

# **BRIEF INTERVENTION GUIDE**

**Addressing risk and harm related to gambling**



**GambleAware**



# ACKNOWLEDGEMENTS

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## **Disclaimer**

The Guidelines in this document should not be considered exhaustive, exclusive or a substitute for individualised care and treatment decisions.

## **Access**

Copies may be obtained electronically via [infohub.gambleaware.org](http://infohub.gambleaware.org)

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# INTRODUCTION TO THE GUIDE

## Who is the Brief Intervention Guide for?

The **Brief Intervention Guide** has been developed as a resource to assist workers to provide brief intervention to address risks and harms related to problematic gambling. Additionally, it is a resource to assist organisational leaders to set up and implement the processes necessary to support workers to provide brief intervention.

The **Brief Intervention Guide** is aimed at professionals who do not specialise in the treatment of gambling problems. Within the terms of this Guide, the term “brief intervention” refers specifically to an intervention carried out by professionals not from the problem gambling treatment sector.

The Guide aims to clarify what brief intervention is, where brief intervention sits in the spectrum of intervention and to address a lack of guidance available to those working in social and criminal justice settings, for example social workers, employment advisers, probation officers, community workers, counsellors, GPs, nurses and psychologists. The Guide is also likely to be useful for others working in primary care and other health settings.

## Sections within the Guide

The first six chapters of the **Brief Intervention Guide** focus on practical ‘how to’ instruction aimed directly at the worker providing the intervention, building on their overall professional values, knowledge and skills. There is an assumption that the worker undertaking the intervention is bound by an appropriate code of ethics.

The final chapter, **Brief intervention: requirements at an organisational level**, outlines the key steps that organisations need to undertake in order to support brief interventions being implemented in a service. This section is aimed at managers, leaders and others who are responsible for an organisation.

Appendix 1 lists readily available gambling screening tools.

## What is Brief Intervention?

Brief intervention has many definitions in research literature and practice guidelines. In this Guide, brief intervention refers to:

**“A short, purposeful, non-confrontational, personalised conversation with a person about an issue related to gambling.”**

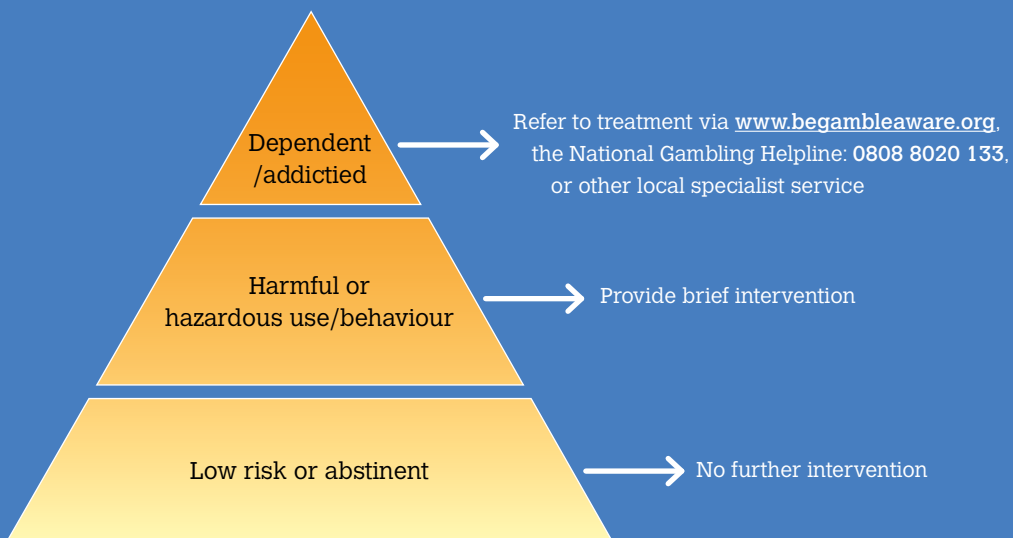
The purpose is to support the person to think about their behaviour, assisting them to make a connection between their behaviour and any associated risks and harms (adapted from NHS Health Scotland, 2009).

From there, the nature of the intervention depends on the level of risk and/or harm and the person’s readiness to change.

The key word here is brief. Brief intervention generally takes as little as 5 to 15 minutes. This does not take into account the time that is needed to establish rapport and engagement with the person before a brief intervention is carried out. Failing to engage with the person will undermine the effectiveness of the brief intervention.

Brief intervention is most effective for people whose behaviour is hazardous or harmful, in other words people who are at risk of developing or people who are experiencing current harm related to gambling. Brief interventions are not designed to treat people who are dependent or addicted, although they are considered to be useful to improve motivation to seek more intensive treatment. Those people with more severe problems are likely to benefit from more comprehensive assessment and intervention and the role of the brief intervention worker is to refer this group of people to specialist treatment services for further assessment. Levels of harm and corresponding intervention types are shown in Figure 1 overleaf.

**Figure 1. Level of risk/harm and corresponding intervention types**



Source: Adapted from Substance Abuse and Mental Health Services Administration (2007)

## Why offer brief intervention?

Problematic gambling often contributes to other problems such as financial, employment, health, family-related and legal issues. In other words, the issues people present with in social, justice and health service settings may often be linked to gambling. Brief intervention provided in these service contexts can have a significant positive impact for service users and can enhance the benefits of the services being provided.

### Harms from gambling

Problematic gambling directly affects an estimated 430,000 people in Britain, with a further 1,985,000 deemed as being at risk of developing a gambling problem. An estimated 5-8 other people are affected by someone else's gambling problem. This makes gambling a significant social issue.

- > Gambling can be related to poor health (Petry et al., 2005; Morasco et al., 2006)
- > Gambling can be related to employment problems (Reed in Partnership, 2016)
- > Gambling can be related to family problems (Holdsworth et al., 2013)
- > Gambling can be related to criminal activity (Banks, 2013)
- > People experiencing gambling problems may be over-represented in certain groups, e.g. young men, some minority ethnic groups.

## Brief intervention is part of the spectrum of effective responses

The risks and harms from gambling may go undetected for many people despite their contact with health and social services. Brief intervention provided in generalist settings is a key component within an effective spectrum of responses. It is particularly important in those settings where the prevalence of problems is known to be high, for example in criminal justice service settings. To effectively tackle the risks and harms related to gambling these problems must become the business of all social, justice and health services.

## Brief intervention evidence base

Research indicates that brief intervention can be both effective and efficient for those with hazardous or harmful substance use and/or gambling problems. The evidence supporting brief intervention is strongest in relation to primary health settings and alcohol use, however evidence to support the effectiveness of brief intervention for gambling is emerging and beginning to provide guidance for further development (Petry et al, 2008; Abbott et al., 2013; CADTH, 2015; Neighbors, et al., 2015) There is growing support for brief intervention to be provided in other non-health settings, such as criminal justice and social work settings (Bliss & Pecukonis, 2009; Brown, Newbury-Birch, McGovern, Phinn & Kaner, 2010; Hopkins & Sparrow, 2006; McGovern, Newbury-Birch, Deluca & Drummond, 2012).

Additionally more guidance and tools are emerging which focus on providing brief intervention to address a wider range of issues (McQueen et al., 2015; Orr et al., 2015; Mitchell et al., 2015).

# KEY CONCEPTS IN SCREENING AND BRIEF INTERVENTION

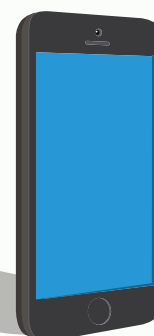
## Screening as a basis for brief intervention

Brief intervention is generally provided after a screening process has been undertaken. The results of a screening process provide an opportunity for a service user to consider the effects of gambling on their lives, depending on the scope of the screening.

Screening is not assessment or diagnosis. It is a structured process that provides an indication that a problem may exist and, depending on the tool or questions used, an indication of the potential severity of the problem. The results of a screening process assist the worker to determine whether intervention is required and the level of intervention that is likely to be of most benefit to the person (see Table 1 below).

A screening result that indicates a potential problem should be followed up with a brief intervention, referral to a specialist service or with a more detailed assessment of the problem potentially identified.





**Table 1: Screening result and level of intervention**

| Screening result                             | Level of intervention   |
|--|---|
| No problem indicated                         | Provide positive affirmation.<br>Offer information to support continued no/low risk |
| Hazardous or harmful use/behaviour indicated | Provide brief intervention  |
| Possible dependence or addiction indicated   | Advise need for specialist treatment and refer to specialist                        |

Screening can occur in variety of ways, from asking simple questions to administering a screening tool. The selection of screening method depends on the purpose or focus of the brief intervention, the population being screened, and the setting in which screening takes place. Some screening tools can be self-administered; others are administered by the worker in a collaborative interview style. A standardised screening tool provides more accurate information for the person being screened and can be particularly useful for a generalist who does not have specialist knowledge. A list of commonly used screening tools is provided in Appendix 1.

Most screening tools and brief intervention resources have been designed for use within a specific context. For example, in a general health setting it may be feasible to screen opportunistically for a range of potential health issues and to provide brief intervention or further assessment for those issues that the service user is willing to discuss further. Alternatively an organisation may decide to screen separately for gambling as this is more likely to be prevalent within the population served and/or is more feasible in the service context. Information to guide selection of screening tools is provided in the **Brief intervention requirements at an organisational level** chapter of this guideline.

# BEFORE OFFERING BRIEF INTERVENTION

## Preparation

For the worker embarking on brief intervention it is essential to ensure that approval and support from the organisation is in place. Commitment at organisational governance and management levels is essential to support workers to provide brief intervention.

Once organisational policy, systems and processes are in place minimum preparation requirements for the worker include:

- > Familiarity with the selected screening process or processes.
- > Understanding of the selected brief intervention systems and processes, including those for referring to specialist assessment and treatment.
- > Having the resources needed to support brief intervention, these include self-help materials, handouts, reference materials and a list of local providers for when referral is indicated. (See Box 1).
- > Practice screening and providing brief intervention.
- > Knowing who to consult regarding any problems that are encountered, e.g. line manager support where appropriate.

### **Box 1: Resources for brief intervention**

The GambleAware website has helpful information and a range of self-help material, including printable leaflets targeted at identifying a problem, preparing to change, gambling triggers, warning signs etc. More substantial self-help booklets are also available. There is also material aimed to support family and friends who are concerned about someone else's gambling. This material is available at: [www.begambleaware.org](http://www.begambleaware.org)



## **The knowledge base**

It is not necessary to be an expert in gambling to provide brief intervention. A basic understanding of risks and harms and a working knowledge of simple interventions to reduce harm, including referral options, are the essential requirements. Those providing brief intervention for harmful use of gambling need to know basic facts about the effects that harmful gambling can have on the individual and their family and friends, steps that those at risk of, or experiencing, gambling-related harm can take to reduce the risk (e.g. self-exclusion, limit setting) and knowledge of specialist agencies to refer people with significant problems to.

Key information is available at the website listed in Box 1 adjacent, and is also included in Appendix 2.

## **Training**

Training in brief intervention is recommended. Evidence consistently suggests that training increases the rate at which brief intervention is provided (Johnson, Jackson, Guillaume, Meier & Goyder, 2010). There are a number of training providers offering short courses in brief intervention and motivational interviewing. Addiction studies courses at graduate and postgraduate level include screening, brief intervention and motivational interviewing. There are also online training courses and videos available.

It is important to check out whether the training offered is sufficiently aligned with the workers and/or organisation's aims and approach.

# HOW TO PROVIDE BRIEF INTERVENTION

## Elements of brief intervention: **FRAMES**

Regardless of the approach to brief intervention, there are key elements that apply in all contexts. These can be summarised by the acronym **FRAMES**:

**F****EEDBACK**: about personal risk or level of current harm, as indicated by the screening process.

**R****ESPONSIBILITY**: responsibility for choices and change sits with the person. It is not the role of the professional to confront or persuade. Respect the person's autonomy.

**A****DVICE**: increase the person's awareness of the costs and consequences of their behaviour and provide advice to support positive change.

**M****ENU**: outline options or strategies to support positive change; help with goals and action planning if appropriate to the person.

**E****MPATHY**: listen and reflect; maintain rapport; use an empathic communication style.

**S****ELF-EFFICACY**: convey optimism and strengthen the person's self-belief in their ability to change.

**FRAMES** does not describe stages of brief intervention. The elements in **FRAMES** are not presented in order. Rather, **F**, **A**, and **M** describe **WHAT** is provided in brief intervention; **R**, **E** and **S** describe **HOW** brief Intervention is provided (NHS Scotland, 2009).

The elements in **FRAMES** can be applied to working with young people (Christie, 2008).

## Motivation and brief intervention

It is useful to have an understanding of the 'stages of change' model and motivational interviewing as a background to providing brief intervention (Prochaska & DiClemente, 1983). However it is important not to be overly concerned with assigning people to a stage of change and applying specific motivational techniques. Having a general understanding of the stages of change can help the worker listen for readiness to change and ensure that their response is in step with the person.

Applying the broad principles of motivational interviewing (see Box 2 below) can enhance motivation to change. Attempting to persuade and argue for change can be ineffective and counter-productive. A person who doesn't see their behaviour as problematic is unlikely to respond to ideas about changing the behaviour. When the worker is out of step with the person resistance is a likely outcome. While responsibility for change sits with the person the worker is responsible for engaging the person and maximising their opportunity to consider change.

There are three broad elements of motivational interviewing that are helpful in brief intervention:

- > **Collaboration** (rather than confrontation): the process is undertaken in partnership. The views and experiences of the person are central. Both the person and the worker have expertise to share. The process involves mutual understanding. The person is a primary resource in finding answers and solutions.
- > **Evocation** (drawing out rather than imposing ideas): the worker's role is to draw out the person's ideas, goals, plans and skills to make positive change. These are not imposed. The person presents the arguments for change.
- > **Autonomy** (rather than authority): the power for change rests with the person. The person determines what and how change will occur.

### Box 2. Key Principles of Motivational Interviewing

**Express Empathy:** show acceptance and develop rapport. Ambivalence to change is normal. The worker listens to and accepts what is important to the person. Empathy and rapport make space for gentle challenge.

**Develop Discrepancy:** Change is motivated by a perceived discrepancy between a person's current behaviour and their important personal goals and values.

**Roll with Resistance:** Resistance is a signal for the worker to respond differently. Avoid arguing for change.

**Support Self-efficacy:** If a person believes they can change, the likelihood of change occurring is greatly increased. A person's belief in the possibility of change is an important motivator.

Source: Adapted from Miller and Rollnick (2012).

## Bring together the stages of change and a motivational response

A guide to the stages of change (adapted from NHS Scotland, 2009) and associated motivational responses are provided in Table 2 below. Brief intervention is usually focused on people who are in Pre-contemplation, Contemplation and Preparation.

**Table 2. Stages of change and motivational responses**

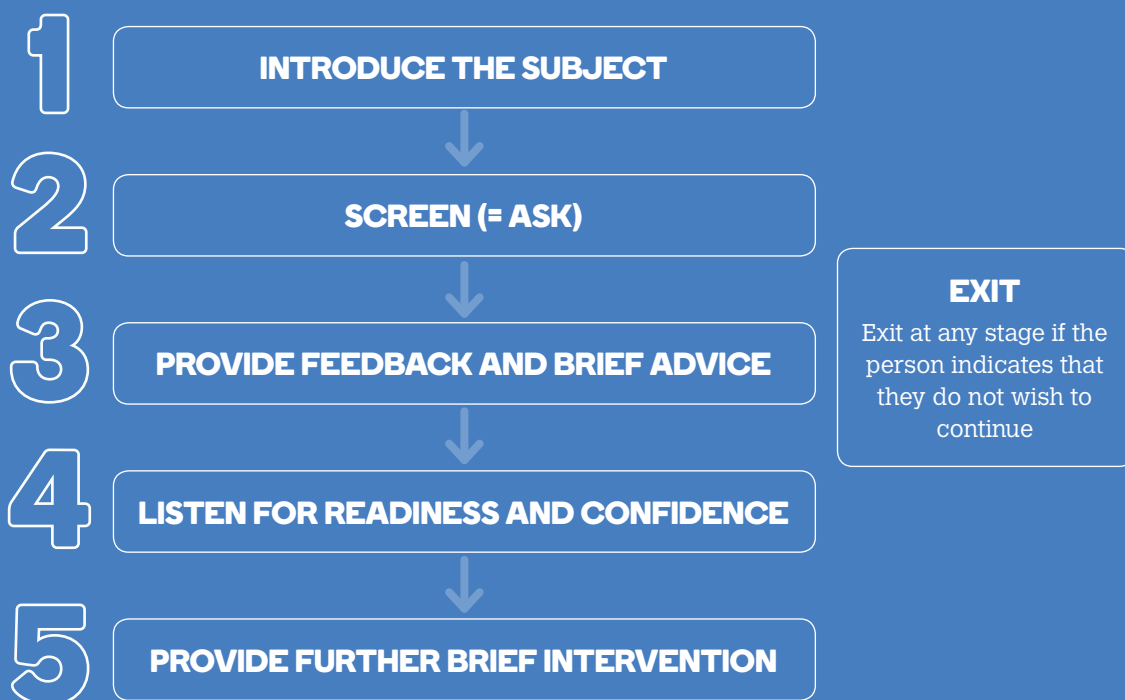
| Stage  | Response  |
|--|---|
| <b>Pre-contemplation</b> – not thinking about change; don't see a problem<br>"My brother gambles and he hasn't got any problems, it's no big deal"                     | Work towards engendering motivation<br>Provide information and advice (with permission) on the benefits of change |
| <b>Contemplation</b> – thinking about change; maybe I have a problem; ambivalent<br>"Sometimes I think about all the money I spend in casinos"                         | Enhance motivation<br>Explore concerns, explore benefits of change  |
| <b>Preparation/decision making</b> – actively planning change<br>"I want to stop."   | Provide menu of options<br>Build confidence   |
| <b>Action</b> – making changes, new behaviour not yet established<br>"I haven't been to a bookies for eight days. Self-exclusion is helping."                          | Build confidence<br>Affirm success  |
| <b>Maintenance</b> – new behaviour established<br>"I get nervous when I go out with my friends, I might just have a drink and then place a bet without even thinking." | Build confidence<br>Assist with problem solving and planning  |
| <b>Relapse</b> – return to patterns of old behaviour<br>"I blew it."   | Build confidence<br>Enhance motivation  |

For further information on Motivational Interviewing the Motivational Interviewing website is a good start. This is available at: [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)

## Stages of brief intervention at a glance

The key stages of brief intervention are shown in Figure 2 below.

Figure 2. Stages of brief intervention



Source: Adapted from Center for Substance Abuse Treatment (1999)

Each stage of brief intervention is outlined in some detail below. Objectives, actions and examples corresponding to each action are provided. Relevant elements of FRAMES are shown for each stage.

Examples are provided as simple scripts that the worker can adapt to suit their own style and context. The stages, objectives and actions are provided as a guide only. In practice some may blend and overlap. It may not be necessary to follow each action or stage for every person.

Tips are provided for each stage as a further aid.

Where appropriate, specific tips are provided for working with young people. Those working within youth service settings or within youth focussed roles are encouraged to use a resource which is tailored specifically for working with young people.



## Introduce the subject

In a general setting, where a person is not expecting to talk about gambling etc., introducing the subject can be the biggest hurdle for the worker. Several examples are provided below to cover a range of options for different circumstances. The key is for the worker to be clear, confident and relaxed in talking about these issues and to normalise the process.

### OBJECTIVES

- > **To respectfully obtain consent to explore specific behaviour/s**
- > **To maintain rapport and convey empathy, regardless of the person’s decision to consent or not**

### Responsibility sits with the person

### Empathy: listen and reflect; maintain rapport

| Actions   | Examples   |
|---|--|
| Ask permission to talk about the behaviour                      | <p>“Would it be ok to have a quick discussion about gambling? We like to cover this with all of our clients. It’s an opportunity to have a think about how gambling fits in to your life. Do you gamble at all?”</p> <p>“While we’re discussing what you like to do with your free time, could we talk about gambling?”</p> <p>“You’ve mentioned that you were arrested for a crime related to gambling. Could we talk a bit more about where gambling fits in for you?”</p> <p>“You sound a bit worried about how much you’ve been gambling lately? Could we talk a bit more about that?”</p> <p>“We’re trying to improve our service and offer people a bit more. We’re offering screening for a range of things - including gambling. Are you interested in finding out more; it only takes a few minutes?”</p> |
| Explain your role in relation to the behaviour/s to be explored | <p>“If you are interested we can work through a few quick questions. We use a process called a gambling screen. The screen provides you with your personal result. What you do with that information is your choice.”</p>  |
| Clarify confidentiality issues                                  | <p>“We have already discussed confidentiality but I just want to restate that this discussion will be confidential, in the same way as any other information about you.”</p>   |
| Reinforce and respect the person’s choice                       | <p>“It’s up to you.”</p> <p>“What do you think you might want to do next?”</p> <p>“It is your choice whether you want to take up this opportunity.”</p>  |



## TIPS

- > Your own values and behaviour are not the focus and should not interfere with your efforts to support people to reduce harm from gambling.
- > When working with people of cultures other than your own ensure that you convey respect for cultural difference. Use cultural support and expertise to assist in providing an effective service. Pay attention to cultural norms in relation to rapport building. Taking the time to effectively engage with people and building a trusting relationship will increase the likelihood of being able to provide an effective intervention.
- > With young people: It is generally important to develop rapport before you introduce the issues i.e., by talking about topics other than gambling. Clarity about confidentiality is especially important to develop trust.

# 2

## Screen

### OBJECTIVES

- > **To gather personalised information about potential levels of risk or harm resulting from selected behaviours**
- > **To determine whether intervention could be useful**
- > **To determine the level of intervention that is indicated**

Responsibility sits with the person

Empathy: listen and reflect; maintain rapport

| Action   | Example   |
|--|---|
| Administer the screening tool<br>OR<br>Ask screening questions | "This is the screening questionnaire. Shall we work through the questions together?"<br><br>"This is the gambling questionnaire. It will give you an indication about whether gambling might be causing problems for you."<br><br>"Do you gamble?"<br><br>"How soon after you wake up do you usually check your betting account?" |
| Score the screening tool                                       | "What we do now is look at your responses and total them up. One of the good things about this is that it's an objective measure – a bit like a blood test."  |

## TIPS

- > Be familiar and comfortable with the screening questions and/or tools.
- > Defer screening when other needs are clearly more immediate, for example, the person is highly agitated, in need of urgent medical attention etc.
- > Emphasise the objective nature of the tool.
- > Be sensitive to literacy levels and adjust accordingly e.g. work through the tool with the person.
- > Be sensitive to language issues where English is not the person's first language. Ensure this does not become a barrier.
- > **If the person says no or changes their mind mid-way through the process respect their choice and exit the brief intervention process.** Consider whether it could be an option to revisit the issue at a later date and if so flag this as your systems allow.
- > With young people: Use a screening tool or process that has been validated for use with young people, for example The Substances and Choices Scale (SACS) available at [www.sacsinfo.com](http://www.sacsinfo.com).

# 3

## Provide feedback and brief advice

### OBJECTIVES

- > **To provide personalised information about levels of risk and harm (the screening results and interpretation of these)**
- > **To facilitate reflection and review of behaviour**
- > **To provide tailored advice to assist with reducing risk and/or harm**

**Feedback:** about personal risk or level of current harm, as indicated by the screening process

**Responsibility** sits with the person

**Advice:** provide advice

**Empathy:** listen and reflect; maintain rapport

| Actions   | Examples   |
|---|--|
| <p>Review screening data in collaboration with the person</p> <p>Check for level of risk/harm:</p> <p>    hazardous, harmful or dependent</p> <p>Give personalised brief advice (as appropriate)</p> <p>Note: encourage referral to specialist service where there is a need for further assessment</p> | <p>"The PGSI score shows that your gambling is unlikely to cause problems.</p> <p>If your circumstances change, say you are planning to buy a house, then it might be helpful to stop gambling."</p> <p>"The screening test suggests that you are gambling at a harmful level.</p> <p>This means there are risks for your mental health, your finances, and potentially for your family relationships. The best thing you can do is to try to stop gambling. There would also be other immediate benefits. I know it is not an easy thing to do. There are a number of options that could support you to stop."</p> <p>"Given your result, there would be significant benefits if you were to cut down on gambling."</p> <p>"Your score shows that your gambling is well above normal participation levels for someone your age and gender. This is worth getting checked out further and it's likely to be linked to some of the issues you're facing right now. I recommend that you see a specialist for an assessment to find out more. I can arrange for you to contact the National Gambling Helpline or [insert local service name]. There is no charge for the service. At a minimum you will get some more information. What you do with it will be up to you."</p> |

### TIPS

- > Brief intervention can stop at this point if there is insufficient time to provide any further intervention.
- > Check in with the person about how they are finding the process. Make space for them to ask questions.
- > If the person becomes withdrawn, argumentative or resistant take this as a sign to back up. Avoid arguing and/or persuading, avoid presenting reasons for change, maintain rapport and simply reflect back what the person is saying to you.
- > If there are indications of dependence or addiction recommend and support referral for further assessment or more intensive assistance.
- > If there are indications of other health problems, including mental health problems, recommend and support referral to appropriate services.
- > With young people: look for opportunities to provide positive feedback, focus on their strengths and achievements as much as possible. Avoid the discussion becoming overly problem-saturated (Christie, 2008a).

# 4

## Listen for readiness and confidence

### OBJECTIVES

- > **To check out the person’s readiness to change their behaviour**
- > **To support consideration of the connection between behaviour, risk and/or harm**

**Feedback:** about personal risk or level of current harm

**Responsibility** sits with the person

**Empathy:** listen and reflect; maintain rapport

**Self efficacy:** convey optimism about their ability to change.

| Action  | Example   |
|---|---|
| Check out how the person is responding            | <p>“What are your thoughts about the screening result?”</p> <p>“It’s a lot to take in. Are you surprised about your score?”</p> <p>“I know you weren’t necessarily expecting to be looking at this today, but I wonder what you think about how gambling fits in with some of the other issues that have brought you here today?”</p> |
| Explore readiness to make changes:                | <p>“What are your thoughts at this point? Are there any concerns that you have?”</p>  |
| Does change seem to be worthwhile to the person?  | <p>“Have you considered cutting down on your gambling?”</p> <p>“Can you think of any benefits if you were to stop gambling?”</p>  |
| Are they confident about their ability to change? | <p>“What connections do you see between your gambling and the stresses in your life right now?”</p>   |
| Try to elicit change talk                         | <p>“On a scale of 1-10, if 1 is not ready at all and 10 is totally ready, how ready are you to make changes to your gambling?... What are some of your reasons for giving this rating?” OR “why did you rate 5 instead of 3?”</p>   |



Reflect the person's views on change back to them

Person is not indicating readiness to change

"Thanks for agreeing to check out your gambling. It sounds like right now you can't see any benefits in cutting back on your gambling? If you decide you want to talk about this again, you can let me know. Would it be all right if we talk about it again in a few months' time to see if anything has changed for you?"

"From what you're telling me, it sounds as though you are not interested in stopping gambling right now. Would it be useful to talk about some ways to put limits in place to try to reduce the impact of your gambling?"

Person is ambivalent about change

"So, if I'm hearing you correctly, you can see that cutting back on gambling would help keep you out of trouble but you can't see your friends letting you get away with it. How do you think things will turn out for you?"

"What are the pros and cons with your gambling?"

"On balance would it be worth having a go at stopping?"

"What are some things that could help you stop?"

"What are some of the barriers that might prevent you from limiting your gambling?"

Person wants to change, lacks confidence

"You want to stop gambling but you've tried many times and it hasn't worked out. You just don't think you can manage to do it. Would you be interested in looking at some strategies to help with this?"

"What would need to happen for you to become more confident to make a change?"

"What would be helpful to you at this point?"

"You said that you stopped gambling for a short time about a year ago? How did you achieve that? Could you use some of the same strategies that were successful then to help with cutting down on gambling now?"

**TIPS**

- > Avoid arguing, persuading and/or presenting reasons for change and maintain rapport.
- > Respect the person's views and don't assume that the intervention has not been helpful if they choose to close the subject.
- > Remember responsibility for change sits with the person themselves.
- > Encourage the person to explore and articulate their own reasons for change.
- > Listen carefully for what the person is prepared to work on at this time and focus on that.
- > Use the readiness scale/ruler to quickly elicit change talk. Available at [www.adultmeducation.com/downloads/Readiness-to-Change TOOL.pdf](http://www.adultmeducation.com/downloads/Readiness-to-Change_TOOL.pdf)
- > With young people: don't discount or minimise the young person's experiences of the good things about gambling. Let them talk about the good things before gently guiding/inviting them to explore the downsides. Avoid coming up with the downsides, let the young person tell you from their own experience.

**5**

**Provide further intervention (as appropriate)**

**OBJECTIVES**

- > **To facilitate reflection and review of behaviour**
- > **To support change if the person is seeking change**

**Feedback:** about personal risk or level of current harm

**Responsibility** sits with the person

**Empathy:** listen and reflect; maintain rapport

**Menu of options:** outline options or strategies

**Self efficacy:** convey optimism about their ability to change

| Action  | Example   |
|---|---|
| For people who are considering change or wanting support to change, select an appropriate approach (one or more): | <b>Provide information: focus on the benefits of change:</b>  |
| Provide information   | “Would you like more information? I have a leaflet here that you could take home. It might be interesting to read about some of the benefits other people have experienced after cutting back.”   |
| Goal/s and Menu of options  | <b>Facilitate goal setting and explore menu of options:</b><br>“Could you consider setting yourself a goal in relation to gambling?”  |
| Build confidence  | “What are some changes that you are interested in trying out?”  |
| Enhance motivation  | “Would it be helpful to look at some options that have been helpful for other people? There are some effective strategies available to help people stop gambling, such as letting a loved one take care of your finances for a while or self-exclusion. It could be helpful to look at whether any of these are worth trying for you.”<br><br>“There are lots of options for cutting down on gambling, you are the best judge of what is likely to work for you. Would it be helpful to talk about some ideas and then, if you want to, set a goal for yourself to try out?”<br><br>“It sounds like the smartphone gambling is your main concern because it is impacting on your family time. We could explore some practical options and you could make a plan, then if you think it’s worth a go you could try it out. If it doesn’t work out we could look at some other ideas next time we meet.” |

## TIPS

- > Keep it personalised, relevant and achievable. The change goal must be something that is worthwhile and “doable” for the person. Avoid the lure of encouraging goal setting that does not meet these criteria.
- > Encourage the person to come up with their own strategies and/or explore in detail how strategies will fit into the person’s situation. People are more likely to try things out if they come up with their own ideas.
- > Spend time looking at a range of options. It is important to convey that there is more than one way to address issues and improve situations. This helps generate self-efficacy.
- > Listen carefully for what the person is prepared to work on at this time and focus on that.

# IMPORTANT CONSIDERATIONS

## Cultural considerations and brief intervention

Throughout the process of screening and brief intervention workers are encouraged to be mindful of the social and cultural context of the people they are working with. Effective engagement, assessment and goal setting may be affected by a person's 'ethnocultural identity'. The way a person might identify themselves and 'see the world' may impact on the ways they might express distress; the way in which they might perceive problems or solutions and/or their communication styles. Workers have an important role in ensuring that the people they are working with understand information well enough to be able to make informed choices or decisions. Clients may have poor literacy. This may mean giving some thought to how screening information is interpreted and communicated. Comprehension may be improved by putting it into a relevant context as well as considering the content of any message.

## Overcoming potential barriers to brief intervention

There are a number of well identified barriers to the provision of brief intervention in generalist settings. The more prevalent of these are outlined below along with some suggestions as to how these barriers can be overcome or managed. These barriers and potential solutions relate to both the organisational level and the worker.

**Causing offence:** Both workers and organisational leaders are often concerned that service users, who are generally not expecting to be talking about these issues, may be annoyed or offended if they are asked about them. The evidence suggests that this is rarely the case (NHS Health Scotland, 2009).

Within the approach presented in this Guide all issues are raised with empathy and respect for the autonomy of the person and if a person does not want to engage in brief intervention then that choice should always be respected. Such an approach minimises perceptions of judgment and intrusiveness.

Workers are more likely to overcome their concern by actually providing brief interventions, seeing that service users are not offended and seeing the benefits brief intervention can provide. Organisational leaders can support and encourage workers to overcome any initial reservations by ensuring staff have access to training to build their skills and confidence. Leaders can also ensure that staff have access to ongoing supervision and support. Additionally, it is useful to set realistic targets for brief intervention in the early stages, recognising that it may take some time for staff to become sufficiently comfortable to more routinely introduce the subject etc.



**The issue of coercion:** In settings where service users are facing or undergoing legally imposed sanctions e.g. justice and some social service settings, workers can be concerned about imposing screening and brief intervention. It is important to note that the principles and stages of brief intervention do not change in these contexts. Respect for the autonomy of the person, empathy and collaboration are integral to brief intervention and help to ensure the intervention is not imposed.

**Own behaviour and values:** It is not uncommon for a worker who gambles to feel open to being judged as hypocritical when talking with others about these issues.

In this circumstance it is important that workers and organisational leaders are mindful that brief intervention is provided to assist service users to make informed choices. The worker's own patterns of use and behaviour are not relevant and should not be a barrier to providing brief intervention.

Using standardised screening tools and a structured approach to brief intervention will help to ensure that the worker's own values and choices do not prevent them from providing effective brief intervention to service users.

**Outside of the scope of worker's role:** Some generalists believe that providing brief intervention is outside of the scope of their role. This is understandable as many are not well informed about brief intervention or trained in providing it.

Organisational leaders have a role to play in overcoming this barrier by ensuring that workers are well informed and supporting them to learn about their potential role in brief intervention. It is important to stress that many people who are at risk of or experiencing harm will never see a specialist and brief intervention provided by a generalist may be of huge benefit to them. Increasingly it is recognised that the substantial harms that can arise from alcohol, tobacco, other drugs and gambling make these issues everybody's business. However it is important to consider professional boundaries carefully and to ensure that there is organisational support with approved processes, training and ongoing back up for the provision of brief intervention.

**Competing priorities:** The demands on time within a service environment may present one of the most significant barriers to brief intervention. It is common to hear workers and leaders comment on the burden of expectations placed on them to address a wide range of issues. This is a challenge for both the worker and the organisation and there is no simple answer. However, focus and commitment at all levels are required to implement and maintain brief intervention.

It is up to the organisation and the worker to determine what services can be provided within resource constraints.

# RESPONDING TO FAMILY AND AFFECTED OTHERS

## Resources for family and affected others

Many people are adversely affected by others' gambling. Sometimes these effects are identified in the course of health and social service delivery.

There is a range of resources available to assist families including self-help resources such as:

**Concerned About Someone Else's Gambling.** Produced by the Gambling Helpline for families seeking help with gambling issues. Available at: [www.gamblinghelpline.co.nz/data/media/documents/Concerned\\_about\\_someones\\_gambling.pdf](http://www.gamblinghelpline.co.nz/data/media/documents/Concerned_about_someones_gambling.pdf)

## The 5-Step Method

The 5-Step Method (Orford, Templeton, Patel, Velleman & Copello, 2007) for helping affected family members offers a simple and effective approach for responding to family members. It is a non-blaming approach to working with families and others affected by substance use or gambling. It can be delivered by a range of workers in a range of settings. The approach is designed to assist families to develop effective coping strategies and access effective social support.

The 5 steps are shown below and further explained adjacent.

- 1 LISTEN NON-JUDGEMENTALLY
- 2 PROVIDE INFORMATION
- 3 DISCUSS WAYS OF COPING
- 4 EXPLORE SOURCES OF SUPPORT
- 5 ARRANGE FURTHER HELP IF NEEDED

### Figure 3 The Five-Step method

- 1 Listen carefully to the experience of the family member/s to develop an understanding of how they are affected. Explore their concerns. Provide reassurance that others also have these experiences. Convey empathy and non-judgement.
- 2 Provide relevant information about substance use/gambling/addiction as relevant. Provide information about other relevant issues tailored to the concerns raised e.g. child care, financial assistance etc. Targeted information helps family members to gain a sense of having some control in their lives.
- 3 Explore coping responses. Research associated with the model has identified three broad coping responses:
  - > Engaged – Standing up to
  - > Tolerant – Putting up with
  - > Withdrawn – WithdrawingExplore the current responses and discuss what is effective and what is less effective? Explore alternatives.
- 4 Explore social support. Draw a network diagram to determine current support. Work on strategies to increase positive support and decrease negative support.
- 5 Explore further options for help and support. Check out further needs, provide information, refer as necessary and arrange follow up if required.

Research indicates that families from a range of cultures have found that brief intervention provided within the 5-Step model in a range of settings has helped them to:

- > Focus on their own needs.
- > Be assertive in communication.
- > Calm down and find different ways of dealing with frustration and anger.
- > Have a better understanding of the drinking /drug taking behaviour and the links with their own health.

(Orford et al., 2007).

# BRIEF INTERVENTION REQUIREMENTS AT AN ORGANISATIONAL LEVEL

This section offers guidance to support effective planning, set up, implementation and monitoring of brief intervention within an organisational context. The guidance provided here is generic and will need to be tailored and adapted to the specific conditions within each organisational context.

Evidence suggests that organisational factors can limit or enable implementation of brief interventions (Johnson et al., 2010). Successful implementation of brief intervention programmes is more likely when the programme is championed at management and/or leadership level (McGovern et al., 2012). Commitment at organisational governance and management levels is essential to support workers to provide brief intervention.

The implementation of brief intervention within an organisation is best approached as a project.

Key steps in planning and implementing brief intervention for a large organisation are outlined below. The steps are set out in a chronological order, however in practice they are likely to overlap, particularly the second and third steps. In summary the steps are:

- > Project initiation
- > Consulting within the organisation
- > Project planning
- > Implementation
- > Ongoing improvement

## Project initiation

Key actions at the outset include:

- > Developing a project brief (or charter) specifying goals, key objectives, deliverables, resources available, costs, risks and benefits of the project.
- > Assigning a project leader to manage and coordinate the implementation of brief intervention.
- > Determining if a project team is required to assist implementation (usually this is best, particularly in medium to large organisations) and if so assigning membership and roles.
- > Preparing an information sheet on brief intervention (see Box 3 below for suggestions on what to include).

Once these actions above are completed, the implementation of brief intervention should be announced within the organisation. Preferably the announcement is made by a senior person to indicate the importance of the project within the organisation.

The announcement can be made via email, staff bulletin, team meeting etc., depending on the organisational communication systems already in place and the size of the organisation.

After the project is announced provide an information sheet to all staff to begin the process of developing a shared understanding of brief intervention and fostering enthusiasm for the initiative.

### **Box 3. Inform and educate**

Provide an information sheet for staff outlining the intention to develop a brief intervention initiative within the organisation, explaining what brief intervention is and why it is a worthwhile activity for the organisation i.e. how it will benefit service users. Ideally, this information is tailored to your organisation and sector.

The information sheet should cover the following:

#### **A brief description of brief intervention (as provided in this Guide):**

A clear definition, how brief intervention is delivered and who it is most effective for.

A statement emphasising the brevity of the intervention and that it is not addiction treatment.

#### **The key reasons for offering brief intervention in your organisation, for example:**

Information on the harms associated with gambling as these relate to the service user population.

Evidence for the effectiveness of brief intervention.

#### **Information promoting the role of the generalist:**

A clear message that brief intervention does not require significant or in-depth understanding of the issue/s and that the issues are everybody's business.

A statement emphasising that brief intervention will potentially provide significant benefit to service users who might otherwise miss out on assistance for their issues.

A brief statement regarding training and support.

#### **Contact details of the project leader**

Encouragement of questions, comments and ideas.

### Consulting within the organisation

Ensure key people within the organisation are informed and involved as necessary. This is a process of both informing and gaining information from various perspectives about the organisational barriers and enablers to implementing brief intervention. Early input from key people can foster engagement and help identify both snags and shortcuts.

It is important that key people and groups within the organisation develop a common understanding of the project including what is likely to be expected of them, how they can contribute and how they will be supported to make their contribution.

Consulting can happen via meetings, telephone and email discussions, providing documents for feedback etc.

It is likely that the following people will need to be consulted with: team leaders, supervisors, trainers (if you have these in your organisation), front line staff likely to be providing brief intervention, human resources staff, IT people, administration staff etc.

In determining who to consult the following could be considered:

- > Who is most likely to be delivering brief intervention? Who are the leaders and supervisors of this group?
- > Is HR input needed?
- > Are there specific IT requirements?
- > How will records be kept? Who manages records for the service?
- > Will administrative processes need to be adjusted?
- > Are there any policy changes required?
- > Are there any accounting requirements e.g. invoicing for services provided?

### Project planning

Develop a detailed project plan including objectives, structure, processes, milestones, key responsibilities, reporting and costs. A communications plan may be required as part of the overall plan.

The planning should incorporate the following key requirements specific to brief intervention:

- > The brief intervention approach and pathway: define this thoroughly i.e. the scope.
- > The screening tools (See Box 4 for further guidance on selecting screening tools).
- > The steps in the intervention and the timing of these within the business of the organisation.
- > Referral sources and resources that the organisation will use.
- > The population to be screened and any exclusions.

- > Policy and procedures for confidentiality and consent.
- > The personnel delivering brief intervention: key considerations will include feasibility within the role i.e. are service users likely to accept brief intervention from those in this role, time available, workload, knowledge, skills and attitudes.
- > Training and support requirements: specify requirements to enable personnel to understand and deliver brief intervention and integrate this into their role.
- > Administrative systems and IT requirements.
- > Data requirements (see Box 5 overleaf) including reporting, monitoring and ongoing quality improvement processes.
- > Review the plan with others in the organisation as relevant. Ensure sign off by senior management.

#### **Box 4. Key considerations in selecting screening methods**

**The make-up of the population/group to be screened:** what are the issues that this population may be experiencing?

**Whether to screen for single issues or multiple issues:** what is optimal given the needs of service users and the expertise and resources available within the service?

**Setting:** what is realistic in the service setting i.e. if office based then computer-based or pen and paper and more in-depth screening may be possible. If in the field (e.g. working with homeless population) there may only be opportunity to ask a couple of key questions with record keeping occurring at a later time.

**Systems for responding to screening results:** the level at which the organisation can respond to those whose screening results are positive and in particular those whose results indicate the potential for a significant problem is an important consideration in selecting a tool. Where workers have time and an ongoing relationship with the service user it may be optimal to use a tool that provides information about presence and levels of problem (e.g. AUDIT or ASSIST); where there is limited time a short screen such as AUDIT-C which focuses on the presence/absence of a problem may be more appropriate.

**The time available to screen and provide intervention and any associated costs:** what can the service optimally provide?

**The expertise of the staff:** what level of knowledge and skill is required to screen and respond appropriately based on the screening result?

**The level of management support:** is there management approval for the process? Do management support staff training and ongoing staff support?

### **Box 5. Data considerations for organisational monitoring**

The following measures are suggested for monitoring brief intervention:

Number of service users in the brief intervention target population: i.e. the number of people that would be expected to be screened.

Percentage screened: i.e. the number of service users screened divided by the number in the target population. It is recommended that a realistic target is set initially.

Number and percentage of “positive” screens: i.e. the percentage of service users whose screening results indicate that intervention is required.

The percentage of “positives” receiving an intervention (including a subset of those who are referred for specialist intervention).

Source: Adapted from Higgins-Biddle, Hungerford, & Cates-Wessel (2009).

### **Implementation**

- > Ensure the roll out of brief intervention is well notified to all relevant people in the organisation.
- > Provide regular communication to encourage, remind and support people at this early stage; for example, thanking people for their work in getting the project off the ground.
- > Ensure that help and support is readily available during the early implementation stage to increase uptake.
- > Actively monitor implementation and address any issues that arise.

### **Ongoing improvement**

- > Gather and provide feedback regarding progress. It is useful to do this on an ongoing basis to keep up the momentum and embed the change in practice.
- > Review data and other feedback to determine improvements. Manage the requirements for embedding improvements.



# REFERENCES

- Abbott, M., Binde, P., Hodgins, D., Korn, D., Pereira, A., Volberg, R. & Williams, R. (2013). **Conceptual framework of harmful gambling: An international collaboration**. Guelph, Ontario, Canada: The Ontario Problem Gambling Research Centre (OPGRC).
- Banks, J. (2013). Edging your bets: advantage play, gambling, crime and victimisation. **Crime, Media, Culture**, *9*(2), 171-187.
- Bliss, D., & Pecukonis, E. (2009). Screening and brief intervention practice model for social workers in non-substance-abuse practice settings. **Journal of Social Work Practice in the Addictions**, *9*, 21-40.
- Brown, N., Newbury-Birch, D., McGovern, R., Phinn, E., & Kaner, E. (2010). Alcohol screening and brief intervention in a policing context: A mixed methods feasibility study. **Drug and Alcohol Review**, *29*, 647-654.
- CADTH. (2015). **Optimal Evidence-Based Therapies for the Treatment of Addictions: Clinical Effectiveness and Guidelines**. from <https://www.cadth.ca/sites/default/files/pdf/htis/jan-2016/RB0952%20Addiction%20Treatment%20Final.pdf>.
- Centre for Substance Abuse Treatment. (1999). **Brief Interventions and Brief Therapies for Substance Abuse. Rockville (MD): Substance Abuse and Mental Health Services Administration (US)**. (Treatment Improvement Protocol (TIP) Series, No. 34.). from: <http://www.ncbi.nlm.nih.gov/books/NBK64947/>.
- Christie, G. (2008). **The Substances and Choices Scale Brief Intervention Manual: Complete Version**. Werry Centre: Auckland, New Zealand.
- Higgins-Biddle J., Hungerford D., & Cates-Wessel K. (2009). **Screening and Brief Interventions (SBI) for Unhealthy Alcohol Use: A Step-By-Step Implementation Guide for Trauma Centers**. Atlanta, GA: Centers for Disease Control and Prevention.
- Holdsworth, L., Nuske, E., Tiyce, M., & Hing N. (2013). Impacts of gambling problems on partners: Partners' interpretations. **Asian Journal of Gambling Issues and Public Health**, *3*(11). doi:10.1186/2195-3007-3-11.
- Hopkins, M., & Sparrow, P. (2006). Sobering up: Arrest referral and brief intervention for alcohol users in the custody suite. **Criminology and Criminal Justice**, *6*, 389-410.
- Johnson, M., Jackson, R., Guillaume, L., Meier, P., & Goyder, E. (2010). Barriers and facilitators to implementing screening and brief intervention for alcohol misuse: A systematic review of qualitative evidence. **Journal of Public Health**, E-pub 17 December.
- McGovern, R., Newbury-Birch, D., Deluca, P., & Drummond, C. (2012). **Alcohol screening and brief intervention in probation (SIPS CJS fact sheet)**. London, England: Screening and Intervention Programme for Sensible Drinking, Institute of Psychiatry Kings College.
- McQueen, P., Moulding, R., & Kyrios, M. (2014). Experimental evidence for the influence of cognitions on compulsive buying. **Journal of Behavior Therapy and Experimental Psychiatry**, *45*, 496-501. doi:10.1016/j.jbtep.2014.07.003.
- Miller, W. R., & Rollnick, S. (2012). **Motivational interviewing: Helping people change**. New York, NY: Guilford Press.
- Mitchell, A.M., Hagle, H., Puskar, K., Kane, I., Lindsay, D., Talcott, K. et al. (2015). Alcohol and other drug use screenings by nurse practitioners: Policy implications. **Journal of Nurse Practise**, *11*, 730-732.
- Morasco BJ, Pietrzak RH, Blanco C, Grant BF, Hasin D, Petry NM. Health problems and medical utilization associated with gambling disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. **Psychosomatic Medicine**, *68*, 976-984.
- Neighbors, C., Rodriguez, L., Rinker, D., Gonzales, R., Agana, M., Tackett, J., & Foster, D. (2015). Efficacy of personalized normative feedback as a brief intervention for college student gambling: A randomized control trial. **Journal of Consulting and Clinical Psychology**, *83*(3), 500-511.
- Orford, J., Templeton, L., Patel, A., Copello, A. and Velleman, R. (2007). The 5-Step family intervention in primary care: I Strengths and limitations according to family members. **Drugs: Education, Prevention and Policy**, *14*, 29-47.
- Orr, K., McAuley, A., Graham, L., & McCoard, S. (2015). Applying an alcohol brief intervention (ABI) model to the community justice setting: Learning from a pilot project. **Criminology and Criminal Justice**, *15* (1), 83-101.
- Petry, N. M., Stinson, F. S., & Grant, B. F. (2005). Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. **Journal of Clinical Psychiatry**, *66*(5), 564-574.
- Petry, N. M., Weinstock, J., Ledgerwood, D. M., & Morasco, B. J. (2008). A randomized trial of brief interventions for problem and pathological gamblers. **Journal of Consulting and Clinical Psychology**, *76*, 318-328.
- Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. **Journal of Consulting and Clinical Psychology**, *51*(3), 390-395.
- Substance Abuse and Mental Health Services Administration. (2006). **Results from the 2005 national survey on drug use and health: National findings** (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.

# APPENDIX

## Appendix 1

### Lie/Bet Questionnaire

The Lie/Bet Questionnaire is a two question screening tool for pathological gambling, useful in determining if a longer screening tool or further assessment is appropriate.

Lie/Bet Questionnaire:

1. Have you ever had to lie to people important to you about how much you gambled?
2. Have you ever felt the need to bet more and more money?

Administer Lie/Bet Questionnaire:

“Yes” response to one or both items: Further assessment is needed. Refer to [www.begambleaware.org](http://www.begambleaware.org) or the National Gambling Helpline: 0808 8020 133

“No” response to both questions: No referral necessary for problem gambling services.

### The NODS-CLiP Short Problem Gambling Screen

Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets?

Yes ?/ No?

Have you ever tried to stop, cut down, or control your gambling?

Yes?/ No?

Have you ever lied to family members, friends, or others about how much you gamble or how much money you lost on gambling?

Yes?/ No?

If “Yes” to one or more questions, further assessment is advised refer via [www.begambleaware.org](http://www.begambleaware.org) or the National Gambling Helpline: 0808 8020 133

## Problem Gambling Severity Index

When you think of the past 12 months, have you bet more than you could really afford to lose?

0: Never      1: Sometimes      2: Most of the time      3: Almost always

Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?

0: Never      1: Sometimes      2: Most of the time      3: Almost always

When you gambled, did you go back another day to try to win back the money you lost?

0: Never      1: Sometimes      2: Most of the time      3: Almost always

Have you borrowed money or sold anything to get money to gamble?

0: Never      1: Sometimes      2: Most of the time      3: Almost always

Have you felt that you might have a problem with gambling?

0: Never      1: Sometimes      2: Most of the time      3: Almost always

Has gambling caused you any health problems, including stress or anxiety?

0: Never      1: Sometimes      2: Most of the time      3: Almost always

Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?

0: Never      1: Sometimes      2: Most of the time      3: Almost always

Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

0: Never      1: Sometimes      2: Most of the time      3: Almost always

Has your gambling caused any financial problems for you or your household?

0: Never      1: Sometimes      2: Most of the time      3: Almost always

Have you felt guilty about the way you gamble or what happens when you gamble?

0: Never      1: Sometimes      2: Most of the time      3: Almost always

### Total score:

The higher the score, the greater the risk that your gambling is a problem.

**Score of 0:** Non-problem gambling.

**Score of 1 or 2:** Low level of problems with few or no identified negative consequences.

**Score of 3 to 7:** Moderate level of problems leading to some negative consequences.

**Score of 8 or more:** Problem gambling with negative consequences and a possible loss of control

### Appendix 2

This section highlights strategies that can be used by a person directly experiencing or at risk of gambling-related harm. Further information can be found at [www.begambleaware.org](http://www.begambleaware.org).

#### **The Money, Access, Time Triangle**

An effective way to reduce or stop gambling is to put barriers in place that limit your ability to gamble – specifically barriers to Money, Access and Time. No barrier is infallible but if you have the right barriers they can certainly slow you down enough for you to take a look at what you're doing and decide whether or not you really want to do it.

#### **Limit Access**

- > Customers may self-exclude from gambling establishments (see below).
- > Avoiding places with a high density of betting shops or casinos can be helpful so take care to plan your route before heading out the door. A little planning goes a long way when it comes to avoiding unexpected triggers like the sight of a flashing casino sign.
- > If you're an online gambler you can add blocking software such as "betfilter" which will remove access to all gambling websites from your PC. Depending on which blocking software is used a password may be needed so ask for help from a friend or family member to set it up for you so you remain unaware of the password and unable to remove the software. If you gamble on a phone or iPad please contact your network provider to discuss the possibility of setting up parental controls to exclude gambling sites. If all else fails, you may need to consider the possibility of getting a low spec phone capable of making and receiving calls, and not having a computer for a while.
- > Think about times and places when you may be at your most vulnerable and ensure that someone you trust is either available at the end of the phone or able to be physically with you at these times. These could be times of emotional upset, or on pay days or anniversaries but looking at how you may be affected and planning for it can save you a lot of heartache.

#### **Filling Time previously spent gambling**

- > Explore the type of things that interest you and in particular things you can enjoy doing with friends or family members rather than seeking isolated pursuits. You may also want to look at projects you can undertake such as decorating a room or working on the garden.
- > Ensuring that you are engaging with a routine can be very helpful so include yourself in day to day tasks around the house so you feel like a valued part of family life.
- > Filling time with positive activities away from gambling can help you to feel productive and healthy and it can strengthen relationship bonds that have previously been neglected.

## Money

- > Often the understanding of money and its value becomes warped whilst in the grip of a gambling addiction. Effective budgeting can restore an understanding of the value of money and it may also help to improve a negative financial situation brought on by gambling.
- > Ask a friend or family member to take control of your finances during the early stages of recovery. This can be done by giving away any debit or credit cards you may have (If you've memorised the card numbers be honest about that and get replacements before you hand them over). If you're budgeting effectively you'll be able to inform the person managing your finances of exactly how much you will need on any given day and receipts can be provided as evidence of your purchases.

## Self-Exclusion

The following information is produced by the Gambling Commission, the body responsible for licencing gambling operators in Britain. It describes the role of licenced gambling operators in assisting people who no longer wish to gamble to exclude themselves for a defined period of time. Regulations may change and therefore readers may wish to consult up to date information at the following address:

[www.gamblingcommission.gov.uk/for-the-public/Safer-gambling/Self-exclusion.aspx](http://www.gamblingcommission.gov.uk/for-the-public/Safer-gambling/Self-exclusion.aspx)

If you think you are spending too much time or money gambling in an arcade, betting shop, bingo venue or casino, then ask staff for information about their self-exclusion scheme.

Self-exclusion is when you can ask a gambling company or operator to stop you from gambling with them for an amount of time. It usually lasts for at least six months. It is mainly used by people who think they have a problem with gambling and want help to stop. It is up to you to stick to a self-exclusion agreement with a gambling company, but the company should help you do that.

If you want to self-exclude from an online (remote) gambling company then you will need to contact each of the companies with which you hold an account. This can usually be done on the responsible gambling pages of the website.

If you are worried about online gambling then you can download a 'site blocker' such as Gamblock or Netnanny, which can block access to on line gambling sites. However there may be a charge for this.

### **Although I have self-excluded, my gambling operator has allowed me to gamble. What should I do?**

A self-exclusion agreement may not always work properly and you might want to complain about this. Gambling operators must have a system they follow when a customer wants to complain. You should be able to find information on how to complain to the gambling operator on their website or by talking direct to a member of staff in the betting shop, arcade, bingo hall or casino where you have self-excluded.

If you wish to seek compensation from the operator because you feel that they haven't taken reasonable steps to prevent you from gambling then you will have to raise this as a civil matter through the courts.

The Gambling Commission's role is to make sure that the gambling companies follow the rules. Those rules include helping customers who want to stop gambling and have self-excluded. We will look into any concerns that that company may have broken the rules and investigate whether its self-exclusion system is working properly. If we think a company is not doing what it should, we have ways to make them improve. This can include, as a last resort, taking away the company's licence.

If you believe that the operator has broken the self-exclusion rules, we will need the following information:

- > When did you enter into the self-exclusion agreement?
- > How did you let the operator know you wanted to self exclude?
- > What did the operator give you to confirm that the self-exclusion was in place?
- > What period did you self-exclude for?
- > What date were you able to gamble even though you believe you had a self-exclusion agreement in place?
- > Can you provide details of any contact you have had with the operator since you gambled with them?

We will need your permission to contact the operator with your details but you should note that this will not be helping in getting your money back.

### **Limit setting**

Most gambling operators will have facilities that allow you to set limits on the amount of time or money you spend gambling. Speak to a member of staff if you would like further information regarding limit setting.

### **Referring to specialist services**

The National Gambling Helpline on 0808 8020 133 and [www.begambleaware.org](http://www.begambleaware.org) act as the first port of call for people affected by problem gambling. These services provide immediate advice and support, and from there people who need further help can be referred on to specialist services for further interventions.

# ORGANISATIONS THAT PROVIDE HELP AND ADVICE

## **GAMBLEAWARE**

[begambleaware.org](http://begambleaware.org)

A website that gives advice on gambling responsibly – this means making choices based on all the facts, and staying in control of how much time and money you spend.

## **NATIONAL GAMBLING HELPLINE:**

**0808 8020 133**

## **CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST**

[www.cnwl.nhs.uk/cnwl-national-problem-gambling-clinic](http://www.cnwl.nhs.uk/cnwl-national-problem-gambling-clinic)

**Tel: 020 7534 6699 / 6687**

Treats problem gamblers in England and Wales who are aged 16 and over. It assesses the needs of problem gamblers as well as those of their partners and family members, and offers evidence based treatments as well as interventions to assist with financial, employment, social and relationship difficulties.

## **GAM-ANON**

[www.gamanon.org.uk](http://www.gamanon.org.uk)

Support to those affected by another person's gambling. A fellowship of men and women who are husbands, wives, relatives or close friends who have been affected by problem gambling.

## **GAMBLERS ANONYMOUS**

[www.gamblersanonymous.org.uk](http://www.gamblersanonymous.org.uk)

A fellowship of men and women who have joined together to do something about their own gambling problem and to help other compulsive gamblers do the same.

## **GAMCARE**

[www.gamcare.org.uk](http://www.gamcare.org.uk)

A registered charity that takes a non-judgemental approach to gambling, and a leading authority on the provision of information, advice and practical help in addressing the social impact of gambling.

## **GORDON MOODY ASSOCIATION**

[www.gordonmoody.org.uk](http://www.gordonmoody.org.uk)

**01384 241292**

Provides residential treatment for severely addicted gamblers, as well as providing outreach support and internet counselling service.

## **CONSUMER SUPPORT:**

### **CITIZENS ADVICE**

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

Helps people resolve their legal, money and other problems by providing free information and advice, and by influencing policymakers.

## **DEBT SUPPORT ORGANISATIONS:**

### **MONEY ADVICE SERVICE**

[www.moneyadviceservice.org.uk](http://www.moneyadviceservice.org.uk)

An independent service, set up by government, to help people manage their money.

### **NATIONAL DEBTLINE**

[www.nationaldebtline.org](http://www.nationaldebtline.org)

**National helpline number: 08088 084000**

Provides free confidential and independent advice on how to deal with debt problems.

### **STEPCHANGE DEBT CHARITY**

[www.stepchange.org](http://www.stepchange.org)

**0800 138 1111**

A debt advice organisation offering free, confidential and impartial debt help to anyone who needs it, available online 24 hours a day.

## **OTHER SUPPORT ORGANISATIONS:**

### **SAMARITANS**

[www.samaritans.org](http://www.samaritans.org)

**116 123**

A 24 hours a day service providing confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide.

GambleAware is the leading charity in Britain committed to minimising gambling-related harm. As an independent national charity, GambleAware funds education, prevention and treatment services and commissions research to broaden public understanding of gambling-related harm. The aim is to stop people getting into problems with their gambling, and ensure those that do develop problems receive fast and effective treatment and support.

**GambleAware**  
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# GambleAware