself there that she found out that she was not alone. Suddenly out of some nearby bushes jumped a group of psycho campers! They then attacked Risky and robbed her, leaving her battered and bruised and unable to move.”

RISKY:

“I know I was told not to go ahead but when someone tells me to do something, especially an adult, I am going to do the opposite. This time though I wish I had listened.”

NARRATOR:
“Meanwhile, Ready, well rested, slowly and cautiously approached the signposts and decided, to take the ‘Responsible gambling path’. This also took her near to the campers’ site but instead of going any further Ready decided to hide and watch because she sensed something was amiss. Shortly after the psycho campers appeared, one of them carrying Risky’s daypack. Ready realized something was very wrong and remained silent as they walked past laughing.

After a while Ready heard the sound of some other passersby and rushed out to ask for their help. Together they walked down to where the psycho campers had been and were shocked to find poor Risky in a heap on the ground. At this point Ready reached down into her gpack and grabbed her first aid kit. After attending to Risky’s cuts and scrapes Ready and the other travelers helped Risky to her feet and walked her slowly back to the main path.”

READY:

“After the bushfire I was feeling pretty tired and edgy. The Ranger suggested we stay out of the area and so I took a rest. When I got going again I decided to take this path (the ‘Responsible gambling path’) because my map showed me that it looked the safest. Boy! I’m glad I did!”

PARK RANGER:

“For young people needing to be patched up, Gambler’s Help Telephone Counselling Service can be the ideal first aid kit. The service offers support and referral, helping the caller regain composure until such time as they may be ready to access face-to-face services. The anonymous nature of the telephone is often appealing to young people, and can be an important bridge to further assistance.”

NARRATOR

“Needless-to-say the rest of the journey for both girls was a slow one, especially for Risky. Spending some time by a beautiful lake gave them both time to rest and gather their strength before one last effort to get to Mt Adult.

Conclusion

Despite both girls finally reaching the same destination, their respective journeys were very different. This was partly because they are different people with different backgrounds but also because of the decisions they made and the resources (both internal and external) they each had available to cope with the situations that resulted from their decisions.

Although whether to gamble or not is just one of a number of choices young people face during adolescence and beyond, as you have seen it is an important decision and one that can have far reaching consequences if it is not done responsibly. ‘gpack’ can help “equip” young people to make an informed decision about gambling, and provide guidance as to how to gamble in a responsible way if they choose to gamble.
FAMILY VIOLENCE -LINKAGES TO GAMBLING

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ABSTRACT

Kildonan Child and Family Services is an Uniting Church Welfare agency working across the Northern Region of Melbourne. Kildonan has 20 distinct programs operating out of the Lalor office in the City of Whittlesea with a staff of 30 people. The Social Advocacy Group is a combination of people focusing on Financial Counselling, Community Development, No Interest Loan Scheme, and Community Housing.

This group is able to offer Vietnamese, Arabic, Macedonian, Maltese and Assyrian workers.

Kildonan has a commitment to early intervention and prevention programs. Our service development is informed by casework. The identification of intervention system issues are our ‘drivers’ in program design. Over the past three years we have developed two innovative financial counselling programs that address different needs.

i) a service for NESB (Non English Speaking Background) clients where there are gambling and/or financial management issues

ii) a family violence financial counselling service to support clients with economic, physical and emotional violence issues to develop financial stability;

as well as offering mainstream and outreach services to rural communities.

The family violence project has uncovered far greater issues than we originally anticipated, with a very high proportion of clients from culturally and linguistically diverse communities. This group of service users was not the group we had predicted. The ages of women are atypical to our other programs, often older, ethnic women. This has led us to question the targeting of this program as well as the causal issues that survivors of violence are reporting. For instance, 70% of this group are citing gambling as one of the main contributors (see Attachment 1 for client profiles across programs).

This paper will discuss our findings from 2 years work. The changes in our service delivery due to these findings, creating an environment where clients from diverse ethnic communities can access the service and to share the impact and linkages of problem gambling to violence in all its forms, economic, physical and so on. This paper explores best practice around these issues and considers learning’s for future service development and culturally responsive approaches.
Introduction

Gambling and the Macedonian Community

Gambling does not discriminate between sex, age, race, class, ethnicity. The Macedonian Community is not immune to this phenomenon.

Gambling is obviously a very strong influence, a number of people from this community have succumbed to its temptation. The Macedonian people are traditionally hard working and take great pride in providing for their families. Parental financial commitment continues throughout their children’s adult lives. Saving is highly appreciated and valued among the Macedonians. People who fulfill this obligation are well respected in the community. Gambling within sectors of the Macedonian Community is seen as quick response to a financial need, or a way to obtain fast money in an effort to gain respect.

Macedonians in Australia experience a different life style, which impacts on their traditional culture and roles within the family. Traditionally the oldest male person in the family was the head of the family, no decision was made without his consent. His word was law, he had the right to tell the children what to do and whom to marry. In Australia where there are greater opportunities for younger family members to become financially independent, coupled with the power of being able to speak the language this traditional role of elders has been eroded. This has created confusion, frustration and suffering for many older Macedonians. Their world as they have known it has been reversed. From case work one of the causal factors for older Macedonians to gamble is in order to forget about this perceived loss of authority and financial power they had in the past. To their mind, money equals power.

Without this traditional authority older people are vulnerable to the demands put on them by their children. During community education sessions workers emphasised as a precaution, not to give money to family members when it is used for gambling. An elderly person in front of around 100 people said bitterly: “If we do not give them money they threaten to beat us. I cannot see a solution to our problem.” The extent of problem gambling is unknown within the Macedonian Community. People hide the impact from others, out of shame and losing family honour. We have had cases where the sale of the family home is on the pretext of being too big, really it is lost to gambling.

Family Violence in the Traditional Macedonian Culture

Gambling is a relatively new experience for the Macedonian Community. Family violence has been a part of the traditional patriarchal family structure. A woman after marriage belongs totally to the husband with no separate identity. There is a religious component to this, where women were made from men’s ribs and are therefore seen as part of them. Men had power over women and they were objects to do with them as they pleased. It was common for the husband to beat his wife if she was “naughty”. This could mean she refused something, did not do what was requested, or argued with someone else in the family. Men were thought to be tough and not show emotions. It was considered shameful for a husband to show affection to his wife in front of other family members, particularly older family members, or in public.

Even to call the wife by her first name was considered intimate, so married women were addressed impersonally by the husband - Hey’. Others would call her by her husband’s
first name. For example - husband name George - his wife would be known as Gorgevica or Peter — Petrevica. Over a period of time women’s identity and name was completely forgotten. This belief still exists with the elderly people, but is challenged in Australia by younger generations.

Women who suffer family violence do not usually disclose this. Traditionally this was accepted culturally as a female’s destiny or fate (“zenska sudbina”). Out of shame, they stayed in a violent relationship for the sake of their children. It is considered that the wife will cause far more damage to their children’s future if she leaves her husband and raises the children on her own. The children will have a stigma attached to their names and will have difficulty forming friendships and marrying into a good family’. If the parents’ marriage is intact there is no such stigma. In the Macedonian Community family welfare comes first, individual needs last.

**A Correlation Between Gambling And Family Violence**

From case work with the Macedonian Community we have found a high correlation between gambling and family violence.

In the majority of cases gambling preceded the violence. Women claim the physical violence started when the gambling became a problem. As the gamblers frustration escalated so did the violence.

Our case work has identified typical patterns: Financial abuse: If the gambling partner is the male and in control of all finances, the female is often left with no access to money to cover basic living costs. Money for extended family needs like sending money to family members overseas or buying presents, for family celebrations are non-existent in this scenario.

Emotional/Verbal abuse: Blaming the partner, accusations, continual put downs, name calling, threats, erosion of self esteem.

Social isolation: Contacts with family, friends and neighbours forbidden, out of fear they will disclose the partner’s gambling or violent behaviour. Often non-gambling partners isolate themselves to avoid the risk of someone discovering the truth. Having no contact with others avoids embarrassing situations.

Physical abuse: usually occurs last, when non-gambling partner/family member tries to reason with the gambler or encourages them to seek help, or threatens to tell the parents, or asks for money for essentials. This often triggers a violent reaction. Victims of such violence have expressed an overwhelming feeling of hopelessness and speak of the situation being unbearable with little hope of a solution. For many older Macedonians this is a very isolated struggle, as they have no close relatives or friends in which to confide. They are afraid not only for themselves but for their children, and particularly that they will be stigmatised by the community. Very often they will be avoided by other families and labelled a bad influence.

**Reaching Out To The Community**

Kildonan used several forms of media for information dissemination. Ethno-specific television, radio and print media were used. Radio segments included talkback and
interviews. The print medium included extensive advertisements and articles. Community information sessions in conjunction with other services were held. Using multiple streams at once seemed to be most effective as many of the new Macedonian clients reported hearing of the service from three sources before contacting the agency. Once contact was made, Kildonan had to then struggle to establish trust and assure confidentiality. Agencies with mainly Anglo-Saxon workers were viewed with suspicion and in Kildonan’s case, being a church-based agency created doubt for non-Christians about whether they would be welcome.

This first client contact was usually with a relatively minor concern, but provided an opportunity for them to access us. This process continued until trust was established and they felt secure about the confidentially offered. Once trust was built, the despair demonstrated by these women was very difficult for the workers to deal with. They feel they had been betrayed and asked:

“Why this has happened to me, what wrong have I done”? It was clear that they actually blamed themselves for the situation.

The feelings of isolation, self-blaming along with a lack of understanding that there are many people in similar circumstances creates very sad individuals.

Case Work

Interviews have generally been lengthy as workers mainly listened and provided emotional support. This was extremely important to the Macedonian clients as we were the only people to hear their stories and were strangers. We provided assistance to help them to sort out their bills and other debts, and provided information concerning protection of their finances and their children’s money. Asset protection was a large part of our role. Information is power to these women, and assists them to have the confidence to plan a course of action if they feel unsafe. A referral to a Gamblers Help (Break Even) counsellor can help them deal with their problem and develop a greater understanding of the issues. At first, most were reluctant to tell someone else. We were able to access a counsellor with a common language which made these barriers seem less arduous.

Community Education

Dispelling the myths within the Macedonian community is an ongoing process. Problem gambling is seen as a sickness of the mind, a weakness of character.

Case Studies

Case 1: Young mother of two. Husband gambler. Forged her signature to withdraw money from their children’s accounts. This was what prompted her to seek professional help. One child born in Australia wants to go back to Macedonia. Husband lied to her that they will go together if she waits a bit longer. Now she understands she is actually his prisoner. Cannot go to Macedonia because the husband won’t sign the child’s passport. She has no close relatives here or no close friends. She has been abused financially, emotionally, and psychologically. This started after he was problem gambling. She asked “Is this a life?” She is not free to make choices, and feels confined at the age of 23. ‘And who is there to blame?’ she asks.
Case 2: A 67 year old lady came to Australia with $200,000 from overseas to live with her only son. The money was gone in less than two years. Mother did not suspect her son had a gambling problem, and once the money was gone she was accused and abused. She could not understand why this had happened to her. Her life had become a living hell. Now she is in emergency accommodation with almost nothing to call her own. She bought herself a lounge suite through our NILS (No Interest Loan Scheme) program. The son has visited her on a few occasions demanding money or to use her telephone. She has learned many hard lessons. She has now literally started life from scratch again.

Case 3: The wife did not suspect gambling until it was too late. The house was repossessed and her husband committed suicide. They had three children. She now has to face the world as a widow. Everyone blamed her indicating his parents and her parents for not telling them about this problem. Brothers and sisters felt they could have helped stop the worst from happening. No one suspected. This case is tragic because the husband’s behaviour continued to make an impact on her life after his death. She now suffers the consequences, she was a loving and trusting wife. The emotional torture, shame on the family and the children carrying ‘bad genes’ continues. She is 39 years old.

Attachment 1:
DIFFERENCE IN CLIENT GROUPS

<table>
<thead>
<tr>
<th>MAINSTREAM</th>
<th>NESB (Macedonian)</th>
<th>FAMILY VIOLENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Parent, average 27 years</td>
<td>Average age 45-50</td>
<td>Average age late 50’s early 60’s</td>
</tr>
<tr>
<td>Low Income – Less than $12,000</td>
<td>Equal proportion male/female clients</td>
<td>Owns home or has owned home</td>
</tr>
<tr>
<td>Rents privately</td>
<td>Blue collar workers</td>
<td>Low income approx. $10,000</td>
</tr>
<tr>
<td>2.5 children</td>
<td>High equity in home</td>
<td>or no access to money in own</td>
</tr>
<tr>
<td>No Assets</td>
<td></td>
<td>often living separately under one</td>
</tr>
<tr>
<td>name</td>
<td></td>
<td>roof with no benefits.</td>
</tr>
<tr>
<td>Highest % female</td>
<td></td>
<td>Empty nest</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couple mid 40’s</td>
<td>Couple – Arabic</td>
<td>Professional – mainly women</td>
</tr>
<tr>
<td>Unemployed or disability pension</td>
<td>Average age 48 years</td>
<td>Late 40’s</td>
</tr>
<tr>
<td>Mortgage – barely hanging on</td>
<td>Purchasing</td>
<td>Own or purchasing home</td>
</tr>
<tr>
<td>Teenagers at home</td>
<td>5-6 children</td>
<td>Income greater than $40,000</td>
</tr>
<tr>
<td>No real assets</td>
<td>Husband works</td>
<td>None or 1 child</td>
</tr>
<tr>
<td>Little equity in house</td>
<td>High Education standard but working</td>
<td></td>
</tr>
</tbody>
</table>
DOLLARS ‘N SENSE FROM PAST TO PRESENT TENSE

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ABSTRACT

The paper will provide a brief overview of Relationships Australia’s Break Even Program Service Delivery Model for the Gold Coast area. This Service has used a holistic approach in their clinical practice over the past seven and a half years. Excessive gamblers and/or their families are provided with access to the following disciplines - addictions counselling, financial counselling, relationships/family counselling and education/support groups. All cases where more than one counsellor is involved are case managed.

The paper will explore a number of cases where clients accessed Financial Counselling specifically. All of the cases presented will have represented to Break Even on more than one occasion providing descriptive follow-up information. It is the intention of the author to look at her experiences of the past and track some of the presenting problems, explore how these problems were addressed and review the helpfulness or otherwise of the interventions adopted over the longer term. This paper is a historic series of short stories about outcomes for those who sort help for a variety of reasons associated with either their own or a loved ones excessive gambling.

Introduction

Department of Family Services, Aboriginal and Islander Affairs commissioned the Break Even Resource centres in 1993. The auspice organisations are Centacare (Townsville), Lifeline (Cairns and Toowoomba) and Relationships Australia Queensland (Brisbane, Gold Coast and Rockhampton with outreach services to Bundaberg, Mackay and the Sunshine Coast. The Department of Families, Youth and Community Care, currently fund the Break Even resource centres in Queensland. The original brief from the Department was for the Break Even Resource Centres to provide for a holistic model of service delivery. The model incorporates addictions counselling, financial counselling, and family counselling. In my experience, there is clear evidence that service provision in all these areas is crucial to rehabilitation from excessive gambling for individuals and their families.

The Holistic Model

There is a broad range of people using our Gold Coast service. We aim to provide services that meet many needs. However, we are not as crisis counselling service. In addition to Counselling services we also provide education and prevention programs to a wide range of community health and welfare agencies as well as members of the gaming industry.

People attend Break Even for an individual, couple and/or family consultation with a
counsellor. Assistance is provided for problems associated with excessive gambling behaviour, financial difficulties and/or relationship problems. People are also able to access group sessions. Some minimal telephone counselling is also provided for first contact callers, those who may be waiting to ‘score’ an individual counselling session, someone experiencing a perceived ‘crisis’ on the day and in rare cases, people who are just not able to physically attend the service. Where more than one counsellor works on the case the same file is shared and the case will be jointly managed.

**Addictions Counselling**

The focus of Addiction Counselling is primarily to address change of behaviour, triggers for relapse, relapse prevention/management, core beliefs, anxiety, stress, communication and self-esteem. Our aim is to assist gamblers and their families in initiating changes regarding their gambling behaviour and other related problems. The clinical model is eclectic. The primary counselling modalities used include cognitive/behavioural approaches, systemic therapies, psychodynamic therapies, brief solution focused methods and supportive counselling to name a few.

**Relationship Counselling**

Relationship counselling is provided for couples, families and individuals. Some of the things that may be explored during counselling are family and personal history, communication styles, the meaning of events or happenings, ideas, perspectives, beliefs, future plans and other matters of importance. It seems that in relationships, what happens to one often has effects on the other member/s of the family or couple and vice versa. Relationship counselling encourages individuals, couples and families to discuss concerns and develop more positive ways of relating to each other.

**Education/Support Groups**

The Gold Coast Break Even service presents two regular video groups per week, one day and one evening session. The group runs a series of video presentations followed by a group discussion on the topic for the day. These groups are facilitated by Break Even staff counsellors and are designed for individuals with a gambling problem and significant others with a gambling problem in their family. The material presented and discussed aims to assist those who attend to understand the process of change and how the implementation of change can lead to an improvement in quality of life. Gamblers Anonymous and GamAnon use our Group Room to conduct meetings one evening each per week.

**Financial Counselling**

The objectives of providing financial counselling are to supply practical assistance, advocacy and information on options available in order that clients have their financial problems resolved, or are able to make informed decisions on the best course of action to change their financial circumstances or gain an improved ability to manage their financial affairs in the longer term.

I am the financial counsellor at the Gold Coast Service and offer a multi-disciplinary approach using both addictions and financial counselling. I may not necessarily work alone on a case but sometimes do. Often I will work together with another addictions
counsellor and only address the financial counselling component in therapy. In these cases, case management is fundamental in order that both the addictions counsellor and the financial counsellor are clear about the therapeutic goals and relevant issues for the client.

Financial counsellors do not act as financial or investment advisers nor do they provide loans or funds to assist with financial difficulties. They do not take control of clients’ money or act as an accountant, tax agent or give legal advice.

Case Examples

The names and any identifying information in the following case studies have been altered to protect the individuals’ privacy.

Case One

Kylie is a single female gaming machine player in her late 30’s who indicated she had been gambling heavily for approximately eighteen months. She is a solo parent and the mother of two boys aged 11 and 14. Her first contact was in mid-April 1998 following a referral for financial counselling from another community organisation. Kylie’s only source of income was a benefit from Centrelink. She stated that she was behind in her rent and had received a notice to remedy this breach from her landlord. On the day she attended the Break Even service she had no money to pay her rent and said she was afraid of being evicted. She also admitted that at times her children go without food or adequate food to be nutritious. An addictions counsellor saw her for an intake assessment on the first day she attended. Kylie told the counsellor that she wanted to borrow some money to pay her rent and that she didn’t want her boyfriend to find out as they have recently separated because of her gambling. The addictions counsellor assessed that Kylie urgently needed to see the financial counsellor. A subsequent appointment was made for Kylie to see the financial counsellor — sadly she didn’t attend that appointment.

Lesson 1

My belief is that when a client indicates financial problems such as this, they require financial counselling in priority to addictions counselling. Someone in such financial crisis will be unlikely to think clearly enough to address an addictive behaviour whilst they are worrying about where they are going to live and how they are going to feed their children. In addition, we as counsellors have a duty of care to address issues of neglect in relation to children.

Four months later (August 98) Kylie re-contacted Break Even. This time she was given an appointment with the financial counsellor as she indicated she was in severe financial crisis. Since her last contact with us she had resorted to borrowing money form some dubious lenders. These lenders operate on the fringes to avoid being captured by the credit legislation and exploit borrowers in dire financial circumstances with extremely high interest loans and dubious collection practices. Kylie had borrowed $2,700 from a Company who lends on a Bill of Sale over the borrowers entire household furniture and personal effects. This Company refuses to acknowledge bankruptcy legislation and threatens to repossess household items should the borrower go bankrupt. Under bankruptcy legislation, household and personal effects are protected from seizure by the
trustee. In addition to this, Kylie had borrowed $500 from the ‘Loan Shark’. This loan is an interest only loan and must be paid back at the rate of $20 per week in cash, in an envelope, to a specific address on a Monday. If it is not paid on Monday then the payment goes up $5 per day until Thursday (pension day). On Thursday if the payment is not made then a visit is made to the borrower by a couple of large gentlemen riding motorbikes. The principal may only be repaid in a lump sum. The purposes of these loans are usually stated to be for business purposes to avoid the credit legislation.

In addition to Kylie’s problem of insufficient funds to pay the ‘loan shark’ she had pawned household items, was again two weeks behind in her rent, and had insufficient funds to buy food for her children. She stated she was still gambling. Information on where to access emergency relief for food was provided to Kylie that day. Any other intervention was refused. For me to intervene with any creditors I would need to provide written authority from the client to the creditor for access to information under the Privacy Act. Our letterheads state that Break Even is a service for gamblers and their families and some clients are reluctant to have the admission of a gambling problem disclosed to people they owe money to. Further to this I was afraid to deal with the ‘loan sharks’ myself. Kylie was given a further appointment in one week.

Kylie attended the next session in further crisis as she had been gambling again. She had sold her fridge to pick up some items that didn’t belong to her from the pawnbroker and had paid the loan shark. In addition to this she had been issued with another notice to remedy her debt to her landlord for back rent. This time she was ready to accept help from me and signed the authority for me to negotiate with the landlord and disclose her gambling problem. The landlord verbally agreed to assist provided the client signed permission for a direct debit from her bank account on a weekly basis. Kylie was to arrange this with the bank herself and we looked at strategies for protecting her cash from further gambling episodes. She was given another appointment in ten days time.

On the next counselling day I received a telephone call from Kylie to say she couldn’t get to the appointment as her boyfriend had taken his car back the previous day and she had no money for a bus fare. I agreed to a telephone session. She told me she had started work as a waitress in a local hotel and that the hotel had paid her in cash. On payday she had lost all of her money in the machines at the hotel where she worked before she could leave to go home. She said she had taken her sons CD player to the pawnbroker to get enough money for petrol and food. Kylie went on to tell me that the previous evening she had considered suicide. We discussed developing support networks and made a suicide contract. She verbally agreed not to harm herself until our next session. She also requested our assistance to set up an appointment with Jupiters Casino to arrange for her own self-exclusion.

Again Kylie disappeared and did not resurface again for another three months. This time we only saw Kylie on one occasion. She was still gambling. Had been caught gambling at the casino after being excluded and had been given a warning. Her mother had arranged for the loan shark to be paid out but Kylie had just gone back and borrowed more money from him the next week. We made another appointment but she didn’t attend. I often wondered about what happened to Kylie particularly when the stories about the loan sharks started to hit the media and some of their unsavory practices became public. Kylie was an extremely attractive lady and during my last conversation with her in 1998, she told me she was leaving town because she was unable to repay her debt to them.
Lesson 2

The gambling industry in Queensland is currently developing a responsible code of practice. The issue of staff gambling at their place of employment is a practice that is being reviewed.

In May 1999 the Queensland Office of Fair Trading released its “Fringe Credit — A Report and Issues Paper” Report. The Office of Fair Trading has gone on to address the issue of loan sharking on the Gold Coast and the police have charged some individuals who appeared in Court earlier this year on extortion and assault charges. Simon Cleary, Solicitor from Legal Aid Queensland presented a paper entitled ‘High Risk — Gambling on Loan Shark Credit’ at the 1999 NAGS Conference (see conference proceedings). Families and close friends are often assisted to cease enabling the gambler and bailing them out of a crisis situation if they too access assistance from a Break Even service.

About seven weeks ago Kylie returned to Break Even. Her motivation for attending this time followed a recent ‘blow out’ on gambling that resulted in an ultimatum from her boyfriend (the same one) and her sons (now 17 and 14 years old). Again, it was the severe financial problems that sent Kylie back to Break Even. She had goods in hock and loans from the ‘fringe lenders’ (the newest breed being the payday lenders) who provide loans for short-term periods of less than 62 days to avoid the credit legislation. Kylie’s gambling was also out-of-control. Concerns about her sons, particularly the younger one who is experiencing problems at school were also an important issue. At least there are no more borrowings from the loan sharks. Kylie’s boyfriend finally paid them out $2,000 a year ago and she joined the class action case that is being prepared by the Department of Fair Trading.

Kylie has attended four addictions counselling sessions and one financial counselling session this time and is also a regular member of one of the weekly video groups. A couple of days ago she told me that she hasn’t had a bet for four weeks even though she is experiencing strong urges to gamble. Three weeks ago we developed a cash flow plan setting goals to pay off debts by Christmas. She told me that this exercise has been extremely beneficial to calm her financial worries. When she thinks about a debt she has to pay, she just looks at her plan and tells herself — “It’s ok, it will be paid and I don’t have to worry about it”. She has managed to stick to this and is motivated by her achievement in reaching her goals. She proudly told me last week that she has nothing in hock any more, the electricity is paid and she paid a creditor on the day she told him she would. All this, on top of providing appropriate nourishment for her children. Kylie said that the ‘withdrawals’ from gambling (her words) are so bad that if she had to worry about her financial situation as well, then she would not be able to resist another bet.

Lesson 3

I believe that people can only change when they are willing. Often it takes several attempts before someone acquires the courage and strength to deal with a gambling problem.

Many gamblers experience financial difficulties as a result of their gambling and these problems require addressing at the same time as the gambling behaviour is addressed if one is to achieve progress.
For the future, Kylie is considering encouraging her boyfriend to speak with a Break Even counsellor himself. We are looking together at how the service may be able to assist Kylie with some family counselling with her children together.

Case Two

I have seen many quite complex cases over the years and a particular case of a TAB gambler comes to mind that has provided a wealth of learning. I shall not provide such a detailed case study as the previous one but just provide some highlights around the lessons I learned.

I shall name this client Peter, a man in his early 30’s who came to see Break Even in 1993 with severe financial problems as a result of a 10-year relationship with the TAB. Peter’s employment impacted upon his ability to file for Bankruptcy so it was assessed that he would require assistance to learn skills to manage his financial situation. Over the years and in fact up to August this year Peter has received assistance from Break Even on and off. A number of counsellors worked on the case and saw Peter, his parents and later his wife after his marriage in 1997.

Peter has continued to borrow recklessly in spite of a great deal of assistance provided by Break Even and many others. His gambling has continued and impacts on numerous people and the wider community.

Peter borrowed from mainstream lenders, fringe lenders, loan sharks, pawn brokers, bounced cheques at a hotel/TAB outlet, borrowed from family and friends and encouraged his parents and wife to take out loans in their names to pay his debts. He lost his original job and became involved in several failed businesses (both his and other peoples) over the years.

Over time Break Even practitioners, other professionals and family have:

1. Had one loan contract overturned and all fees and credit charges waived as a result of identifying breaches of the Credit Act — 1994.
2. Peter’s parents refinanced and consolidated all his debts in 1994.
3. Placed a ban on future credit with the Credit Reference Association of Australia in 1994.
4. Assisted to have a $5,000 debt to the loan sharks waived through the work of Simon Cleary of Legal Aid and the Department of Fair Trading — 1999
5. Plead for leniency when 14 cheques totaling approximately $3000 bounced at a local hotel over a 5-day period during a gambling blowout. Negotiated time to pay and waiver of any fraud/uttering charges.
7. Provided Addictions Counselling and Video Group Services.
8. Assisted Peter’s parents and later his wife.
9. Last month the file was seized by the police under a search warrant for the purpose of gaining evidence in a trial. Peter had been charged with stealing the sum of $600 from a former employer. I subsequently received a subpoena to appear as a Crown Witness against my client.
Conclusion - Questions for consideration

1. What do you keep on your files?
2. How long do you keep your files?
3. What part of the file belongs to the client and what part of the file belongs to the Organisation?
4. When do you return documents to the client?
5. What do you tell clients about confidentiality?
6. How often can a gambler return for help?
7. Is there a time when assistance may be refused?

References

LOGGING ONTO GMAIL: AN ON-LINE SUPPORT SERVICE FOR VICTORIANS WITH GAMBLING CONCERNS

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ABSTRACT

“g-mail” is a web-based e-mail support system that offers on-line support service for Victorians affected either directly or indirectly by gambling. The trail to “g-mail” has been unexpectedly long but necessarily so. Following eighteen months of planning, consultation, design, construction and testing, “g-mail” is now operational. Throughout the construction of “g-mail”, the developers have grappled with an array of ethical, legal and technical issues. In order that “g-mail” be an easily accessed, anonymous and secure support service, considerable effort has been made to ensure it contains a number of characteristics or functions. This workshop will include demonstrations on how to commence and operate the “g-mail” program, as well as some focus on various design features of “g-mail”.

Via a “guided tour” of “g-mail” and its design features, we hope to illustrate some of the critical issues that arise when offering an on-line support service. Such issues include the following:

• informed consent
• anonymity and privacy
• security (for users and providers)
• appropriate limits to accessibility
• control around who can access messages
• ease of usage
• length and frequency of messages, and the setting of appropriate limits
• potential to expand access to other service providers

As “g-mail” is a very new service it would be premature to discuss its effectiveness. However, some preliminary findings in relation to the demographic characteristics of users and the nature of their enquiries will be presented. It is hoped that participants will feel encouraged to consider the validity of on-line support as an alternative or addition to face-to-face counselling.

Introduction

“g-mail” is a web-based email support system, designed to offer online support to Victorians who are affected either directly or indirectly by gambling. In developing “g-mail”, the creators have grappled with an array of legal, ethical and technical issues. In order that “g-mail” be an accessible, anonymous and secure support service,
considerable effort has been made to ensure it contains a number of characteristics or functions. In presenting the “gmail” site, we have endeavored to present a number of these key functions, as well as a basic overview of how to commence and operate the “gmail” program. Some specific areas covered include the following:

• informed consent
• anonymity and privacy
• security (for users and providers)
• appropriate limits to accessibility
• control around who can access messages
• ease of usage
• length and frequency of messages, and the setting of appropriate limits
• potential to expand access to other service providers

We would like to advise readers that this presentation was intended as a “guided tour” of “gmail”, in conjunction with projected images from our “gmail” test site. In most instances, the headings throughout this paper will correspond with actual pages on the site. Therefore, to make best use of these reading materials, we would recommend that you log on to www.gmail.net.au while reading.

While it was originally anticipated that we would also provide preliminary demographic data from the piloting of “gmail”, this was not possible due to delays in the commencement of piloting.

A brief history of the “gmail” idea

In our case, the notion of developing an online support service first arose in late 1998. At the time, we were working with the overseas students association at The Royal Melbourne Institute of Technology. We had sought their input regarding factors that might increase the accessibility of our problem gambling counselling service (Gambler’s Help — City Office) to the overseas student population. Among their numerous suggestions was that of providing access to support and information via email. This was partially based on the fact that many overseas students were in the habit of maintaining contact with friends and relatives back “home” via email. It was apparent to us that this medium was greatly utilised by both the student population, as well as the overseas student population specifically.

At a similar point in time, one of the “gmail” creators had been emailing a friend who was living overseas, and experiencing some difficult times. It had been interesting to note that communicating with him via the Internet and email did not appear to dilute his sense of feeling supported.

Along with the simultaneous introduction of email facilities within our own workplace, these, factors combined to crystallise our motivation to explore online support opportunities. Soon after that point in time, we first embarked upon what has turned out to be a very extensive project - the development of “gmail”.
About “gmail”

As mentioned, “gmail” is a free online support program for people who are experiencing gambling related concerns. It is not a chat program, but rather, it utilises email technology (thus the name “gmail”). Potential clients are invited to visit the site, where they can set up a highly secure mailbox. This mailbox is connected only to the mailbox of an allocated problem gambling counsellor. From this mailbox, the user is unable to send messages to, or receive messages from any other mail recipients apart from the allocated “gmail” counsellor. From this point, the client has the opportunity to embark upon a counselling style relationship via literary means. We like to point out that this style of support is not intended as a replacement for face-to- face counselling. Rather, it is offered as a possible alternative or adjunct.

About us

The “About Us” page presents some information about the agency responsible for the creation of “gmail”. That is, the City Office of Gambler’s Help, which is a program of The Salvation Army’s Melbourne Counselling Service. Gambler’s Help - City, is a professional Melbourne based service, offering free and confidential face-to-face counselling to individuals, couples and families experiencing problems arising out of their own or someone else’s gambling. We also offer community education and professional development for groups wishing to explore issues around gambling. Gambler’s Help — City is a part of the Victorian “Gambler’s Help” Network, and is fully funded under the Victorian Government’s “Community Support Fund”. As such, this service can only be provided for people residing in Victoria, Australia. Gambler’s Help — City’s counselling program is staffed by registered psychologists, most of whom have completed Masters level training in psychology. Each of our psychologists has specialist experience in working with people who have gambling- related issues. Each brings to their work a diverse range of “generalist” counselling skills - all having worked in a variety of professional counselling settings. We also employ community education workers who are responsible for educating the public about gambling, delivering professional development for other service providers and working with members of the gambling industry.

This page also displays information of our office hours and contact details.

Managing a crisis

The “Managing a Crisis” page provides information regarding “gmail”s incapacity to respond to crisis situations. The rationale for this page is that in some instances, people attending counselling can find themselves in a state of crisis, or needing immediate assistance. Accordingly, we feel that it is important to explicitly state that online support services are not designed for crisis response. In the first instance, this service is not designed to offer an immediate response. Furthermore, in many instances, clients are anonymous. This creates obvious limitations to our capacity to provide crisis intervention. This page offers alternative sources of support for those in crisis, and specifically, for those who may be feeling suicidal.
The Pro’s & Con’s of “gmail”

The issue of crisis response aptly illustrates the fact that online support services are very different to face-to-face counselling services. There are clear advantages and disadvantages of the online medium. A range of these is posted on the site so as to inform potential users, and assist them to choose appropriately. Some of these benefits include the following:

Benefits

• Firstly, “gmail” is accessible. All you need is Internet access and basic computer skills.
• “gmail” is also convenient. Clients can send and receive email whenever it suits them.
• For some people, the anonymity of “gmail” can represent a significant advantage. For some people the sense of anonymity may even make the difference between whether they seek support or not.
• People can take the time to thoughtfully construct or compose messages.
• Some find it easier to present their thoughts in writing rather than verbally.
• Presenting information in writing can assist some clients to identify and “stick to” the topics that are most important to them at that point in time.
• There is a unique opportunity to re-read particularly helpful email.
• Similarly, any valuable counselling interactions / email can be available as a permanent record. Access to this can be helpful when someone is feeling stressed, or feeling in danger of “slipping backwards”.

Limitations

While the benefits of online support can make it an attractive medium, there are also a number of limitations associated with this form of support. Some of these are presented below.

• Initially, it is important to point out that the effectiveness of online support is untested. While a number of outcome studies are under way overseas, the results of these are not yet available. Until more is known about the therapeutic value of online support, we believe it is prudent to not overstate its effectiveness.
• While some find it easier to clearly express their thoughts in writing, others may miss the immediacy of a real time discussion. Unlike face to face counselling, this lack of spontaneity can limit opportunities to explore unexpected tangents.
• Another obvious limitation of online support is that it requires access to the Internet, as well as some basic computer skills. Some people do not possess either of these.
• Finally, there is the issue of security. With “gmail” we have gone to extreme lengths to set up a very secure system. Nevertheless, all aspects of security cannot be totally assured. (See below for further information on security).

Log in

Upon clicking on the “Log In” button on “gmail”’s home page, users are presented with two buttons named “First time User” and “Regular User”. People who have not used “gmail” before should select the former button or pathway, while those who have previously used “gmail” are expected to click on the latter button. (The description “Regular User” is therefore synonymous with “experienced user” rather than describing someone who uses “gmail” on a consistent basis).
Those who select “First time user” are taken directly to a “Terms of Use” section (which will shortly be discussed). Upon reading and understanding the terms, the user gives his or her informed consent to proceed by clicking on “I Agree”. This action then results in them being “taken” to the “Introduction Form” (also discussed below) - this is where they can create their own username and password for their mailbox, and they are required to answer some demographic and service usage questions. Users can then submit this form by clicking on “Send” and following this they automatically receive a welcome to “gmail” and an opportunity to send in their first email.

Those clicking on “Regular User” are taken directly to their mailbox (which was set up when they first became registered with “gmail” via the “First user” pathway). Because such people have previously read through and agreed to the “Terms of Use” they are not required to do so again. However, if such a user would like to remind themselves with the terms, they are able to do so by clicking on the “Terms” link at the bottom of each web page. A regular user is therefore able to bypass the usual registration process and instead go straight to their mailbox, enter their username and password, and access and send email. An alternative route to achieve this outcome can be taken by clicking on the “gmail” flying envelope icon that appears at the bottom of the home page.

**Terms of Use**

The “Terms Of Use” section of “gmail” is an important section and took a considerable time to compose. It is important because it contains the sort of information an intending user of “gmail” needs to know to make an informed decision about whether the service is appropriate for them. The section was written with the help of five sources:

(1) the Australian Psychological Society’s specific (and generic) ethical considerations relating to online counselling services (see: http://www.psychsociety.com.au/about/internetethics.htm)
(2) a recent Victorian Government publication entitled “Counselling online — guidelines for the development of online counselling services and crisis management”;
(3) various articles written on ethical issues in Internet counseling (e.g. Beel & Court, 1999) - some of these make reference to other professional bodies’ ethical codes (e.g. the American Counseling Association’ - see: http://www.counseling.org/gc/cybertx.htm)
(4) legal advice (on the wording of the site) - this was received from Blake Dawson Waldron, a prominent Melbourne law firm; and,
(5) what we have seen and liked on other email counselling sites (e.g. therapy online - see: http://www.therapyonline.ca)

The “Terms of Use” section covers the following issues or aspects concerning “gmail”:

**About us — In Brief**

This part provides a summary of who operates “gmail”, and mentions that “gmail” is a pilot project. Users wanting more information about this service are able to access this by clicking on the “About gmail” link provided.

**Who can use this support service?**

In this part a reminder is given that “gmail” is intended for Victorians who are at least
eighteen years of age. There are legal and practical reasons for limiting who can use “gmail”. A cautionary note is also provided discouraging the practice of sharing with a third party email, which have been specifically addressed and intended for a particular individual.

Is this the right service for you?

As indicated earlier, one limitation of “gmail” is that it is not designed to be a crisis response service. In this part a number of emergency services and their phone numbers are provided. For those in need of immediate help additional information is available by clicking on the “Managing a crisis” link provided.

Anonymity

Although users of “gmail” are able to remain anonymous during the time they use the service, this part reminds users that if they choose to remain so, it may be difficult or impossible for a “gmail” counsellor to intervene should the need arise (e.g. because a user is at risk of being harmed).

Privacy

This part informs users about the type of information that is collected by the “gmail” system and “gmail”s Internet Service Provider. The former collects demographic data for administrative and therapeutic purposes. The latter collects non-personal information such as the type of browser and operating system used by a visitor, and the domain name of the visitor’s Internet Service Provider.

Confidentiality

This part contains the same type of information that a person commencing face-to-face counselling would (hopefully) be provided with. As such mention is made of the limits of confidentiality. In addition, users are informed about threats to confidentiality when using an online service, such as the potential for computer breakdown and interception of email by an unauthorised third party.

Passwords

In this part users are told why we require them to have a unique username and password in order to access their mailboxes. In addition, a phone number is provided for users for instances of technological or password-related difficulties.

Storage and communication of email

This part first informs users of how email exchanged between them and “gmail” counsellors is stored. Second, users are advised of the few circumstances in which a user’s permission may be sought to show one of their email to a third party, namely a work colleague or a supervisor of their “gmail” counsellor (to maintain counsellor accountability and performance).
Disclaimer

In this part users are advised of a number of situations which “gmail” counsellors will not be held responsible. For example, a “gmail” counsellor is not responsible for email being intercepted from a user’s computer - it is up to the user to be aware of the level of security offered by their computer system, and, where necessary, to take steps to improve security.

Linked sites

The final part in the “Terms of Use” section informs users of the degree of care which has been taken to provide appropriate links on the “gmail” system. It also states that the suitability, completeness, or accuracy of material found in sites linked to “gmail” cannot be guaranteed.

Once the “Terms of Use” are endorsed by users by them clicking on “I Agree” (that is, once informed consent is given to proceed with using “gmail”), users are presented with the Introduction Form.

Introduction Form

The Introduction Form is essentially a compulsory registration form for all intending new users of “gmail”. The form first requires users to generate their own username and password (as for hotmail). Usernames can be a person's real name or a pseudonym, and can be alphanumeric if desired. Although people are able to remain anonymous while using “gmail” there is an option on this form to identify them and/or give contact details. Such information could enable a “gmail” counsellor to intervene if required in certain circumstances. Passwords should be memorable but can be changed at anytime by users if desired.

The remainder of the Introduction Form consists of a range of basic demographic questions - the answers to these enable users to be registered according to the Department of Human Service’s Minimum Data Set requirements. There are also two questions asking where users access “gmail” from, and how they found out about “gmail”. This information has implications for service planning and checking the rationale for “gmail”.

Upon completion of the Introduction Form, users are able to submit their form by clicking on the “Send” button. Following this, users are considered registered on the “gmail” system and are transferred to a newly created mailbox. Their mailbox can then be accessed by means of their username and password. Newly registered users receive immediate acknowledgment of our receipt of their form, and are told they will shortly hear from their allocated “gmail” counsellor.

About My Mailbox

The mailbox is the area where users send and receive mail from, and can only be accessed by clients who enter their unique user name and password. It utilizes standard email functions, including an inbox, compose, save as draft, print, and send facility. Under some circumstances, the facility to add attachments is also available. The “About My Mailbox” page is designed to provide service users with information and guidance on
the workings of their mailbox. This page comes up immediately after a client has submitted their Introduction Form, and can also be accessed at any point in time from their mailbox, should they need to clarify any aspect of the workings of their mailbox. Users are encouraged to read and process the information provided prior to commencing with “gmail”, as there are a number of mailbox characteristics that are unlike other email facilities. It should be noted that this page is not present as a button on the site - it is only available to people who have set themselves up as users. There are a number of limitations that are placed upon “gmail” users, some of which are detailed in the “About My Mailbox” page. These include the following: We advise users about what sort of time delays to expect when awaiting a response from their “gmail” counsellor. Users should anticipate a response within three working days. In cases where a user is in crisis, or needs an immediate response, we refer them to our “Managing a Crisis” page.

There is a limit of two emails per week that can be sent by each user to their “gmail” counsellor. If a user attempts to send more than this they will receive a reminder and be given the opportunity to save their email in draft form, to be re-sent one week from their second most recent email sent to us. This limit is designed to regulate the flow of information, and to avoid overloading users and counsellors at an unrealistic pace. Just as we place limits on the duration of face to face counselling sessions, we also place a limit on the number of words per “gmail” transmission. This is simply to avoid information overload for both counsellors and clients, and to maintain a realistic frame of focus. Within the mailbox, a counter indicates the remaining number of words allowed (providing users have a JavaScript-enabled browser). Clients also receive a warning note as they approach their limit. These limits can be exceeded or adjusted if deemed necessary by a “gmail” counsellor.

While clients can clear/delete the contents of their mailbox, a permanent record remains with the “gmail” Administrator. Clients are advised of this on this page. Throughout the course of using “gmail”, users are also required to complete a semi-regular “Progress Check Form”. This is a simple assessment procedure and it is described to clients on the “About My Mailbox” page. (For more information on this form see below).

Security

Another important page on the site is dedicated to the issue of security. Once again, it is important to point out that one of the limitations of online support is the potential for breaches of security. While we have endeavored to set up the most secure system that we can, it is nevertheless, important to clearly inform people of security limitations. We believe that it is also important to present some of the steps that we have taken to maximise security. In addition to this, via our security page, we also present advice and options to potential users, on the steps that they can take to maximise their own security. A number of our security features and measures are listed below.

Web Based Email

Unlike many online support programs that exist overseas, “gmail” has been designed to utilise web-based email (as opposed to generic email). Essentially, this means the following. Firstly, users do not use their own pre-existing email addresses, but rather, they create their own mailbox that resides upon the “gmail” web site — which is a closed
environment. From this mailbox, they can only send mail to their allocated counsellor. It is particularly important to point out that all client and counsellor mailboxes reside upon the same computer server. This means that no electronic mail ever leaves the “gmail” computer. This provides a huge security advantage.

Anonymity

While clients may identify themselves if they choose, “gmail” is set up to accommodate clients' wishes to remain anonymous. In the instance of a security breach, the anonymity of clients significantly increases the security of private information.

Usernames and Passwords

All clients assign their mailboxes with unique user names and passwords. No two clients can ever have the same username. Usernames and passwords can be reset at any time.

No hint questions

Many Internet sites use hint questions to assist people to access their information in the event of them forgetting their password. We feel that hint questions jeopardise security, and can provide an entry point for unauthorised visitors. The absence of hint questions on our site increases security.

Secure Server Protocol

The whole system is designed to run under https (SSL Level 3 128 bit server encryption - global standard).

Log Off facility

The ability to “log off” by pressing a “log off” button is another important security feature with “gmail”. Pressing the “log off” button ensures that nobody can get back to your mail by hitting the “back” button on your browser. This feature is commonly utilised by institutions such as banks, and increases security on the user’s own computer, and within their own environment.

Message Archiving

In the instance that a client ceases to use their “gmail” mailbox, their mail will eventually be removed from their mailbox, and archived in a separate and secure area upon our server. We feel that this is more secure than having mail continuing to exist indefinitely in an unused mailbox. Naturally, this history of mail is retrievable in the instance that a client re-presents for further counselling.

Security advice to users

We also provide information for users on steps they can take to enhance security within their own environment (on their own computers). This advice covers areas such as clearing the history cache, deleting temporary Internet files (so that other parties cannot track what sites have been visited), advice on logging out of the site after use, the
appropriate and discreet choice of usernames, the safe recording of passwords, and the printing of messages.

**The Feedback Form**

Another of our objectives has been to provide opportunities for feedback from visitors to the site. In order to assist us in achieving this, we have included a “Feedback Form”. This form is intended to provide visitors to the site with the opportunity to provide feedback in the interest of improving and further developing this service. This is an optional form, which assists us to gather information to confirm our rationale for the service. We invite all manner of feedback, but are also particularly interested to learn why people are electing to use or not use “gmail”.

**The Progress Check Form**

The “Progress Check Form” has been designed to be sent to service users on a semi-regular basis throughout counselling. This form provides the opportunity to check the client’s sense of progress, and to specifically ask any ongoing assessment type questions. The presence of this form is partially in lieu of the fact that in face-to-face counselling, a lot of this information is collected incidentally throughout counselling sessions. We anticipate that this information may not arise in the normal course of “gmail” transmissions. The “Progress Check Form” is an attempt to create an opportunity to assess this information. This is a compulsory form.

**Where to from here?**

At this point in time, “gmail” is on track to be launched in early 2001. We have attempted to provide a glimpse of the site, its workings and the various rationales behind its development. Our primary goal at this point is to launch the site, and to run a pilot program to test its effectiveness and utility. Beyond this we see great opportunities to contribute to the knowledge base around online support, and broaden its usage beyond our own region. We invite readers to keep a look out for the launch of “gmail” at [www.gmail.net.au](http://www.gmail.net.au).

**References**

http://www.psychsociety.com.au/about/internetethics.htm (The Australian Psychological Society’s specific (and generic) ethical considerations relating to online counselling services)  
http://www.counseling.org/gc/cybertx.htm (The American Counseling Association’s ethical standards for Internet on-line counselling)  
http://www.therapyonline.ca Therapy Online. “A world of caring people”)  
PROBLEM GAMBLING: CHALLENGES OF ADDRESSING A HEALTH ISSUE

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ABSTRACT

Gambling is primarily a risk taking activity that can cause harm and as such is a health issue. A significant portion of our community however, view problem gambling as a ‘disease’. This perception is the primary challenge facing community education officers working in this area. In order for education and preventative strategies to be effective, we need to firstly address this myth and ensure that the community views problem gambling as a health issue. The importance of moving from a ‘disease’ model to a ‘health’ model will be strongly argued.

This paper discusses the challenges that educators face in addressing problem gambling and whether community education can be effective given the ‘shame’ and ‘secrecy’ that surrounds gambling. An overview of the service delivery model adopted by Gambler’s Help Northern in its community education activities will be critically presented.

Introduction

‘Addicts’, ‘pokie junkies’, a ‘disease’, an ‘illness’, a ‘disorder’. These terms are some that are frequently used in our community by people, the media, and some professionals. The use of such terms puts problem gambling behaviour into a ‘rigid’ disease framework whereby addictive behaviours are considered to be the responsibility of the individual and there is no consideration for historical, social and cultural issues (Lobsinger, 1997). This presentation will examine the difficulties that this perception poses for community educators and will argue the need to move from a ‘disease’ model to a ‘health model’ in order for education and preventative strategies to be effective. An overview of the service delivery model adopted by Gambler’s Help Northern in its community education activities will be critically presented.

Gambling: its place in our community

Gambling is a leisure activity that most adults participate in and enjoy at some level (Dickerson, Alcock, Blaszczynski, Nicholls, Williams & Maddern, 1996). It is a human practice that can be traced back through civilisation. Moody (1996) describes the existence of wildlife in their natural environment to be dominated by the elements of risk and chance, which certainly dominate gambling activities. His observations that ‘survival depends on the ability to assess the degree of danger or opportunity, and the capacity to make the appropriate response’ (p.8) can be transpired for life in the wild as well as a game of cards.

In Australia, gambling activities are widespread and prominent, and involve the staking of money or something else of value on an uncertain event that is determined either wholly by chance or partly by chance and skill. I make this distinction as some gambling
activities are determined solely by chance - for example electronic gaming machines - whereas with others a certain degree of skill may be a necessary factor to ensure success - for example blackjack. Gambling activities include lotteries, gaming, wagering and speculation. The Oxford Dictionary (1991) does not offer a definition for gambling, rather it offers the explanation of ‘play games of chance for money stakes’, ‘take risks’ and ‘risky undertaking’ for the verb ‘gamble’.

Gambling is popular and accepted in many cultures. It serves various functions in our society including recreation and entertainment, excitement and stimulation, game play, enjoyment and a hobby for some. Competitiveness, playfulness, corruption, luck, getting something for nothing, low-life and high-life culture and risk taking, are all themes identified by Ashley, (1990) which illustrate the place that gambling holds in our culture. As are the themes of self-defeat and self-destruction, superstition, and power play. When quizzing a group of ordinary community members about who gambles, most say ‘no I don’t’, when you probe a little further –

• when was the last time you bought a raffle ticket?
• does anyone play bingo?
• who goes in the lottery each week?
• did you place a ‘bet’ on the Melbourne Cup?

then you see grimaces in their faces and the hands go up.

I come from the Orthodox religion and was astounded not long ago, to attend a Sunday morning Church service and see the Priest actively encouraging the congregation to purchase raffle tickets. I must say, the intention of this ‘activity’ was to raise money for a local school, a notable cause. However, none the less, an incentive to win a prize is used as an inducement for people to part with their money - an act which has elements of chance - a chance you might win a prize- and elements of risk - you risk forfeiting your contribution. From this event and many similar others it can be concluded, that gambling activities, in one form or another, are prevalent and part of our community.

**When does the gambling become a problem?**

Problematic patterns of gambling have always coexisted with gambling itself (Lesieur & Rosenthal, 1991), however it is important to distinguish one from the other (Hammond, 1997). There are many definitions for problem gambling and most have similar themes running through them, which include references to the person’s gambling behaviour giving rise to adverse personal, economic and social impacts. Dickerson’s definition (1997): “the situation when a person’s gambling activity gives rise to harm to the individual player and/or to his or her family, and may extend to the community”, is a fairly generic, acceptable, accurate and workable version.

There is no clear point however by which to determine when a person’s gambling becomes a ‘problem’. The criteria of the amount of money and time spent gambling are in themselves inadequate measures as they are relative to a person’s available leisure time and disposable income, factors that vary enormously among socioeconomic classes. Thus, the point at which ‘gambling’ may become a ‘problem’ will vary from individual to individual.
Problems that may arise from gambling may include: financial strain, marital conflict, accumulated debts, borrowings, (Blaszczynski, Walker, Sagris & Dickerson, 1999), legal, job and study problems, and interpersonal and personal problems, such as arguments with and loss of friends and a pre-occupation with gambling (Productivity Commission, 1999). It is important to note that not all of these factors need to be present, again this will vary between individuals. An individual's inability to control the time spent at a gaming venue, might be a significant problem to them and cause no concern to someone else.

Problem gambling is best thought of along a continuum (Productivity Commission, 1999) at which one end is the vast majority of people for whom gambling is a social activity that serves as entertainment and at the other end is people who are affected with severe problems including debt and poverty, suicidal ideation and depression. In the middle are people who are affected with moderate problems as a result of gambling related activities. People can move along this continuum, so that people who initially might be gambling for recreational purposes might develop problems and people who are experiencing problems might 'gamble' again within their desired capacity. This is consistent with the clients we see at Gambler's Help services, where people initially started gambling as a recreational option and it developed into a problem and for people whom it caused severe problems to be able to 'control' and alter their gambling patterns and gamble again for fun and entertainment. Thus people move along this continuum.

**Hindrance of ‘labelling’**

The terms ‘pathological’, ‘compulsive’, ‘social’, ‘excessive’, ‘addictive’, ‘neurotic’, ‘professional’, as well as the term ‘problem’, which I have just used have all been used to describe a particular type of gambling behaviour or gambler. Dependant upon which of these terms is used a different perception of the gambling and/or the person partaking in the gambling is inferred.

Allcock & Dickerson (1986) note that the use of terms such as ‘compulsive’, ‘pathological, and ‘addictive’ carry with them the message that the person is sick or ill, which implies a ‘disease’. This implication and the use of such terms I believe is the biggest challenge facing community educators. The neutral term ‘problem’ which I have used lacks any derogatory connotations and any implicit notion of an underlying, inherent ‘disease model’ explanation of behaviour (Blaszczynski et al., 1999).

The term ‘disease is defined in the Oxford dictionary (1991) as an ‘unhealthy condition; a (specific) disorder or illness (p. 299). An ‘illness’ can be described as a sickness, or a bodily or mental ailment. An Australian Psychological Society Position paper (Blaszczynski et al., 1999) argues the position that there is no evidence that provides a strong argument in favour of the categorical ‘disease model’. A disease makes inference to a medical model, and if adopted moves problematic gambling behaviour from the social to a pathologising and very much makes it an individual problem. I argue that this is fundamentally incorrect as problem gambling is a social problem.

The other term, which I have made reference to here today, is also applied quite often and causes us community educators considerable adversity. The word is ‘addiction’ or an ‘addict’. Addiction is defined in the Dictionary of Psychology (1995) as ‘any psychological or physiological over-dependence’. The dictionary makes note that this term was originally used for dependencies where drugs altered the biochemistry of the
individual, however the line is not so clear now and the word ‘dependence’ is used as a substitute. A review of the label ‘addiction’ for five decades by David Warburton (1990), left him with the conclusion, that the use of the word is subject to substantial confusion, and this confusion occurs within the medical profession, researchers, counsellors as well as the general population (Andrew, 1997). Furthermore, the Diagnostic and Statistical Manual of Mental Disorders (1994) which is dedicated to naming diagnosis has omitted this word from its labels since 1973.

While some thoughts view gambling as a addictive disorder, (Jacobs, 1993; Rosenthal & Lesieur, 1992) the act of gambling itself does not involve the ingestion of an external substance as required by the stringent definition of a substance use addiction. It should also be noted that no studies have adequately demonstrated the concepts of tolerance & withdrawal (Blaszczynski et al., 1999).

As I am neither a psychologist, nor a medical expert, nor have I a background in addictions, I do not wish to be drawn into a discussion about whether gambling is ‘addictive’. Rather in my role as a community educator I wish to focus on the perception that the community adopts from the usage of the word ‘addiction’.

A fellow colleague, Stephen Andrew (1997), strongly argues the accuracy of the word ‘addiction’ and examines the beliefs that are held by its usage. From a small sample of letters published in a leading Melbourne newspaper he concluded that a significant portion of the community “believe addictions are freely chosen, that addicts are morally and legally corrupt, and as such do not deserve our support, sympathy or assistance” (p.14). Given these connotations, who would want to be identified or associated with this perception?

The word ‘addiction’ also implies an illness and as such again we are drawn back into the medical model, which puts the onus of responsibility on the individual and does not consider historical, social or cultural issues.

Labelling people in such a way posses difficulties as people do not wish to be identified and are more reluctant to seek assistance. This labelling leads to shame, guilt and social stigma, thus people hide their gambling difficulties by denial, secrets and lies.

Furthermore, the concepts of ‘disease’ and ‘addiction’, which are endorsed by groups such as Gambler’s Anonymous, may not be helpful to the client when endeavouring to alter their problematic gambling patterns. People will be committed and will persist with altering their behaviour if they want to and if they believe they can do so (Allsop, 1990). If one believes that they are ‘addicts’ and that they have a ‘disease’ which is a fundamental flaw in their disposition, they are more likely to abandon their attempt to alter their problematic gambling behaviour given the first signs of adversity.

**Gambling - a social health model**

Gambling is a risk taking activity and therefore anyone that participates adopts risky behaviour. Risky behaviour can constitute ill-health (WHO, 1986).

The health of individuals and the community is affected by social and community influences, living and working conditions, and broad socioeconomic, cultural and environmental conditions. Given the availability of gambling opportunities, and social and
cultural influences it is important to shift the focus away from the individual to a wider social context.

As documented in various reports, the last two decades has seen changes in the economic and political climate which has legalised the growth of the gambling industry. This growth has seen an expansion in existing forms of gambling as well as the introduction of new forms. In Victoria, my home state, electronic gaming machines, a huge casino complex and many other forms of gambling activities such as keno, instant scratchies and internet gambling are “all the rave”.

These social changes have granted more people the opportunity to gamble and consequently has placed them at risk of developing gambling problems (Blaszczynski et al., 1999). As documented by the Public Health Association of Australia (1998), gambling can cause mental, social, legal and physical health problems, some of which I have mentioned previously in this paper. The research undertaking by the Productivity Commission (1999) estimated that 1% of Australia’s adult population have severe problems with their gambling, and another 1.1% have moderate problems. It was further estimated that each person experiencing problems with their gambling will affect another 5-10 people. These people includes family members, friends and work colleagues. A sizeable proportion don’t you think? Furthermore, problem gambling may also impact on the community, in terms of lost productivity, increased pressures on financial, legal, and social services, and criminal behaviour (PHA, 1998).

**Gambling and harm minimization**

In a society where ‘gambling’ is a legalised activity and where it has been proven that there are certain ‘risks’ associated with the consumption/participation in this product, the government or legislative body has a responsibility to supply this product in an appropriate manner to minimise the harm that can be caused.

Harm minimisation is also referred to as ‘harm reduction’, brisk minimisation’ arid secondary prevention’. A public health model includes the central premise of harm reduction and places emphasis on the protection of the community. Harm minimisation can be defined as ‘an approach in which an attempt is made to reduce or minimise the harm towards an individual or others through changing from high risk behaviour, to safer behaviour’ (Vellermen & Rigby, 1989). When use of a risky activity occurs and is difficult to curtail the use, the primary concern should then shift to reduce the harm that can occur.

Health departments and governments readily use intervention through the use of harm minimising community education campaigns where there is an element of risk involved to the well-being of the community. Examples of such public health campaigns include:

- the QUIT campaign targeting smoking and smokers,
- the hard hitting traffic accident prevention campaign instigated by the Traffic Accident Commission in Victoria,
- the Safe Sex campaign,
- the Grim Reaper AIDS prevention campaign; and
- the recent dramatic campaign aimed at the prevention of skin cancer.
A harm reduction strategy therefore is an appropriate tool of intervention with gambling as it focuses on reducing and preventing the harm associated with this product. This is a very simple concept but readily misunderstood by various sectors of our community. As community educators in the gambling arena, we are constantly inundated with questions. The government has legislated the pokies, why have they also funded gambling help services? What education does the government want us to receive about gambling, they just want to get more money in taxes from gambling? Are the authorities trying to cover-up the real situation? They just want to appear to be doing something. And how should the community be expected to understand this concept on the offset - we must always remember that we are a culturally & linguistically diverse community. Overseas countries either have total prohibition or free for all gambling. And even in countries where gambling is legalised, access is restricted to the local community. Primary intervention through education, and secondary intervention through protecting the users are necessary factors to assisting people to make informed decisions and minimise the risks that people are taking when gambling.

The aims of community education

Gambler’s Help Northern, a recent name I must add, (previously referred to as Break Even Northern), is funded as part of the Victorian State Government’s Problem Gambling Strategy to provide services to the community in relation to problem gambling. The services we provide include problem gambling counselling, financial counselling, the provision of culturally and linguistically diverse programs and community education. The work undertaken by Gambler’s Help Northern in its community education has aimed to promote the service to clients, the community, the regional service network and gaming venues and the development of preventative and educational strategies to reduce the incidence of problem gambling. The service has adopted a primary harm reduction strategy aimed at the early recognition of developing gambling problems. raising community awareness of the possible risks associated with gambling and the promotion of responsible gambling.

Techniques employed to target specific groups and the general community have included:

a. professional development and training sessions
b. speaking engagements, presentations and radio interviews
c. gaming venue liaison and training at a local and statewide level
d. the production of a bi-yearly service newsletter
e. purchasing of local print advertising and the strategic placing of articles in newspapers, journals and newsletters
f. sponsorship and participation in community festivals and ‘health’ awareness activities.

Various information products have been developed and used by the service in its community education activities including pens, notepads, balloons, posters, cards, self help booklets and ‘tip sheets’.

The aims and objectives of our community education strategy have been:

• to promote the Gambler’s Help service in the broader community
• to assist people to identify the early warning signs of problem gambling
• increase the community awareness of the existence and nature of problem gambling
• to design and deliver harm minimisation messages to the community in relation to problem gambling
• to provide people with gambling problems with support and information as to where to obtain help
• to provide families and friends of people with problem gambling with information, support and skills
• to provide a culturally sensitive service targeting specific ethnic groups within the region
• to increase the number of people with a gambling problem who seek assistance
• to provide professionals working within the financial, health, welfare and gambling fields with information and skills to assist people with gambling problems
• to facilitate appropriate referral networks between the Gambler’s Help service, the regional service network and gaming facilities.

Challenges facing community educators

As community educators we have encountered many challengers, minimising the harm and promoting responsible gambling is no easy feat! However, before we even assess how effective we have been at this level, we need to overcome our biggest challenge so that the community is openly talking about gambling and problem gambling. As I have previously stated in this presentation, the key challenge has been the concepts of ‘disease and ‘addiction’ which plagues people’s perception and deters them from seeking information, support and assistance if required. “Those who fall into problem gambling are silent about it because gambling is a no-no” (Marginson, 1997). One of the most difficult tasks in conducting education in relation to problem gambling has been gathering an audience. When we have a ready community group to present to, we have an audience, when we however program forums and community events we have difficulty in gathering people to attend. The reason behind this we have determined, is that people do not want to appear to want or need education about gambling, as this might signify that they are ‘addicted’ and they are sick’. When we attend festivals and community days, we tend to be the stall that no one wants to approach. And those that do approach, once realising that we are a problem gambling service, quickly state “I don’t have a gambling problem - I don’t need this information”. We have learnt to use inducements, such as pens and balloons for the kids, for people to take away our information and hopefully take it home to read. I have now come to the conclusion that having stalls on such days might not be as effective. Getting publicity on these days by some other means, given the costs in hiring a stall, preparation and staffing, might be more effective. Major sponsorship to get the service name recognised might be the way to go.

Another challenge I have encountered when attempting to deliver gambling education in an innovative way - through the concept of ‘responsible gambling education course’ at a neighbourhood house has been the accusation that we might be encouraging people to gamble. Again we need to move towards openly talking about gambling and to educate the community, young and old, through the school system and through our community processes about ‘gambling’ in general. Gambling is in our community, it is part of our lifestyle and we need to view it as such.
Successful Community Education Strategies

Some means of education have proven to be quite successful and they have tended to be the ones where information can be passed on in a confidential manner. Successful strategies have included:

- professional development and training with other professionals;
- local print advertising and the strategic placing of articles in relation to problem gambling so that people can read information in the privacy of their homes;
- the production of a service newsletter, which provides a vast range of information has proven to be an effective tool for information dissemination
- radio interviews, have also proven to be a success, especially with culturally and linguistically diverse communities

another successful strategy was the placing of a static board with take-away information in waiting areas of health centres and welfare agencies. People could wander and read information without feeling intimidated by having a person present.

Conclusion

In conclusion, I would like to draw attention to the theme of this conference - Lessons from the Past. We as professionals, as a community and individuals need to step back and examine what we have set out to achieve, what have been our obstacles and what has been achieved. We need to reassess the what, the why and the how. As Government funded services, as practitioners in the field and as individuals we need to set the standards and pave the way through the language we speak, our actions and through the activities we undertake to overturn the perceptions of ‘addictions’ and ‘disease’ and move away from placing blame on the ‘individual’ towards a ‘social’ understanding of gambling. Only then will the secrecy, shame & guilt that people who are experiencing problem gambling behaviour be overcome and people will begin to openly talk.

References


THE BREAKEVEN SECRETARIAT - “TOWARDS AN INTEGRATED SERVICE SYSTEM”

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Introduction

Consistent with the theme of the Conference, I wish to draw from ‘Lessons of the Past’ in describing the reasons for the formation of the Secretariat, and what they teach us for the future.

The BreakEven Secretariat is the name given to the way problem gambling services in Victoria organise cross regional activities, promote good practice, advocate on behalf of member organisations, liaise with Industry bodies and lobby Government. It has no legal standing, no staff and no money, yet it has been reasonably effective in its activities. The Secretariat is built on goodwill and cooperation and based on a common understanding of the ways in which individuals in the community can be affected by problem gambling behaviour. It emerged from the needs of a dispersed service sector seeking a collective way forward.

A Brief History

Legislation for the introduction of gambling in Victoria in 1992 included the requirement that a Community Support Fund be established. The Fund is derived from a levy of around 1% on the turnover on gaming machines within the hotel sector. One of the specified purposes of that fund was to provide services to assist problem gamblers. Electronic gaming machines began operating in 1994 and in the same year, the Department of Human Services made application to the CSF to provide services within each region of the State. Break Even Services began operating in a small way in each region in 1995, as did the telephone counselling service, G-line. However it wasn’t until 1996 that those services were promoted in any way through the media. The service system was therefore relatively slow in developing a client base, and few clients were seen in the first two years of operation.

The fledgling services established in each region were quite specialised and not just an extension of generalist services. Counsellors employed were required to have a minimum of five years clinical experience, and many came from fields considered related to ‘addictive’ behaviours. The approaches undertaken in each region varied. There was no prescribed way of working with problem gamblers and there was an interest and enquiry amongst the practitioners about different ways of working. It was important to share knowledge and learn from experience.

The services began to meet regularly to discuss how they should operate, what training would be useful, how they could promote themselves to the community, and what relationships would be appropriate with the Industry and with Government. It is not always easy for services from different sectors and auspice agencies to cooperate to the extent that was occurring in Break Even. The services were auspiced
by community health centres, statewide and local family support agencies, a relationship
counselling agency, drug and alcohol services, and a travellers’ aid agency. This was
potentially quite a fragmented assortment of agencies to be working together.
A common sense of purpose helped keep the agencies focussed. This is perhaps best
defined in our Mission Statement.

“The Break Even Secretariat represents and advances the interests, experience and
expertise of Break Even problem gambling services and their workers in the State of
Victoria. It aims to promote the continuous development of high quality, innovative
service delivery.”

The Rationale

One on the early joint tasks identified was to promote the services to ensure that people
needing them could find them. The role of Community Education and Gaming Facility
Liaison Officers, or CEGFLO’s as they are known in Victoria, was established. Services
also contributed to an advertising campaign being designed by the Victorian Council on
Problem Gambling which began running in 1996. Many people in Victoria still remember
the depiction of a mother stealing from her teenage son’s money box in order to gamble.
It was a very effective campaign in gaining client numbers. In some ways it seemed too
effective for a government facing increasing criticism from organisations such as the
Inter Church Gambling Taskforce and a growing public awareness of the problem.
At this time the work Break Even was doing became subject to intense government
scrutiny. Services were allowed not to discuss client numbers, percentage increases,
perceptions of the need for our services, or comment on any way on the Industry.
Individual agencies experienced having their funding threatened over anonymous
reports to Government of comments made in community education sessions that might
have been construed as anti-gambling.

The first advertising campaign was withdrawn fairly quickly. Services were advised by
Government that its main fault was that it was alarmist. The community was starting to
think that the problem was bigger than it was! The sector felt under siege not only from
Government but from an Industry suspicious of its motives. Services that had until then
met for reasons of cooperation and joint development, were now meeting as a means of
survival.

The Organisation

As a result, the Break Even Secretariat was formed in 1997 and formally put together its
statement of purpose, operating arrangements, and a media protocol. The protocol
aimed to protect individual agencies, but reserved the right for statements of collective
concern to be issued. It didn’t make many public statements but it did set down the rules
under which it would. More importantly, it put the most contentious issue aside. It
reassured Government and Industry about its responsible approach and allowed us to
get on with more important collaborative work.

Currently there are 17 agencies funded through DHS to provide problem gambling
services in Victoria, and almost 100 individuals are engaged as counsellors, community
educators and in language specific programs.
The Secretariat structure comprised one representative from each region of the State and they would meet on a bi-monthly basis. The meetings provided a single access point for Government and the Industry. Specific working groups with clear objectives would report to the Secretariat. We were simply coordinating our activities across the State - an obvious strategy, but one that had been overlooked. A service system means more than a number of separate services doing their own thing.

The Community Education and Gaming Facilities Liaison Officers are the driving force in most of the activities of the Secretariat. They initially came together to cooperatively develop and coordinate community education strategies. They have achieved this on many levels by targeting population segments and specific communities across regions. They exchange information on innovative approaches and collaboratively develop and produce materials that would be beyond the reach of individual agencies.

The Gaming Industry working group comprised senior Industry spokespeople and CEGFLO’s working towards an integrated approach to assisting patrons experiencing gambling related harm. Over time, the charter of this group has refined and it is now called the Victorian Responsible Gaming Consultative Group. It is a forum in which cards can be laid on the table. If we have a problem or they have a problem - we take it there. The Youth Issues working group aimed to research, develop and document a range of community education and harm minimisation strategies in relation to working with young people. Their joint presentation at this Conference provides an excellent example of how well the services work together.

The Multicultural Issues group has provided professional development on ways of working with different communities. It has also developed self-help materials for Spanish speaking communities, joint promotion of services to the Vietnamese community, training in working with the Koori community, promoted Greek specific programs in the media and, provided a Chinese language telephone counselling service. There are currently plans for a major Multicultural Conference next year.

The Women’s Interest Group was one of the early developments of services as the differences in presentations between men and women were apparent. The group was involved in the phone-in which resulted in the Queen of Hearts report by the Financial and Consumer Rights Council. They have been engaged in a Women’s Expo and a number of studies into women and gambling, including the Department’s research - ‘Playing for Time’.

An Older Persons’ working group began meeting in response to the Industry targeting this population segment and promoting gaming venues as a sociable place to meet friends. Break Even counsellors were already seeing older clients who had lost their savings, superannuation, and homes due to excessive gambling. A strategy of advertising in magazines aimed at this age group as well as attending an Older Persons Expo was initiated.

The AMA working group is one of those areas where the Secretariat could contribute more if it had some dedicated resources. At the moment one of the members is contributing to the development of a resource kit for GP’s which has some funding from the Federal government. But we believe we could be doing more. Professional Development for counsellors was recently re-introduced through the cooperative efforts of two agencies, who surveyed the needs, and provided workshops

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on a cost-recovery basis. In the past year they have provided training on couples work, unresolved grief, and gestalt therapy.

Extra Curricula Activities

In addition to the ongoing working groups, there were some projects to which the services committed time and energy. In 1998, a full day seminar, ‘Winners and Losers’ was organised in conjunction with members of the Financial and Consumer Rights Council. The aim was to examine problem gambling issues as they presenting in the Legal and Financial sectors. Speakers from the Criminal jurisdiction and from various financial institutions participated and were pleased to begin a dialogue. Unfortunately, many of the issues haven’t been followed up due to lack of resources, although it did lead to a professional development session for Magistrates in Melbourne, clarifying some of the underlying issues present in crimes related to problem gambling. A further development from this seminar was the establishment of a working party with Corrections in developing a more creative approach to Community Based and Intensive Correctional Orders related to gambling.

In 1999, a joint submission to the public hearings of the Productivity Commission was a enabled us to promote what our collective wisdom told us would be useful to the client group we had been working with over the past five years. Initially we would not have expected to be mounting an argument for publicly funded services, however, the ACIL submission from Industry had put forward an argument against public funding which was in our view needed rebuttal. We were not alone in that view.

The major new idea we contributed was that of smart cards. We saw the possibilities of using the same type of technology to build in some safety mechanisms. A card on which people could pre-set their limits, one that would interrupt play periodically and remind the player of the duration of play and provide progressive win and loss totals was suggested. We argued that the card should be necessary to instigate play and that it could be cancelled to prevent play more easily than current self-exclusion. We wanted a mechanism that brought the player back to making informed decisions during the course of play - to interrupt the continuity that seems to entrap our clients. We also had to admit that we didn’t know if it would work - it was an opinion on how to minimise harm - but, at least we would like to see it researched as there is not enough known to make anyone certain of the answers.

I would suggest that had we not had the mechanism of the Secretariat, it is doubtful that individual agencies would have risked losing their funding to make such statements. It is certain that we would not have had the opportunity to pool our ideas and talk through the issues as well as we did. The consultation, drafts and re-drafts were extensive. Having moved into the public arena again, we got a taste for it. The aforementioned media protocol had been drafted at a time when we needed to reassure those who thought us irresponsible, but also to agree amongst ourselves that we were not going to be cavalier with the press. If we spoke it was going to be with one voice, but a much more powerful voice. We were absolutely agreed about this one.

It was a good thing that we had found our voice, because the change of Government in Victoria brought with it a consultative approach by Ministers who really wanted to hear our views. In an early meeting with the Minister for Community Services, the Hon Christine Campbell, we just checked out whether it was true that we were allowed to
The Minister Responsible for Gaming, John Pandazopoulos, even released a Consultation Paper and asked for submissions. So Break Even put forward its collective views including the need for on-screen warnings. We may not have been totally successful, but, I note that the Minister has announced that warnings are to be placed on machines at least.

We have also met with the Government to promote the work that the Secretariat has done and suggest that it could do a lot more with a little resourcing. We consider that the organisation which we have initiated has improved the service system. I think that the Secretariat has probably contributed to maintaining a fairly stable service system, and that the re-tendering of services with few changes last year is an endorsement of our service system. The Secretariat continues to meet and, having learnt from the past, is now looking to the future.

Over recent months our services have met with the Minister for Community Services and had extensive consultation with her Department in helping to shape a new advertising campaign. The campaign aims to help people recognise some of the ways in which gambling can become problematic, to make them aware of the potential loses, and encourage them to take action. It provides a small glimpse of counselling as offering help and hope to individuals who have been affected. I believe it will communicate the issues well and expect that it will increase the workload of our services significantly.

For those who haven’t seen it, the theme is “Think about what you’re really gambling with”.
• Are you gambling with the feelings of those you love...
• Are you gambling with your family’s security and happiness...
• Are you gambling with the trust your parent’s have in you...
• Are you gambling with your own potential with the respect of your friends, with the roof over your children’s heads..., with money you can’t afford to lose?

I hope it will be successful in getting people to identify the problem earlier and to get help in dealing with it.

Astute observers will also have noticed that the name of the services has changed. Gambler’s Help is now the name of all government funded services - the 24 hour telephone counselling service as well as all regional services. It will take a bit of time to get used to a new name, but in the long run I think it will be useful in that the name of our services will be better known, and it will be easier to find, in phonebooks and on the net. Break Even was never promoted through any advertising, and it’s not a term one readily associates with gambling. Nonetheless, we are still called the Break Even Secretariat until such time as we have a meeting to determine otherwise.

**Future Plans**

Our plans for the future are extensive. We look forward to working in partnership with a government that is keen to encourage the sector’s contribution to service development. Some of the ideas we have put to Government include a statewide conference on Gambling and Multicultural Issues. It is planned for March 16 next year and has a commitment from services towards funding. We are hopeful of a government contribution also. The aim of the day will be to increase the profile of problem gambling
issues within culturally diverse communities and facilitate linkages with Break Even Services.

Whilst Break Even is well placed in providing both counselling and community education in a number of languages, and has trialled different ways of working with other communities. Amongst the Statewide network we have the languages of some eighteen different cultures. But we don’t by any means think we know it all. The day will actively encourage participation from ethno-specific agencies and we hope to learn a great deal more.

A number of services have been working with young people and are keen to see a more structured approach to harm minimisation and community education. The workshop presented yesterday should leave you in no doubt of the quality of their work and the enthusiasm with which they approach it. An extension of this work would be welcomed.

As mentioned earlier, some preliminary work has been done with the AMA in developing a kit for general practitioners, and we want to build on that work. Individuals affected by the shame of problem gambling may well disclose to a trusted GP, and effective referral would benefit the client as well as the usually overworked doctor.

We believe that we have demonstrated the need for, and benefit of, coordination across services. We are also aware that to a large extent our rural services, particularly the remote areas are not always able to participate in within our current format. Resourcing will improve communication on a regular basis, but we have also suggested an annual two day Conference with practitioner workshops and Professional Development would be more accessible to rural services.

Conclusion

Break Even has had an ongoing interest in professional development for counsellors and community educators. Initially the services organised their own training with peer presentations and guest speakers. For a period that training was contracted through the Financial and Consumer Rights Council. This year cooperative user pays organisation has resumed for a number of interesting and well attended sessions dealing with couples work, unresolved grief issues, and Gestalt therapy.

In the past, Break Even has contributed to a Departmental Problem Gambling Reference Group, we would hope tat this re-emerges in some form. It would be nonsense for the expertise developed within the sector were not readily available to government. Good practice and good policy development need to go hand in hand.

A number of other issues which we wanted to address have already been acted on by Government. These include Advertising Effectiveness, increased research, regulation of advertising and freedom of speech. I can only commend the Ministers for acting so quickly on our concerns. Perhaps they were shared concerns.

In conclusion, the programs available for problem gamblers are relatively new, but as a specialised sector they have gained insight and expertise into this problem which we readily concede only affects a small percentage of the population. That small population group does however deserve the most effective services available and they are
constantly being improved through the collaborative approach of services, as well as the research and evaluation methods already in place.

I commend such an approach and trust that colleagues in other States have found it interesting - even though it is little more than common sense in my view.
BANKING SECTOR - PRODUCTS & SERVICES TO ASSIST IN CONTROLLING EXPENDITURE

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ABSTRACT

Opportunity to gamble is a primary factor in developing and maintaining problem gambling. Opportunity is most often represented as available time, money, and access to gambling facilities. Gambling in the context of this paper, is meant to include all legal forms of gambling in Australia, and particularly gaming machines, casino games, and betting. This paper will focus on personal (non-business) financial management of cash flow, and strategies for voluntary control of expenditure — utilising existing Products and Services in the Banking sector, to assist in controlling access to money for gambling (or other) expenditure that is creating social and economic harm. The non-Banking sector is also considered. Related, secondary aims include debt repayment, and enhanced capacity for savings.

Introduction

A significant proportion of clients presenting for therapy, may experience financial and legal problems related to problem gambling, on a continuum ranging from moderate to severe. As a qualified social worker working for over five years as a full-time counsellor employed with Centacare-Break Even, my duties include Financial Counselling. This paper represents significant aspects of my practice and training, and reflects concerns and strategies from client case histories. While considerable effort has been made to provide accurate information at the time of preparing this paper, it is recommended that readers check information re specific products and services, fees and charges, due to their changing nature. It is emphasised that the material presented herein has not been the subject of evaluative research.

To enable people to have control over their gambling, it is a fairly commonly held view that people need control over their finances, particularly control over their access to cash with which to gamble. I contend that this is an integral part of any recovery process for problem gambling. This paper presents a framework of processes and strategies that counsellors may consider in their work with clients, starting with Assessment of financial position, identifying strategies for debt resolution, action plan for debt management, and enhanced capacity for savings. Then we look at Cash Flow management of personal finance, trends, Products and Services and options, and finally options to consider in choosing the ‘right’ Personal Transaction/Savings everyday accounts.

The aims of strategies outlined herein are:

• To enhance quality of living;
• To assist potential for surplus income/savings/investments, or other goals;
• To limit use of credit; and
To simplify personal financial management

Assessment — Personal Financial Management (non-business)

Work out a comprehensive budget planner of all Income and Expenditure including standard payments and allowances for non-standard payments and expenses. Identify any surplus or shortfall between income and expenditure.

Compile a list of all significant Assets and Liabilities — refer following checklists as a guide:

**ASSETS** — include current market values, and maturity dates where applicable — Real Property — Home (and Land); Other; Cash at Bank — at call (savings, cheque, at call deposits); Fixed Term Deposits; Managed Funds; Shares; Other Investments: Superannuation (only if appropriate to short-term realisation — e.g. early retirement (mm. age 55 years) and non-preserved amount); Life/endowment policies (if potential collateral for secured loans); Motor vehicles/other vehicles and their estimated current market value; Significant domestic/personal valuables and their estimated current market value; Debts or other payments owing to clients, and able to be recovered.

**LIABILITIES** — include name of creditor, if secured or unsecured creditor and value of item secured, type of contract, account number and interest rate, date contract commenced and finalisation date of contract, standard repayments and due dates, current debit balance, total of any arrears. Examples of Liabilities:

**SECURED CREDITORS** — Home mortgage/s; Home Equity Loans; Mortgage/s — other real property; Car and other secured Loans/Contracts. **UNSECURED CREDITORS** — Credit cards; Debit cards (e.g. Visa — Visa offer debit or credit cards); Charge cards (e.g. American Express, Diners Club); Store/Retail Credit/Charge cards (purchases only); Bank or other personal overdrafts; Personal Loans (Banking sector or non-Banking sector); Credit contracts (unsecured); Lease contracts (including rental/buy); Rental (only) contracts/accounts (non-housing); Insurances (life, household, motor vehicles, etc.); Life assurance/endowment policies; Store/Retail accounts; Pawnbrokers; Lay-bys; Any liabilities as a guarantor; Personal loans from family/friends; any other enforceable debts/arrears (e.g. Aust. Tax. Office, Child Support, Govt. fines).

Compare total values, of Assets and Liabilities — obtain overall value of net worth (total value Assets minus total value Liabilities) — surplus or deficit. If known, record any information re current personal Credit Rating of client/s — if appropriate, advise client/s how to obtain a personal credit report (e.g. by contacting Credit Advantage, Public Enquiries: Ph: (02) 9464 6000). This information may be essential if client/s are considering applying for credit or loans. Identify strategies for rationalisation of client debt problems and debt management (immediate, short to medium term). Strategies may consider:

- priority of debts and arrears related to creditor current and potential demands, and
- related timeframes for repayment demands and potential for negotiation, and
- priorities and preferences for action.
- any assets that may be realised towards repayment of debts and arrears, and

- related timeframes for realisation, any potential losses/profits involved in such realisation, and priorities and preferences for action.

Assess capacity for debt repayment from Budget Planner, compare this with existing assets and liabilities, overall net worth, and options as noted above — develop strategies to rationalise debt problems, build into comprehensive framework or action plan to rationalise debt problems and debt management.

Assess realistic potential for increasing income, including clients gaining additional or changed employment; assess potential for increasing disposable income through reduction or cessation of gambling expenditure, or other non-essential lifestyle factors, or changes in other spending factors.

Strategies to rationalise debt problems (from existing income) may cover a range from financial to combined financial/legal strategies. These may include one or more of:

Renegotiate with creditors, affordable lower instalments over one or more contracts, including home mortgage, personal loans/overdrafts, credit cards — encourage client/s to surrender existing credit cards, store/retail debit cards or other debit cards, and instruct such creditors they wish no further credit or debits to be utilised on their accounts/s.

Negotiate with creditors to waive part or whole of debt, perhaps in return for lower lump sum settlement, or in cases of total long-term incapacity to repay, waiving major part of debt, and low installments for balance, or waiving whole of debt.

Negotiate for a moratorium on repayments, to enable ‘catch-up’ time. This may be for a month, or more, or even for less than a week as in the case of pending cut-off for essential services such as electricity, phone. The purpose is to enable client/s to buy time to arrange some resolution of problems, and may apply for all creditors, or selected creditors. The likelihood of creditors agreeing to a moratorium, may depend on anticipated future capacity to resolve debt problems, or any special consideration of hardship, and on the goodwill of individual creditors.

Where client has satisfactory credit rating and capacity to repay, explore option of consolidation of smaller debts into one personal loan, preferably with mainstream financial institution with lower range interest rates. Where client has Home Equity Loan, explore possibility of incorporating smaller debts into loan. Peruse credit / loan contracts for any legal potential to dispute conditions/terms. Assess potential to surrender items under secured credit/loan contracts (e.g. car loans), and impact of any related obligations to repay balance of debt post-surrender.

Assess advantage of referring clients/s for legal advice/opinions, where appropriate, especially if complex legal action is in process! Pending/potential bankruptcy — any potential for petition by clients, or creditors applying for bankruptcy of client/s — or any other potential action relating to bankruptcy legislation. Potential for application of punitive provisions contained in bankruptcy legislation (Section 271 Bankruptcy Act 1966) if gambling can be identified as materially contributing to cause of
bankruptcy. Essential to explore this with client/s. and recommend referral to appropriate legal advice prior to any action being taken re bankruptcy.

Establish if client/s are existing clients of accountants or bank advisors, or other financial advisors, extent of any such consultations, and any potential advantage to client/s through referral to any such advisors. Before making any such referrals, check qualifications of such advisors, and appropriate registration with professional bodies e.g. Financial Planning Assoc. of Australia Ltd., or CPA Australia (Certified Practising Accountants).

In all instances where a financial counsellor is in external consultation with creditors or others, it may be essential for counsellor to first obtain client/s preferably written consent/authority to so do.

This list is by no means exhaustive, and can certainly be expanded.

**Action Plan — Debt Management**

In collaboration with client/s, develop action plan, to enable informed decision-making by clients. Clients need to be fully involved in this process — ultimately, it is the client/s who will be responsible for maintaining any necessary action to resolve their situation. Compare Budget Planner, list of Assets and Liabilities, and Debt Management strategies.

Assess balance of disposable income after allowing for basic essentials for everyday living, which can be applied to repayment of secured and unsecured creditors - cross-check payments listed in Budget Planner, and liabilities in list of Assets and Liabilities, to ensure all repayments are noted. Note any items in Budget Planner which could realistically and reasonably be reduced or eliminated, without causing undue hardship, loss or risk to personal security (e.g. some insurances, life, motor vehicle, household, etc.)

Compare priorities for debt repayment, and available disposable income, with Debt Management strategies, including debt rationalisation strategies from existing income, and develop a Debt Management Proposal or Action Plan, noting: WHO IS TO DO WHAT, WHEN, AND HOW —and especially any options for negotiation with creditors. Important — for client/s to be honest with creditors, and not promise to pay installments that they can’t afford to maintain.

**Enhanced capacity for savings**

Having completed previous steps — preparing Budget Planner, List of Assets and Liabilities, identifying strategies for rationalisation of debt problems and debt management, and developing Proposal or Action Plan for Debt Management — it should now be clearer what capacity there may be for accumulating Savings. This of course will depend on balance of disposable income or balance of any assets following any realisation of same, after satisfying creditors either by lump sum payments or by negotiated repayment by installments. It is important even where there is little capacity left for savings, that some level of savings be budgeted for, even if to provide for emergencies, and this should be allowed in Budget Planner.
Where it has been identified that there is in fact a capacity for savings, the advantage of establishing savings goal/s and specific savings plans, should be explored with client’s, and investment options considered, especially sound investments with restricted withdrawal facilities — e.g. Managed Funds, Interest Bearing Term Deposits, or specific target savings accounts and Christmas Club accounts. It may be useful to discuss with clients options for referral to qualified and registered investment advisors — e.g. Financial Planners — available through some Banks, Credit Unions or Building Societies, or advisors in private practice, including accountancy firms with qualified financial planners.

Explore with client’s, desirability and capacity to reduce debts more quickly, particularly smaller debts/loans and credit card balances, and possibly paying extra on home mortgage repayments — where there is nil or minimal penalties for earlier repayment — while retaining some savings capacity. This could be a reward for seeing money diverted from gambling, to debt reduction and greater financial security.

Anecdotal reports from clients tend to support the effectiveness of such strategies outlined here, especially those which give immediate to short-term relief (1 month to 6-12 months), via debt management proposals and compromise agreements with creditors. Medium-term to longer-term strategies tend to be more difficult to evaluate, due to minimal feedback from clients, and tendency for client retention to favour immediate to short-term rates.

It is emphasised that such strategies and approaches to assessment of client resources, debt problems and proposals for debt management, can be utilised in a relatively short space of time, over two to three counselling sessions — given client co-operation, access to relevant documentation, and practice experience of counsellors. Some client situations, and counsellor approaches, may allow for less comprehensive assessments and proposals, perhaps a ‘short-hand’ version.

Cash Flow Management - Personal (Non-Business) Finance, Utilising Banking Sector Products And Services - Personal Transaction Accounts

Bank includes banks, credit unions, and building societies. Some facilities may not be available at all institutions/agencies.

Objective — to assist careful budgeting, to meet financial commitments, and restrict access to cash withdrawals, especially cash which may be used for gambling (or other) purposes which are causing social or economic harm — and assumes that a prior comprehensive budget of income and expenditure has been worked out with client/s. A probable Golden Rule for personal financial management, is to keep it simple, manageable, as cost-effective as possible, and as flexible or controlled as individual aims for financial security will allow. The following model is one that I frequently use with clients, and one which I particularly recommend to clients with difficulty in maintaining a careful budget, and it is particularly designed to limit access to cash withdrawals, and credit cards.

KEY FUNCTION: Channel all Income into one main Bill Paying and optional Savings, account, with limited cash withdrawal facilities, and no linked accounts. Deploy/transfer funds via authorised Direct Debit Transfers to one Everyday Account, and optional Savings/Special purpose accounts.
Regular Income:
Salary/wages –
Pension –
Other 

Bill Paying account, with
Optional Savings allowance
Direct Debits (electronic) – Mortgages,
Loans, Rent – standard repayments
Periodical Payments (optional)
  electronic, Standard, or Non-
  Standard payments as advised
to financial institution
Bpay (Phone Banking)
Savings allowance
Allowance for direct transfers to

ACCOUNT OPTIONS –
Savings Passbook Account, with
Over-the-counter cash withdrawals,
no ATM/EFTPOS or cheque book
access, and no linked accounts.
Savings Account with ATM access
and voluntary reduced Daily Limit
for ATM cash withdrawals,
no EFTPOS, no cheque book access,
and no linked accounts.

Everyday account –
clothing, entertainment, etc.
ACCOUNT OPTIONS –
Savings account with ATM/
EFTPOS access, and optional
cheque book access.
Optional, voluntary reduced
Daily Limit for ATM cash
and EFTPOS withdrawals.
NO LINKED ACCOUNTS

SEPARATE – optional Credit Card
One only – preferably none
Convenience Use only
Minimal Credit Limit

OPTIONAL – TRANSFERS
OF SURPLUS INCOME /
SURPLUS SAVINGS – FROM
MAIN ACCOUNT TO
.. Short-term special purpose
Savings A/c - e.g. Holidays
.. Target / Christmas Club A/c’s
.. Savings Plans/Investments
This account structure may be useful for persons with regular salary/wages, and persons dependant on Government Pensions or Benefits/Allowances or other limited incomes, or retirees with private pensions or annuities. Feedback from clients has indicated that this account structure, adapted to individual needs, can be effective in controlling expenditure and enhancing savings capacity, and relatively convenient to operate — any inconvenience in terms of access to savings and cash, and no linked accounts, is more than offset by the advantages of restricting money available for gambling, and reducing excessive use of credit cards/accounts. Many clients are familiar with and use, combinations of ATM machines, phone banking facilities, Bpay, and direct debits, while others may prefer over-the-counter withdrawals. Other options utilised may include non-banking sector payments and withdrawals, such as giroPOST, POSTbillpay, or payment facilities available through Centrelink for selected payments via Centrepay. Few clients indicate use of Internet Banking facilities, and this may be partly due to inexperience, lack of access to personal computers, and socio-economic situations, as well as personal preferences.

The choice of financial institution and type of transaction accounts, may depend on personal preferences, loyalties, and experience and comfort with operating such accounts, as well as fees and charges. However, fees and charges may not be as significant as the benefits of budget compliance, and restricting money available for gambling or other negative purposes — and maximising financial security and quality of living.

It is useful early in work with clients, to obtain data re their current financial budgeting and financial management and preferences — to assess and inform, any possible options for re-structure of financial management and re-framing of budgeting, and strategies for control of expenditure. To assist this process, refer to the following checklist of main payment instruments and withdrawal facilities.

### PERSONAL TRANSACTIONS - BANKING & NON-BANKING SECTORS

#### CHECKLIST - (MAIN) PAYMENT INSTRUMENTS/WITHDRAWALS

**Payment Instruments — Banking Sector:**

**CHEQUES (Personal)** — Written and negotiated through The Clearing System — cheques attract Govt. Debits Tax

**BANK CHEQUES**

**Electronic:**
- DIRECT ENTRY — direct debit — direct credit - periodical payments, with options of authorised creditor direct withdrawal on consumer accounts, or banking institutions pay creditor on instructions from consumer
- Debit cards (e.g. Visa)
- Credit cards
- Charge cards (e.g. American Express, Diners Club)
- Eftpos: debit, savings/cheque, or credit accounts, transfers or bill payments from accounts using self-service banking facilities, through — Internet or Phone banking
- Payment orders/authorities, automated transfers for Same Bank transfer from account/s to pay repayments on loans/mortgages, overdrafts, or credit card accounts
- Cheque Bill Pay — Internet Banking
Specific Bill-paying schemes, most often offered through Credit Unions Personal Computer Banking (future) Stored Value Cards (SMART cards, etc.)
BPAY — over 3,000 business now accept payment through BPAY — look for BPAY logo on bills. Cheque/savings or credit card account. Use via Phone banking service or Internet banking service (BPAY participating financial institutions). Savings Passbooks - Phone banking only. Some creditors don’t accept credit card payments.

**Withdrawals - Banking Sector**

OVER-THE-COUNTER WITHDRAWALS:
- Passbook accounts, at issuing institution, or at participating private agencies, and Commonwealth Bank passbooks at postal agencies
- Cheque issued on an account, and cashed over-the-counter at issuing institution or at other bank or private agency

Electronic:
Electronic Funds Transfers from account/s — Automatic Teller Machine (ATM) Cash withdrawals from accounts made at Automatic Teller Machine (ATM)
Eftpos — cash withdrawal on savings/cheque accounts, on top of purchases — cash-out services are at retailers discretion
GiroPOST — Australia Post’s personal banking network, for deposits/card withdrawals for participating financial institutions

**Payment Instruments and Withdrawals — Non-Banking Sector**

Australia Post: POSTbillpay: Telephone — direct debit, or credit card facilities where accepted OR: in-person — Cash, cheque, EFTPOS (debit only), giroPOST withdrawals/payments. POSTAL NOTES. MONEY ORDERS.
Centrelink (pensions recipients only) — Direct debits from pensions, for State Housing Authorities’ rentals
Centrelink (pensions/benefits recipients) — Centrepay, direct debits (selected payments, check with Centrelink)
Payroll deductions (facilities will vary between individual employers and employer policies)
Store/Retail, Credit/Charge Cards (purchases only with issuing company, no cash advances)

**Trends: Banking & Non-Banking Sectors Products and Services**

The Banking Sector increasingly promotes self-service Telephone and Electronic products and services - over customer-assisted services - with more favorable fees and charges, more flexible and accessible products and services, and greater diversity. Customer-assisted services, including over-the-counter services are becoming more expensive, and less convenient and accessible — with a trend towards reducing customer assisted service facilities and branches.

Many Credit Unions and Building Societies are trying to maintain the ‘personal’ in services, while offering similar self-service facilities, some with both Telephone and Internet services, as well as standard electronic services — some are expanding services and service centres.
Similar trends towards self-service products and services can be observed in the non-banking sector, with some services such as GIROpost and POSTbillpay expanding their market, in telephone, electronic, and increased customer-assisted services, and particularly bill-paying services.

Consumers, regardless of their levels of satisfaction with such products and services, have to live with such trends. It may well be that some level of consumer education may be needed to assist consumers to access services appropriate to their needs, and learn how to use them to their best advantage. This can be both challenging and rewarding for financial counsellors in providing such education and training for their clients. There may well be a need for some additional training for financial counsellors to provide such consumer education/training.

Our clients can be assisted to utilise products and services, which can help them avoid over-commitment, including excessive credit — and can choose personal transaction accounts and services to control/limit expenditure, while retaining relatively convenient, hassle-free financial management. The model which has been proposed earlier in this paper, is one that can assist — and of course, there are other models and combinations of products/services which can also assist.

PRODUCTS & SERVICES – OPTIONS

Voluntary reduction of daily limits — A.T.M.’s and Eftpos

A survey of banking sector agencies has yet to be undertaken, but initial phone contact has confirmed two of the traditional Banks have facilities for doing this, while one major Bank confirmed they do not provide such facilities. The Commonwealth Bank and Westpac both provide such facilities, which can be organised by telephoning their Customer Service phonelines (Monday to Friday), or in-person at their Branches. May need to allow 1-2 days working days for changed limit to be processed. No fee was advised as applying for requesting such changed limits. Even though it is not usually possible for customers to access more than their daily limit from keycards, it may be well worthwhile checking institutions’s conditions re use of keycards, as it is possible institutions may have a disclaimer where they do not accept responsibility for any withdrawals in excess of daily limits.

COMMONWEALTH BANK — present daily limits on keycards (ATM & Eftpos) - $400 for children’s accounts, and $800 for adult’s accounts. Customers can nominate whatever limit they require, from $20 up to the standard daily limits, any such notification will stay in force until changed by customer. WESTPAC — present daily limits on keycards, $1,000. Customers can nominate whatever limit they require, up to the standard daily limit, any such notification will stay in force until changed by customer. It may also be possible to request increased daily limits on keycards, up to a certain limit above the standard limit. This would not be recommended for people with difficulty controlling expenditure.

Direct Debits

Electronic, low-cost (average 40 — 60 cents transaction fee, can cost more depending on institution), for standard amounts and standard dates, usually repayments on
mortgages, loans, or other standard bills such as rent. Can be arranged for a range of Savings transaction accounts, including Savings Passbooks, Statement (keycard) accounts, cheque accounts, or on credit card accounts with some banks. Arranged through creditor via authorised Direct Debit request to banking institution — or an be arranged via request to some financial institutions to arrange with creditor. Can be paid to any third party, or to other accounts/loans with same institution (some institutions don’t charge fee for transfers to accounts with same institution). Any such third parties must have a participating Bank and BSB number, or special number for participating credit unions. Can accept up to only 9 digits in creditor account numbers — beyond this may be able to organise direct, electronic periodical payments, often at same transaction cost.

Electronic direct debits can also be authorised, with creditor drawing directly on customer’s Bank account, on authorisation by customer, and can be for non-standard amounts, dates. Some customers are cautious about giving such authority to creditors. Onus is on customer to ensure adequate funds in their bank accounts — if insufficient funds to effect transfer, customer may be levied with a dishonour fee by financial institution, and in some instances, may incur an additional dishonour fee charged by the relevant credit. This will depend on policy of individual financial institutions.

Periodical payments

Can be operated on similar basis and costs as electronic direct debits. They can be used to transfer funds electronically, within some same-institution to deposits (credits) to savings accounts, or to pay same-institution mortgages/loans, of ten at no charge. Creditors can withdraw directly on customer accounts with financial institutions, on customer authorisation, for standard or non-standard amounts and dates, and usually at same transaction fees as electronic direct debits. Can be paid to any third party with similar account number facilities with institutions as per direct debits. Where a periodical payment is requested by a customer, and requires financial institution to operate some level of staff-assisted process (as in non-standard dates and amounts), fees will be higher — Commonwealth Bank quoted transaction fee of $1.80 per such transaction. Such costs can vary considerably between institutions, going as high as $5 or more per transaction. Periodical payments can be arranged through most personal transaction accounts, including Savings, Savings Passbook accounts, and personal cheque accounts.

BPAY

Bill-paying, electronic (automated), operating directly on transaction accounts, including Savings accounts (keycard operation), Savings Passbooks, Cheque accounts, and credit cards — including Bankcard, Master Card, and Visa Card (debit or credit card). Operated via Internet Banking services, or Phone Banking services — phone banking only, with Savings Passbooks. A receipt number can be requested at time of placing Bpay request, and account statements record transaction (but not name of creditor to whom payment made). Over 3,000 businesses accept payment through Bpay, some creditors don’t accept credit card payments. Look for Bpay logo on creditor’s accounts. Good idea to keep own record of Bpay requests, any receipt numbers, and check against bank statements.
**Personal cheques**

Usually an optional facility with Savings accounts (except Passbook accounts), and attract savings account interest on balances. Can also be used as an optional ‘standalone’ cheque account. Can also be used via Internet Banking systems. Traditional manual/physical, popular facility, with advantage of using as a budgetary tool, and record of payments, more secure than cash, and no daily or other withdrawal limits. Other than available funds, and an offer approved temporary or longer-term overdraft facilities. Becoming more expensive, transaction fees varying from $1.00 upwards per cheque, depending on institution, cheques attract Govt. Debits tax charges (on a sliding scale), and cheque accounts usually attract monthly service charges. When cheque facility is attached to a Savings keycard account, Govt. Debits Tax may apply to all withdrawals made, not just cheque withdrawals. Less convenient than other payment/withdrawal forms, cheques require clearance time, and payees may require proof of identification before accepting cheque payments or exchange for cash. Less of a budgetary option in controlling expenditure for gamblers or others with a need to control expenditure.

RECOMMEND — use cheque accounts for bill-paying purposes, with most income retained in Savings Account, and transfer regular, or as required funds, to cheque account. RECOMMENDED OPTION — require two signatures on cheques where partner or other joint account holder can assist with controlling expenditure, usually easily arranged with financial institution on written authority from joint account holders. Can also arrange for one signature only, on joint accounts, where such signature is that of a person considered agreed by joint account holders, as reliable or trustworthy. Can also arrange via written authority from person concerned, to financial institution, to remove their signature from persons authorised to sign cheques.

**Bank cheques**

Useful instead of using cash, particularly for non-regular payments and/or large sums of money, and if sending payment through postal system. Especially useful with Saving’s Passbook accounts. Most Banks will issue cheques to customers and non-customers. Expensive, total transaction fee can cost from $5.40 - $6 or more, depending on financial institution. Cons eidered safe, and accepted by most payees.

**Electronic Withdrawals — A.T.M.’s and EFTPOS**

Probably the most popularly used self-service facilities, using personal PIN numbers, offer 24 hour, 365 days a year access for ATM’s, and merchant/retail business hours for Eftpos, and great ease of access with many locations. Unfortunately many gaming venues have accessible ATM machines located on premises (but of course not in actual gaming areas). Most financial institutions offer both of these cards, usually as options with Savings and Cheque accounts, and credit accounts (not Passbook accounts). Many people have both cards. Eftpos can be particularly useful where retailers provide cash-out services and are cost-effective where one transaction fee will cover purchase plus cash-out — cash cannot be obtained from credit card account using Eftpos.

ATM cards offer easy cash withdrawals on savings or cheque accounts, and some machines allow cash withdrawals on linked credit card accounts, often with minimum $50 or more withdrawal conditions. ATM machines also offer automatic fund transfers.
between linked accounts — savings, cheque and credit accounts, and may also accept deposits.

ATM and Eftpos transaction fees are currently being increased by most financial institutions, and look like costing between 60 to 65 cents for ATM’s and Eftpos, some institutions retaining a lower transaction fee for Eftpos. Higher transaction fees, average $1.25 depending on institution, apply to ATM withdrawals from other institution& ATM machines.

Both ATM’s and Eftpos can pose problems for people with difficulty controlling expenditure, such as problem gamblers, and their high accessibility can lead to overspending or impulse buying. It is especially important in these cases, where the convenience of these facilities are to be retained, to voluntarily authorise a reduced maximum daily limit for withdrawals, than that which is provided as a standard limit by financial institutions. It is therefore recommended that clients check with their financial institution to determine whether they provide for voluntary reduction of daily limits — and if not, consider changing accounts to an institution that does.

Re personal PIN numbers for these cards — particularly important to protect access to accounts, by keeping individual PIN numbers secret from others, particularly from partners with gambling or other spending problems — changing individual PIN numbers can be an easy procedure, if necessary to do this, and can be organised by phoning customer service line of financial institutions.

HIGHLY RECOMMENDED - to cancel any facilities for LINKED ACCOUNTS — and so limit access to savings and/or credit via automatic transfers between accounts, particularly for problem gamblers.

FREQUENTLY RECOMMENDED OPTION for problem gamblers — take only cash (stake money) into gaming venues, leave ATM and EFTPOS cards at home, or in the care of someone they can trust — aim to spend only the amount of cash they can afford to lose.

Debit Cards, Charge Cards

Debit cards are issued by some banks, credit unions and building societies, and usually provide direct access to customers own funds/accounts, and may incur transaction fees associated with particular account they are attached to, and may attract Government charges. Because they draw on customer funds, they can be effective as a budgetary tool, although it may be possible for some cards to offer overdraft facilities and so offer a credit function. Most commonly used debit cards are Visa cards. Eftpos is also effectively a debit card, for purchases and cash-out services. Most commonly used charge cards are American Express or Diners Club, where purchases are billed to a monthly account which must be paid promptly or incur an interest charge. They usually have a joining fee and annual fee. Visa cards. American Express and Diners Club cards often have international or overseas acceptance, while Eftpos use is restricted to Australia.

Retail/Store charge cards — may be issued by retailers, for use only for purchases in their stores/retail outlets, and no cash advances. Some don’t charge interest, provided debit balances are paid in full by due date, and then charge interest, often higher than
general purpose mainstream credit cards, for balances not paid, with charges then accruing from date of original purchase for unpaid purchases. Some retailers offer bonus shopping or rebates with such cards.

Again, appropriate/wise use of these cards can offer benefits to cardholders. However, they can encourage impulse buying, and problem gamblers may use such cards to make purchases they might otherwise have financed from savings, where such savings have been diverted to gambling purposes.

**Credit cards (general purpose)**

For people with gambling related problems, credit cards can ultimately represent the ‘straw that broke the financial back’ — as they use credit cards to obtain money for gambling purposes, or to pay for bills they might otherwise have paid from income/savings if funds had not been diverted to gambling. It is not uncommon for people to have up to six and more credit cards, as they take out additional cards to use to pay bills and/or pay for installments on other credit cards or loans that they can no longer afford to repay. The accumulated, multiple repayment obligations eventually can’t be met, creditors quickly react with payment demands, and often credit ratings, if not already damaged, are negatively affected, so that further credit is not possible.

Other difficulties, observed in my practice with clients:

- offers from credit card providers to increase maximum credit limit — sometimes such offers are deemed as accepted once customer uses such increased limit, without need to notify acceptance;

- after clients have had to negotiate for reduced installments, and when their debt is reduced to below maximum credit limit, some credit providers then offer to restore credit card usage without checking their customers’ capacity to repay;

- instances of insufficient care by credit providers to ascertain customers’ capacity to repay, especially considering offers made to increase credit card limits to persons on lower incomes, including those income-dependent on Centrelink pensions/benefits;

- credit card providers’ marketing strategies, many offer incentives/bonuses, encouraging use of credit card as an every day account for expenditure, with ‘carrot’ of interest-free days, and the higher the yearly use of credit, special rewards/incentives may be offered — even the ‘names’ of some credit cards encourage positive, status implications;

- clients who are reluctant to surrender, or cease using credit cards, despite associated financial problems, and sometimes will settle for retaining one credit card with lowest debit balance and repayments.

Choosing the ‘right’ credit card requires shopping around financial institutions for the most favourable interest rates and conditions, including lowest annual or other service/account fees, and where desired, interest-free days for purchases — interest-free days don’t apply to cash advances. Annual interest rates can vary from 14.2% to 16.9% per annum, depending on type of card and issuing institution. Other benefits should also be checked out — such as International acceptance if required, any bonuses, rewards or incentives (e.g. fly-by points). Credit cards may also attract
government fees/charges. Check out any complimentary additional cards, fees for lost cards, duplicate statements, and whether card can be used with a personal identification number (PiN) at ATM’s.

Interest-free days credit cards can have a 1% p.a. point or more higher interest rate than non interest-free day cards, and this difference can be significant over a year’s purchases, and they also carry annual service fees (anywhere from $20-$30, up to $90) which may or may not apply to basic, non-interest-free days credit cards. This is significant especially where people often have difficulty in paying for purchases in full by the due date, or tend to pay only the minimum monthly balance required. thereby incurring interest on the balances owing on purchases.

If people cannot use interest-free days credit cards to their maximum advantage, they are financially better off with choosing a basic no interest-free days credit card, with lower interest rate on purchases, and often without an annual service fee or a much lower fee. This may also discourage people from over-utilising credit cards for purchases, with no interest-free days to be concerned about. Basic Bankcard, Visa and Master Card credit card accounts seem to offer the lowest interest charges and annual service fees for interest-free days cards — can vary between financial institutions. All credit card providers are required under relevant State/Territory legislation regarding credit contracts, to provide consumers with a copy of the Terms and Conditions under which the card will operate, when an account is opened. Replacement or updated Terms and Conditions are available upon request to the credit provider. Alternative options should also be investigated, including using debit cards, or using savings, rather than credit or debit cards, for purchases and cash. People experiencing problem gambling are encouraged to have nil credit card facilities, or at best, one only, with minimal credit limit and purpose of convenience use only.

**Over-the-Counter deposits/withdrawals**

This traditional area of banking services seems to be most significantly disadvantaged in the progressive trend towards self-service, telephone and electronic products and services, and in access to service centres. OTC transaction fees for withdrawals are particularly disadvantaged, attracting transaction fees from $2.50 to $3.00 per transaction — although many savings accounts have a limited number of free withdrawals, and transaction fees can be offset via fee rebates offered by some savings account/institutions. Also, consumers may at times experience long waiting queues for both OTC deposits and withdrawals.

However, this service is still utilised by consumers, and is recommended for people with difficulty controlling expenditure, especially problem gamblers, and cash withdrawals OTC can be effective in deterring or limiting impulse-oriented withdrawals, and so preserve savings. This is particularly recommended for main bill-paying accounts, where reasonable access when necessary to OTC withdrawals is possible for consumers — as noted in the Model of Personal Financial Management proposed in this paper.

**Credit Unions and Building Societies**

Many of these occupy a significant part of the Banking sector, and can compete well with traditional Banks, offering a range of similar personal transaction products and services, and with an often strong focus on customer service. Credit unions are owned by their
members (who pay a nominal joining membership fee), they need to be appropriately licensed, and are governed by the Australian Prudential Regulatory Authority. Some credit unions offer consumer-friendly bill-paying schemes, will help members work out budgets, and can offer a virtual one-stop savings account, with direct credit facilities for regular income and a set allowance to cover nominated bills is maintained, with all bills paid by credit union at nominal monthly transaction charges, from as low as $5 a month to cover multiple bill payments. Such bill-paying arrangements cover standard repayments, and may also enable members to forward accounts to them periodically, as they require them to be paid. Some offer temporary overdrafts if funds are insufficient to pay bills, with allowance to ‘catch-up’ from next deposits/credits to accounts. They can also offer a range of savings accounts, cheque book options, and including target/special purpose accounts, internet and/or phone banking facilities, ATM cards, debit cards, and credit cards including Visa cards, Redicards (debit card of credit unions), and Mastercard and over-the-counter banking services, and home loans and personal loans. Some also offer additional services including investment products and financial planning services, and insurance products.

However, there can be variations in both services offered, and fees and charges, between specific products and services and credit union or building society, and these need to be checked out individually. A search of individual web-sites and Internet search engines (e.g. Yahoo) can yield good coverage on most credit unions and building societies in Australia.

Non-Banking Sector Products & Services

Expanding agencies, products and services are provided by agencies such as Australia Post — giroPOST and POSTbillpay. Both these services can be accessible and convenient, for many people, and can be cost-effective, as well as helping consumers to preserve savings. GiroPOST can fill a significant market gap in banking sector products and services, especially for over-the-counter deposits and keycard withdrawals, opening new personal accounts with a participating bank or financial institution, and Commonwealth Savings Bank passbooks cash withdrawals and deposits, as well as electronic, cash or cheque bill-paying facilities — with participating financial institutions and credit providers. Money order services are also available. Facilities are available at over 2,800 Australia Post outlets in Australia., as part of the giroPOST network. Some postal outlets (about 1,100) do not have an electronic link to the giroPOST network, but can offer deposits and withdrawals on Commonwealth Bank passbook accounts. Fees and charges are applied through participating financial institution at normal rates, with no additional charges for giroPOST services.

POSTbillpay offers similar bill-paying facilities and conditions as giroPOST, through Australia Post and giroPOST agencies. Any household bills from creditors participating in POSTbillpay, can be paid, with over 350 participating institutions. Consumers can use cash, one cheque or Eftpos transactions for multiple payments, saving time and money on bank fees, and get a receipt for payments at the same time. No additional transaction fees are charged by Australia Post or giroPOST for use of these services. Eftpos can be used for purchases/transactions over $10, and cash-out services are not available.
Centrelink Pensions/Benefits & Allowances recipients — Bill-paying facilities

Centrelink offers two useful bill-paying facilities, which are entirely voluntary. For Pensions recipients only: electronic, Direct Debits from pensions, of Housing Rents with State Housing Authorities, as an extension of Rent Deduction Scheme — arranged via requesting and completing direct debit request form from applicable housing authority, and presenting this to Centrelink.

For Pensions recipients, and recipients of various Centrelink Benefits/Allowances: Selected bill-paying facilities through Centrepay, electronic direct debits from pensions/benefits/allowances. Usually requires a contract signed by both Centrelink recipient and creditor/agency — Centrepay charge transaction fee of 94 cents per transaction, this cost being charged to creditor/agency, with nil cost incurred by Centrelink recipient. Eligible bill payments include housing rents and rent arrears, with private, community, indigenous housing, and state housing authorities, and short-term accounts with community services which may be categorised as Drug and Alcohol services, and Rehabilitation services. Rental deductions and other payments can be up to 60% of base rates paid to Centrelink recipients. More information can be obtained through phoning Centrelink telephone numbers for specific Centrelink pensions/benefits/allowances, or in-person at Centrelink offices.

Payroll deductions

These can be cost-effective and budgetary help, depending on employer policies and facilities for payroll deductions. Usual deductions may include Ambulance subscriptions, Union or Association memberships, may allow for voluntary contributions to Superannuation, and may also allow for private health insurance deductions. Where Salary Sacrifice arrangements apply, can be used for a variety of bill-paying needs, including home mortgage, domestic bills, etc. Some superannuation providers can also provide additional insurance, extending to voluntary insurance for range of personal accident/ disability/ trauma/ employment, life, house insurance, etc, which may continue to be available even when employment with an individual employer ceases. This can be useful as budgetary tool, as well as possibly more cost-effective than having a number of individual insurance policies and premiums. Clients can be advised by counsellors to check payroll deduction facilities with employers.

Voluntary notification of credit restrictions

Individuals can write to Credit Advantage (formerly Credit Reference Ltd.) requesting a notation to be put on their personal file that they wish to limit credit, or be advanced no further credit. After notification, the process of registering such notation could take thirty days, and there is no guarantee by Credit Advantage, that creditors will see it. Contact details for Credit Advantage — phone their Public Enquiries Number (02) 9464 6000; Fax (02) 9951 7880; Postal Address, P.O. Box 964, North Sydney, N.S.W. 2059.
Choosing the ‘right’ personal transaction/savings account
— some guidelines

Shop around — Banks, Credit Unions, Building Societies
Check out — Personal preferences, loyalties to institutions, experience and capacity to utilise features of products, and services, need for convenience of account operation, balance with need to carefully control budget, particularly limiting expenditure, and any need to limit access to cash.
Be aware of what will work/what won’t — be realistic
Don’t confuse “needs’ with “wants”
Check and re-check — weigh up the pros and cons — what really matters is what benefits clients

Shopping around — Checklist — account features/options

Everyday Accounts  Features/Options


Pensioner Passbook Refer above options/ features. May have higher Savings A/Cs interest rates — pension deeming rate, depending on account balance. May have significant minimum opening deposit. May have more fee-free withdrawals.

Pensioner Statement As per pensioner passbook savings accounts. have no Passbook options. Keycard and cheque book options. May have linked credit card. Daily withdrawal limit
Kevcards. Additional — internet banking.

Mainly Self-Service Transaction/ Savings accounts

Features — electronic (keycard/internet)/telephone banking
With or without cheque book access - & optional linked accounts

* Most savings/statement accounts have all these features and option.
* Most offer interest rates based on tiered levels of account balances, often attracting no interest for balances under $ 1,000, starting from a low, nominal 0.10% p.a. on balances $1,000-$2,000, rising in levels to 1% p.a. for balances over $20,000.
* Many institutions offer bonus interest saver rates, on basic/standard savings accounts, when no withdrawals and minimum of one deposit occurs per month — for that month a higher interest rate per annum is paid, and that interest rate is often termed an effective’ interest rate i.e. the combination of nominal and bonus rate.
* Electronic operation usually can mean either or both, keycard and internet banking. Keycard usually includes ATM and (optional) Eftpos operations, and daily limits can vary across financial institutions, although $800–$1,000 daily limits can be average. Important — check out which institutions will offer voluntary reduced daily limits, and consider transacting business with them if necessary to limit access to cash withdrawals.
* Most institutions offer debit cards — Eftpos, Visa, and Redicard is the debit card of the credit unions. Many have links with charge cards, e.g. American Express, Diners Club.
* Virtually all institutions offer linked accounts, and automated transfers between accounts — this is an optional facility, and should not be used by people who are serious about budgetary/expenditure control.
* Check out links with Agency services, particularly with credit union and building society accounts — most of them have Keycard arrangements with other institutions, where they don’t have their own. Check service arrangements with giroPOST, POSThills.
* Check out other, fairly standard services — Bpay, bill-paying services, direct debits, periodical payments — and relevant fees/charges. Check for direct credits, deposits, and sources — salaries, interest/dividends from other accounts and third parties, check any deposit fees (Govt. FID charges, any additional fees).
* Most institutions offer short-term target/special purpose accounts, with limited withdrawal options — e.g. Christmas Club accounts. Many also offer children, student’s accounts, with or without keycards, and with options of long-term savings incentives, and minimal to nil service fees. Some may have lower ATM daily limits on children’s accounts.
* Some may offer other incentives, depending on account type and balances, including nil or low establishment fees for loans. Holiday/travel discounts, etc. Some savings accounts offer overdraft options.
* Other accounts which can be used as everyday transaction accounts, may be mortgage saver accounts into which all income is paid and mortgage interest may be offset.
* Unfortunately (depending on one’s perspective), most institutions offer credit cards — and they can cost dearly, especially when used inappropriately. Please refer to section previously in this paper (credit cards (general purpose).
* Fees and charges — need to be carefully checked out; can be quite varied between institutions, especially account service fees, cheque fees, and ATM. Eftpos, Telephone Banking and Internet Banking fees. Fees and charges are commonly calculated by tiers of account balances combined with the amount of business with same institution, savings and borrowings, and accounts — Loyalty is encouraged and rewarded. Withdrawal/transaction fees can be miniinised through selecting accounts with Rebate Options, by maintaining minimum balances, and by limiting number of transactions.

**Conclusion**

Essentially, this paper has focused on voluntary exercise of Banking and Non-Banking Products and Services to assist in controlling expenditure and in effective Personal Financial Management, incorporating assessment of financial position, and strategies for rationalisation of debt problems and debt management. Task-centred and solution-focussed therapies are central to the approaches discussed herein, with the central premise that where counsellors are able to work with clients in a collaborative process, the potential is maximised for effective outcomes and client satisfaction. While the opportunity to gamble can be constrained by such strategies and recommendations herein, and quality of living enhanced, it is emphasised that the...
financial counselling process can be highly effective when able to be integrated within an overall, holistic therapeutic program for clients with gambling-related problems, as an essential part of case management.

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WHAT DO YOU MEAN BY THAT? — PUBLIC HEALTH, HARM MINIMISATION AND PROBLEM GAMBLING

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ABSTRACT

The theme of this conference is lessons from the past'. One important lesson from the past in the broader field of addiction studies is that we need to be clear what we mean when we use some of the more technical terms. While this may sound like a detached, semantic argument the reality is that much heat but little light has arisen from debates around terms as harm minimisation and public health. In this paper three terms — public health, harm minimisation and gambling — will be defined and the practical implications of such definitions discussed. Public health concerns the health of the population rather than solely of individuals experiencing problems. It prompts us to consider both the positive and the negative effects of gambling and emphasises the need for gambling regulation as well as the provision of counselling services. Harm minimisation, a term used extensively in the alcohol and other drug field, raises the question of the balance between the positive and the negative consequences of gambling and that we can alleviate some of the negatives without necessarily reducing gambling behaviour. Finally, the different forms of gambling will be discussed. Differentiating between the different forms is useful given the differences in public perception, political will and extent of problems that apply to each.

Introduction

Having worked in the alcohol and other drug field for over twenty years and having an interest in gambling issues for the past three years my starting point is what lessons might there might be for the gambling area from this alternative field? One of the problems to bedevil the alcohol and other drug field is a lack of consistency in what we mean by some of the terms we use. This might sound academic and pedantic, but as an academic who does his best, albeit with limited success, not to be pedantic I have spent too much time in futile arguments where the key to the disagreement has been different understandings of words. It is all very well for the Queen of Hearts in Lewis Carroll’s ‘Alice in Wonderland’ to claim that words mean exactly what she means them to mean. To be able to debate important economic and social issues we need at least to agree on what we mean when we talk to each other.

Three terms come to mind when reading the Productivity Commission Report into the Australian Gambling Industry (Productivity Commission, 1999), these being public health, harm minimisation and gambling. In this paper I will discuss some of the implications of these for gambling.

What do we mean by Public Health?

It is useful to start by stating what public health is not. It is not a reliance upon hospitals, doctors and other aspects of what is often thought of as ‘the health system’ valuable
though these institutions are. They can be regarded as part of, and a small part at that, of what is generally regarded as public health. Public health is regarded as having started with John Snow, a doctor in London in the nineteenth century. As was common in the industrial towns and cities of that era there was an outbreak of cholera. Snow noted that the majority of people who contracted cholera took their water supply from a pump in Broad Street, Soho and he hypothesised that the pump had something to do with this outbreak. Rather than simply treating cholera victims he persuaded the local authorities to take the handle off the Broad Street pump. Not surprisingly, at least to us today, but certainly surprising in the nineteenth century, the incidence of cholera went down (Harper et al, 1994).

The Public Health model that has crystallised over subsequent years views the health of the population as a whole as of prime concern, not just of those who are ill. The health of the population cannot be understood solely by concentrating on the individual. Take for example the very simple case of influenza - the ‘flu. A dose of ‘flu to most Australians is a minor inconvenience. We feel awful, ache, sneeze and are generally unpleasant company to ourselves and to others. We in this room have, I am sure, experienced just such symptoms. And we share one thing in common — we survived it. The same ‘flu virus amongst older people is much more serious and can be fatal. But it is not only an issue of age. People of similar age to us but living in an Indian village with poor sanitation and poor water supply will also die in much greater numbers than in Australia from exactly the same virus.

How do we make sense of this? The Public Health model states that we can only understand health in terms of three interacting factors — the agent, the host and the environment (Miller and Hester, 1995). In the case of influenza, the agent is the virus, the host the person that contracts the virus and the environment the circumstances surrounding the person which will contribute to or detract from good health. If we wish to improve public health our focus needs to include more than those who suffer severe consequences but to look at and change those factors that contribute to the illness. What does this mean for gambling and gambling regulation? Regulation can be seen as one means by which the environment can be influenced to reduce unhealthy behaviours, both of which contribute overwhelmingly to the health of the population. The Ottawa Charter, the World Health Organization statement of principle that guides health promotion and health enhancing endeavours recognizes that “the capacity of individuals to alter their behaviour is greatly influenced by social and cultural factors” (Australian Institute of Health and Welfare, 1994, 2) Regulation of the gambling industry can therefore be seen as a means, and perhaps the major means, by which harms can be minimised and benefits maximised from gambling.

As someone steeped in the public health ethos I do not find this view at all controversial. However, one will likely find that sections of the gambling industry will oppose such a view vehemently. One claim made by industry is that the availability of gambling has nothing to do with the level of problems that arise from gambling and that problem gamblers are different, disabled or dysfunctional people who unfortunately cannot keep their gambling under control. In Australia we have what social scientists such as myself regard as a natural experiment in progress. In Western Australia we do not allow Electronic Gaming Machines (EGM’s) in pubs, clubs and other venues. The only place where it is legal for them to be placed and used is within Burswood Casino. And in Western Australia we have a prevalence rate of problem gambling that is at least half that of other states. If we take the view that problem gamblers are different, disabled or
dysfunctional, then this must mean that we are a much better balanced group in the West. As a one-eyed West Australian, I feel relatively safe saying this. But I suspect that my Eastern states colleagues will regard this as yet another example of Sandgroper arrogance, ranking alongside our belief that Western Australia is the home of Australian cricket and football and we, of course, have the best climate in the world. Is there not an alternative explanation for our lower prevalence of problem gambling? Is it perhaps better explained by the absence of EGM’s? And is not the absence of EGM’s in WA other than in the Casino not about regulation? I will leave you to come to your own conclusions.

The response of those industries whose profits derive from the very products that require regulation — alcohol, cigarettes and gambling for example — can be readily predicted. They will refer to ‘their product’, imply that it should be made readily available to meet demand and that people have a free and unfettered right to drink, smoke and gamble as they choose. In my view there are three major faults with the logic of this position. First, the products are unlike most other consumer products in that they have the capacity to produce significant harm for those who smoke, drink to excess or gamble and that these harms are not restricted to the drinker, smoker or gambler themselves. Those close to the individual are also affected and the community as a whole has to bear the costs of health care, social services and so forth. Second, even those products that would ordinarily be considered as freely available have regulations to protect the consumer. The milk we buy in the shop, the food we eat at conference dinners, the petrol we put in our cars are regulated and the state puts in place mechanisms to enforce these regulations. And should there be a breakdown in the quality of the products when regulations are breached the state has considerable powers to punish. Yet we are asked to accept that gambling products require at best minimal regulation — a level of regulation less than that applied to the water supply. The third fault with the ‘unfettered freedom to gamble’ approach is why do we not apply it to all other products? There is a clear demand for illicit drugs, yet no credible voice argues that we provide these products with minimal regulation. I have not heard a single politician argue for increasing availability of illicit drugs because they are ‘nice little earners’ for Treasuries around the country.

Some in the industry accept that there is a need for regulation — and that the best way to achieve this is to allow the industry to self-regulate. The rationale for this would appear to be that the industry knows best what good practice is and is therefore better placed to regulate itself compliance will be much higher with a self-regulated system and the industry can be trusted to do the right thing. Let me consider these in turn. First, the gambling industry is comprised of several businesses whose raison d’etre is to make a profit and return a reasonable dividend to shareholders. There is nothing wrong with the notion of making a profit. But good practice that makes a profit is not necessarily practice that is good for public health. I am sure the industry knows how to make a profit. But does it know what good public health is? If the actions of the alcohol and cigarette industries are any guide, should there be a conflict between profit and health, profit will win. In considering compliance with regulations, deterrence theory, which refers to the means by which regulations, including the law, influence behaviour, is pertinent. Research has shown that it is not the existence of a law or regulation that influences behaviour but whether or not people believe that, should they contravene the law or regulation, they will be caught and will suffer the consequences. The classic example is that of random breath testing (RBT). RBT works, where it works, not because the law says that you must not drive if you have a blood alcohol level of more than 0.05 but if
you believe that, should you be over this level, then you are likely to be caught and to suffer the consequences. RBT works best when efforts to reinforce this belief by publicity, a significant proportion of all drivers being stopped and breathalysed and those who are over the legal level punished are in place (Homel, 1986). The message is clear — regulations will only be effective if they are enforced, are seen to be enforced and when those who transgress are punished. A voluntary code will not achieve this. Regulations must be set by a powerful agency separate to the industry and must be not only enforced but seen to be enforced. If the industry view is that they can be trusted to self-regulate and will adhere to regulations, what do they have to fear from externally enforced regulations? If you abide by the regulations you cannot and will not be punished.

**What do we mean by harm minimisation?**

Let me now turn to the second term, that of harm minimisation. Harm minimisation was first used in relation to alcohol and other drug use in Australia in 1983 by the then Federal Health Minister, Neil Blewett, when defining the aims of the National Campaign Against Drug Abuse. He stated that “the National Campaign has as it's aim to minimise the harmful effects of drugs on Australian society. It's ambition is thus moderate and circumscribed” (National Campaign Against Drug Abuse, 1987).

A deceptively simple concept, harm minimisation has been both lauded as the key to saving countless numbers from drug related morbidity and mortality to being the cause of all harm that results from drug use. It is the concept par excellence where a lack of understanding creates so much controversy. The gambling arena, notably in the final report of the Productivity Commission (1999), has adopted harm minimisation as a mantra — so let us be careful that when we use the term we at least agree on what we mean. To say that harm minimisation is to minimise the harm from gambling tells us nothing. It simply restates in a circular manner the term itself. The accepted definition in the alcohol and other drug arena is most clearly stated by Heather et al (1993) as follows. “The essential feature of harm (minimisation) is that it involves an attempt to ameliorate the adverse health, social or economic consequences of mood-altering substances without necessarily requiring a reduction in the consumption of these substances” (Heather et al, 1993, vi).

The key to understanding how we might use this in practice is the final statement ‘without necessarily requiring a reduction in the consumption of these substances’. There are two points at issue here. One is that we can reduce harm even if people continue to use drugs. A major impetus for the adoption of harm minimisation was fear of the spread of HIV / AIDS through the sharing of needles and syringes. One way to reduce the spread is to educate those who choose to use drugs intravenously not to share injecting equipment and to make available new, unused injecting equipment. Thus, intravenous drug use does not go down but a major harm, infection with blood borne viruses including HIV and hepatitis C, is reduced. The provision of clean injecting equipment is credited as being one of the main components of programs that have kept the HIV infection rate in Australia at lower levels than most other countries (Hawks and Lenton, 1995). It is also noteworthy that much of what we do about a range of behaviours we actually reduce harm without reducing the behaviour. If a group of people go out for a 'night on the town', where alcohol will be consumed in copious quantities, then the group may choose one person who will consume only soft drinks and drive the
It is important to note that harm minimisation is not incompatible with measures that reduce alcohol or other drug use, or gambling. The outcome of concern is not whether consumption reduces but whether harm is minimised. Under the National Drug Strategy, there are three groups of strategies that can be used to minimise harm: demand reduction, supply control and harm reduction. Translated to the gambling arena, demand reduction targets gamblers and potential gamblers (indeed the whole population) and aims to get them to demand less. This can include education programs, where people are advised to stay within limits when they gamble. Supply control targets the gambling itself — for example restricting the when, the where and the who of gambling. Age restrictions, caps on EGM’s and the ban on EGM’s in Western Australia already discussed are examples of supply control. Harm reduction involves reducing the harm of those who choose to gamble. Compulsory time outs, limits on the amount that can be bet and so forth are examples of harm reduction. But there are also more creative ways of achieving reduced harm. The recent tragic case of the child who died of dehydration because he was left in a car while his mother was gambling comes to mind. Rather than solely thinking how we can prevent mothers like the one in this case from gambling, laudable though that is, we might insist that there be a designated car park patrol that regularly checks vehicles and has the right to break windows should they believe vehicles occupants are at risk. A little creative thinking around this issue might lead to some fruitful solutions to some of the problems. It is important to note that demand reduction, supply control and harm reduction are not incompatible with each other. The key question is not do they reduce gambling, but do they minimise harm? The second aspect of harm minimisation is that the evaluation of any public health measure requires an analysis of the balance of costs and benefits. No program is cost free and sometimes we have to make some very difficult decisions about the costs we are willing to bear. We know for example that of all children immunised against whooping cough, a proportion will die as a result of the immunisation itself. But a much greater proportion will die as a result of whooping cough if they are not immunised (Harper et al, 1994).

Public health and harm minimisation come together in this idea of a balance of costs and benefits. The key to effective, harm minimising public health programs is not whether they reduce costs but whether the balance of costs and benefits is optimal. In relation to gambling, the question is not whether gambling is a good thing or a bad thing. Clearly it is an activity that produces both costs and benefits. In my view, regulation of the gambling should aim to optimize the balance between these — the balance of costs (including the problematic consequences of gambling; foregone investment in other economic activity and so forth) and the benefits (including the fun of gambling, employment, industry profit and community facilities).

Finally, what do we mean by gambling? Leaving aside the technical definitions for the moment, there is a value in clearly differentiating between the different types of gambling on two grounds. First, certain forms of gambling lead to much greater levels of harm than others. The Productivity Commission report, for example, notes that 9.5% of those whose favourite form of gambling is EGM’s experience problems; for racing it is 5.2%, for casino table games it is 3.6% and for Lotteries it is 0.28%. There is thus a logical argument for targeting EGM’s but less so for Lotteries (Productivity Commission, 1999).
The second point is that there is clear community concern about EGM’s but not about Lotteries. Perhaps we should move away from referring to a generic activity called gambling and start to focus on those gambling activities where most harm and also most community concern arises.

Orford (1986) notes that one of the similarities between gambling and alcohol and other drug use is that they each have the capacity to beget both pleasure and pain. This for me highlights two concluding points. There are similarities between these areas and thus it is legitimate to attempt to learn lessons from the alcohol and other drug area for gambling. Second, they are behaviours that produce much pleasure but also much pain. Surely our aim should be to maximise the pleasure and minimise the harm.

References

A BIO-PSYCHO-SOCIO-ENVIRO-SPIRITUAL MODEL OF GAMBLING

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ABSTRACT

There is often a tendency to divide the gambling community into two groups; those who enjoy the entertainment and those who experience major problems. The reality is that a very large percentage of the money spent on gambling comes from the group in between the extremes. This minority group are heavy gamblers who may be experiencing intermittent problems, but they do not see themselves as being part of the “pathological gambling” group. This paper addresses the range of factors which are associated with gambling including those associated with the design of electronic gaming equipment and the environments in which they operate.
While there may be some additional factors which explain the extremes of the addiction process, many of the contributory factors which operate for ordinary gamblers, are the same ones which explain heavier reliance on gambling in other people. This paper seeks to examine those factors.

Introduction

The title of my paper might suggest that I have backed every horse in a five horse race.

Biological

It has been suggested that a major difference between substance addictions and gambling addiction, is that with gambling there is no substance intake that might cloud the person’s judgement and contribute to the addictive behaviour. Even if there are no external chemical influences in gambling, it is surprising the extent of the cognitive distortions that do occur in the absence of a psychotropic drug. Just as endorphins are produced when exercising strenuously, there may also be chemical responses induced by gambling excitement.

I think it is generally agreed that there are no clear cut-off points between gambling and problem gambling or pathological gambling. We would therefore expect that gambling is mildly rewarding to most people, most of the time because it meets fairly ordinary needs and brings mild excitement and enjoyment and is often part of a social outing. Some people, however, probably a small part of the population, find that it meets more deep seated needs in a way that nothing else seems to do. For these people the value of gambling is that it provides an escape, a fantasy, a source of excitement in a dreary life, a hope of wealth when they are in poverty. These underlying needs make people more vulnerable but they are only a part of the model that I would like to discuss. The brain and the rest of the central nervous system send messages from one site to another by electrical stimuli or chemical messengers or both. Many of us are familiar with the sentence of explanation doctors offer their patients when prescribing antidepressant medication - “You have a chemical imbalance in the brain, and this
medication will correct that condition”. Many patients in the past have had bad experiences with benzodiazepines and they remain wary of taking pills. Although messages are transmitted by chemical and electrical stimuli, this does not locate the problem in the area of physical health — the biological dimension only explains how the message is sent.

If a person is sitting on a drawing pin, it would be possible to treat the pain with an analgesic: the pain sensation is transmitted by chemical means and electrical means. But the existence of a way of reducing the pain chemically does not address the environmental factors which are the cause. The effectiveness of a treatment intervention is not in itself an explanation of the cause of the pain not is it the ideal treatment of this problem. Perhaps someone is careless and leaves drawing pins on chairs. Similarly, it may well be found that chemical substances will be discovered that can reduce the craving for drugs or gambling. Such claims have been made for gamma amino butyric acid and for naltrexone. Claims for the effectiveness of these interventions may be supported by future research or they may be found to be insignificant. The point I would emphasise is that such pharmaceutical interventions do not lessen the contribution of environmental or social or psychological or spiritual factors, to the development of the addiction.

In recent years it has become known that specific circuits in the brain are dedicated to the neural mediation of reward and pleasure. This system seems to be activated by most substances which are abused. Although the drugs of abuse may be quite different in their pharmacological properties they seem to cause the same final effect of being rewarding and pleasurable. Dopamine is considered to form a critical link in all reward media, including opiates and sedatives. McCown and Chamberlain observe that there is a general consensus that addiction is related to a dopamine dysfunction. It has been suggested that the variants of the dopamine D2 receptor gene are involved in this process and there has been talk of a “reward deficiency syndrome”. These developments in genetic research suggest that inherited or acquired genetic variants may make some people less or differentially sensitive to rewards. To discover more about how this influences behaviour, McCown and Chamberlain, suggest, will require a combination of genetic and behavioural scientists working together.

**Psychological**

Amongst psychological factors that may influence gambling behaviour, we are accustomed to list experiences in childhood and adolescence which may have influenced adjustment. Many of these factors, however, seem to be more closely related to problem gambling behaviour than to non-problematic gambling. Those of us who were introduced to B.F. Skinner and operant conditioning, have, no doubt, drawn implications between the reinforcing effects of winning and the ingraining of the gambling habit. When we consider the frequency of the random reinforcement, nay wonder whether enough people have sufficient experience of winning to reinforce the behaviour of feeding hard earned money into an insatiable machine. Is a payout the only reinforcement which is offered? I think we have to consider some of the associated aspects of playing which may be reinforcing or rewarding. If five rhinos have to line up for a pay-out and we get four, there is likely to be some excitement generated by the “near” miss. Although the result is a still a loss and therefore should be aversive, the excitement generated by getting close can act as a reinforcement for the player. A lot of effort is invested in developing a playing environment which provides excitement (but
without the actual cash reward). This would seem to be the best explanation for players learning to become hooked when the actual frequency of reward is so low. We would expect it to be harder than it is to train players when the rewards are so infrequent. Other aspects of conditioning can be linked to flashing lights and tunes which play when someone wins. A client with a problem with poker machines told me recently that he recognises the pay-out tunes of various types of machine. Another client relapsed when he was standing outside a pub - he heard the signature tune of a machine paying out and this was the trigger to enter the venue and lose $400.

I don’t think anyone can doubt that the psychological principles are used to entrap gamblers and to develop a strong habit in them.

Gambling may be seen to meet some of our needs which we hardly recognise exist. I often wonder why sensible people with knowledge of the odds of winning, and awareness of the share of the turnover which is drawn off by Governments in taxes, or the share of the turnover which is retained for venue expenses and profits, nevertheless, continue to spend more than they can afford to lose. What are the psychological or social needs of ordinary people which are being met by gambling. I am not presently considering the person with severe psychological problems but the average Joe Blow. Increasingly I am becoming aware of the strength of the determination to win. These people won’t let the machine beat them. This characteristic may be more common in men than women and it may be driven by some myths about gambling which are quite erroneous. But the phenomena remains that competition and the need to be a winner is deeply ingrained in some people. Their confidence in winning is misplaced when the gambler is set against a random number generator and the odds are against the gambler.

Social

What does the social dimension contribute to the establishment of regular gambling habits? For some people a club or pub with pokies or a casino provides a social venue to meet people. Most of the time there are a lot of people around even if they do not seem to be seeking to engage in conversation with each other. For those who are lonely and perhaps rather shy, being with other people seems to meet some of their needs. I remember one client telling me that she overheard the woman seated at the machine next to her saying to the machine “If you don’t do the right thing by me, you and I are going to get a divorce”. My client who saw herself as a happily married woman thought to herself “This woman is having an affair with the poker machine” Then the penny dropped that she herself might be having an affair with a poker machine. The more she pondered this, the more her “affair” seemed to be a case of domestic violence where she kept coming back for more punishment.

For some people, particularly women, the casino or pokie parlour is seen as a safe place where a woman can go on her own. It may provide the opportunity to dress up and she is welcomed. These factors can be important for people new to a town or city.

Environmental Factors

The extent of advertising must be a potent factor in encouraging people to gamble. Without considering the issue of deceptive advertising, which is an issue which I believe needs to be addressed as a matter of urgency, there is also the way it is targeted to
peoples needs. There is a convenient silence on the odds of the wonderful things happening. I remember a client saying to me that it used to be the Australian working man’s dream to work to own his own home, now it is his hope to win lotto to achieve this. The comment may reflect upon the economic state of the nation or it may reflect upon the way peoples values have been influenced by advertising. We have become a consuming society where a lot of emphasis has been placed on acquisition of material possessions. Gambling products are presented as another marketable product. Why shouldn’t suppliers be able to advertise it? I can’t help drawing a distinction between gambling and purchasing other products. The gambling product often has no value, only a chance that it might have value. In fact the retailing sector is often complaining that it is in an economic malaise because so much of the retail dollar is being directed into gambling.

Advertising is directed at people’s areas of vulnerability — it is trying to persuade us that we must have things we don’t need. It becomes important that people develop the skills to challenge the assumptions on which the sales pitch is based. The dividing line between deceptive advertising and freedom to do business is often hard to draw. A lot of advertising tells stories of how much people have won in gambling. One could hardly expect gambling venues to present a totally balanced point of view. The problem is that people are often good at forgetting their unpleasant experiences. I have noticed how poor most clients are at estimating their losses since gambling became a problem in their lives. The figure they might nominate for total losses is a long way short of the amount that is revealed by multiplying the typical amounts spent each session by the number of times per week and the duration of the gambling problem. I have been impressed by the frequency with which clients comment during the following weeks about the discrepancy between their initial estimate and a more careful calculation. We have selective memories which try to protect our self-esteem.

The location of Automatic Teller Machines in Gambling venues is another environmental hazard. People often control their gambling by taking only the amount of money they can afford to lose. I cannot help wondering if the charges on the use of ATMs are another factor in encouraging large withdrawals. Some people may keep coming back for another $20 but they face more fees especially where the facility is provided by other than their own bank. Why not take out $100 or $500 in one go — it will save on withdrawal charges!

It is good to see that in some jurisdictions the note acceptors are to be limited to $20 notes — the $100 acceptors are to be banned.

**Spiritual Dimension**

This dimension is harder to address because it tends to have a different meaning for different people. I wish to broaden the concept beyond religious practices. Gamblers Anonymous is sometimes referred to as a spiritual program. Bill Miller, who developed the concept of Motivational Interviewing, recently edited and contributed several chapters to a book on the spiritual dimension in the treatment. There is a growing body of research which points to the influence of beliefs and spiritual and religious practices upon health outcomes. This type of research often frightens both the hard nosed scientist and the religionist who both feel their reputations may be sullied by getting involved in such a field.
Our values do influence our behaviour. In cognitive behaviour therapy we pay a good deal of attention to what clients are thinking but in a secular society we are hesitant to deal with the spiritual dimension even when that is an important dimension to the client. Victor Frankl in his classic “Man’s Search for Meaning” showed how important a sense of meaning can be even for survival in very adverse surroundings.

**Conclusion**

In developing a model of gambling I believe we have to take into consideration each of the five dimensions I have mentioned. I am conscious that I have only spoken about some examples in each section. I believe these factors are relevant to a wide range of gambling behaviours and not only to more extreme example of addiction. Some people who develop significant gambling problems spend a lot of energy trying to identify where they went wrong. For many the search to find an explanation diverts energy away from the important issue of changing the behaviour. Causative factors of gambling problems are likely to be multi-dimensional and treatment is likely to draw upon several disciplines. This would seem to call for team approaches where the contributions of financial counselling, psychotherapy, and pharmacology all play a part. We should not overlook the part that the industry can play in modifying the present gambling environment so that it minimises harm that is done to the users of gambling services.

Finally, I would like to observe that people often take remedial action themselves without external help. I was at a session of the Winter School of the Alcohol and Drug Foundation Queensland when Stanton Peele was talking about the addiction processes. He asked all people who had been regular smokers to put up their hands; there was a big response. Then he asked those who had stopped without professional help to lower their hands. Hardly an uplifted hand was left. When we think about this, we can see how the changing environment made self control easier. Advertising was greatly curtailed, attitudes changes, health became an issue which people saw was part of their responsibility. Taxes were increased. The environment changed and smoking behaviour changed. No doubt the same will happen with gambling behaviour when there is a greater commitment to reduce harm.

**References**


“Honestly, I don’t know why I do gamble. It doesn’t feel good and has ruined my marriage, killed my family, and cost me a job. I have no idea why I gamble, but I’d be willing to bet all of last year’s winnings that you can’t figure it out either”.

A gambler in group therapy
THE GAMBLING BEHAVIOUR OF INTERNATIONAL STUDENTS IN AUSTRALIA

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RMIT University, Department of Psychology and Disability

ABSTRACT

International students are an increasingly large and important population to the Australian economy, regional position and educational system. While there have been anecdotal reports of problems in relation to gambling within this population, no previous study has examined this issue. 157 domestic students and 155 international students participated in this study. Gambling attitudes, expenditure, problem gambling; and related psycho-social variables including loneliness, family pressure, depression, anxiety and stress are examined. The types of gambling activities pursued by the two groups are also explored. International students were found to have a higher gambling expenditure and to exhibit slightly higher problem gambling scores. While loneliness and family pressure were not strongly related to their gambling; attitudes, peer norms, depression, anxiety and stress strongly predict intention to gamble for this population. Proposed future study to examine the cultural relationship to gambling and gambling within particularly vulnerable international student groups is discussed.

Introduction

While gambling has long been an established past-time within the Australian social arena, recent legislative changes have led to a rapid increase in the availability and use of both new and existing gambling activities in the Australian community (Blaszczynski, Walker, Sagris, & Dickerson, 1999). The impact of this increase in gambling opportunities on many sectors of Australian society has been examined, including: young people (Ohtsuka & Moore, 1997; Productivity Commission Report, 1999); cultural groups (Victorian Casino and Gaming Authority, 2000); women (Moore, 1997); and indigenous Australians (Holden, Dickerson, Boreham & Harley, 1995). However, no study has examined the impact and extent of gambling behaviour within our increasingly important international student population.

There are several reasons why it is important to investigate this topic. Firstly, the Victorian Casino and Gaming Authority (2000) confirmed generally held suspicions that gambling has a disproportionate effect upon some ethnic communities. While generally, fewer people gamble within these communities, those that do gamble have been found to outlay larger amounts of money on gambling than the general community. Furthermore, A corresponding increase in problem gambling has been found. These increased gambling behaviours were particularly noticeable within some Asian communities, and with the largest proportion of international students coming from the Asian region, they may be at risk of developing problems.

In recent years, anecdotal evidence of problems with gambling within international student populations has emerged. These reports have come from both accounts and a counseling perspective. University administration and accounts areas that are responsible for international students have encountered cases where fees were not paid, and their students have expressed other financial hardships as the result of excessive
gambling expenditure. These anecdotal reports have also been reflected by those involved in gambling counseling, including members of the Break Even organisation. Additionally, international students constitute an increasingly large and important population. From a purely numerical perspective, international students are becoming an increasingly large population. The Department of Education Training and Youth Affairs (2000) report 151 international student in 2000 (an increase of 15% on 1999). The economic contribution of these international students is very significant. Their expenditure in Australia during 1999 was $3,085 million. This can be broken down into two sections, educational fees and general expenditure, 1999 saw 50.6% spent on fees and 49.4% on general goods and services.

While international students are not a homogenous group, 84% come from the Asian region. Indonesia is the largest supplier of students, followed by Singapore, Hong Kong, Malaysia and then Japan. As political and economic changes occur within the region, so to will this mix. At the moment, China is the fastest growing supplier of students to Australia (up 57% on 1999). International students are important to all the states, with New South Wales and Victoria taking the majority of these students. Distribution by State in 1999 was made up as follows - NSW (37.6%); Vic (27.8%); QLD (15.8%); SA (4.4%), WA (10.9%). International students are distribution across several of the educational sectors, with 53.3% at university, 19.8% in vocational education, 19.1% in English language courses, and 7.8% attending school (Department of Education Training and Youth Affairs, 2000).

While this educational export is amongst our most valuable, Australia is not alone in recognising the importance of this resource. A range of countries increasingly seeks to gain a share of the international education market. Currently, Australia is ranked third y the number of international students educated here, behind the USA, and UK. Other countries that compete for these students include Canada and NZ that place fourth and fifth respectively. In such a competitive market, it is important to note that the two main reasons parents give for their choice of location are prestige of the educational facility, followed by the perceived safety of the environment (Kelly, 1997). Thus even beyond our duty of care to these international students, lies an economic reason to ensure that they are not unduly exposed to risks. In this climate, the psychological, economic and physical well being of international students who choose to study in Australia is of great importance to our educational institutions, economy and regional reputation. The gambling behaviour of students generally has been researched both in North America and Australia. Lesieur, et al. (1991) conducted a large study on six university campuses in the USA. It was found that 90% of males and 82% of females had gambled, and rates of pathological gambling that ranged from 4% to 8%. Moore and Ohtsuka (1997) examined gambling behaviour in a sample of young Australians and concluded that up to 4% of young Australians experience problems due to their gambling behaviour. In North America large-scale studies find the high prevalence rates of youth gambling. Shaffer and Hall (1996) explain that these studies find that between 4% to 8% of adolescents presently exhibit a serious gambling problem with another 10% to4 % of adolescents at risk for developing a gambling problem.

The Australian Productivity Commission Report (1999) on Youth Gambling proposed that the 18-24 age group were the most likely to participate in a range of gambling activities including Electronic Gaming Machines (EGM’s), casino gambling and sports betting. Thus while gambling has been found to be a popular past time for young people in Australia, low but significant rates of problem gambling have been found. This study is
interested in finding out whether gambling and problem gambling is higher amongst the international student population. Additionally, the views that are held with regards to the suitability of gambling as a pastime, and reasons for participation in this activity are of interest. It is suggested that distorted cognitive beliefs regarding gambling can place individuals at risk of developing problems (Blaszczynski, Walker, Sagris & Dickerson, 1999; Moore and Ohtsuka, 1997; Weinstien, 1980).

Beyond cultural risk factors, international students may face additional psychological stresses. One such issue may be that of loneliness. Russel, Peplau and Cutrona (1980) report that loneliness has been related to range of problems including alcoholism, adolescent delinquent behavior and stress. As it is likely that international students may experience increased loneliness it may be that this could manifest itself in increased gambling behaviour. It is also suspected that the isolation and challenges of a foreign environment faced by these students could lead to increased levels of anxiety, stress and depression. As depression is a well known correlate to problem gambling (Blaszczynski, Walker, Sagris and Dickerson, 1999) increased levels of depression, anxiety and stress may lead to increased gambling activities. Additionally, it is suspected that international students may experience high levels of parental pressure, both as a result of the financial sacrifices made by parents to educate their children internationally, and by parental concerns that their children may be ‘corrupted’ by foreign lifestyles and values (Kelly, 1997).

Gambling has been found to be a more popular pastime amongst males than females (Gupta & Derevensky, 1998a; Ladouceur, Dubé & Bujold, 1994; Stinchfield, Cassuto, Winters & Latimer, 1997). This is expected to be reflected in international student populations. Finally, the levels of gambling expenditure and the types of gambling activities that international student engage in are unknown. This information is needed to allow investigation of anecdotal reports.

Method

Participants

The participants were 312 students aged between 17 and 26. The average age of the participants was 20.84 years (SD = 2.88) and there were 184 males and 128 females. This group consisted of 157 domestic students (80 males and 77 females) and 155 international students (104 males and 51 females).

The breakdown of nationalities representing the international student group was as follows: Malaysia 43%, Indonesia 21%, Singapore 12%, Hong Kong 10%, China 6%; others nations 8%. This is fairly typical of the representation in the Victorian international student population.

Procedure

The participants were recruited from the campuses of three Victorian Universities. Students were approached and asked if they would be prepared to complete a survey regarding gambling behaviour. Those that agreed were given a letter of introduction that outlined the purpose of the study, provided contact information if further assistance or information was required, and indicated the anonymous nature of the survey. The survey took 10-20 minutes to complete and was collected personally by the researchers upon
Materials and Measures

The participants were supplied a pen and a basic bio-data sheet and a survey document. The survey document contained the following measures: Gambling Behaviour was measured using the Gambling Behaviour Survey developed by Moore and Ohtsuka, (1997). This instrument assesses Gambling attitudes, peer norms with respect to gambling (subjective norms), Gambling Intention and finally Gambling behaviour with regards to expenditure and frequency of gambling. Problem gambling was measured using a modified version of the South Oaks Gambling Screen (Lesieur & Blume, 1987). This had been adapted for use within an Australian context by Moore and Ohtsuka (1997), and the ratings across the 10 items are added to form a measure with a range of scores of 10 to 50, high scores representing perceived problem gambling. Moore and Ohtsuka (1997) found the Cronbach alpha to be measured at .87.

Loneliness was measured using the Revised UCLA Loneliness scale (Russel, Peplau & Cutrona, 1980). This scale has high internal consistency with a coefficient alpha of .94. Additionally, concurrent and discriminant validity has been established with loneliness being found to be a distinct emotion that was not confounded by social desirability. Depression, anxiety and stress were assessed using the Depression, Anxiety and Stress Scale (DASS) (Lovibond & Lovibond, 1983). Subjects rate the extent of their experience over the last week on 42 negative emotional symptoms. The DASS has been found to have strong psychometric properties, with good convergent and discriminant validity with other clinical instruments that measure anxiety and depression.

Family Pressure was assessed using a Family Pressure Scale devised for this study. Six items were selected from a range of concerns voiced by a panel of international students. Such statements as ‘My family is sacrificing their own comfort and working hard to allow me to get a good education’ and ‘When my parents speak and write to me they are most concerned with my academic progress’. Two factors emerged, that of family sacrifice and expense, and that of pressure imparted by communications with parents and family. This scale has an internal consistency reliability of .74.

Results

Table 1 shows that the international students as a group have a small yet significantly higher reported SOGS score that the group of domestic students. This difference is supported when weekly gambling expenditure is examined as illustrated by Figure 1.
The returned surveys found that 77% of the domestic students gambled to some degree, compared to 72% of the domestic students. This was broken down into the following categories: 22.9% of domestic students and 28.4% of international students never gamble, and 42.7% of domestic students indicated an expenditure less than $10.00 compared with 20% of international students. The reverse was found with an expenditure of between $10.00 and $99.00, identified by 25.5% of domestic students and 45.1% of international students.

International students demonstrated increased positive attitudes towards gambling in comparison to those of domestic students. This trend was also found in relation to positive 'peer norms to gambling, however none of these differences were significant.

With regards to frequency and type of gambling, international and domestic students participate in different gambling activities. Domestic students were far more likely to participate in lotteries, play bingo and use EGM's at club venues. International students on the other hand were more likely to play cards for money and play table games at the casino.

Additionally, those that gambled from the two groups also expressed differences in their main reason for gambling. While social reasons where highest for both groups, this was especially so for the domestic students 42% compared to international students 29%. Conversely, 20% of international Students claimed to play for financial reasons compared with 5% of domestic students.

Correlations between Intention to Gamble and Problem Gambling (as reported by the SOGS) and a range of psycho-social measures were examined to assess important relationships between the variables. Table 3 displays these relationships for both international and domestic students. Significant findings include strong relationships between the amounts gambled in a week and intentions to gamble for both groups, and while the Domestic students peer norms are strongly related to intention (r=.48), this relationship is particularly important in intention to gamble for international students (r.63). Depression, anxiety and stress are all significantly related to both intention to gamble and problem gambling for both groups. Interestingly, the relationship between intention to gamble and problem gambling is significantly strong for both groups, particularly domestic students (r.77).

Problem gambling for domestic students is strongly related with the amount gambled in a week (r=.36), and peer norms (r=.38). While for international students problem
gambling is strongly related to loneliness ($r=.23$), Depression ($r=.24$), Anxiety ($r=.32$) and Stress ($r=.34$).

Regression analyses were conducted separately for both student groups to assess the predictors of gambling intention. Variables that held theoretical claim to a causal relationship were assessed for their predictive value.

**Figure 1: Maximum weekly gambling expenditure for international and domestic students**

Intention to gamble was significantly predicted by peer norms, attitudes to gambling and total DAS, but with a much greater percentage of the variance accounted for within the international students (55%) than for domestic students (28%).
Table 3: Correlations of Gambling Measures and Psycho-Social Characteristics for International and Domestic Students

<table>
<thead>
<tr>
<th>Gambling Measures</th>
<th>Intention to Gamble</th>
<th>Problem Gambling (SOGS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>International</td>
<td>Domestic</td>
</tr>
<tr>
<td>SOGS</td>
<td>.32**</td>
<td>.77**</td>
</tr>
<tr>
<td>Intention to Gamble</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Most Gambled in a Week</td>
<td>.36**</td>
<td>.48**</td>
</tr>
<tr>
<td>Attitude to Gambling</td>
<td>.35**</td>
<td>.46**</td>
</tr>
<tr>
<td>Peer Norms</td>
<td>.63**</td>
<td>.48**</td>
</tr>
<tr>
<td>Loneliness score</td>
<td>-.03</td>
<td>.06</td>
</tr>
<tr>
<td>Depression</td>
<td>.28**</td>
<td>.27**</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.24**</td>
<td>.25**</td>
</tr>
<tr>
<td>Stress</td>
<td>.34**</td>
<td>.23**</td>
</tr>
<tr>
<td>Total DAS</td>
<td>.27**</td>
<td>.25**</td>
</tr>
<tr>
<td>Family Pressure</td>
<td>-.23**</td>
<td>-.05</td>
</tr>
</tbody>
</table>

Note: *p<.05; **p<.001

Table 4: Prediction of Intention to Gamble within International and Domestic Students

<table>
<thead>
<tr>
<th>Variable</th>
<th>International</th>
<th>Domestic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Norms in Relation to Gambling</td>
<td>.68**</td>
<td>.32**</td>
</tr>
<tr>
<td>Total Depression, Anxiety &amp; Stress</td>
<td>.39**</td>
<td>.15*</td>
</tr>
<tr>
<td>Attitude to Gambling</td>
<td>.14*</td>
<td>.25*</td>
</tr>
<tr>
<td>F</td>
<td>64.87</td>
<td>21.96</td>
</tr>
<tr>
<td>P</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Adjusted R squared</td>
<td>.55</td>
<td>.28</td>
</tr>
</tbody>
</table>

**p<.05, **p<.001

Discussion

This study found that international students are less likely to participate in gambling behaviour than their domestic counterparts, those that do gamble are prone to have a higher weekly expenditure. Additionally, there were small but significantly higher levels of problem gambling scores recorded for international students. It is important to reflect that increased expenditure upon gambling may, over time, result in higher levels of problem gambling, so this high expenditure is of concern. Furthermore, a significant number of international students suggested that they gambled for financial reasons and beliefs of this nature may be an indication of risk. As gambling is not a viable path to financial goals, such distorted cognitions have been found to increase the risks of developing problems (Blaszczynski, Walker, Sagris, & Dickerson, 1999; Moore and Ohtsuka, 1997; Weinstien, 1980).
This risk may also be increased by the availability to funds that are designed to provide for living expenses. The data collected on weekly gambling expenditure suggests that a significant number of students could be at risk of using these available funds for gambling. Over 45% claimed to spend from $10-$99 on some weeks on gambling activities, and 6.5 % over $100.

Differences in the style of gambling activity for these two groups suggested that international students are far more likely to spend time at the casino, particularly playing table games than their domestic counterparts. These findings match those for the overall Victorian Asian community as reported by the Victorian Casino and Gaming Authority (2000). Of additional interest is the large number of international students that play cards for money, again indicative of a cultural and social difference in gaming habits. While intention to gamble was strongly related to problem gambling in domestic students confirming the findings of a previous study by Ohtsuka and Moore (1997), only a moderate relationship was found for international students. The same pattern was found for the relationship between most gambled amount and problem gambling. It may be that within the international student group, a larger number gamble for entertainment (ie. cards with friends, or a social visit to the casino).

The importance of gambling as an entertainment activity for international students is supported by the finding that peer norm was the strongest correlate to intention to gamble for international students, but a moderate one for domestic students. Peer norms were also moderately related to problem gambling for domestic students, yet not significantly related for international students at all. This is further indication of the entertainment role of gambling for the majority of gambling international students. Perhaps those for whom gambling remains a very social activity are at less risk of developing serious problems, unless they are exposed to other risk factors. This study did not support the suggestion that loneliness and family pressure were major contributors to gambling activity. However, loneliness was significantly related to intention to gamble and problem gambling for both groups. The relationship between loneliness and gambling activity is an area that warrants further investigation. The higher levels of reported gambling expenditure and problem gambling might be partly explained by the strong relationship between depression, anxiety and stress to the gambling predictors.

Consistent with the literature (Blaszczynski, Walker, Sagris and Dickerson, 1999) depression, anxiety and stress levels was high for both groups of gamblers. However, by using regression analysis, a model of peer norms, attitudes to gambling and total depression, anxiety and stress (DAS scores), allowed us to predict gambling intention among international students but not domestic students. Perhaps those international students that gamble for entertainment and social reasons, and then experience stress, anxiety or depression, are at greatest risk of increasing their gambling behaviors and developing problems.

It has been suggested that students from a certain cultural background (ie. Chinese or Indian) are the ones that display the higher expenditure and levels of problems with gambling. This study only addressed national identity. However due to the complex cultural mix that makes up modern Asia, a full cultural examination with regard to ethnic and religious backgrounds may well reveal specific differences between the gambling habits of the international student population.
While it is clear that international students are a population at risk, this study only examined those students involved in University education. The 19% of international students involved in English language study and 20% in vocational education may well be at greater risk. They are likely to have limited English skills, be more isolated and without the protection, facilities and entertainment provided by large established university campuses.

There is a clear need for a study that examines the cultural differences in regards to gambling, and explores gambling activity within the more isolated pockets of international students who still experience language barriers. A continued examination of the hazards of the gambling opportunities in our society, and risks to international students, is needed.

References


ABSTRACT

Despite the various stresses experienced by many migrant Australians, only few seek psychological help. Many factors could explain this lack of service utilization among people from ethnic communities. In the most commonly used social behaviour prediction model based on the Theory of Reasoned Action (TRA), two factors account for intention to behave: attitudes and subjective norm. However, to improve prediction of a more specific behaviour such as the psychological help-seeking behaviour (PHSB) of ethnic population, the TRA model would need to be modified. A community sample of 242 Australians (79 male; 163 female, age range 18 to 77 years (M=36.32, j14.55) from 48 cultural backgrounds responded to the questionnaire comprising predictors of psychological help-seeking behaviour such as the level of acculturation, recognition of need for help, stigma tolerance, stigma concerns, and confidence in the psychological helpers, interpersonal openness, and the quality of prior consultation. In testing of the TRA model, it was hypothesised that (1) attitudes and subjective norms together predict intention to seek psychological help; (2) intention in turn predicts PHSB. For the extended prediction model, it was hypothesised that (3) the extended model of TRA using modified predictors of psychological help seeking intention is a better prediction model. Standard Regression Analyses found that all three hypotheses were supported. Further, to formulate an effective model with the least number of predictors, Backward Regression Analysis was carried out. Of all predictors used, attitudes, recognition of the need for help, interpersonal openness, and acculturation were significant independent predictors of intention.

Introduction

Many factors account for the lack of psychological service utilisation by people from ethnic backgrounds. Most of these factors are often seen as being directly influenced by culture, which exerts a major impact on the perception of mental health and help-seeking behaviour within ethnic communities (Corner, 1998; Luk & Bond, 1992; Shiang, Kjellander, & Bogumill, 1998). Culture provides the context for self-image, behaviour and interpersonal interaction (Owen, 1996). The culture of an ethnic group distinctively comprises qualities such as artifacts, roles, activity, contexts, institutions, and internal qualities that are not commonly shared across cultures (Axelson, 1999; Matsumoto, 2000). From this perspective, the original national culture of the person may contribute substantially to his or her courses of action because they exert an immense influence on the individual. The original culture influences people’s values, attitudes, ideas, beliefs, style of thinking and concepts, and guide how people behave and interact with others (Axelson, 1999; Matsumoto, 2000). Cultural influence on psychological help seeking behaviour (PHSB) thus can be predicted from people’s attitudes toward psychological help and subjective norms. In this respect, the most commonly used social behaviour prediction model is based on the Theory of Reasoned Action (TRA). In formulating a
model of behaviour prediction, the Theory of Reasoned Action (Ajzen & Fishbein, 1980) posits that people’s attitudes and their beliefs about what significant others think can be used to predict intention to carry out a behaviour, which in turn, predicts behaviour. The central premise of the Theory of Reasoned Action is that people make a decision to behave based on a reasoned consideration of the available information (Ajzen & Fishbein, 1980; Terry, Gallois, & McCamish, 1993) and that causal antecedents of behaviour are a logical sequence of cognitions (see Figure 1).

**Figure 1. Model of Theory of Reasoned Action (Ajzen & Fishbein, 1980, p. 8)**

*Note. Arrows indicate causal paths.*

According to the model, the immediate determinant of behaviour is the person’s intention to perform it. The determinants of people’s intentions are, in turn, proposed to be the positive attitude towards the behaviour and the extent of perceived normative pressure to perform the behaviour (subjective norm). The TRA model further proposes that people’s attitudes toward the behaviour are a function of their beliefs concerning the consequences of performing the behaviour (behavioural beliefs), weighted by the value placed on each of the consequences (outcome evaluation), while the subjective norm is proposed to be a function of people’s perception of pressure from others to perform the behaviour (normative beliefs), weighted by their motivation to comply with these others (Ajzen & Fishbein, 1980).

Accordingly, PHSB is predicted by (a) intention to seek help; (b) intention, in turn, is predicted by attitude toward psychological help seeking and the subjective norm with respect to specific culture; (c) estimated attitude is determined by multiplication of normative beliefs of the culture about seeking help and an evaluation that seeking help will lead to a positive outcome; and (d) the subjective norm is determined by multiplying normative beliefs and motivation to comply with salient referents. (See Figure 2).
The limitation of the TRA model is that it does not utilise relevant information regarding the special characteristics of the ethnic subjects in predicting help-seeking behaviour. That is, the model excludes important predictors such as demographic variables (ethnic background), attitudes toward psychological help in general, social factors (e.g., stigmatisation), and personality (Eagly & Chaiken, 1993). Some of the factors may be uncontrolled (such as lack of knowledge about the service) or unintentional (such as believing that they simply cannot seek psychological help due to lack of ability to communicate in English). Accordingly, the TRA model may not fully predict PHSB due to lack of relevant and specific predictors of the target behaviour. In other words, predictors of intention should not be limited to attitude and subjective norm. Rather, they should be formulated with respect to specific target behaviour and population. Previous research on help seeking behaviour attempted this approach (Deane, Skogstad, & Williams, 1999; Deane & Todd, 1996; Solberg, Ritsma, Davis, Tata, & Jolly, 1994). However, it seems that there has been no attempt to expand the theory beyond the identification of predictors of intention. Many previous studies focussed on predictors of intention but did not substantiate the link from intention to behaviour. Consequently, to formulate a model predicting PHSB of ethnic population, predictors of intention have to be not only culturally and behaviourally specific, but also the prediction of behaviour from intention must be successful. Among many factors involved, seven predictors of intention to seek psychological help, acculturation, recognition of psychological help, interpersonal openness, stigma tolerance, confidence in counsellors or psychologists, stigma concerns, and quality of prior therapy, will be assessed.

**Acculturation as a determinant in help-seeking behaviour**

While incompatible cultural practice may prevent people from seeking help, an individual’s level of acculturation seems to be a better predictor for PHSB. Acculturation refers to the gradual acquisition of the host culture by the migrant (Matsumoto, 2000; Stuart, Minas, Klimidas, & O’Connell, 1996). Acculturation thus can be acquired by the person’s openness to the new culture, exposure to new culture, competence in host
language, knowledge of services, and criterion for selection of psychologist. It would be expected that people with a positive attitude toward PHSB would be more likely to seek help when needed. However, previous research has found that although acculturation is positively related to help-seeking attitude, it is negatively correlated with willingness to seek help for specific problem concerns (Atkinson & Gim, 1989; Komiya, Good, & Sherrod, 2000). However, the researchers did not fully elaborate on how this negative correlation was formed. Perhaps people better acculturated are more equipped to deal with problems on their own (i.e. better problem solving skills, access to avenues other than seeking professional help) and thus may find professional psychological help less preferable or necessary.

**Recognition of the need for help**

Recognition of the need for help is often related to the perceived severity of problems. However, whether and why people will get help, taking into account the severity of problem, has not clearly been defined (Deane et al., 1999; Deane & Todd, 1996; Fischer & Turner, 1970; Tiller et al., 1998). For example, Deane et al. (1999) and Dean and Todd (1996) investigated the severity of the problem using only two scenarios of emotional problem and suicidal ideation. Their findings, however, fail to show a consistent willingness to seek help when the severity of problems increases. Perhaps some participants disregarded the possibility of seeking help in a scenario that appears to be unlikely to happen to them (i.e., how likely is it to seek help if you have suicidal ideas?) Since social stigma is often associated with mental illness, severity of psychological problems may need to assess a range of scenarios involving emotional problems and psychological illness.

**Interpersonal Openness**

Interpersonal Openness refers to the individual's willingness to reveal problems to an appropriate professional, believing one should 'air' one's problems (Fischer & Farina, 1995; Fischer & Turner, 1970). It is expected that a high score for this subscale would indicate a greater willingness to disclose problems. It has often been found that women score higher on this subscale (Deane & Todd, 1996; Fischer & Turner, 1970). However, findings of sex differences need to be interpreted with caution since gender-role expectation are in part responsible for differences between men and women in displaying and expressing their emotions (Bern, 1974; Good, Dell, & Mintz, 1989; Moore, Kennedy, Furlonger, & Evers, 1999).

**Confidence in psychological helpers**

This factor refers to confidence in psychologists or counsellors and psychological service institutions (Fischer & Turner, 1980). Believing in the source of help is considered an important determinant of people’s psychological help seeking attitude and is influenced by two aspects. The first is a belief that psychological help services are useful services. The second is a belief in the competence of the people who provide these services. For people of ethnic background, cultural empathy is considered an important factor contributing to people’s psychological help seeking attitude. Thus, cultural competence of the helpers and the policy and orientation of the psychological services towards cultural diversity are important factors contributing to service utilisation of people from ethnic backgrounds (Mahalik, Worthington, & Crump, 1999; Minas, Silove, & Kunst, 1993; Nickerson, Helms, & Terrell, 1994; Ridley, 1995).
Stigma Concerns

This factor represents fear of being judged negatively by significant others (Fischer & Turner, 1970). Often, negative attitudes toward counselling may be derived from the social stigma attached to seeking counselling and maintained by the social norm. Because professional psychological help is an unfamiliar practice to many ethnic clients, seeking psychological help is often regarded as a sign of personal weakness, indicative of failure or a psychological illness. Consequently, fear of stigma may deter the person who contemplates obtaining professional psychological help (Dean & Chamberlain, 1994; Fischer & Turner, 1970; Lin, Inui, Kleinman, & Womack, 1999; Tsui & Schultz, 1985). Conversely, lower levels of stigma concerns will predict higher levels of help-seeking intention.

Stigma tolerance

Indeed, the individual’s ability to accept the stigma attached to seeking psychological help varies from one person to another. Stigma tolerance assesses people’s ability to ignore social stigma related to psychological help seeking (Fischer & Turner, 1970). Lower scores indicate sensitivity to what others would think if the individual sought help. Higher scores represent freedom from such concerns.

Quality of prior therapy

The understanding of psychological help gained from prior experience can also determine the person’s attitude toward the service. Prior counselling experience thus may increase the likelihood of the person’s willingness to access and accept help. Quality of prior experience is thus important in people’s decisions about whether they would again utilise the service. In a study of help-seeking behaviour, Deane et al. (1999) found that those with positive prior help-seeking experiences had more positive attitudes and higher help-seeking intentions than those who had neutral or negative prior help-seeking experiences. Nevertheless, PHSB of those who have a history of prior consultation and those who do not, are expected to be substantially different. Hence, the evaluation of prediction models based on help-seeking theory requires separate analyses of these two groups. Further, since the influence of having experience in prior consultation is considered a powerful predictor in help-seeking behaviour, it is essential that this factor will be included in the analysis of the final model.

In sum, the modified version of the TRA model in predicting PHSB can be summarised in Figure 3.
The aim of this study is to test the effectiveness of the prediction model based on TRA and the extended model. In testing of the TRA model, it was hypothesised (1) that attitude and subjective norm together predict intention to seek psychological help; (2) that intention in turn predicts PHSB. For the modified prediction model, it was hypothesised (3) that intention to seek help can be better predicted from acculturation, recognition of the need for help, confidence in psychologists/counsellors, interpersonal openness, stigma tolerance, stigma concerns, and the quality of the prior therapy.

Method

Participants

Two hundred and forty two participants, 79 males (33%), 163 females (67%), with an age range from 18 to 77 years (M =36.32, SD=14.55) drawn from 48 cultural backgrounds participated in this study. Participants were ethnic Australians from across Melbourne Australia. Approximately 44.6 percent of the participants were born in Asia (=108); 30.6 percent were born in Australia (p74); and 20.2 percent were born in Europe (n=49). Seven participants were born in the Middle East (2.9%); two participants each were born in Africa (0.8%) and in North/Central America (0.8%). Of the 242 participants, 80 participants (33%) had prior counselling experience whereas 155 participants (64%) had no prior consultation and 7 participants (3%) did not answer this question.

Measures

A questionnaire was developed by the author based on the Theory of Reasoned Action (Ajzen & Fishbein, 1980), Attitude toward Psychological Help Scale (Fisher & Turner, 1970), and stigma concerns scale (Deane & Chamberlain, 1994). The questionnaire was also translated in the Vietnamese language by the author and the accuracy of translation.
was checked by back translation. The questionnaire comprised nine sections.

**Demographics.** This section assessed the demographic profile of participants such as age, sex, profession, ethnic identity, country of birth, religion, and culture of origin.

**Acculturation.** Acculturation was operationally defined and measured by the sum of five questions regarding the participant’s level of English language competency, number of years living in Australia, levels of commitment with Australia, knowledge about available psychological services, and their levels of preference to see helpers from the same cultural/ethnic background. Higher scores reflect higher levels of acculturation to the Australian culture.

**Quality of prior therapy.** Participants were asked whether they have prior counselling experience and rated prior counselling experience on a 7-point Likert scale.

**Attitude.** An estimated attitude score was calculated for each participant by multiplying their behavioural beliefs score and outcome evaluation score. High positive scores reflect a favourable attitude towards seeking psychological help.

**Subjective norm.** An estimated subjective norm score was calculated by multiplying normative beliefs scores with motivation to comply scores, and then by summing the subjective norm total scores. For example, the score for normative beliefs of family members were multiplied by the score for motivation to comply with family members’ wish. High positive scores reflect a perception of positive social norms and a motivation to comply with them. Scores range between 3 and 147.

**Attitudes toward Psychological Help Scale (ATPHS).** This section comprised 29 items developed to assess attitudes toward seeking professional counselling (Fischer & Turner, 1970). The questionnaire has four subscales: Recognition of need for psychological help, stigma tolerance, stigma concerns, interpersonal openness, and confidence in psychologists. The reliability of the four subscales reported by Fischer and Turner (1970) ranged between .83 and .86. The instrument also discriminates between those who have previously sought psychological assistance and those who have not (Fischer & Turner, 1970). Cronbach’s alpha ranged between .66 and .73.

**Social Stigma Concerns.** Eleven questions by Deane and Chamberlain (1994) assess fear of being judged negatively by friends, family, or employers for seeking treatment. High scores reflect a high level of concern regarding social stigma. The range of scores is 11 to 77.

**Intention to seek psychological help.** Participants rated their help seeking intention on a 7-point Likert scale ranging from “extremely unlikely” (1) to “extremely likely” (7). High positive scores reflect high levels of intention to seek psychological help. Scores ranged from 2 to 14.

**Psychological help-seeking behaviour (PHSB).** Subjects rated the likelihood of their help-seeking behaviour on a 7-point Likert scale ranging from “extremely unlikely” (1) to “extremely likely” (7).
Procedure

The research proposal was reviewed and approved by the RMIT Human Ethics Committee of the RMIT University and the Department of Human Services in Victoria. Approximately 500 questionnaires were distributed through snowball sampling method utilising professional and interpersonal networks. The research proposal was reviewed and approved by the RMIT Human Ethics Committee of the RMIT University and the Department of Human Services in Victoria. Approximately 500 questionnaires were distributed through a snowball sampling method utilising professional and interpersonal networks. Ethnic informants and bilingual counsellors/psychologists were recruited to distribute questionnaires through their contacts with religious groups, social clubs, social and professional contacts. The survey was directed towards people from ethnic background regardless of age, place of birth and length of stay in Australia.

Participants were asked to read the project information letter and sign a consent form before they proceed to answer questionnaires. Those who wished to complete the questionnaires in private were given the questionnaire and a reply paid envelope. Of the 278 returned questionnaires (return rate approximately 57%), 36 unusable questionnaires were removed from analysis (e.g., incomplete or frivolous responses).

Results

Predicting behaviour from intention

A standard regression analysis was carried out to predict help-seeking behaviour from intention. Table 1 shows that intention to seek help significantly predicted help-seeking behaviour accounting for 15% of the variance in help-seeking behaviour, $F(1,235) = 44.02$, $MSE = 2.43$, $p<.0005$. Note that this analysis constitutes part of testing of both TRA model and the extended model.

Table 1: Summary of standard regression analysis for Intention Predicting PHSB (N= 237)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>.40***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intention to seek help</td>
<td>.19</td>
<td>.03</td>
<td>.40***</td>
</tr>
</tbody>
</table>

Note: $R^2 = .158$, Adjusted $R^2 = .154$

***$p< .0005$

Testing the TRA Model

Descriptive statistics. It is anticipated that attitudes towards seeking help will be different between the participants with prior experience with psychological help seeking and those without (Deane et al., 1999). To analyse differences in the responses on attitude, subjective norm, and intention to seek help, descriptive statistics were compared between the two groups of participants with no prior consultation history to a psychologist/ counsellor and those with prior consultation experience. All statistical tests used an alpha level of .05.

Table 2 shows that the participants with prior consultation history had more positive attitudes to PHSB and greater intention to seek help than did the participants without
prior experience. An independent t-test indicated that the participants with prior consultation history have significantly more positive attitudes regarding seeking psychological help and higher intentions to seek help than the participants without such experience, $t\ (230) = -3.18$ and $-3.72$, $p = .002$ and $p < .0005$, respectively. However, the difference in subjective norm was found to be non-significant, $t\ (227) = -1.38$, $p = .17$.

Table 2: Attitude, Subjective norm, and Intention to seek help by Prior Psychological Help-Seeking Experience

<table>
<thead>
<tr>
<th>Variables</th>
<th>No prior consultation (n = 155)</th>
<th>With prior consultation (n = 80)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Attitude</td>
<td>56.59</td>
<td>23.20</td>
</tr>
<tr>
<td>Subjective norm</td>
<td>43.47</td>
<td>31.42</td>
</tr>
<tr>
<td>Intention to seek help</td>
<td>5.98</td>
<td>3.45</td>
</tr>
</tbody>
</table>

Predicting intention from attitude and subjective norm. A standard regression analysis was performed to assess if attitude and subjective norms predict intention.

Table 3 shows the results of the standard multiple regression analysis predicting intention to seek psychological help from attitude and subjective norm. The results indicate that attitude and subjective norm significantly predict intention and accounted for 29.3 percent of the variance in Intention, $F(2, 228) = 48.72$, $\text{MSE}= 9.18$, $p< .0005$. Attitudes and subjective norm were independent predictors of intention and both were statistically significant $ts\ (228) = 5.63$ and 5.67, respectively, $p<.0005$.

Table 3: Summary of Standard Regression Analysis for Variables Predicting Intention to Seek Psychological Help (N = 231)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>B</th>
<th>SE B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude</td>
<td>.05</td>
<td>.009</td>
<td>.32***</td>
<td></td>
</tr>
<tr>
<td>Subjective norm</td>
<td>.04</td>
<td>.007</td>
<td>.34***</td>
<td></td>
</tr>
</tbody>
</table>

Note. $R^2 = .30$, Adjusted $R^2=.29$

* * *$p<.0005$

Testing the extended Model

The extended model comprising seven predictors was used to predict intention to seek psychological help.

Responses to the predictors of intention in the extended model

To investigate responses of the seven predictors of PHS intention and to compare responses between participants with prior consultation experience and those without prior consultation experience, descriptive statistics on predictors were calculated (See Table 4). Note that no data on quality of prior consultation was available for participants with no prior consultation experience.

Analysis of Variance (ANOVA) tests show that the means between the two groups were significantly different in recognition of need for help, interpersonal openness, and acculturation, $F(1, 231) = 19.30$, $\text{MSE}= 61.46$, $p < .0005$, $F(1, 229) 12.66$. $\text{MSE}= 51.43$, $p$
< .0005, $F(1, 229) = 8.83, \text{MSE} = 207.89, p = .003$, respectively. The participants with prior consultation history more significantly recognise the need for help, are more open to reveal personal information to others, and are better adjusted to the host culture.

**Table 4: Recognition of need for help, Stigma Tolerance, Stigma Concerns, Interpersonal Openness, Confidence in psychologists, Acculturation, and Quality of Prior Therapy by Prior Consultation Experience**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Without prior consultation experience (n =155)</th>
<th>With prior consultation experience (n = 80)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Recognition of need for help***</td>
<td>34.01</td>
<td>8.00</td>
</tr>
<tr>
<td>Stigma tolerance</td>
<td>23.31</td>
<td>6.03</td>
</tr>
<tr>
<td>Stigma concerns</td>
<td>40.55</td>
<td>14.08</td>
</tr>
<tr>
<td>Interpersonal openness***</td>
<td>29.98</td>
<td>7.64</td>
</tr>
<tr>
<td>Confidence in psychologists</td>
<td>41.92</td>
<td>8.02</td>
</tr>
<tr>
<td>Acculturation**</td>
<td>36.77</td>
<td>14.74</td>
</tr>
<tr>
<td>Quality of prior consultation</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note. **p<.01 ***p<.0005

**Predicting Intention from Recognition of need for help, Stigma Tolerance, Stigma Concerns, Interpersonal Openness, Confidence in Psychologists, Acculturation and Quality of Prior Consultation.**

Standard multiple regression analyses were carried out to test whether the above predictors would predict intention to seek psychological help. To compare the effectiveness of the model including quality of prior consultation, analyses were carried out separately for the participants with prior psychological consultation experience and those without. Table 5 shows the results of two separate standard regression analyses predicting intention to seek psychological help.

Firstly, the extended model, without quality of prior therapy as a predictor, was tested using a sub sample of the participants without prior consultation. Six predictors together significantly predicted intention and accounted for 19% of its variance, $F(6,133) = 6.33, \text{MSE} = 9.84, p < .0005$. Confidence in psychologists and acculturation were significant independent predictors of intention, $t(133) = 3.01$ and -2.13, $= .003$ and .035, respectively.

However, this extended model can be fully evaluated only if experience of prior consultation is presented. Therefore, the extended model including quality of prior consultation was tested using a sub sample comprising the participants with prior consultation history.

Seven predictors in the fully extended model significantly predicted help seeking intention and account for 40% of the variance, $F(7, 63) = 7.74, \text{MSE} = 7.00, p< .0005$. 
Table 5: Summary of Standard Regression Analyses for the Extended Model predicting Help-Seeking Intention of the participants with or without history of prior consultation

<table>
<thead>
<tr>
<th>Variable</th>
<th>No prior consultation experience (n = 155)</th>
<th>With prior consultation experience (n = 80)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
</tr>
<tr>
<td>Recognition of need for help</td>
<td>.06</td>
<td>.05</td>
</tr>
<tr>
<td>Stigma tolerance</td>
<td>.10</td>
<td>.05</td>
</tr>
<tr>
<td>Stigma concerns</td>
<td>.04</td>
<td>.03</td>
</tr>
<tr>
<td>Interpersonal openness</td>
<td>.01</td>
<td>.05</td>
</tr>
<tr>
<td>Confidence in psychologist</td>
<td>.14</td>
<td>.05</td>
</tr>
<tr>
<td>Acculturation</td>
<td>-.04</td>
<td>.02</td>
</tr>
<tr>
<td>Quality of prior therapy</td>
<td>- -</td>
<td>.65</td>
</tr>
</tbody>
</table>

R² = 0.22, Adjusted R² =0.19      R² =0.46, Adjusted R² =0.40

Note. *p < .05,   ** p < .01,   ***p < .0005

Recognition of need for help, interpersonal openness, and quality of prior therapy were independent predictors of intention, ts (63) = 4.47, -2.20, 2.54, and —2.16, p < .0005, p = .032, p = .014, and p = .035, respectively.

The ANOVA test was used to test if the increment of E2 achieved by the full-extended model over TRA model is statistically significant (Pedhazur, 1998, pp.108-109). The full extended model is significantly more effective since the difference of R² (.16) is statistically significant, F(5,63) = 3.82, p<.01.

Combination of the TRA and the extended models

To explore the effective prediction model with the fewest numbers of predictors which account for a substantial portion of the variance of intention, all predictors of intention from both TRA and the extended models were entered into the backward multiple regression analysis. Table 6 shows the final step of the backward regression analysis (the criterion for removing predictors was set to greater than or equal to F=1.0).

Table 6: Summary of backward regression analysis: Prediction of intention to seek help from the fewest numbers of predictors (N=68)

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>SE B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude</td>
<td>.05</td>
<td>.02</td>
</tr>
<tr>
<td>Recognition of need for help</td>
<td>.24</td>
<td>.06</td>
</tr>
<tr>
<td>Interpersonal openness</td>
<td>-.15</td>
<td>.06</td>
</tr>
<tr>
<td>Acculturation</td>
<td>-.05</td>
<td>.02</td>
</tr>
</tbody>
</table>

Note: R² = .47, Adjusted R² = .43. *p<.05, ** p< .01, ***p < .0005
Table 6 shows that recognition of need for help, attitudes, interpersonal openness, and acculturation as predictors, was also statistically significant in predicting intention to seek psychological help and these predictors accounted for 43% of the variance, $F(4,63) = 13.71$, $\text{MSE} = 6.89$, $p < .0005$. Further, all of the four predictors were significant independent predictors of PHS intention: Recognition for the need for help, $t(63) = 2.94$, $p<.005$, attitudes, $r(63) = 4.39$, $p < .0005$ interpersonal openness, $t(63) = 2.54$, $p = .01$, and acculturation, $t(63) = -1.98$, $p = .05$.

Comparing the effectiveness of TRA model, extended model, and model derived from the backward Regression Analysis in predicting intention. The increment of between this model and the TRA model (change =. 17) was also statistically significant, $F(2,63) = 9.77$, $\text{MSE} = .0085$, $p<.01$. Therefore, this model is more efficient than the TRA model. However, the difference of $R^2$ between the extended model and the backward regression solution was not statistically significant, $R^2$ increment .003, $E(7,63) = .12$, $\text{MSE} = .0085$, ns.

In conclusion, the results indicate that (1) the TRA model, the extended TRA model and the backward regression prediction models all significantly predict intention to seek help; (2) taking into account prior consultation experience, both the extended model and the backward regression solution are more accurate in predicting intention than the TRA model; and (3) the extended model and the backward regression model are similar in terms of accuracy in predicting the criterion variable.

Discussion

The results of this study supported hypotheses regarding the TRA model (Hypothesis 1 and Hypothesis 2). The results show that attitude and subjective norm significantly predict intention to seek psychological help, and in turn, intention significantly predicts PHSB.

Regarding Hypothesis 3, results found the extended model was clearly superior to the TRA model when predicting the intention to seek psychological help of people who had prior exposure to psychological services, thus this hypothesis was also supported. Further, backward regression was performed on the combination of the predictors of the TRA model and the extended model specific to help seeking behaviour. The results identified the most efficient prediction model. This model explained the largest proportion of the variances in the Psychological help seeking intention with the least number of predictors.

Although previous studies employed different measures in predicting intention to seek psychological help, the research findings seem to be consistent across different settings and samples. For example, prison inmates (Deane et al., 1999), adult students (Dean & Todd, 1996), and Asian-American students (Solberg et al., 1994) all exhibit PHSBs that can be predicted by the similar theoretical framework despite some minor differences. The current study, focusing on ethnic Australians coming from widely diverse cultural backgrounds, produced another set of findings demonstrating applicability of the theoretical framework.

Prior consultation experience was found to be highly influential in predicting intention to seek psychological help. Results found that participants who have experience of prior consultation generally are more likely to seek psychological help. Given the condition of
the first model, subjects with and without a prior history of help-seeking experience showed no significant difference in their ratings of the subjective norm, however, their attitude toward seeking help differed, with those who had prior experience of consultation expressing a significantly more positive attitude. Similarly, given the condition of the extended model, participants of the two groups significantly differed in their recognition of the need for help, interpersonal openness, and level of acculturation. Those with prior therapy experience again showed higher scores in recognition of need for help, interpersonal openness, and better scores for acculturation. This finding is consistent with previous research which also found that participants with prior experience of consultation favour seeking psychological help more than those who have no experience (Deane et al., 1999; Deane & Todd, 1996; Solberg et al., 1994). In improving psychological help service utilisation of people from ethnic communities, not only are people from the community needed to be encouraged to seek help when they needed to, but psychological helpers would need to enhance their cultural competency to ensure positive encounter experiences for the clients.

Nevertheless, people’s help seeking behaviour may be internalised (Ponterotto, Fuertes, & Chen, 2000). That is, if people believe that psychologists have the ability to help them with their problems, they would be more likely to seek help. This factor is influential particularly when people take into consideration their positive experiences in previous encounters with psychological help. In the absence of prior experience, one factor stood out as a single independent predictor influencing people’s decision to get help; recognition of the need for help in this case was found an immensely influential factor. Understandably, people would not seek help if they did not believe that they have a problem. Since people from different cultures define psychological problems differently (Sue & Sue, 1990), community and clinical awareness about psychological symptoms that may require professional attention is needed to be promoted and interpreted in reference to that specific culture.

Attitude toward psychological help was another influential predictor of intention to seek psychological help. As results indicate, participants of the study hold relatively positive beliefs in psychological help seeking and the benefit they may receive from seeking help. Subsequently, this positive attitude resulted in positive intention to seek psychological help. Nevertheless, interpretation of these findings should take into consideration of the inconclusive nature in the definition of this factor. In 1970, Fischer and Turner formulated psychological help seeking attitude with four factors: recognition of need for help, confidence in the helper, interpersonal openness, and stigma tolerance. By 1980, Ajzen and Fishbein simply defined attitude in terms of behavioural belief and outcome evaluation. More recently, attitude is defined by many more factors (such as those factors explored in this study). Perhaps attitude is a complex factor that can be defined according to specific culture. It should not be analysed as a generic concept. Because the concept of psychological help varies from one culture to another, responses to attitude will be more accurately assessed if it is defined according to specific cultural definition. With the more inclusive and culturally sensitive definition of psychological help, attitude can be correctly explored and positive attitude toward PHSB may follow.

Another significant independent predictor of intention to seek psychological help was the interpersonal openness. Often it is expected that the higher the score of interpersonal openness, the stronger the intention to seek help (Fischer & Turner, 1980). This theory was not supported according to the results of this study. It was found that people who
are more open about sharing their problems with others are less likely to seek psychological help. In some non-Westerner cultures, the verbally, emotionally and behaviourally expressive are perceived negatively (Sue & Sue, 1990). People gifted with these abilities from these cultures thus may hold negative attitudes towards self-disclosure to others including psychologists or counsellors. Further, psychological help or counselling help is often perceived as “talk therapy” which aims to help clients relieve personal-emotional problems (Sue & Sue, 1990). When defined in this way, psychological help has no connection for those who seek help for problems such as vocational or psychosomatic symptoms. Subsequently, what was considered to be psychological needs and psychological help are yet to be culturally explored. Consistent with interpersonal openness, better acculturation was also found to be negatively related to intention to seek psychological help. This finding is consistent with previous research (Atkinson & Gim, 1989; Komiya, Good, & Sherrod, 2000, Solberg, et al., 1994) in finding those who adapted better would be less likely to seek help. The participants of the current study spent a substantial length of time living in Australia. They possessed more than adequate English language proficiency and had no problem finding a source of help. The majority of the participants were also committed to the Australian way of life and had no special need or desire to seek for helpers from ethnically similar background. Yet, they indicated negative intention to seek psychological help.

These findings suggest the relationship between intention to seek psychological help and acculturation should be assessed on a continuum. That migrants who are new in the host country, without effective skills to deal with problems, may experience more stress and therefore welcome interventions to alleviate it. (Baptiste, 1993; Berry, 1991; Sonn, Bishop & Humphries, 2000). Whereas other factors may influence the attitudes of those who are more acculturated, they are better equipped to deal with adjustment problems, and therefore less stressed. As a result, the more acculturated migrants are less likely to seek help. Perhaps, the nature and the cause of stress itself might be different compared to what new migrants experience. However, it does not mean that more acculturated migrants have no psychological issues that need professional attention. Subsequently, in-depth studies are needed to explore factors that may influence their views in seeking psychological help. Since the acculturated migrants are more likely to act as mediators between new migrants to the host country, their opinions should be of great value when promoting services to the community.

The limitations of this study comprise a number of factors. Firstly, generalisation of the result to the ethnic population may be limited due to an uneven distribution of subjects in each cultural group of the study. Future research may need to recruit larger numbers of participants in each cultural group to improve external validity of the results. With a larger sample from each ethnic group, it may be possible to carry out research on not only the uniqueness of specific communities but also the identification of similarities and differences between ethnic groups.

Secondly, the questionnaire used in the current study may exclude the participants with a lower level of the English or Vietnamese language competency, education, or those who lack a concept of psychological help. Future research needs to consider the use of a shorter and a simpler questionnaire ensuring readability is appropriate for the sample. Perhaps verbal administration of the questionnaire such as in a telephone survey or an interview method would address the issue to some extent.
Thirdly, a generic study of PHSB may be culturally insensitive since the notion of psychological help varies from one culture to another. That is, different cultures may vary on these fundamental concepts, attitudes, and behaviours. Perhaps, qualitative studies of specific issues faced by each ethnic community are needed.

Finally, the results seem to be only partially successful in explaining behaviour. This study, like many previous studies (Deane et al., 1999; Deane & Todd, 1996; Solberg et al., 1994), found extensive evidence in predicting intentions from various predictors. However, the prediction of PHSB from intention was less successful. To maximise a correlation between intention and other variables, attitude and behaviour should be defined at an equivalent level of specificity (Eagle & Chaiken, 1993, Fishbein & Ajzen, 1980). Since behaviour and intention were measured using a hypothetical scenario, inconsistency in interpreting scenarios might decrease a correlation between intention and behaviour.

In conclusion, there are a number of benefits from the development of the new model of predicting psychological help behaviour specifically for people of ethnic backgrounds. The most important benefit is that it helps to assess the needs of the ethnic communities. As the acculturation process of different ethnic groups proceeds, a standardised prediction model can be useful in complementing ecological studies of ethnic groups. The prediction model of help-seeking behaviour can be used to investigate either a single ethnic group or for comparing multiple ethnic groups. Based on the results of research on help-seeking behaviour among ethnic clients, psychological service providers can gain evidence for suggesting improvements in access to counselling services directed to the ethnic clients. Further research into psychological help-seeking behaviour may provide important information for counselling service providers and policy makers enabling them to identify areas which are in need of improvement and the areas in which the awareness campaigns could be directed (e.g., influencing attitudes toward counselling, enhancing cultural competency of psychologists and counsellors, increasing community awareness about psychological issues that can be supported by professional help, or encouraging social interaction).

References


THE GAMBLING LOVE AFFAIR

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ABSTRACT

This paper will explore the use of a model of intervention that proposes that problem gambling clients develop a relationship with their form of gambling that meets some needs in their lives. The relationship is explored, altered and the needs it meets are addressed.

Motivation for the use of this model is based on the fact that relationship and intimacy problems are often cited as a major factor in either the “cause” of gambling or the result of gambling. Melbourne University’s research on the clients presenting for counselling found that 49% of clients listed relationship issues as a concern. A song “Walking away a Winner” by Kathy Mathea will be played on compact disk conveying the sense of the similarity between gambling and love relationships.

Introduction

In my experience with gambling clients the idea of using a model of relationship counselling as a framework for treating gambling problems has proved useful and exciting. It arose from my discussions with clients who were talking about the gambling as if it was a person. The gambling had a place/role in their lives and in the lives of others. When I suggested to clients that what they were describing was a relationship, they loved the idea. They were able to respond immediately especially when talking about intimacy. Many clients said that they were not intimate with their partners both before the gambling and obviously after or they had little intimacy in their family of origin. They loved the fantasy of the gambling because they could create ‘their own world where their needs were being met. Gambling could stimulate, excite, provide the possibility of security and also punish — all the elements of an intimate or parental relationship. In establishing the needs that the gambling was meeting and exploring how gambling was in fact not meeting those needs in a healthy way, we could discover what other alternative relationships could be developed to meet their needs both with the gambling and in their lives. The idea of describing the relationship with gambling as an affair rang true for many people but some people found it difficult to accept. However, they were happy to just see it as a relationship which was good but is now causing them unhappiness and had to change.

Motivation for Development of the Model

The following issues and factors provided motivation for the development of the model.

The Department of Human Services, Victoria report from Melbourne University of the analysis of client data of clients attending for gambling related counselling showed that 49% of people presenting for problem gambling counselling reported relationship issues as a concern, 56% were concerned about intrapersonal issues such as guilt, anxiety &
depression, 36% were seen as couples, 10% were seen as families, 50.6% were currently living as a couple. These figures suggest that relationships are a major issue for gamblers and their families and treatment strategies need to be aimed at addressing this issue and all other issues which are related to it.

My experience in listening to gamblers either in individual counselling or in groups talk about their gambling as if they were in relationship with it or the behaviour with the machine had similarities with their behaviour in other relationships in their lives. See appendix 1.

Literature supports the belief that all behaviour has a purpose and must be meeting a need if it continues. Gambling may be meeting a need in the lives of problem gamblers, one of these needs being a loving relationship.

Society is becoming more mechanised and machines are part of our environment. We do relate to machines and people are often seen talking to machines or will admit that they talk to machines. The television is a very important machine that often takes on human proportion in peoples’ lives — just ask some husbands about how they have to take second place to their wives favourite show or wives feeling ignored in favour of their husbands sports show. Parents and children will argue about electronic games played by their children or will use these machines as child - care to keep the child occupied or in the home. Relationships are what human beings are all about. People need relationships to make sense of their world. Machines are a part of this world. Exasperated clients often stated that they were quite aware of the odds of winning and losing and they did not need to be told about these. In fact many of them felt that they had superior knowledge with experience that you cannot win at gambling. They wanted help to understand why they like it so much, why they did it and how to stop it. They were also very acutely aware of the impact of the gambling on their lives and those around them and did not want to be educated about this. In fact, many people spoke at length about the impact of gambling on their lives and their families and the guilt about this helped perpetuate the gambling. They wanted help dealing with the bind that they have with the machines, horses or casino. Clients were asking for a different approach.

Gambling is being used as a learned coping mechanism. Gambling is a learned behaviour which is reinforced with a system of rewards and punishments. The outcomes are generalised to other experiences. People have learnt that gambling helps to reduce stress and pain. They resort to this behaviour instead of using other coping mechanisms. Many women who only recently use gambling as a coping mechanism have lost the problem solving/coping strategies that they used previously because that behaviour is extinguished when it is not practiced. The gambling has in fact replaced those normal coping mechanisms.

Intimacy and sexuality has been an important and recurring theme in my counselling with many clients reporting that there is very limited sexual contact or intimacy in their lives. Gambling seems to meet this need. The specific need which gambling is meeting in this situation is unclear — is it intimacy or sex or just wanting to be in a close relationship where one feels cared for or stimulated. I am being really bold in suggesting this because there is no proof for this view even though there are some researchers who report a connection between addictions and difficult relationships. Most clients (partners and gamblers, marrieds and singles) are relieved to be able to talk about this because it
is such an important issue. The explanation for this issue may be that the experience of gambling gives the highs and lows of the sexual experience and the abandonment of self to another. The elements of secrecy and shame exist in both behaviours - gambling and sex and if one is gambling there is no need to pursue contact with a reluctant spouse or to pursue a relationship if you do not have one. Many clients find this confronting but identify with the sense that they have needs which are not being met and they know that they need to deal with these needs if their gambling is to stop. Clients who have been sexually or physically abused report that the feelings that they felt while they were being abused are similar to the experiences they get while gambling and after gambling. They describe dissociation, guilt, being controlled by someone or something, self punishment, the need to please, being afraid to take the winnings because they do not deserve anything or being afraid of being found out, helplessness and a sense that no one cares anyway.

**Literature Review and Assumptions On Which The Model Is Based**

Michael White describes people being in a “relationship” with their problem and assisted people by helping them to externalise their problem so that they could find alternative ways in resolving the problems. He talks of objectification of self. The following quotes illustrate this view. “The problem and its effects are linked in a relationship of dependence. Thus, it could be said that the problem is dependent upon its effects for its survival. “the practices associated with externalising the problem can be considered counter-practices that engage persons in the deobjectification of themselves, of their bodies and of each other. It has the effect of “freeing” them to act independently of the problem. (Michael White, 1986b).

Michel Foucault talks about the cultural process of objectification of persons for the purposes of “subjugation” or control. Foucault 1965,1973,1979) Gambling is very much about control and to the gambling industry the person is a customer, a user of goods and a source of profit. People who gamble take on the persona of the “gambler”. Machines are engaged to meet the customers needs through rewards and punishment. Machines make the rules and control the game. If gamblers want to gain control, they need to become de-objectified and make their own rules about how they will play. By giving the machine personhood and then objectifying “it” enables the gambler to gain power and control. Michael White calls this counter practices. (Michael White, Selected papers - 1996).

Clarissa Pinkola Estes 1992, p 250 in the book, “Women Who Run with Wolves” states the following about addictions - “ Drugs and alcohol are very much like an abusive lover who treats you well at first and then beats you up, apologises, gives you nice treatment for a while, and then beats you up again.”

Sue Johnson, author of the practice of emotionally focused marital therapy: Creating Connection, 1996 presented a very valid article on "Love — what therapists need to know about attachment" in the Networker September/October 1997. In this article she explains how there is often a lack of trust and fear among partners in expressing their need for love. She suggests that couples need to be able to understand their dependence on each other for love as positive rather than seeing the dependence as negative and demeaning. It is my belief that when partners talk about the fact that gambling has broken the trust in their lives, that it is in fact this lack of love that they talk about rather than only the lack of trust brought about by the gambling. It is always
interesting to see the vulnerability and closeness that couples present with after a recent gambling binge by one partner. The needs for both partners for the love and support of each other is heightened at this time.

Psychoanalytical explanations of pathological gambling emphasised the sexual equivalence of the gambling situation and considered gambling as an expression of an underlying psychoneurosis related to a regression to pre-genital psycho sexual phases. (Von Hattinger, 1914; Simmel, 1920; La Forgue, 1930; Kris, 1938) Harris 1964 gives the psychoanalytical position as follows - that gambling was an unconscious substitute for pregenital libidinal and aggressive outlets associated with Oedipal conflicts, that, the wish for punishment emerged as a reaction to guilt associated with indulgences in forbidden impulses and that gambling provided a medium for repeated re-enactment but not resolution of these conflicts. Professor Alex Blaszczynski — Psicologia Conductual, 1.3. 409-440,1993

Marvin Steinberg, Journal of Gambling Studies vol 9(2), summer 1993 in his work with gamblers found that overcoming deficits in intimacy was central to couples recovery. He points to the need to focus attention on the co-dependent process where the need for change in the spouse and others is independent of change within the affected person. Gamblers that he studied reported a similarity in excitement between the anticipation of having sex, with winning a big bet and equivalent in intensity to having an orgasm. Since many gamblers report that gambling is more enjoyable than sex, it is not surprising that sexual interest may be replaced with an absorption in gambling p160. Some partners consciously or unconsciously withhold sex as pay- back for past hurts or as a means of current control in the relationship. It is my experience that gamblers then use gambling as a pay-back or punishment for the partners withholding of sex. An article in the Age newspaper 4/7/99 by John Elder gives the following very sensual description of a woman gambling “She and her machine are in genuine embrace. Her left wrist is slung over the top of corner of the screen, her head resting on her shoulder, the cigarette between her fingers is a long worm of ash. She could well be draped across a gangster in a motel room. In fact, she is between bets caught between her worlds unsure of what to do next."

Raymond Hawks (Sept 1992) talks about addiction as a third party in the relationship, serving some purpose. The addiction is intertwined with the relationship patterns of the couple, movement away from the addiction requires a parallel change in the couple relationship. He recommends working with the addiction and with the couple relationship.

Systemic theory — Difficulties are perceived as being located in the pattern of interaction rather that the individual. There is no absolute reality, but rather reality is relative and phenomena only take any meaning through context and relationships. A.N.Z. J. Fam. Ther., Vol. 12, No.1, pp 27 — 43. Sanders 1985 stated, “ interactions between parts” of the system are always triggered by difference and a difference always reflects a relationship that is reciprocal and hence circular” p24. This theory of explanation and working sits very well with the notion of the gambling being a part of the system or part of the problem and its treatment.

Object relations theory —The self is constructed in a context of interaction in relationships. People’s external relationships with the world are influenced by experiences they form from earlier relationships which are internalised. People will look
to fulfil needs not met in earlier life. Defences like repression, denial, projection and splitting are engaged to protect the self and to meet needs. In gamblers, these defences work amazingly well. People use gambling to reward themselves, punish self and others, escape from problems and it sometimes replicates familiar earlier experiences. Gamblers develop a persona called “I am a Gambler”. Therapy helps to separate the behaviour and the person and helps to create an integrated sense of self. Scharff and Scharif — talk about the interaction between internal and external worlds “The change in the external object modifies the internal object. Shifts in the internal object alter the self, which affects the external object in new ways. The reciprocal sides of the process are interlocking and mutually reinforcing.”

**The Treatment**

The treatment involves treating the gambling problem in a similar way that you would a relationship problem using a systemic model of intervention. The relationship is identified by externalising the communication or interaction between the person and the machines or their form of gambling, establishing the needs that the gambling relationship serves in the persons life and with the people with whom the gambler, interacts and making the appropriate changes.

The relationship with the gambling is changed alongside the changes in the persons’ relationship with self and others.

Lessons learnt in the process of changing the relationship with the machine are generalised to other relationships which may be troubled. Lessons learnt in examining and changing significant relationships are also generalised to the relationship with gambling. An example of the interrelatedness of the gambling relationship and the personal relationship is when women find that they have difficulty taking the monies that they have won. They recognise that they have this difficulty in real life as well. They tend to give more than they take. When they make changes in one relationship it is easier to do the same in the other.

The treatment helps understand the relationship with the gambling. It works on changing the relationship with the gambling and helping gamblers to meet their needs in ways other than gambling. They choose themselves or their families instead of the machines, they “let the affair go”. It has been my experience that changes in the persons development and their significant relationships seem to negate the need for gambling as the persons needs are being met in healthier ways and they no longer need to gamble problematically.

**Phases of Treatment**

**First Phase**

The first phase of the treatment involves;

- Establishing rapport
- Obtaining identifying information like; family structure and family background — history of gambling in family, social contacts, education, religion, cultural background, employment and state of physical, mental and emotional health.
• An assessment of their gambling behaviour, including length of time gambling, level of
debt, type of games played, impact on others, attitude of others towards the gambling
and the gambler, a description of the patterns of their gambling;
• Goal for treatment, whether they wish to control or stop gambling.
It is at this time that one begins to see a picture emerge of the relationship of the person
with the gambling and its place in their lives.

Second Phase

The second phase involves analysing the gambling behaviour and the communication
with the machine and externalising it. This includes the self-talk that the person engages
in, with themselves and with the machine and how they interpret the responses of the
machines, the environment in the venue and their perception of the response of others in
their lives. The communication starts from the time the person has the urge to gamble,
while they are gambling and after they have gambled. A picture of the relationship is
established.

Third Phase

The third phase involves assessing what needs the gambling is meeting in the gambler
and in their environment. Similarities in this relationship with the gambling and other
relationships past and present are explored by asking, “The experience while gambling
and after makes you feel ...; “ When else have or do you feel like this?” The interaction
between this relationship with the machine and the relationship with others is examined
to establish what impact it has on others and what effect others have on the relationship
with the gambling.

Most people find this challenging and interesting and it opens up possibilities for change
both with the gambling and in their relationships. They realise that they are using
gambling to deal with their unmet needs or the difficulties in relationships. They realise
that they may be escaping from their problems and replacing their significant others with
the machines and the machines are in fact also not really meeting their needs. The
relationship with the machines is no different than the unsatisfactory relationships in their
lives. Once this is acknowledged they can take responsibility to meet their own needs.
They can now have the opportunity to deal differently with or resolve past relationships
by understanding them differently, grieving their loss and relating on more healthy and
useful ways.

When partners are involved in the counselling it has a dramatic effect of changing the
dynamics of the relationship and helping the couple to meet their needs as individuals
and as a couple. It is usually staggering to find that the co-dependent process is very
strong at this time. I have often found that partners who have to make changes will
rather encourage the gambler to gamble instead of changing. I am sure that there some
difficult relationships which could tolerate “an affair” for years at some level because it
makes their difficult situation tolerable. They almost agree that it is ok because it meets
the needs of both parties. If the gambler does in fact change and break off the
relationship with the gambling, the partner faces enormous stress and then is forced to
address his or her own needs and difficulties and the relationship can proceed to
another level of growth.
Fourth Phase

The fourth phase involves making the changes in the gambler's relationship with himself or herself and others. The focus of change is on self-care, repairing the damage caused by the gambling and finding alternative ways of coping instead of running to the machine to cope. The communication (self-talk) is changed with the machine and with other relationships. Clients are asked to experiment with different ways of communicating with the gambling and with those around them. They learn to identify the feelings, situations, needs and the messages that accompany an urge to gamble and they can choose to be different and in control. If a person relapses they can be kind to themselves by understanding why they went, what need the gambling served and work towards the alternative communication that will produce change. This stage can be fun because clients can be as free as possible in their expression. They can be angry and they can swear at the machines or they can negotiate with the machine by saying things like, if you do not give me what I want then I am leaving”. Other examples of positive communication with the machine are: “You make me feel worse when I come here so I have to come less”; “I do not have money because my husband is holding it so I can’t see you”; “I do not need to feel bad”; “I deserve better than this.”; “I have lost but it does not mean that I am an idiot, it just means that I have to work on finding other things to do, I will get there”; “You (machine) are just a temporary measure. I am just using you (machine) till I find other ways to improve my life”.

It is at this stage that the relationship takes interesting turns because like an affair, there is loss, sadness and grief but also relief and happiness that your marriage or life has survived and you have rediscovered love and closeness with yourself or another or both. There is a saying goodbye or acknowledging that the relationship with the gambling (machine) will never be the same again. The interesting communication here is often like “I just can’t believe that I loved it so much and that I needed it so much”. “I can walk pass it now and I feel nothing for it but I am glad that I am no longer trapped”.

Fifth Phase

The last phase involves practicing the new relationship with the gambling and with the significant others in their lives. There is always the possibility of relapse in both relationships ie. with the gambling and with significant others. This has to be planned for. Communication around trust and chasing losses is especially important in family and couple relationships. The gambler and the partner in some way both chase the losses. The gambler feels guilty and thinks about what could have been and the partner reminds the gambler of the losses and grieves the past hurts and what could have been. Both parties are afraid of being let down by the other or fear that their needs will not be met by the other. Re-establishing the processes of meeting each others needs, developing new patterns of behaviour in the relationship to meet their needs and work on shared goals finally puts gambling on the fringes of the relationship and takes it out of the central destructive position that it enjoyed before.

Conclusion

The ultimate aim of the model is to change the relationship the person has with the gambling and to help the person live a fulfilling life without problem gambling. It cannot be used exclusively. It should be used alongside other approaches and should not be imposed on people. It is very powerful and has to be sensitively handled as people can...
feel vulnerable especially when discussing painful issues like intimacy and the co-dependent needs of spouses. The clients must have control in the process of exploring how they relate to the machines and their significant others. They must be ready to give up or change the relationship with gambling. The focus for the client must be self care and taking responsibility for their gambling behaviour and their behaviour in relationships.

The model takes away shame and gives hope that gamblers could eventually decide how they want to relate to the gambling instead of it controlling them. Partners and gamblers can also grasp a manageable manifestation of gambling rather than this overwhelming force with no name or identity that wrecks their lives.

References

John Elder. 4/7/00. The Age Newspaper. Making love to the machines in the sunless salons of chance. Melbourne.
Appendix 1 Self Talk Statements Identified By Clients and Its Similarities In A Love Relationship

<table>
<thead>
<tr>
<th>1. “I just love the machines”</th>
<th>1. I just love him/her.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. When I don’t go I feel depressed and I miss it.</td>
<td>2. When I do not see him, I feel depressed and I miss him.</td>
</tr>
<tr>
<td>3. When I go out with friends I often can’t wait to go to play the machines.</td>
<td>3. When I go out with friends, all I think about is him and I can’t wait to see him again.</td>
</tr>
<tr>
<td>4. I go to the machines when I am angry and it helps me to settle down.</td>
<td>4. When I am upset he just knows what to say and he makes me feel good.</td>
</tr>
<tr>
<td>5. I can show my partner a point because he does not treat me fairly or he is boring and does not take me out.</td>
<td>5. My parents or partner ignores or controls me and at least he takes me out. He is different. This will just show them!</td>
</tr>
<tr>
<td>6. I love getting dressed up and going to play.</td>
<td>6. I love getting dressed up and he usually appreciates me unlike my partner.</td>
</tr>
<tr>
<td>7. I have my special machine and I get angry or upset if I go there and someone else has my machine.</td>
<td>7. He is my special person and I hate it when he is not available for me or if he pays someone else attention.</td>
</tr>
<tr>
<td>8. I do not just play any machine, I only play the hearts.</td>
<td>8. I am not a flirt. I only see him. He is special.</td>
</tr>
<tr>
<td>9. “I say to the machine please, please let me win.”</td>
<td>9. Please help me, please meet my needs, listen to me.</td>
</tr>
<tr>
<td>10. “Why do they win and not me?”</td>
<td>10. My life is not good, look at theirs, it is better, they always get what they want — not me.</td>
</tr>
<tr>
<td>11. “If I leave my machine, it will pay out so I can’t leave.”</td>
<td>11. I can’t leave together too will get the training of him or her or what ever I worked for.</td>
</tr>
<tr>
<td>12. “When I win I get anxious and put it all back because I get scared that I do not deserve this or I should not take it.”</td>
<td>12. I have never been able to take from people. I feel guilty.</td>
</tr>
<tr>
<td>13. “I like the applause of people around me when I win and I carry on playing because I want the recognition and acknowledgement to continue but I am also scared.”</td>
<td>13. I like the recognition from others but I have difficulty accepting it. I am not use to it. I am more familiar with negative put-downs.</td>
</tr>
<tr>
<td>14. “If I win and it is too early to go home I will not go because I need to be there.”</td>
<td>14. If I am with him and I know I have to go, I don’t go because I am having fun and I want to be there.</td>
</tr>
<tr>
<td>15. “When I leave after losing all my money which is the only time I do leave, I feel depressed and I call myself an idiot and I feel ashamed.”</td>
<td>15. After having fun I feel guilty - that I spent time with him and not doing my duty. I feel ashamed.</td>
</tr>
<tr>
<td>17. “I gamble because I am lonely or my relationship is difficult and there is no intimacy”.</td>
<td>17. “I really want a relationship but I am scared.</td>
</tr>
<tr>
<td>18. I am jealous of it. It gets more attention than me.”</td>
<td>18. “He spends more time with her or with his work. I am jealous of it/her.”</td>
</tr>
</tbody>
</table>

Looking at these statements one immediately recognises that they are similar to ones you would hear when you do relationship counselling especially when talking about affair.
STRATEGIES FOR SOLVING THE INSOLUBLE: PLAYING TO WIN QUEEN OF THE NILE

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ABSTRACT

The purpose of the present study is to provide a preliminary investigation into the previously unstudied phenomena of strategy use in actual poker machine play. Whether or not clear differences in risk-taking, and playing strategies in general exist between players will be the focus of this investigation. Participants will be compared on the basis of gender and frequency of play. Additionally, comparisons will be made between the play of participants on different denominations of the same machine, to determine if the trends observed in two-cent players are general, or specific to two-cent players.

Introduction

The Queen of the Nile poker machine game is currently one of the most popular in NSW. Several NSW hotels now allocate entire gaming rooms to this game. The Queen of the Nile is a multi-line, multiplier machine available in 1, 2 and 5-cent denominations (ie on a two-cent machine, each credit is valued at two-cents). On the one and two cent machines, gamblers can play 1, 5, 10, 15, or 20 lines at once staking 1, 5, 10, 15, 20, or 25 credits on each line.

In common with most poker machines, the occurrence of various symbols and combinations of symbols causes the machine to pay the player varying numbers of credits (which increase in proportion to the number of credits bet per line). After each win players may choose to simply incorporate the newly won credits into their existing fund, or to ‘gamble’ the number of credits won. The gamble option allows the possibility of doubling a win (by correctly guessing the colour of a playing card) or quadrupling it (by guessing the card’s suit). If the first gamble is successful, the player may then gamble those winnings up to a maximum of five times.

The popularity of the Queen of the Nile may well be attributable to the feature it offers. The feature is won when three scattered pyramids occur anywhere on the screen. It allows the player fifteen free games played with the same number of lines and credits as those played when the feature was won. In this way the feature allows players to accumulate a large number of credits quickly. The feature thus functions as a jackpot of variable size and value. The size of the payout produced by the feature is determined by the lines and credits played: in general, the more lines played, the more winning combinations in each free game, and the more credits played, the greater the payout per combination.

It should be noted that the player cannot influence the machine payout by astute choice of lines and credits. Although the size of the feature depends on the number of lines and credits played there is no way in which the player can predict when the feature will occur.
Strategies of Play

The goal of all competitive games is to win. In a gambling game, the goal is to win money. This claim is true whether or not winning is possible in the long run, and whether or not the game is being used for some other purpose, such as escape. A strategy may be defined as a sequence of moves designed to move the play closer to the goal. An effective strategy is one, which does move the player closer to the goal. In playing a poker machine, the player can choose only three things: the number of lines, the number of credits per line, and (after a win) whether or not to gamble. A strategy across lines and credits is a pattern of choices. Thus, if the player always bets the maximum credits on the maximum number of lines, that pattern of choices will be regarded as a strategy which the player adopts.

The utility of all strategies for a given poker machine is constant. Each play of a poker machine is independent of any previous play. Each game has the same expectation of loss. Thus, there is no winning strategy, and all strategies have equal expectations of loss. It is likely that poker machine players who use strategies in their play, believe that the strategy is effective at least some of the time. Such beliefs, if held, reflect an illusion of control: an erroneous belief that in chance settings, actions one may take can be skillfully chosen in order to enhance the probability of success (Langer, 1975).

A sequence of moves is recognisable as a pattern. Thus, if strategic play occurs on poker machines, a pattern is a likely indicator. The sequence of play occurs in two dimensions, table 1 displays the 30 bets possible on one and two-cent Queen of the Nile machines.

Table 1: Possible wagers on one and two-cent machines

<table>
<thead>
<tr>
<th>Credits</th>
<th>1</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1/1</td>
<td>1/5</td>
<td>1/10</td>
<td>1/15</td>
<td>1/20</td>
<td>1/25</td>
</tr>
<tr>
<td>5</td>
<td>5/1</td>
<td>5/5</td>
<td>5/10</td>
<td>5/15</td>
<td>5/20</td>
<td>5/25</td>
</tr>
<tr>
<td>10</td>
<td>10/1</td>
<td>10/5</td>
<td>10/10</td>
<td>10/15</td>
<td>10/20</td>
<td>10/25</td>
</tr>
<tr>
<td>15</td>
<td>15/1</td>
<td>15/5</td>
<td>15/10</td>
<td>15/15</td>
<td>15/20</td>
<td>15/25</td>
</tr>
<tr>
<td>20</td>
<td>20/1</td>
<td>20/5</td>
<td>20/10</td>
<td>20/15</td>
<td>20/20</td>
<td>20/25</td>
</tr>
</tbody>
</table>

NOTE: The numbers in cells (L,C) are the number of lines played, L, and the number of credits played per line, C. Any references to a play will henceforth be represented in this way.

Each bet has a one in thirty chance of being chosen, p1/30. Thus, the probability of the same bet being made twice in a row is, 1/30 multiplied by 1/30 =1/900. It is clear therefore that even the same choice being made consecutively is unlikely by chance and therefore indicative of patterning. The same bet being placed five times in a row shall be considered indicative of strategy use for the purposes of this study.

The domain of strategies for poker machine play is very large. However, with no actual basis to prefer one strategy over another in terms of expected payoffs, it may appear that strategic play would not be common, as it would not be differentially rewarded. However, this argument ignores beliefs concerning wins. Whereas the expected payoff is independent of strategy, the expected number of wins is not.
Strategic poker machine play: Maximin theory

Assumptions

1. The central motivation for playing poker machines is the hope of winning money.
2. In order to win money overall, players attempt to maximise the number of features won and the payoff for each feature.
3. For a given outlay (amount of money spent playing the machine), the number of features obtained is maximised by playing (1,1) repeatedly.
4. The payoff for a given feature is maximised by playing (20,25).
5. Obtaining a feature when the number of lines is less than 20 produces regret (since the player has not obtained the full benefit of the feature).
7. Players are motivated to minimise regret.

Definition of terms

A strategy involving playing the same number of lines and credits will be written (L, C). 
R(L,C) represents the regret associated with obtaining a feature with (L,C).
N(L,C) represents the expected number of features obtained by strategy (L,C) for a fixed outlay.
SU(C,L) represents the subjective utility to the player of strategy (C,L).

Derived predictions

N(C,L) > N(K,M) where C*L< K*M
Therefore, SU(C,L)> SU(K,M) by (1) and (2) .... A

R(C,L) < R(K,M) where C>K
Therefore, SU(C,L)> SU(K,M) by (5) and (6) ...B
By (B) SU(20,L)> SU(K,M) for K<20
By (A) SU(20,1)> SU(20,M) for M>1

Therefore (20,1) dominates all other strategies (20,1) will be referred to as the maximin strategy for poker machine play.

Cautious and risky strategies for poker machine play

A cautious strategy is defined as one in which the subjective utility of features obtained is a stronger factor than the regret associated with reduced payoffs. Thus players who use this strategy prefer to play for longer with a reduced rate of payoffs. The extreme case is (1,1) which maximises the total number of plays and thereby the number of features obtained, but at the cost of low payoffs. (1,1) maximises the number of games on which there will be no payoff, and minimises the size of the payoff when a feature is obtained.
A risky strategy is defined as one in which the subjective utility of size of payoffs obtained is a stronger factor than the subjective utility associated with maximising the number of features.

Players who adopt this strategy prefer to risk a smaller number of games and therefore a reduced chance of features against the benefits that will be obtained from the size of the payoff when a feature is obtained. The extreme case is (20,25) which minimises the expected number of games and features, but maximises the payoff if a feature is obtained. Viewed another way the player is prepared to lose fast in order to win big. Strategies which have neither the benefits of increasing the number of features obtained, nor the benefits of minimising regret when the feature is obtained do not fit the theory outlined. The label that will be applied to such strategies is foolish. To the extent that foolish strategies are employed the theory is invalidated. It must be assumed that foolish strategies imply the presence of other factors not incorporated in the maximin theory presented here.

A complete listing of strategies follows:

Maximin: (20,1)
Risky strategies: (20,5), (20,10), (20,15), (20,20) and (20,25)
Cautious strategies: (1,1), (1,5), (1,10), (1,15), (5,1), (10,1), (15,1)
Foolish strategies: (1,20), (1,25), (5,5), (5,10), (5,15), (5,20), (5,25), (10,5), (10,10), (10,15), (10,20), (10,25), (15,5), (15,10), (15,15), (15,20), (15,25).

The ‘gamble’ option

The ‘gamble’ button on a poker machine allows the player to double or quadruple the credits won in a payoff, but at the risk of losing the original payoff. The option of taking the gamble is inherently risky: the player may win more but at the expense of risking the current gains.

However, use of the gamble button is not straightforward. For clarity only the double or nothing option will be considered here although the same principles apply to the quadruple option. Firstly, the ‘gamble’ is a 50:50 wager. It is therefore a more attractive gamble than the poker machine game itself. No other play on a poker machine has such attractive odds. Therefore, far from being risky, it is the sensible option to take (assuming the player wishes to gamble in the first place).

Secondly, the use of the gamble option is not independent of maximin theory. The money won on any given play extends the number of games that can be played with any given strategy. Given the assumptions of maximin theory, the gamble option will be avoided to minimise regret (assumption 6 of the theory). Thus it may be expected that maximin strategy will be associated with the non-use of the gamble option. To the extent that regular players play maximin more frequently than non-regulars. so regular players would be expected to use the ‘gamble’ button less than non-regulars.

Hypotheses

Hypothesis 1: That the maximin play (20,1) occurs more frequently than would be expected by chance.
Hypothesis 2: maximin will be used more often by regular than non-regular players.

Hypothesis 3: male players will utilise more risky playing styles than female players:
(a) they will wager more money;
(b) they will employ ‘riskier’ strategies;
(c) they will ‘gamble’ a greater percentage of their wins.

Hypothesis 4: regular players will use more risky playing styles than non-regular players:
(a) they will wager more money;
(b) they will employ ‘riskier’ strategies;
(c) they will gamble a greater percentage of their wins.

Strategy use, and the maximin strategy in particular, have not been studied specifically before. However, Haw (2000) found the cost of playing the maximum number of lines (at one credit per line) to be a significant predictor of average stake size. This suggests maximin was a popular playing strategy amongst his sample of players. He also reports a study by Gibson in which 45% of the wagers considered were found to have been played using the maximum number of lines and the minimum number of credits per line. Haw (2000) hypothesised that the popularity of maximum line plays may be due to the comparatively high frequency of wins they produce leading players to believe they are winning overall when in fact this is not the case. Such a distorted view may be gained via a fixation on absolute frequency. This phenomena involves players erroneously concentrating on the number of times they have won as opposed to the proportion of times they have won, leading players to overestimate their success (Griffiths, 1994).

Results

Two cent machine

Maximin

Hypothesis 1 that the maximin strategy would be used more often than would be predicted by chance was met. The probability of any participant playing maximin five or more times is .0004. Thus, 0.04% of participants would be expected to have played in this style if it is assumed that all strategies are equally likely. However 49.6% of subjects played maximin for 5 or more games. Maximin strategy occurred significantly more often than would be expected by chance.

Hypothesis 2 that maximin would be used more often by regular than non-regular players was not supported $F(1, 217) = .03, p>.05$.

Indices of risk-taking

(a) Money Spent

No difference was found between males and females in the amount of money spent $F(1,217)=.79, p>.05$. Therefore, hypothesis 3(a), that males would spend significantly more than females, was not supported.
Hypothesis 4 (a) that casino regulars would spend more money during the twenty game observation period than non-regulars was supported $F(1, 217)= 4.01, p<.05$. The average amount of money ($s$) spent by players in each group is shown in Table 2.

**Table 2 Average expenditure (dollars)**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>38.60</td>
<td>32.47</td>
</tr>
<tr>
<td>Non-regular</td>
<td>27.11</td>
<td>24.69</td>
</tr>
</tbody>
</table>

(b) Strategies

Subjects who placed the same bet on five consecutive games were counted as having employed a strategy. 17 two-cent machine players employed two playing strategies, 2 played three. Three one-cent and one five-cent machine player also used two different strategies over the course of twenty games. 98% of players utilised an identifiable playing strategy. The percentage of players in each group who utilised each playing strategy is shown in Table 3.

**Table 3: Comparison of the strategies used by players in different categories (%)**

<table>
<thead>
<tr>
<th></th>
<th>Male/ Reg</th>
<th>Male/ N Reg</th>
<th>Female/ Reg</th>
<th>Female/ N Reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conservative</td>
<td>4</td>
<td>11</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Maximin</td>
<td>42</td>
<td>40</td>
<td>48</td>
<td>49</td>
</tr>
<tr>
<td>Risky</td>
<td>55</td>
<td>51</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Foolish</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>No Strategy</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

Risky strategies were very popular and were used by approximately 45% of players. Hypothesis 3(b) that men are greater risk-takers than women in that they use risky playing strategies significantly more often than females was supported $F(1, 217) = 5.19$, $p<.05$. No significant difference was found between regular and non-regular players in the employment of risky strategies $F(1, 217) = .07$, $p>.05$ thus hypothesis 4(b) was not met. As expected, maximin was the most popular strategy of play. Approximately 45% of players utilised the maximin strategy.

Conservative and foolish strategies were infrequent. Conservative strategies were employed by approximately 8% of players while foolish strategies were used by approximately 5% of players. No differences were found between groups in the use of conservative strategies $F(1, 217) = .07$, $p>.05$, or foolish strategies $F(1, 217) = .04$, $p>.05$. The percentage of players utilising each strategy is shown in Table 4 for each group.

**Table 4: Comparison of the strategies used by players in different categories (%)**

<table>
<thead>
<tr>
<th></th>
<th>Male/ Reg</th>
<th>Male/ N Reg</th>
<th>Female/ Reg</th>
<th>Female/ N Reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1,1)</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5-15,1)</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Maximin</td>
<td>45</td>
<td>43</td>
<td>48</td>
<td>53</td>
</tr>
<tr>
<td>(5-15,5-15)</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>(20,5)</td>
<td>40</td>
<td>45</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td>(20,10-15)</td>
<td>11</td>
<td>13</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>(20,20-25)</td>
<td>7</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>
Clearly maximin was the most popular playing strategy overall. Moreover it is clear that much of the popularity of risky strategies may be attributed to the (20.5) play, which is the most similar to maximin.

(C) the “gamble” option

Hypothesis 3 (c) that males will exhibit riskier play by gambling their wins more often than females was supported $F(1, 217) = 17.20$, $p<.05$. Hypothesis 4 (c) that regulars will gamble their wins less than non-regulars was also supported, $F(1, 217) = 12.78$, $p<.05$. A significant interaction effect was observed $F(1, 217) = 8.58$, $p<.05$. The percentage of wins gambled by the players in each group is shown in Table 5.

**Table 5: Percentage of wins gambled by players**

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>7.29</td>
<td>3.36</td>
</tr>
<tr>
<td>Non-Regular</td>
<td>28.28</td>
<td>5.44</td>
</tr>
</tbody>
</table>

Comparison with one and five cent machines

Clear differences have emerged between denominations in relation to risk-taking. In terms of the first indicator of risk-taking, money spent, one-cent machine players spent significantly less money in the twenty games than two-cent machine players $t_{243} = 2.05$, $p<.05$, and significantly less than five-cent machine players $t_{27.57} = -2.92$, $p<.05$. No significant difference was found between two and five-cent machine player's expenditure, $t_{23.15} = -1.98$, $p>.05$.

In relation to strategy, five-cent machine players were also found to be more risk oriented. 76% of five-cent players used risky strategies, compared to 45% of two-cent players, and 41% of one-cent players. Five-cent machine players thus used such strategies significantly more than one-cent $t_{1} = -3.09$, $p<.05$ and two-cent machine players $t_{1} = -3.09$, $p<.05$. No significant difference in risky strategy use was found between one and two-cent players $t_{243} = .41$, $p>.05$. No five-cent machine players used any conservative or foolish strategies (although these were only used by 7% of two-cent players and 4% of one-cent players respectively).

The same pattern emerged in terms of gambling of wins, with no one-cent machine wins gambled, as opposed to 10.82% of two-cent wins and 11.57% of five-cent wins. Thus both two-cent machine players $t_{217} = 6.28$, $p<.05$ and five-cent machine players $t_{217} = 2.63$, $p<.05$ gambled their wins significantly more often than did one-cent machine players. No significant difference was found between the percentage of wins gambled by two and five-cent players $t_{237} = -0.13$, $p>.05$. Table 6 compares the money spent and percentage of gambles between groups.
Table 6: Comparison of money spent and percentage of players who gambled

<table>
<thead>
<tr>
<th></th>
<th>Average money spent ($)</th>
<th>% of players who gambled</th>
</tr>
</thead>
<tbody>
<tr>
<td>I cent machine players</td>
<td>16.96</td>
<td>0</td>
</tr>
<tr>
<td>2 cent machine players</td>
<td>31.18</td>
<td>10.82</td>
</tr>
<tr>
<td>5 cent machine players</td>
<td>47.45</td>
<td>11.57</td>
</tr>
</tbody>
</table>

The maximin strategy was most popular among the one-cent machine players, with 52% using it. However, only 24% of five-cent machine players employed this strategy. This difference in maximin use between one and five-cent machine players was significant \( t_{4421} = 2.10, p<.05 \), as was the difference between two and five-cent player’s maximin usage \( t_{31.76} = 4.74, p<.05 \). However, the difference between two and one-cent \( t_{1} = 1.13, p>.05 \) was not significant.

References