Rural Treatment for Gambling: A Hybrid Face to Face and Tele-psychology Service in South Australia

DR QUENTIN C BLACK1,2, ELLY GANNON1,4, PATRICK CAREY3, TRENT AMES

1PsychMed is a not-for-profit government organisation, which provides fee-free clinical services, professional training and collaborative research trials for Commonwealth and State Government programs. 2Adelaide Medical School, Psychiatry, University of Adelaide 3School of Psychology, Social Work & Social Policy, UniSA 4School of Psychology, University of Adelaide

Background
Disordered Gambling is an ongoing concern for rural and remote areas with significant unmet need. Rural South Australia is home to a larger number of electronic gaming machines than metropolitan South Australia. Gambling expenditure in rural locations is also higher in comparison to metropolitan areas. Problem gambling is associated with negative personal outcomes, including financial and relationship stress, increased risk of substance misuse and mood disorders, and an increased risk of suicidal ideation. In these areas there is often stigma associated with help seeking, there is a lack of specialist psychological services and an acute shortage of psychologists and mental health professionals. There was a need to move beyond inpatient behavioural modification treatment and generalised services towards a socially inclusive and collaborative evidence based Cognitive Behavioural Therapy (CBT) program.

Objective
The aim of this program is to provide an intensive cognitive behavioural therapy for gambling addiction in rural South Australian communities including Mount Gambier, Port Lincoln, Mid North Region (Port Augusta, Whyalla, Port Pirie) and the Riverland. Figure 1.

Methodology
The program includes 12 individual gambling based CBT sessions, including initial assessment, psycho-education, risk management, cognitive therapy, behavioural techniques, and exposure/desensitization. The client develops an understanding of how problems with gambling originate and maintain, and develop skills to manage gambling thoughts and urges. Clients have an in-person initial consultation in their local community (or closest major rural location) with follow-up appointments conducted through tele-psychology with flexible mid and end face-to-face visits.

Participants
The current study included data from clients whom completed all 12 sessions of the treatment program (5 male). Client ages ranged from 19 to 73 (m = 44.8) and their form of gambling included Sports Betting, EGMs, TAB and Poker.

Outcome Measures
Gambling Related Cognitions Scale (GRCS) measures common cognitive distortions in problem gamblers including illusion of control, predictive control and perceived inability to stop gambling. The maximum score on the GRCS is 161, with an advised cut off of 54 for problem gamblers. The Gambling Urge Scale (GUS) was used to measure how the client was feeling about gambling in the preceding 24 hours. The maximum score on the GUS is 42 with a suggested cut off of 3; the low score of 3 indicates that even few symptoms of an urge to gamble is linked to potential problem gambling.

Results
Gambling Urge Scale
The initial results from seven clients who completed all 12 sessions indicated a significant reduction in gambling urges from session one (M=11.2, SD=9.39) to session 12 (M=2.28, SD=3.59) of the CBT treatment program, t(6)=2.44, p=.05. This equates to a 79.8% reduction in gambling urges, as measured on the Gambling Urge Scale.

Gambling Related Cognitions Scale
Results indicated that there was a significant decrease in gambling related cognitions from session one (M=63.28, SD=16.08) to session 12 (M=28.85, SD=23.68) of the CBT treatment program, t(6)=3.5, p=.013. Therefore, clients who completed the program had a 54.5% reduction in gambling related cognitions, as measured on the Gambling Related Cognitions Scale.

Conclusions
Previous studies reported the efficacy of a tele-psychology model for rural and remote locations in South Australia, however highlighting the need for specialised services for more complex presentations such as Addiction.

Disclosure of Interest Statement
The Australasian Professional Society for Alcohol and other Drugs (APSAD) recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in all written publications.