

## CHAPTER 3

# THE GAMBLING PROBLEM HELPLINE IN NEW ZEALAND

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The Gambling Problem Helpline (GPH) provides professional counselling for people experiencing problems with gambling, or affected by problem gamblers. The helpline offers free confidential telephone information, assessment, referral, support, crisis intervention and counselling seven days a week, 52 weeks a year. The service operates 24 hours on Thursdays, Fridays and Saturdays. For the rest of the week it is available from 8 a.m. until 11.30 p.m. Outside these hours the number diverts to a call centre, where emergency assistance is available, or callers can ask for a counsellor to contact them after 8 a.m. the following morning.

The helpline agency offers several services, including the Pasifika line, the Māori line, the budget line, the youth line ('in ya face'), and an email counselling service. All services are free and nationwide, and include cell phone coverage. In addition, the agency offers an anonymous chat line via the website [www.gamblingproblem.co.nz](http://www.gamblingproblem.co.nz).

The Gambling Problem Helpline has been a pioneer in New Zealand problem gambling over the last 11 years. The agency helps an average of 400 first-time callers and in excess of 500 follow-up callers each month. The agency currently has 24 staff, working mainly part time. Staff, who may possess other professional qualifications, are also trained in-house and must meet a competency level to work as GPH telephone counsellors.

### **Telephone counselling**

There is concern as to whether counselling by telephone is effective. For the most part, it can assist clients, depending on the nature or severity of the problem, and phone counselling has grown rapidly in recent years (Waddell, 1995).

Telephone assistance offers flexibility and convenience for clients who for one reason or another are unable to attend face-to-face counselling. Others may feel more comfortable dealing with problems over the telephone, rather than having to meet with a stranger, or having to admit that they are unable to deal with the issue themselves (Waddell, 1995).

Telephone counselling can also be useful for providing help to callers seeking guidance or support after initial face-to-face sessions or between sessions. Sometimes first assessments may be conducted via telephone, rather than in an office. As clinicians become more experienced with telephone counselling they are able to improve their effectiveness.

The success of counselling by voice alone is dependant on the clinician's skill in creating a successful helping relationship. Because counsellor and client are unable to see one another, the use of rapport-building skills, voice and language matching, curiosity and attitude are important, along with reflective listening. A counsellor's attitude and voice are the primary tools to build a level of comfort and help the client relax enough to communicate their problem clearly and to attain the desired outcome. Remaining curious, staying in rapport, matching speech patterns and reflective listening reinforce the counsellor's intention to support. People must believe that the counsellor cares before they will be interested in what the counsellor knows.

People call for help because:

- (a) their problem-solving strategy is not effective.
- (b) they are unable to find a solution.
- (c) they lack confidence to implement their own solutions.
- (d) they do not know what help is available.

Clients like these experience feelings of helplessness and inadequacy, which feeds their denial that they have a problem. Counsellors must be careful to avoid comments or voice tones that may confirm these feelings. Typically, callers will be much clearer about the problem than the possible solution, as they have re-lived the problem day and night, but have not imagined living without the problem.

A question often asked is "why do people develop problems with gambling?" The best way to answer this is to tell the client to imagine a fire brigade arriving at a fire. The fire fighters do not stand around asking each other how the fire started and why. They put the fire out, and then ask 'why' questions. It is the same with the 'fire' of addiction; encourage

clients to ease back from the trauma and then consider ‘why.’ Easing the trauma often improves reasoning abilities and then the ‘why’ becomes clearer.

### **Initial contact**

When a client first phones the helpline, a counsellor has to assess why the client has called at this point in time. The client needs to identify the specific incidences that have led to the call, and describe their immediate concerns. At this initial contact with clients, GPH counsellors ask for information, such as name, address and ethnicity, which helps to form a framework for organising further assistance. Additional detailed information is collected – the mode of gambling, the problems, current support, and health and safety issues. The counsellor will then work through the issues the caller wants to discuss. The agency’s role is to ease the pain – to give support and guidance so the client can choose an appropriate path to well-being.

Further assistance is always offered – such as face-to-face counselling with an agency near the client, contact with specialized GPH counsellors, follow-up calls and mailed information. The face-to-face appointments can be arranged immediately via a conference call with the agency or through a fax referral. Follow-up calls are offered to all first-time callers in order to ‘walk with the caller,’ ease anxiety, make further contact and assure support.

### **Regular callers**

The Gambling Problem Helpline is used by a cross-section of the community, including business people, students, people at home, blue collar workers, beneficiaries and mental health patients. The service is available to all cultures, ages, and socio-economic groups, and both sexes. Some may use the helpline for the initial call only, others for several weeks, months, or years.

Those who call daily or even several times a day for a number of years may use the agency to remain gamble-free or to get back on track after a ‘slip.’ Contact provides the client with non-judgmental support and encouragement. A few people call once or twice a year, mainly to touch base or to report continuing progress and success.

Clients who call daily or weekly tend to struggle with issues that may trigger an urge to gamble. Many have mental health issues and GPH has

become a part of their support system. Counsellors acknowledge other issues the client may be experiencing through such mechanisms as checking out available supports, and asking about safety from self harm before working through a plan to keep the client safe from gambling for that day. Although they are not always successful at being bet-free, these clients will call to report a 'slip,' knowing they will not be judged and that the support will continue. All counsellors are aware that the kind of support the helpline offers regular mental health callers may differ from that for other regular callers. They are also aware of the importance of continuing support.

There are also regular callers who may call over a one or two-month period as initial steps to recovery. Some report having strong urges to gamble and needing the opportunity to talk to 'somebody who understands.' Providing understanding and empathy along with practical ideas and affirmation of efforts is always welcomed by clients, and provides good motivation for them to continue. In general, affirmation is an integral part of all regular calls, acknowledging the hard work put in by the client to reach the goal to be gamble-free, focusing on the positive changes and the effort to make those changes.

For all callers the knowledge that they can call as and when they need to, is well received – many clients have no one else to whom they can disclose their secret addiction. The agency sees this non-judgmental support as an essential part of the service, and ensure callers are aware that it is there at all times.

### **Helping clients deal with urges**

Problem gamblers who decide to stop or to control their gambling must learn to cope with the temptation. The urge to gamble is usually strongest during the first few weeks of quitting, but it may increase with normal life stressors and unpleasant emotions. For example, frustration or anger with work or a partner may increase the attraction of gambling. This may be a learned behaviour, since the gambler may have used gambling previously to avoid painful situations or emotions. It is important to develop new ways to deal with 'life on life's terms.' Identifying existing coping skills will help a client to build up their ability to manage stress.

There are two types of effective coping. The 'thinking' strategy uses self-talk to fight gambling urges. For example, a client might be encouraged to remember past gambling problems and to focus on how

well they are meeting current goals. The ‘acting’ strategy relies on doing things to avoid gambling. A useful change for example, is to socialise with non-gamblers, or to hand over financial control to a trusted family member or friend. Relinquishing financial control may be essential, since the biggest trigger reported by problem gamblers is access to money. It is also useful to have clients record their urges and discuss coping strategies. These strategies can increase understanding of the role gambling plays in someone’s life, and can also help the person to identify effective approaches to avoiding gambling (Sullivan, 1998).

For many clients, nothing may replace the ‘action’ of gambling, but there are many techniques that can distract their thoughts and build self-confidence and self-esteem. Over time these alternative actions will feel more exciting and fulfilling than gambling. Some suggestions are to:

- Meet with a friend
- Learn a new skill
- Cook a special meal
- Do volunteer work
- Go swimming
- Complete a task
- Join a club
- Go for a drive
- Get a pet
- Read something special
- Experience peace and quiet
- Do some gardening
- Watch a video
- Be with family
- Listen to music
- Eat healthy food
- Try tramping.

The list is unlimited, and for some clients calling the helpline and hearing one or two suggestions is enough to make that day gamble free (Gambling Problem Helpline, 1998).

### **Rapid rise in women gambling**

At present women callers with gambling problems outnumber male callers. Women now make up 55% of all callers; compared with 30% five years ago (Gambling Problem Helpline, 2003). There are several possible

reasons for this trend. Probably the main issue is that gambling is more accessible and prevalent today. For example, 20 years ago gambling occurred mainly at the TAB, whereas today many opportunities to lose money are available. Currently, over 80% of calls to the helpline report machine gambling as the main mode of action. Possibly an additional issue is that women's social roles have changed, which may have increased their vulnerability to gambling disorders. Some women have access to money they might not have had 20 years ago. Other women may have brought up children and now have time on their hands. Many women experience relationship crises or low self-esteem, which may increase susceptibility. When a vulnerable woman plays a poker machine she may feel that she is in control, and that she can shut out all her daily problems. She may end up chasing money she has lost because the feeling of winning was so enjoyable. Sadly this can lead to problem gambling, sometimes in a matter of weeks.

### **Integrated continuing care programme**

The agency has had an integrated continuing care programme since November 2001. The programme aims to have face-to-face gambling treatment agencies obtain permission from clients for the Gambling Problem Helpline to make follow-up calls over an 18-month period. These calls provide ongoing support for clients while they are involved in face-to-face counselling and can offer follow-up support for when the client has finished counselling. In the first 16 months counselling agencies referred 898 clients to the integrated care program. Data gathered by GPH provides valuable insight into the effectiveness of this gambling treatment. This may be the first nationwide study carried out anywhere in the world.

Integrated care clients are called at months 1, 3, 6, 12 and 18 after they enter the system. Counsellors will always check it is convenient to talk. The first call introduces GPH if this is the first contact with a client (most have called the helpline previously), checks on the client's current situation and offers support. Additional calls ask these and different questions depending on the needs of the caller. For example, a gambler will be asked about the dollar amounts they may have lost since the previous call. They will also be asked about their sense of control over gambling — are they: (a) completely in control, (b) mostly in control, (c) mostly out of control or, (d) completely out of control? If possible the SOGS (South

Oaks Gambling screen) will be administered on each call, but this may not always happen.

A person affected by gambling however, will be asked different questions. For example, they might be asked about their partner's gambling frequency, using the choices: (a) has not been gambling, (b) has been gambling less, (c) has been gambling about the same, or (d) has been gambling more. They will also be asked about their partner's coping abilities.

Counsellors sometimes deal with unusual circumstances during these calls. For example, if the client has stopped counselling, GPH will offer to reconnect the client with the agency via a three-way call or fax referral, or to supply the agency number directly to the client. At other times, extra calls may be offered if it seems the client may benefit from more frequent support. To date many clients have used these contacts to gain further help.

## **Conclusion**

The aim of the Gambling Problem Helpline Service is to deliver a high quality specialist telephone counselling service. This will include crisis intervention, support, information and counselling to people who have gambling problems, and their family, whanau, friends and other interested parties. The Gambling Problem Helpline Service's primary goal is to reduce the impact of problem gambling in New Zealand and to instil hope for the future by operating in a professional and culturally sensitive manner, whilst being committed to the development of excellence in staff, knowledge, skills and technology.