

**Evaluation Study on the Effectiveness
of the Counselling and Treatment Centres
for Problem and Pathological Gamblers**

Final Report

Department of Applied Social Sciences
The Hong Kong Polytechnic University

Commissioned by

Home Affairs Bureau

Government of the Hong Kong Special Administrative Region

June 2006

Acknowledgements

The research team would like to take this opportunity to thank everyone who helped this study achieve its objectives. We had received full support from the various parties concerned. In particular, only with the co-operation of staff members of the Centres could this study be possible. On top of their already heavy work duties, the staff members had assisted, with patience, in persuading their clients to take part in the study, and provided us with all the possible and crucial information about their counselling and professional work. For these, we owe them our greatest appreciation. Our special thanks should also go to Ms. Elda CHAN and Mr. Joe TANG, supervisors of the two Centres, who had devoted a lot of time in coordinating their teams to make available the service information for the research team, as well as giving insightful feedbacks throughout the study.

The research team is deeply impressed by the service users who had taken part in this study. We understand that our data collection process might bring about unpleasant feelings to the service recipients and their families when they had to recall their miserable histories with regard to the fight against gambling. However, we are sure that their input would benefit a lot to achieve better understanding on the problem of gambling, and how the consequences of gambling could be alleviated. We wish to thank the service users and their families for the tolerance and unreserved openness they had afforded us.

Finally, the research team is most grateful for all the support given by the Ping Wo Fund and the Home Affairs Bureau. Special thanks must go to Mr. Stephen FISHER, Ms. Esther LEUNG, Mr. Ryan CHIU, Miss Jenny YIP and Miss Christine CHOW of the Home Affairs Bureau for their unfailing support and guidance, without which this study could never be completed.

The Research Team

Prof. CHENG Chi-ho, Howard (Principal investigator)
Associate Head, Department of Applied Social Sciences

Dr. CHAN Ching-hai, Charles
Associate Professor, Department of Applied Social Sciences

Dr. HO Kit-wan, Helen
Assistant Professor, Department of Applied Social Sciences

Mrs. HUI LO Man-chun, Jenny
Lecturer, Department of Applied Social Sciences

Dr. WONG Lai Kuen, Irene
Instructor, Department of Applied Social Sciences

Ms. LAM Yu Kiu, Rita (From October to December 2004)
Research Associate, Department of Applied Social Sciences

Mr. LEE Ka Man (from 1st January 2005 onwards)
Research Associate, Department of Applied Social Sciences

Ms. LUI Wai Sze
Clinical Psychologist

Table of Contents

	<i>Page</i>
Acknowledgments	ii
List of Team Members	iii
Table of Contents	iv
Executive Summary	vi
報告摘要 (Executive Summary in Chinese)	xiii
1. Preamble: Gambling Concepts and Terminology	1
2. Evaluative Study on Service Output and Effectiveness of the Two Treatment Centres	4
2.1 Introduction	4
2.2 Research Design and Methodologies	4
2.3 Scope and Content of the Evaluation	5
2.4 Activities taken by the Research Team from October 2004 to the end of February 2006	7
3. Pathological Gambling: A Comprehensive Review	9
3.1 Introduction	9
3.2 Demographics	10
3.3 Factors which have an impact on the development and maintenance of PG	12
3.4 Main Theories and Treatment of PG	13
3.5 Discussion on existing models and available treatments	18
4. The Counselling and Treatment Centres for Problem and Pathological Gamblers	19
4.4 The Caritas Addicted Gambling Counselling Centre	21
4.5 The Tung Wah Group of Hospitals Even Centre	22
5. Major Findings	23
5.1 Validation of Screening Tools	23
5.2 Report on Operation and Service Output (as at December 2005)	27
5.3 Report on Outcome evaluation study	53
6. Conclusion and Recommendations	95
6.1 Limitations of the Study	95
6.2 The Overall Effectiveness of the Services Provided by the Two Treatment Centres	95
6.3 Discussion on Treatment Services for Problem and Pathological Gamblers in Hong Kong	99

6.4	Recommendations on the Development and Operations of Treatment Programmes for Problem and Pathological Gamblers	104
6.5	Recommendations on how the Existing Output and Outcome indicators could be revised/enhanced in view of the continuation of current services	105
	References	108
	<u>Appendices</u>	
	Appendix A: Screening Tools of the Two Centres	A1
	Appendix B: Overview of the theoretical orientation of gambling counselling	B1
	Appendix C: Figures on Outcome Evaluation Study	C1
	Appendix D: Questionnaire for Service Users in Current Study	D1
	Appendix E: Follow-up Questionnaire for Service Users in Current Study	E1
	Appendix F: Questionnaire for Service Users in Retrospective Study	F1
	Appendix G: Follow-up Questionnaire for Service Users in Retrospective Study	G1
	Appendix H: Counsellor Feedback Form	H1
	Appendix I: Group Worker Feedback Form	I1
	Appendix J: Interview Guide for Counsellors	J1
	Appendix K: Questionnaire for Counsellors	K1

***Evaluation Study on the Effectiveness of the Counselling and Treatment Centres
for Problem and Pathological Gamblers***

Executive Summary

In September 2004, the Home Affairs Bureau (HAB) commissioned the Department of Applied Social Sciences, the Hong Kong Polytechnic University to undertake an evaluation study on the effectiveness of the two Counselling and Treatment Centres for Problem and Pathological Gamblers -- *Caritas Addicted Gamblers Counselling Centre (Caritas Family Service) and Even Centre (Tung Wah Group of Hospitals)*.

Objectives of the evaluation study

- a. To launch a comprehensive review of the adequacy and effectiveness of the services of the two Centres;
- b. To examine the validity and usefulness of the screening tools adopted by the two Centres in assessing gambling-related problems;
- c. To identify factors related to the success or failure of the services; and
- d. To advise the Government on long-term gambling treatment services.

Major methodologies employed in this study

- a. For validation of screening tools, during the period from October 2003 to April 2005, clients of the Caritas Addicted Gamblers Counselling Centre filled a self-administered Chinese SOGS while clients of the Even Centre underwent a standardized screening conducted by the counsellors, using the Chinese DSM-IV questionnaire.
- b. For service output study, the two Centres provided administration records and quarterly statistics from 1.10.2003 to 31.12.2005 for data compilation and analysis.

- c. For service outcome study, the changes of the Level II problem and pathological gamblers and their significant others after receiving treatment services were evaluated by means of a questionnaire survey, a semi-structured interview, a taped observation of the therapeutic sessions and a review of case and group work records. From 1.2.2005 onward, the first three intake sessions of Level II problem and pathological gamblers and their significant others were videotaped for analysis with their consent. The counsellors of the two Centres were also asked to report to the research team on services rendered to clients in terms of scope, content and methods adopted in their service provision. Such information was collected and analyzed by means of structured interviews and questionnaires.

Key Findings

(a) Validation of Screening Tools

- ◆ DSM-IV is a relatively reliable and valid tool adopted for screening pathological gamblers in the following areas:
 - (i) screening and assessing the severity of the gambling problems of service-seekers
 - (ii) identifying pathological gamblers among service-seekers.
- ◆ However, psychometric validation must be conducted in order to verify the performance and applicability of these “borrowed” western tools, whether they are DSM or non-DSM criteria-based, in the Chinese treatment samples.

(b) Service Output (1.10.2003 – 31.12.2005)

- ◆ Hotline service and telephone enquiry have been most welcomed and used by potential clients and the general public. Each centre received more than 5,000 telephone enquiries in the period.
- ◆ The total number of Level II cases (cases screened as problem and/or pathological gamblers) handled by the Caritas Addicted Gamblers Counselling Centre and the Even Centre were 1,092 and 1,116 respectively.
- ◆ The total number of Level III cases (clients who received psychiatric and/or residential treatment services referred by the two Centres) handled by the Caritas Addicted

Gamblers Counselling Centre and the Even Centre were 79 and 52 respectively.

- ◆ Casework services rendered to p/p gamblers by the Caritas Addicted Gamblers Counselling Centre included telephone/hotline counselling, individual counselling sessions for gamblers, family counselling sessions for gamblers and their significant others, email counselling for gamblers and their significant others, home or workplace visits, and escort services.
- ◆ Casework services rendered to p/p gamblers by the Even Centre included telephone/hotline counselling, individual counselling sessions for gamblers, family counselling sessions for gamblers and their significant others, financial counselling, case conferences, home visits, escort service and collateral contacts.
- ◆ Group work services/treatment groups rendered to p/p gamblers and their significant others by the Caritas Addicted Gamblers Counselling Centre included short-term group sessions on therapeutic intervention and long-term (mutual-help) groups.
- ◆ Group work services/treatment groups rendered to p/p gamblers and their significant others by the Even Centre included short-term group sessions on therapeutic intervention, psycho-educational group, peer group counselling, long-term (mutual-help) groups and training camps.
- ◆ The two Centres organized staff training and development programmes, staff supervision sessions, educational programmes for the general public and training programmes for professionals.
- ◆ 64.9% of the Level II cases from the Caritas Addicted Gamblers Counselling Centre and 69.1% of similar cases from the Even Centre were closed as their goals were attained.
- ◆ 98.2% of the gamblers and 96.0% of their family members were satisfied with the service provided by the Caritas Addicted Gamblers Counselling Centre.
- ◆ 95.8% of the clients were satisfied with the services provided by the Even Centre.

(c) Service Outcomes

- ◆ The two Centres have been operating in the right direction, and are able to meet the requirements of the Service Agreement.

- ◆ Over 90% of the service-users (gamblers and their family members) were satisfied with the quality and quantity of services received.
- ◆ Almost 70% of the closed cases were successful cases, in terms of meeting the treatment objectives.

The two Centres have been able to:

- ◆ provide appropriate and effective counselling and treatment services for gamblers and their family members;
- ◆ facilitate the development of the best practices and expertise in counselling and treatment services for gamblers;
- ◆ build up the requisite network for gambling treatment in Hong Kong;
- ◆ collect the required data and statistics necessary for a better understanding of the problem of gambling; and
- ◆ reach out to the general public and educate them to avoid becoming problem/pathological gamblers.

Most significant effectiveness of the service:

- i. clients had acquired the ability to control their desire to gamble;
- ii. clients had developed responsibility for their own gambling behaviour and its consequences; and
- iii. clients had improved their social skills and family relationships.

After receiving services for 6 months, clients' perceived effectiveness of the services provided by the two Centres in order of priority are as follows:

- i. a better understanding of one's own gambling behaviour and its consequences;
- ii. better ability to control one's desire for gambling;

iii. ability to solve financial problems; and

iv. ability to solve family problems.

(d) Profile of Level II P/P Gamblers

- ◆ middle-aged males in their 30s and 50s;
- ◆ having primary or junior secondary school education;
- ◆ over 60% working in the service sector;
- ◆ over 80% having financial problems and debts;
- ◆ over 60% having emotional problems; and
- ◆ about 50% suffering from poor family and marital relationships.

Limitations of the Study

- ◆ As this is the first study on the effectiveness of counselling services for gamblers in Hong Kong, no local reference data are available for comparison purpose.
- ◆ As the cut-off date¹ for data collection was 31.12.2005, the performance of the two Centres from 1.1.2006 to 30.9.2006 is not included in the evaluation.
- ◆ Some users refused to participate in the study.
- ◆ There are no longitudinal data for assessing the inter-relationship of the longer-term or more in-depth changes as a result of the counselling service; the effectiveness of the service and the sustainability of such service over time.

¹ Due to the large volume of data involved in this research study, the resultant data collection process has in some ways intruded the work of the staff members of the two Centres. On the other hand, the Hong Kong Polytechnic University research team has agreed to hand in the final report to the Home Affairs Bureau three months earlier than the original schedule. Under such circumstances, HAB had consented to set the cut-off date for data collection at 31 December 2005. Hence the evaluation on performance of the two Centres counted up to that date.

Summary Remarks

- i. Literature research revealed that some gamblers either dropped or reduced gambling without receiving the counselling/treatment services.
- ii. Causes of pathological gambling are complicated and are embedded in the culture, subculture, social systems and one's psychological and social conditions. There is no single cure or the best model for treatment.
- iii. Total abstinence from gambling is not possible. Positive treatment outcomes should be viewed as helping gamblers understand their personal responsibility so that they can develop self-control when engaging in gambling activities.
- iv. On treatment methods, cognitive-behavioural therapies which focus on altering cognitions and changing gambling behaviour are effective in casework services for pathological gamblers, and supplemented by treatment groups for gamblers and family members. The "case-in-group" approach is effective in treating local p/p gamblers and their families in Hong Kong.
- v. Government has the responsibility, through law enactment and enforcement, to supervise the operations of gambling activities and keep them under control.
- vi. Prevention is better than cure. There is a need to develop a long-term strategy in gambling prevention among young people.
- vii. In developing a service delivery model, its feasibility, cost-effectiveness, sustainability and financial support must be carefully considered.
- viii. The need for service expansion is obvious. Nevertheless, the research team cautions against an unlimited expansion of services in view of competing community needs. A careful, gradual and affordable expansion of treatment programmes for p/p gamblers is recommended.

Recommendations

- ◆ The two gambling treatment Centres at the current service level should be supported for another two years up to 30 September, 2008.
- ◆ With the existing level of resource provision, the operating hours of the current hotline service could be considered to be extended to 24 hours on a pilot basis.
- ◆ The future development of and resource input to the two treatment Centres could be reviewed after commissioning another in-depth research to evaluate their cost-effectiveness and need for continuous service.
- ◆ A community-based approach focusing on helping gamblers, potential gamblers and their families build up their ability to protect themselves from gambling should be considered as an alternative treatment model.
- ◆ Two small treatment centres with a smaller group of counsellors / social workers could be established on a pilot basis to provide treatment services to p/p gamblers and their families in Kowloon and other areas.
- ◆ These two new treatment centres may consider using alternative treatment models and a community-based approach, to serve the needs of :
 - (i) elderly gamblers (e.g. those involved frequently in group gambling in public housing estates);
 - (ii) gamblers who belong to ethnic minorities;
 - (iii) youth, especially secondary school students; and
 - (iv) women, especially housewives aged between 30-60.
- ◆ The Ping Wo Fund may consider as appropriate applications from non-governmental organizations, schools and other community organizations to launch prevention and/or treatment programmes for p/p gamblers on a smaller scale.
- ◆ Service output and outcome indicators should be standardized for all gambling treatment centres.

Wah clients 1.64 (S.D. = 3.32).

- Caritas clients (n = 23) gambled on average HK\$478.26 (S.D. 1306.61) per month whilst Tung Wah clients (n= 45) gambled HK\$954.67 (S.D. = 2560.19).

d. Concurrent clinical disorders or problems:

- 12.1% of Caritas clients and 6.1% of Tung Wah clients experienced anxiety.
- 12.1% of Caritas clients and 6.1% of Tung Wah clients experienced depression.
- 3.0% of Caritas clients and 12.2% of Tung Wah clients had suicidal tendencies.
- 6.1% of Caritas clients and 6.1% of Tung Wah clients experienced drink-related problems.
- None of the clients from either Centre reported a drug abuse problem.

e. Protective factors:

- 30.3% of Caritas clients and 34.7% of Tung Wah clients had some form of religious support.
- On the Relationship Concord Shortened Scale (scored 0-6 with 6 indicating the most positive qualities) (Man & Bond, 2005), the mean number of positive family qualities were 3.21 (S.D. = 2.47) for Caritas clients and 3.12 (S.D. = 1.84) for Tung Wah.
- On the Relationship Concord Shortened Scale, the mean number of positive qualities in friendship were 1.97 (S.D. = 1.96) for Caritas clients and 1.82 (S.D. = 1.78) for Tung Wah.
- On the Relationship Concord Shortened Scale, the mean number of positive qualities in work relationships were 0.88 (S.D. = 1.24) for Caritas clients and 1.12 (S.D. = 1.64) for Tung Wah.

f. Risk factors:

- 12.1% of Caritas clients and 22.4% of Tung Wah clients had no close friends.
- 24.2% of Caritas clients and 20.4% of Tung Wah clients had no hobbies.
- On the Relationship Concord Shortened Scale (scored 0-6 with 6 indicating the most negative qualities), Caritas and Tung Wah clients recorded 1.03 (S.D. = 1.61) and 0.65 (S.D. = 1.17) respectively mean number of negative family qualities.

- Jackson, A.C., Thomas, S.A., Thomason, N., Borrell, J., Crisp, B.R., Ho, W., Holt, T.A., & Smith, S. (2000). *Longitudinal evaluation of the effectiveness of problem gambling counseling services, Community education strategies and information products-Volume 2: Counseling intervention*. Melbourne: Victorian Department of Health.
- Ladouceur, R., Sevigny, S., Blaszczynski, A. P., O'Connor, K., & Lavoie, M. E. (2003). Video lottery: Winning expectancies and arousal. *Addiction*, *98*, 733-738.
- Ladouceur, R., Sylvain, C., Boutin, C., Lachance, S., Doucet, C., Leblond, J., Jacques, C. (2001). Cognitive treatment of pathological gambling. *Journal of Nervous and Mental Disease*, *189*, 773-780.
- Lesieur, H.R. and Blume, S.B. (1987). A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, *144*, 1184-1188.
- Lesieur, H. R., & Rosenthal, R. J. (1991). Pathological gambling: a review of the literature. (Prepared for the American Psychiatric Association Task Force on DSM-IV Committee on Disorders of Impulse Control Not Elsewhere Classified). *Journal of Gambling Studies*, *7*(1), 5-37.
- Makarchuk, K., Hodgins, D. C., & Peden, N. (2002). Development of a brief intervention for concerned significant others of problem gamblers. *Addictive Disorders and Their Treatment*, *1*, 126-134.
- Man, M. K. & Bond, M. H. (2005). A Lexically derived measure of relationship concord in Chinese culture. *Journal of Psychology in Chinese Societies*, *6*(1), 109-128.
- McConaghy, N., Blaszczynski, A. P., & Frankova, A. (1991). Comparisons of imaginal desensitization with other behavioral treatments of pathological gambling: A two – to nine-year follow-up. *British Journal of Psychiatry*, *159*, 390-393.
- Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: preparing people to change addictive behavior* (2nd ed.). New York: Guilford Press.
- Milton, S., Crino, R., Hunt, C., & Prosser, E. (2002). The effect of compliance-improving interventions on the cognitive-behavioral treatment of pathological gambling. *Journal of gambling studies*, *18*, 207-229.

- National Opinion Research Centre (1999). *Overview of the national survey and community data base research on gambling behavior: Report to the National Gambling Impact Study Commission*. Chicago, IL.: National Opinion Research Centre.
- Norusis, M.J. (1990). *SPSS/PC+Statistics 4.0 for the IBM PC/XT/AT and PS/2*. USA: SPSS Incorporation. b-187.
- Overall, J.E., and Klett, C.J. (1972). *Applied multivariate analysis*. New York: McGraw-Hill.
- Petry, N. (2002). Psychosocial Treatments for pathological gambling: current status and future directions. *Psychiatric Annals*, 32, 3, 192- 196.
- Raylu, N., & Oei, T.P.S. (2002). Pathological gambling: a comprehensive review. *Clinical Psychological Review*, 22, 1009-1061.
- Safran, D. G., Tarlov, A. R. & Rogers, W. H. (1994). Primary care performance in fee for service and prepaid health care systems. *Journal of the American Medical Association*, 271, 1579-1586.
- Social Sciences Research Centre, The University of Hong Kong. (2005). *Report on a Study of Hong Kong People's Participation in Gambling Activities*. Home Affairs Bureau, Government of the Hong Kong Special Administrative Region.
- Stichfield, R.D. (2002) Reliability, validity, and classification accuracy of the South Oaks Gambling Screen (SOGS). *Addictive Behaviors*, 27, 1- 19.
- Sylvain, C., Ladouceur, R. & Bosiver, J.-M. (1997). Cognitive and behavioral treatment of pathological gambling : A controlled study. *Journal of Consulting and Clinical Psychology*, 65, 727-732.
- Tepperman, J. H. (1985). The effectiveness of short-term group therapy upon pathological gambler and wife. *Journal of Gambling Behavior*, 1, 119-130.
- Toeneatto, T., & Ladouceur, R. (2003). Treatment of pathological gambling: a critical review of the literature. *Psychology of Addictive Behaviors*, 17(4), 284-292.
- Ware, J. E. J. (1997). *Health care outcomes from the patient's point of view*. In E.J. Mullen &

J. L. Magnabosco (Eds.), *Outcomes measurement in the human services: Cross-cutting issues and methods*. US: NASW Press.

Winters, K.C., Specker, S. and Stinchfield, R. (1997, June). Measuring DSM-IV: Symptoms for pathological gambling. Paper presented at the 10th International Conference on Gambling and Risk-taking, Montreal, Quebec, Canada.

Wong, I. L. K., & So, E. M. T. (2003). Prevalence estimates of problem and pathological gambling in Hong Kong. *American Journal of Psychiatry*, 160(7), 1353-1354.

Yates, B. (1996). *Analyzing costs, procedures, processes, and outcomes in human services*. US: Sage Publications, Inc.