

# **FINAL REPORT:**

## **Trial and Evaluation of Intervention with Informational Modules for Prison Inmates who have Gambling Problems ("Prison Project")**

**Report Prepared by:**  
Problem Gambling Foundation of New Zealand

**Project Funded by:**  
Problem Gambling Committee

**Final Report on the Trial and Evaluation of Intervention with Information Modules for  
Prison Inmates who have Gambling Problems  
("Prison Project")**

**Re: Contract between PROBLEM GAMBLING COMMITTEE and PROBLEM  
GAMBLING FOUNDATION OF NEW ZEALAND**

Project brief:

Recent research has shown a high rate of gambling problems among inmates in prison. Therefore, the Provider was contracted for the design and development of a programme to assist people and organisations who provide problem gambling counselling services, to provide effective help to prisoners and their families in reducing and minimising the harm from gambling problems.

Total budget: \$45,000

Report prepared by:

Dr Robert Brown (**Project Leader.** Director of Policy Studies and Forensic Research,  
Centre for Gambling Studies)

Dr Maria Bellringer (Research Fellow, Centre for Gambling Studies/Problem Gambling  
Foundation of NZ)

Dr Lynley McMillan (Clinical Researcher, Centre for Gambling Studies/Clinician, Problem  
Gambling Foundation of NZ)

Date: 20 November 2002

## Contents

Summary .....	<b>Error! Bookmark not defined.</b>
Introduction.....	<b>Error! Bookmark not defined.</b>
Rationale for this Project .....	<b>Error! Bookmark not defined.</b>
Goal.....	<b>Error! Bookmark not defined.</b>
Components .....	<b>Error! Bookmark not defined.</b>
Outcomes .....	<b>Error! Bookmark not defined.</b>
Project Team .....	<b>Error! Bookmark not defined.</b>
General comment .....	<b>Error! Bookmark not defined.</b>
Materials and Measures .....	<b>Error! Bookmark not defined.</b>
Programme Design.....	<b>Error! Bookmark not defined.</b>
Results.....	<b>Error! Bookmark not defined.</b>
Discussion and Conclusion .....	<b>Error! Bookmark not defined.</b>
Table 1 Inmate Feedback on Informational Sessions .....	<b>Error! Bookmark not defined.</b>
Appendix 1 Participant Feedback Questionnaire.....	<b>Error! Bookmark not defined.</b>
Appendix 2 ACRP Letter of Appreciation.....	<b>Error! Bookmark not defined.</b>

## **Summary**

There is increasing evidence that a substantial proportion of people serving prison sentences have gambling problems. Up to 15,000 people are imprisoned each year in New Zealand and 24% or more of these can be classified as problem gamblers. Previous research has indicated that a majority of these imprisoned problem gamblers wish to do something about their gambling. There exists an opportunity to intervene while these individuals are in prison and thereby help them address their gambling problem. Prison-based intervention services may also offer opportunities for inmates to break the re-offending cycle in cases where their gambling acts as a driver for their criminal behaviour.

This trial and evaluation of brief intervention for prison inmates with gambling problems utilised informational modules based upon motivational interviewing techniques to better inform inmates about gambling and to encourage those with gambling problems toward action that will contribute to minimising the harm associated with their gambling.

The approach developed by the combined Problem Gambling Foundation/Centre for Gambling Studies project team has been trialed successfully in two male prisons and one female prison. The results indicate that the project team has developed an effective working prototype for delivering a brief intervention on gambling to prison inmates that has generalisability across gender, public-private prison systems and length of incarceration. The resulting package has been shown to be a practical and extremely cost effective means for addressing the very high levels of gambling problems encountered in these prison populations.

## Introduction

The increasing numbers of people imprisoned for gambling-related crimes suggest there is an urgent need for remand and pre-trial screening and diversion programmes to be created for gamblers who come into contact with the criminal justice system (Lesieur, 1999). This appears to be spurred by the fact that illegal behaviours provide a means by which fiscally unsustainable gambling can be maintained (Lesieur, 1984). Specifically, gambling is likely to lead to criminal offending through one of at least three mechanisms.

Firstly, as gambling increases in severity, increasing amounts of money are required to achieve the desired level of excitement. Secondly, as losses grow beyond the capacity to pay, 'chasing' begins and pressure to offend (to finance the chasing) grows. Thirdly, gamblers often rely on family and personal loans to provide cashflow - as these creditors increase the pressure to repay and alternate sources of funding dwindle, crime provides an increasingly attractive alternative. Thus, this population is regarded as essentially non-violent, but turns to property crimes out of desperation over gambling losses and their sequelae (Rosenthal and Lorenz, 1992). Consequently, the most frequently committed offences are non-violent crimes against property such as burglary, theft, forgery, fraud and robbery (Brown *et al*, In Press; Abbott, McKenna and Giles, 2000; Blaszczyński, McConaghy and Frankova, 1989).

While figures vary, estimates suggest that up to 13% of gamblers serve prison terms for gambling-related crimes (Blaszczyński *et al*, 1989), and up to 26% of those already incarcerated for other reasons have concurrent pathological gambling problems (Walters, 1997). In particular, New Zealand data from as early as 1999 indicate that imprisoned males have higher rates of participation in high-risk gambling modes than the general population (Brown *et al*, In Press) as do male offenders serving community sentences (Brown *et al*, 1999). For problem gambling inmates, the reported average monthly expenditure before incarceration is six times that of men in the general population (Abbott *et al*, 2000) with some pathological gambling inmates reporting that all their gambling was done with stolen money or that they stole whenever they ran out of money for gambling (Brown *et al*, In Press). Approximately two-thirds of problem gamblers in that 1999 study (67%) acknowledged they had a gambling problem and a majority (54%) indicated they needed to do something about their gambling. Brown *et al* (In Press) point out that since more than 15,000 people are imprisoned each year, and of 24% or more who are problem gamblers, over half wish to do something about their gambling, an opportunity exists to intervene while these individuals are in prison and make a significant contribution to reducing recidivism.

Abbot *et al* (2000) confirm that almost one third of New Zealand male inmates experience significant gambling problems at some point in their lives and one quarter experience these difficulties at the time of imprisonment.

### Rationale for this Project

Research undertaken by the Problem Gambling Foundation of New Zealand (PGF) and the Gambling Studies Institute (Brown *et al*, 1999) with offenders serving community sentences showed that 26% of males serving periodic detention, community service and probation, had gambling problems. A further study in 1999

(Brown *et al*, In Press) of 116 inmates at Manawatu prison found 24-26% of convicted offenders (inmates) had gambling problems.

Thus, the data obtained from PGF/Gambling Studies Institute and other studies (eg, Abbott *et al*, 2000; Blaszczynski *et al*, 1989; Walters, 1997) indicate that about one quarter of offenders serving custodial and community sentences may have a gambling problem. This established the need for a gambling intervention for this population and led to the Problem Gambling Committee of New Zealand contracting PGF to undertake the present project.

Importantly, reports indicate that many of these people, once they stop gambling, are hard working, energetic, capable and achievement-oriented individuals, who may have substantial skills to offer society (Rosenthal and Lorenz, 1992). However, while the prevalence of pathological gambling in criminal populations appears to be two to four times the general population rate, prisons populations are generally underserved when it comes to effective interventions for gambling (Abbott *et al*, 2000; Walters, 1997). This is especially unfortunate, given the arguably large societal impact that these interventions might provide. Specifically, preventive therapies have the potential to yield significant ecological cost savings in terms of reduced re-imprisonment rates, reduced re-offending costs, and lessened social impact on families and victims of crime, in addition to increased community safety. Thus, there are strong incentives to design and deliver brief and efficacious harm-minimisation interventions and promote help-seeking behaviours to those within the prison system.

Ideally, these interventions should be tailored to a prison-based sample (i.e., take into account cultural diversity, reading difficulties, head injuries and substance abuse constraints), in addition to being brief, easy for non-experts to deliver, and promoting generalisation of help-seeking behaviours. Importantly, research indicates that approximately 40% of at-risk populations are in the *pre-contemplation stage of decision-making* (Prochaska and Velicer, 1997). This suggests a substantial proportion of inmates will be ambivalent about changing their gambling habit, and thus are at a particularly optimal stage for activating *cognitive dissonance*. These two concepts of stage-matched-decision making (which is based in transtheoretical theory) and cognitive dissonance (based in cognitive theory and motivational interviewing) form the basis of the theoretical rationale for this project.

Motivational interviewing is where therapists actively encourage cognitive dissonance by developing discrepancy between present behaviour and broader goals. Given the characteristic ebb and flow of gambling, motivational interviewing is central to working effectively with gambling issues (Miller and Rollnick, 1991). Furthermore, given that cognitive change is imperative in progressing people toward action about problem gambling (Sylvain, Ladouceur and Boisvert, 1997), it is wise for early interventions to target a hierarchy of common dysfunctional beliefs about gambling.

The most common irrational cognitions of poker machine gamblers include (a) the illusion of control (erroneous beliefs that random events can be controlled), (b) personification (attribution of human qualities, such as memory, to gambling devices), (c) gamblers fallacy (the erroneous belief that a series of losses indicate that a win is imminent), (d) confirmation bias (a better memory for wins than losses), (e) illusory correlation (a tendency to attribute wins to 'skill', or 'lucky' rituals (f) superstitious thinking (the belief in periodicity of luck), and (g) non-linear extrapolation (the belief that betting more when behind will produce or recoup lost money) (Delfabbro and Winefield, 2000; Hand, 1998; Toneatto, 1999). Thus, an intervention that gently

challenges these dysfunctional beliefs about gambling could be expected to produce a quantifiable change in inmate's motivation to seek help for gambling.

While data are still relatively scarce, initial indications suggest that brief interventions such as motivational interviewing, brief advice and self-help manuals may be efficacious for problem gambling (Petry and Armentano, 1999). For instance, Blaszczynski and colleagues (1991) reported that 14.2% of pathological gamblers who completed a brief behavioural intervention remained completely abstinent for an average of 5 years post-treatment. A further 14.4% were abstinent for the majority of the post-treatment period and 38% maintained controlled gambling, giving an overall success rate of 66% of the people followed up (Blaszczynski, McConaghy and Frankova, 1991). As Crisp *et al* (2001) argue, brief interventions are more attractive to many clients, with 68% of gambling clients reporting benefits from brief interventions. Furthermore, empirical data indicate that one-session, brief intervention can create the same success rate (64%) as 5 to 25-session treatment (Hand, 1998).

Findings from allied fields of addiction are encouraging, for example, Saunders (2002) reports that a Meta analysis of 36 Randomised Controlled Trials indicated that brief interventions resulted in statistically significant reductions in alcohol intake and alcohol-related problems of approximately 30% compared with control (no treatment) conditions. Effects lasted at least two years, and there is evidence that the more extended interventions lead to improved outcomes over several years. However, as noted in a recent Cochrane Review, there is a need for intervention to be explicitly described and tested for efficacy, rather than being 'exported' from allied fields and used in gambling therapy without prior validation (Oakely-Browne, Adams, and Mobberley, 2001).

Thus this project aimed to employ a programme evaluation epistemology that used combined qualitative-quantitative methods to ascertain inmates' satisfaction with, and responsiveness to, a brief intervention about gambling. The core objective was to raise cognitive dissonance between current and preferred behaviour states, and thus move people from pre-contemplation to contemplation using motivational interviewing techniques. The peripheral objective was to vicariously raise the level of gambling-related discussion within the prison through researchers' interactions with inmates and staff, in addition to the display of posters, flyers and brochures.

Following each presentation/facilitation of the educational programme, it was important to be able to provide support for those inmates who requested further contact, in terms of an ethical and supportive approach after issues had been raised or personal disclosures made. Some inmates may remain in prison for a substantial length of time and may not be able to easily access help outside the prison environment. Following discussions with the Programmes Officers at each of the prisons, it was agreed that the programme would consist of two sessions. The first was an educational/informational session and this was followed by a more in-depth discussion oriented/group counselling session for those requesting further contact. The second session was generally held within a week of the first session. If, after the second session, counselling was sought, the inmate was told to contact the Programmes Officer who could arrange for a PGF counsellor to visit the individual for face-to-face counselling.

Therefore the project comprised three specific goals:

- (1) To trial a helping intervention programme (in three prisons and with a minimum of 30 inmates in each prison) that assists inmates to minimise the harm from their gambling
- (2) To evaluate the effectiveness of the programme, by measuring changes in the likelihood of help-seeking behaviour changes
- (3) To provide further information/contact/help for those inmates who showed help-seeking behaviour changes

The intervention programme is intended to be a package that can readily be used by trained counsellors/service providers, and is intended to address the high levels of problem gambling amongst the criminal populations. The potential effectiveness of brief interventions offers the opportunity for PGF to provide brief interventions as part of an informational approach by developing a readily usable package. This will be beneficial and cost effective as part of PGF's expanding role into health promotion and education from the predominantly clinical approach.

- Abbott, M. W., McKenna, B. G., and Giles, L. C. (2000). Gambling and problem gambling among recently sentenced males in four New Zealand prisons. Report number five of the New Zealand Gaming Survey. Wellington: Department of Internal Affairs.
- Blaszczynski, A., McConaghy, N., and Frankova, A. (1989). Crime, antisocial personality and pathological gambling. *Journal of Gambling Studies*, 5 (2), 137-152.
- Blaszczynski, A., McConaghy, N., and Frankova, A., (1991). Control versus abstinence in the treatment of pathological gambling: A two to nine year follow-up. *British Journal of Addiction* 86, 299-306.
- Brown, R., Adams, P., Rossen, F. and Gerdelan, R. (1999) Pathological Gambling Among Individuals Serving Community Corrections Sentences. Auckland: New Zealand Compulsive Gambling Society.
- Brown, R., Adams, P., Sullivan, S., Skinner, B. and Gerdelan, R. (In Press) Pathological Gambling Among New Zealand Prison Inmates
- Crisp, B. R., Jackson, A. C., Thomason, S. A., Smith, S., Borrell, J., Ho, W. and Holt, T. (2001) Is more better? The relationship between outcomes achieved by problem gamblers and the number of counselling sessions attended, *Australian Social Work*, 54 (3), 83-92
- Delfabbro, P. H., and Winefield, A. H. (2000). Predictors of irrational thinking in regular slot machine gamblers. *Journal of Psychology* 134 (2), 117-128. [Abstract]. PubMed PMID: 10766103: <http://www.ncbi.nlm.gov/entrez/query>
- Hand, I. (1998). Pathological gambling: A negative state model and its implications for behavioural treatment. *CNS Spectrums*, 3 (6), 58-71
- Lesieur, H. R. (1999). Policy implications and social costs of gambling. In P. J. Adams and B. Bayly. (Eds). *Problem Gambling and Mental Health in New Zealand: Selected Proceedings of the National Conference on Gambling 1999*. Auckland: Compulsive Gambling Society of New Zealand, 1999.
- Lesieur, H. R. (1984). *The chase: Career of the compulsive gambler*. Cambridge, MA: Schenkman.
- Miller, W. R, and Rollnick, S. (1991). *Motivational Interviewing*. Guilford Publications: US.
- Oakley-Browne, M. A., Adams, P., and Mobberley, P. M. (2001). Intervention for pathological gambling (Cochrane Review). In: The Cochrane Library, Issue 1, 2001. Oxford: Update Software.
- Petry, N. M., and Armentano, C. (1999). Prevalence, assessment and treatment of pathological gambling: A review. *Psychiatric Services* 50 (8), 1021-1027.
- Prochaska, J. O. and Velicer, W. F. (1997b). The transtheoretical model of health behaviour change. *The American Journal of Health Promotion*, 12 (1), 38-48.

- Rosenthal, R. J., and Lorenz, V. C. (1992). The pathological gambler as criminal offender. Comments of evaluation and treatment. *Psychiatric Clinics of North America*, 15 (3), 647-660. NOTE: ABSTRACT ONLY)
- Saunders, J. (2002) The short and long term effectiveness of brief interventions for hazardous alcohol use. Cutting Edge 2002: An annual treatment conference on alcohol, drug and addictive disorders, Nelson, New Zealand.
- Sylvain, C., Ladouceur, R., and Boisvert, J. M. (1997). Cognitive and behavioural treatment of pathological gambling: A controlled study. *Journal of Consulting and Clinical Psychology* 65 (5), 727-732.
- Toneatto, T. (1999). Cognitive psychopathology of problem gambling, *Substance Use and Misuse* 34 (11), 1593-1604.
- Walters, G. D. (1997). Problem Gambling in a Federal Prison Population: Results from the South Oaks Gambling Screen. *Journal of Gambling Studies*, 13 (1), 7-24.

## **Goal**

Quoted from the contract dated 17 December 2001:

### **5.1 Project**

- 5.1.1. Recent research has shown a high rate of gambling problems among inmates in prison. The aim of this project is to design and develop a programme to assist people and organisations contracted by the Purchaser to provide problem gambling counselling services to provide effective help to prisoners and their families in reducing and minimising the harm from gambling problems.

## **Components**

Quoted from the contract dated 17 December 2001:

### **5.2 Components**

- 5.2.1. The Prison Project will occur with the agreement of, and in conjunction with, the Corrections Department.
- 5.2.2. All relevant specialist problem gambling services including existing Maori providers will be kept informed regarding this Project and may use some of the same screening and other instruments in related research. The conclusions of the study will be considered together with these agencies in order to formulate a national approach to the screening and help for inmates with gambling problems.
- 5.2.3. The research will involve a Pilot Study at Mt Eden Prison Auckland and the design and development of a programme of helping interventions to inmates together with an evaluation of the effects of that intervention.
- 5.2.4. The pilot study and follow up studies will be designed to take account of the ethnic composition of prison inmates.
- 5.2.5. Following the pilot study and the design of an information/education programme, this programme may be implemented as phase two of this project with 90 inmates, 30 each in Mt Eden, Waikeria and Rolleston Prisons providing the Purchaser agrees to purchase phase two of this Project.
- 5.2.6. The impact of the programme will be analysed and evaluated to assess the inmate uptake of information, participation and completion of the programme and, as far as is possible, help seeking behaviour for gambling problems on discharge.

## Outcomes

Quoted from the contract dated 17 December 2001:

### 5.3 Outcome

5.3.1. The overall outcomes intended to be achieved by the Prison Inmates Project are:

- 5.3.1.1. A working relationship will have been established with the Corrections Department allowing the Provider to offer programmes in prisons for inmates screened as having gambling problems.
- 5.3.1.2. A written information/therapeutic programme on problem gambling issues for prison inmates will have been developed, piloted and evaluated in one prison.
- 5.3.1.3. The programme will be adjusted to take account of the evaluation and re-written for trialing in three prisons.
- 5.3.1.4. The amended programme will be trialed in three prisons with a minimum of 90 male prisoners.
- 5.3.1.5. The model will have been evaluated as to effectiveness and recommendations will be made on the future implementation of such models.
- 5.3.1.6. The results of the Project will be discussed with other specialist providers of services for inmates with gambling problems and a national approach to providing help to inmates with gambling problems will be described in a written report.

## **Project Team**

A project team from the Problem Gambling Foundation of New Zealand (PGF) and the Centre for Gambling Studies (CGS) conducted the Prison Project.

### **Dr Robert Brown**

Dr Robert Brown is Deputy Chairman of PGF and is Director of Policy Studies and Forensic Research at CGS. He is an Honorary Research Fellow within the Discipline of Applied Behavioural Science at the University of Auckland, and a member of the Alcoholic Liquor Advisory Council. He has a Diploma in Clinical Psychology and has worked as a clinical psychologist in psychiatric hospitals, prisons and private practice. He completed his Ph.D. in stimulus control of drinking behaviour and established the first educational courses in responsible drinking in New Zealand. He has a Master of Public Policy from Victoria University of Wellington and has provided policy advice to several New Zealand Government Departments including the Ministry of Justice, the Department of Justice and the Department for Courts. Robert was the Project Leader and had overall responsibility for the successful implementation of the project.

### **Dr Maria Bellringer**

Dr Maria Bellringer is a Research Fellow at PGF and CGS. She emigrated from England at the end of 2001 and has a Ph.D. in biochemistry followed by 13 years as a toxicologist with managerial training and project management, evaluation and reporting experience. She also has an advanced certificate in person-centred counselling and has worked as a volunteer counsellor for young people. She is currently studying for a post-graduate certificate in health sciences (mental health) at the University of Auckland. Maria provided development, monitoring and support services for the project, including evaluation and reporting of the project, as required.

### **Dr Lynley McMillan**

Dr Lynley McMillan is a clinician at PGF and a researcher at CGS. She has recently completed her Ph.D., holds a Masters degree (psychology) and is currently completing her post-graduate diploma (clinical psychology). She has published several papers and a book chapter on workaholism, spoken at local and overseas conferences, and is active within the Institute of Clinical Psychologists. Lynley previously worked as a business consultant and held directorships of two small financial services companies, in addition to community roles including drug, alcohol and domestic violence work. She aims to maintain research alongside clinical practice, with a focus on gambling treatment outcomes, workaholism, and women's diverse experiences of gambling recovery. Lynley provided development, monitoring and support services for the project, including evaluation and reporting of the project, as required.

### **Mr Robert Steenhuisen**

Mr Robert Steenhuisen worked as the general manager of PGF during the period of this project. He has a Degree in Social Work from the Academie voor Sociale en Culturele Arbeid in Groningen, The Netherlands, a Diploma in Business Studies from the University of Auckland and is currently completing a Masters degree in Health Science. He has a long history in organisational management and clinical management of mental health disorders. He previously worked in institutional settings

and for this project co-designed the programme and facilitated the group interactions with the group members.

## **General comment**

An interactive educational intervention programme that assists prison inmates to minimise the harm from their gambling was designed and developed by PGF using an iterative process. That process and the evaluation of results have been previously documented in the Interim Report of the Prison Project dated 10 September 2002, and issued to the Problem Gambling Committee.

The programme has been trialed in three Auckland prisons with the outcomes of these trials discussed within this report. The prisons involved were Auckland Central Remand Prison (ACRP), Mt Eden Men's Prison and Mt Eden Women's Prison. ACRP and Mt Eden Women's Prison differ from those detailed within the contract, i.e. Waikeria and Rolleston Prisons. The reason for this deviation was the difficulty in establishing regular access to prison inmates. However, it is considered that the alternative prisons involved, i.e. ACRP and Mt Eden Women's Prison actually provide for a more robust evaluation of the programme.

ACRP is a privately managed men's remand prison, under contract to the Department of Corrections, servicing most of the upper North Island. Therefore, its population is continually changing and the educational gambling programme effectively reaches a greater proportion of the North Island inmate population, i.e. as those on remand are sentenced they could be sent to any number of prisons in the North Island. Additionally, by also presenting the programme in a women's prison, both sexes can benefit from the experience. Research has shown that approximately 45% of women inmates have experienced significant gambling problems at some stage in their lives and 37% had such problems at the time of their imprisonment (Abbott and McKenna, 2000). It is considered that by targeting these three prisons (ACRP, Mt Eden Men's and Mt Eden Women's), that PGF can effectively offer brief intervention/gambling information to between 30-50% of all offenders entering the New Zealand prison system. This would be a very cost-effective means of providing this service to prison inmates and to those offenders who are held on remand and subsequently not sentenced to imprisonment.

Abbott, M. W. and McKenna, B. G. (2000) *Gambling and Problem Gambling Among Recently Sentenced Women Prisoners in New Zealand. Report Number Four of the New Zealand Gaming Survey.* The Department of Internal Affairs, Wellington.

## **Materials and Measures**

The presentations were conducted at Auckland Central Remand Prison, Mt Eden Men's Prison and Mt Eden Women's Prison with the full agreement and co-operation of the authorities in charge of each institution. At each prison, close liaison was established and then maintained with the respective Education Programmes Officers. The presentations were conducted between June and September 2002.

### ***Materials***

The presentation process required the following materials: Overhead projector, up to 22 visual stimuli (coloured overhead transparencies covering three general themes: modes of gambling, the gambling continuum and the impact of gambling), and up to 55 brochures (colour pamphlets concerning the impact of gambling and how to seek help, in a variety of languages).

An overhead projector presentation is suitable for the prison environment as it is easily portable and the overhead transparencies actually shown can be chosen dependent on the group dynamics within any particular session.

The overhead transparencies were mainly pictorial to stimulate participatory discussions between the inmates and the facilitator/s. The pictures depicted various forms of gambling to stimulate discussions in the following areas: luck versus skill and games of chance, chasing losses, winnings are always someone else's losses, the gaming owners are always the true "winners", and the concept of the "hold" for EGMs. Two textual transparencies were also available to be used; these detailed legal ages for gambling and the gambling continuum from social through to problem gambling. The actual transparencies shown during each presentation depended on the dynamics of each participatory group and related to the areas of discussion for each group. The pictorial transparencies were "old" in that they depicted gambling from the 1960's/1970's; they also mainly depicted European cultures. These factors were considered to make the transparencies less threatening to participants, in that they did not represent the potential current situations experienced by the inmates; i.e. the inmates could to some extent distance themselves from the pictures being shown. This was important, as the sessions were informational rather than counselling oriented.

The brochures available for the inmates at the end of each informational session were specific PGF resources. They consisted of: Maori pocket cards and pamphlets, family pamphlets, Chinese and Korean pamphlets, and Pacific Island pamphlets (Cook Island Maori, Fijian and Tongan). At Mt Eden Women's Prison, women's pamphlets were also included.

Biscuits were also taken for the inmates. These were available during the time allowed for completion of the written questionnaires. This was acceptable to the prison authorities.



## ***Measures***

The programme design was required to take account of the organisational constraints of the contexts in which it was delivered. Specifically, the programme was required to be a) approximately 60 minutes long, b) administered without collecting direct demographic data concerning ethnicity, and c) educational as opposed to group-therapy. Furthermore, given the unique characteristics of prison inmates (e.g., language difficulties, head injuries, illiteracy, concentration difficulties, drug and alcohol withdrawal), the programme also needed to be delivered in readily accessible language, interactive, non-culture specific, and entertaining. Thus, brevity and simplicity were key drivers in the project design. The following measures were employed:

Gambling Behaviour. Gambling behaviour was measured with two measures: the Eight Screen, and a brief one-item measure. The Eight Screen is a New Zealand developed measure that screens for gambling problems. The Eight Screen is one of the most widely used screens in New Zealand, and has empirical support for use in Pacific Island and Maori ethnic groups (Sullivan, 1999). These factors are especially important in New Zealand-based projects, as the population comprises a diverse mix of cultures, among which Pacific Island and Maori groups are over-represented in gambling statistics (Sullivan, 1999). The scale was originally validated across three separate samples (241 male medical patients, 829 mixed-gender medical patients and 244 clients of a gambling treatment centre; Sullivan, 1999). Whilst the screen is not diagnostic, the scale employs an arbitrary cut-off score of four or more to indicate the likely presence of problem gambling.

The Eight Screen consists of eight questions that tap emotional, cognitive, behavioural, family and financial dimensions of gambling using a forced-choice (yes/no) response scale. Typical items relate to feeling guilty or anxious after gambling and having the urge to chase losses after gambling, and relate closely to the DSM-IV criteria for pathological gambling and the South Oaks Gambling Screen (Sullivan, 1999). The Eight Screen has previously been validated for use in the New Zealand prison setting (Sullivan *et al*, 2000). Responses were summed, and an overall mean score calculated, where high scores indicated probable gambling problems. The alpha coefficient across all trials was .86, and Guttman Split Half reliability was .83. The mean score was 5.25 ( $SD = 2.68$ ) and the median score was 6.00. The scales demonstrated a negative distribution ( $skew = -.54$ ,  $w = .86$ ,  $p = .00$ ). Obtained scores covered the entire theoretical range (0-8), as demonstrated in Figure 1.

### **Figure 1**

In addition, one forced choice (yes/no) question was asked (“Do you gamble?”) to determine what percentage of the participants the programme potentially applied to. This was inserted after the ‘age’ question (i.e., second item in the questionnaire) and used primarily as an orienting stimulus, so that people who had difficulty with literacy were able to respond to at least two questions and were therefore not embarrassed in front of other inmates. Responses to this item had a theoretical range of 0 to 1 (i.e, yes/no) and a mean score of .82 ( $SD = .39$ ). However, there were cultural difficulties with this item, which are outlined in the results section.

Face validity of the programme. Two qualitative questions were used to evaluate the programme across the following variables: usefulness and suggested improvements. The questions were: “What was the most useful thing today?” and “What could we do differently?”

Help-Seeking Behaviour. Help-seeking behaviour was measured in three ways; requests for further contact, increases in cognitive dissonance and brochure uptake.

At the conclusion of each session, participants were offered optional further contact on a confidential, voluntary basis if they required it. Participants responded to this by placing their name on a tear-off slip at the bottom of the questionnaire if they so required. Affirmative answers were counted as an additional measure of help-seeking behaviour.

Increases in cognitive dissonance were used to indicate potential help-seeking behaviour. Two items were written specifically for this purpose. The first item was “Yesterday, how likely were you to ask for help about your gambling?” The second item was “Today, how likely are you to seek help about your gambling?” Responses were scored using a 3-point Likert scale, ranging from 0 (not likely) to 2 (likely). Scores on the first item were then subtracted from the second item, to provide an overall index of increase in help-seeking behaviour that ranged from -2 to +2, where high positive scores indicated an increased propensity to seek help. The mean score used was .16 ( $SD = .91$ ) and the modal score was .00. The scales demonstrated a positive distribution ( $skew = -.33$ ,  $w = .83$ ,  $p = .00$ ). Obtained scores (-2 to +2) covered the whole theoretical range (-2 to +2).

Finally, the percentage of brochure uptake at each prison in the 5 minutes after each presentation was also calculated and used to indicate increases in help-seeking behaviour.

Participants. The data relate to 96 participants (67% male, 33% female) from the three prisons (32 participants at each prison). While data on ethnicity were unable to be collected due to prison constraints, observational data suggested that the majority of participants appeared to be of Maori/Pacific Island origin. Prison staff indicated that the inmates were from mainstream or segregation wings. The mean age of the participants was 33.1 years ( $SD = 10.5$ ,  $range = 18-71$ ), the median age was 32 and the modal age was 21 years ( $skew = .94$ ,  $w = .93$ ,  $p = .00$ ). See Figure 2.

## Figure 2

The measures were collected on a feedback questionnaire, which the participants voluntarily completed at the end of each informational session (see Appendix 1).

Sullivan, S. (1999) Development of the GP "Eight" problem gambling screen. Thesis for Ph.D. Auckland. Department of General Practice and Primary Health Care.  
Sullivan, S., Brown, R., Adams, P., Skinner, B. and Gerdelan, R. (2000) Development of a Problem Gambling Screen for use in a New Zealand Prison inmate Population (In Press).

## **Programme Design**

The intervention programme was designed to be an informational session of up to one hour duration and to be highly engaging for the inmates (maximum of 15 inmates in each group). It was also designed to have a main presenter/facilitator with at least one co-facilitator/evaluator. This helped to reduce the barriers between “outsiders” and inmates, and provided support for the main presenter/facilitator if the group was non-responsive or disruptive. The informational session was followed by a further one-hour session, approximately one week later, for those inmates requesting further contact/help. That was designed to be more in-depth and discussion oriented/group counselling, re-iterating key points from the first session but also focusing on inmate’s own experiences and reflections. The second, in-depth, sessions were not evaluated and have not been reported further. If further contact/help was subsequently required, inmates were encouraged to speak to their Programmes Officer who arranged for individual counselling with PGF counsellors.

All inmate participants in the programme were self-selected on a voluntary basis following prison-produced flyers posted on inmate noticeboards in addition to word-of-mouth advocacy from prison staff and later, from previous participants. The presentations were regularly scheduled so that, where possible, they were generally held at the same time of day and on the same day of the week for each prison, so that the prison culture began to include an awareness of the regular educational sessions about gambling-related issues.

### ***Rationale***

To increase awareness of gambling-related issues, the chances of winning, and an insight into the functionality of various forms of gambling; to inform regarding the consequences of gambling to society, to individuals and their families; to increase awareness of signs of problem gambling; advise regarding safe gambling; to normalise help-seeking behaviour and increase awareness of help available.

### ***Desired Outcomes***

Active audience participation, raise knowledge and awareness of impacts of gambling; completion of evaluation questionnaire; encourage help-seeking behaviour, where appropriate; establish contact with relevant helping service. Move participants (where appropriate) from the pre-contemplation stage to the contemplation stage of Prochaska and DiClemente’s readiness to change model.

### ***Presentation***

A facilitated interactive group, which included the use of motivational interviewing techniques. Presentation should last up to one hour (dependent on participant interaction and attentiveness) consisting of a variety of pictorial overhead transparencies depicting various forms/issues relating to gambling. The overhead transparencies were a starting point for discussion of various key tenets such as:

- How EGMs function (including the owners “hold”). This facilitated discussion about who really benefits from gambling.

- The differences between games of skill and games of chance. This is an opportunity to shift perspectives to a more realistic perception of the nature of gambling.
- The odds of winning. This is an opportunity to shift perceptions about the chances of winning. The fact that all winnings are someone else's *losses* can be stressed at this point.
- What happens to a person when the fun stops and gambling starts to become a problem, and chasing losses. The costs (financial, emotional and physical) to the person and their friends and family can be discussed at this stage.
- How to gamble safely, and how to seek help. Allowed participants to think about how they could make their gambling safer, provided alternative ideas for further reflection, and informed regarding the help currently available to those worried about their gambling.

### ***Evaluation***

A feedback questionnaire for participants to complete provided useful feedback on the appropriateness and effectiveness of the sessions as well as indicating the level of problem gambling within the prison community.

## Results

Over the period June to August 2002, four informational sessions were held at Auckland Central Remand Prison with a total of 32 new participants. All informational sessions were presented and facilitated by Robert Steenhuisen with at least two of the following people acting as observers/evaluators and co-facilitators: Dr Robert Brown, Dr Lynley McMillan, Dr Maria Bellringer, Kirsty Stenhouse (PGF counsellor).

Over the period July to September 2002, five informational sessions were held at both Mt Eden Men's and Mt Eden Women's Prisons with a total of 32 new participants at each. All informational sessions were presented and facilitated by Robert Steenhuisen, except for the fifth session at the women's prison which was presented and facilitated by Kirsty Stenhouse. Four of the sessions at both prisons had at least one of the following people acting as an observer/evaluator and co-facilitator: Dr Lynley McMillan, Dr Maria Bellringer, Dr Robert Brown. The fourth session at the men's prison had no observer/evaluator/co-facilitator as there were only two inmates present and the fifth session at the women's prison had the following people as observers/evaluators and co-facilitators: Dr Robert Brown, Robert Steenhuisen, Paul Langdon (PGF counsellor).

### *Quantitative Data*

The data were treated in the following manner. On occasions where participants returned for more than one informational session, data were not re-collected from those participants. In addition, given that many of the scales were not normally distributed, non-parametric analyses were used and a p level of .05 was adopted.

### *Gambling Behaviour*

Scores on the eight screen were relatively consistent across the three prisons; ACRP (A) had the highest mean at 5.47 ( $SD = 2.83$ ), Mt Eden Men's Prison (B) had a mean of 5.11 ( $SD = 3.04$ ) and Mt Eden Women's Prison (C) had a mean of 5.17 ( $SD = 2.20$ ).

The responses to the "Do you gamble" question were largely unable to be analysed due to response bias. The participants verbally informed the project team that although they were "not allowed" to gamble in prison, many of them in fact did. Thus, some apparently answered "no" (even though they gambled both in prison and in the community before coming to prison) because they were afraid of recriminations from prison staff if they disclosed this forbidden behaviour. Thus, this item was retained as an orienting stimulus for the reason outlined in the method section, but the data were not analysed due to the demand characteristics of the prison environment contaminating the reliability of the responses.

### Help-Seeking Behaviour

Requests for further contact (see Text Table A)

Help-seeking behaviour was measured by asking participants whether they desired further contact. In total, 67 of the 95 participants requested further contact ( $M = .71$ ,  $SD = .46$ ). This represented a substantial proportion (68 %) of the sample. As outlined in Text Table A, the numbers of people wanting contact was evenly distributed throughout the prisons, indicating that the programme had a similar impact across gender and across length of imprisonment (i.e., remand versus long term). Specifically, requests for further contact related positively and significantly with Eight-Screen Scores ( $r_s = .30$ ,  $p = .00$ ). However, requesting further contact did not correlate significantly with motivational shift ( $r_s = .08$ ,  $p = .49$ ).

Text Table A. Requests for Further Contact

	No	Yes	Total
Prison A	10	22	32
Prison B	9	22	31
Prison C	9	23	32
<b>Total</b>	<b>28</b>	<b>67</b>	<b>95</b>

### Increases in Cognitive Dissonance (see Text Table B)

Increases in cognitive dissonance were also used to indicate potential help-seeking behaviour, the results of which are summarised in Text Table B. Specifically, 7% of participants indicated they were unlikely to seek help before attending the programme and likely to seek help as a result of attending the presentation. A further 22% indicated they were previously neutral about help-seeking, but likely to seek help after the programme. Thus, almost one third indicated the programme had impacted on their motivation. In addition, 58% indicated they had not experienced a change in dissonance. However, 13% indicated they were less likely to seek help after attending the programme. The possible reasons for this are outlined in the Discussion and Conclusion section. Of interest is that proportionally higher numbers of the female inmates (Prison C) reported increases in cognitive dissonance (40%) than did the male inmates (23% and 24% in Prisons A and B, respectively).

Text Table B. Increases in Cognitive Dissonance

	2	1	0	-1	-2	Total
Prison A	4	3	18	2	3	30
Prison B	1	5	16	2	1	25
Prison C	1	11	15	1	2	30
Total	6	19	49	5	6	85
<b>Percentage of Total</b>	<b>7%</b>	<b>22%</b>	<b>58%</b>	<b>6%</b>	<b>7%</b>	<b>100%</b>

### Brochure Uptake (see Text Table C)

There was a 24% (137/577) total uptake of the brochures by the inmates from the three prisons. These included a range of each available type of pamphlet/card. The uptake was not uniform across sessions. In error, a record was not maintained of the brochures collected after the first session at Mt Eden women's prison.



Text Table C. Brochure Uptake

	<b>Total number of brochures taken</b>	<b>Total % uptake of brochures</b>
Prison A	37/176	21
Prison B	39/207	19
Prison C	61/194	31
<b>Total</b>	<b>137/577</b>	<b>24</b>

### *Qualitative Data*

Inmate feedback on informational sessions has been tabulated and presented in Table 1.

Comments on the feedback forms completed at the end of each presentation at ACRP (A), Mt Eden Men's Prison (B) and Mt Eden Women's Prison (C) indicated that the inmates found the following to be useful:

- \* Talking/listening within a group about gambling (A=25%, B=34%, C=28%#)
- \* Learning about the negative aspects of gambling/gaining a greater understanding about gambling (A=19%, B=25%, C=31)
- \* Feeling helped with their gambling problem/becoming aware that help is available (A=19%)
- \* Learning about the odds of losing/winning (A=6%)
- \* Learning how to identify when gambling can become a problem/acknowledging that gambling can be a problem (A=6%, C=6%)
- \* Learning about the gambling industry's role (B=9%, C=6%)
- \* Learning about how EGMs work (B=3%, C=3%)
- \* Statistics (B=3%)
- \* Learning the difference between skill versus chance (B=3%, C=13%#)

# Percentages include two people who detailed two useful concepts each.

Suggestions for improvements to the presentation included:

- \* Provide help and support for inmates with gambling problems (A=6%, C=9%)
- \* Provide more information (eg statistics)/make session more relevant (C=9%)
- \* Show a video related to the presentation (A=3%)
- \* Make programme more widely available including in schools (A=3%)

There were no suggestions for improvements to the presentation from inmates at Mt Eden Men's Prison.

### ***General observations***

Observations made by the project team indicated the following:

- \* There was no real difference between mainstream groups and segregation groups of attendees, though the segregation groups were occasionally quieter in terms of participation in discussions. The women were generally more interactive as groups than the men. Groups at Mt Eden Men's Prison were sometimes more subdued than at ACRP. This could have been due to the environment at the former prison where there were many concurrent distractions in terms of guards present and moving around, background conversations of guards and other noises from telephones, loud speakers and jangling of guards' keys.
- \* Discussions on EGMs sparked much interest in terms of the operators' "hold" and in terms of the randomness of payouts. A common fallacy was that machines would not payout a jackpot if one had just been paid, and that operators filled the machines with cash at the end of the day.
- \* One group of women commented on the "old" overhead transparencies and queried why more modern (and thus more relevant) transparencies were not utilised.

### ***Prison feedback***

Evidence of the success of the programme has been demonstrated in the letter of appreciation from the Education Programmes Officer of ACRP, who requested a continuation of the programme subsequent to the ending of the project. A copy of the letter is appended as Appendix 2.

## **Discussion and Conclusion**

The aim of this project was to design, develop and trial (in three prisons) an educational programme on gambling issues for prison inmates.

An interactive educational intervention programme that assists prison inmates to minimise the harm from their gambling was designed and developed by PGF using an iterative process. That process and the evaluation of results have been previously documented in the Interim Report of the Prison Project dated 10 September 2002, and issued to the Problem Gambling Committee.

In order to trial the programme, working relationships were established between PGF and the Education Programmes Officers of Auckland Central Remand Prison (ACRP), Mt Eden Men's Prison and Mt Eden Women's Prison. The programme was run between June and September 2002. The lengthy period of time required to conduct the programme was mainly due to organisational constraints within the prison system. The project team could only provide the presentations if there were sufficient guards available to escort the team to the classroom and to escort inmates to and from their cells. This was not always possible due to staffing issues or other prison related activities. Occasionally, the classrooms were not available on the designated days for the presentations due to use for other prison activities. Sometimes the inmates did not attend the presentations because they were not allowed to (e.g., due to bad behaviour) or because they chose to attend another activity instead, such as working out at the gymnasium. Additionally the second, follow-up in-depth discussion oriented/group counselling sessions also had to be scheduled for those inmates requesting further contact.

The programme consisted of a 60 minute (maximum) interactive presentation (inmate participation and to some extent inmate-led) followed by participant completion of a brief questionnaire that tested for gambling behaviour, face validity of the programme and help-seeking behaviour. It was trialed with 32 inmates in each prison and the results have been summarised in the previous section. However, there are some specific aspects of the results which merit further and more focused discussion.

Firstly, trends in the data indicated some unexpected responses to the question "Do you gamble?" It appears these responses may have been biased by situational demand characteristics. This yes/no question was originally included as a 'cue' to orient participants at the beginning of the questionnaire and focus their attention by providing a simple question that required a relatively 'automatic' and non-demanding response. However, the question appears to have inadvertently become a confound. Specifically, during the design process, the project team had not realised that gambling occurred (despite prison mandates that it should not) in the prison system in an informal manner. It appeared that the inmates bet against each other for chocolate bars, biscuits and other small treats for social entertainment and to pass the time. When presented with the question "Do you gamble?" they were conflicted because to answer 'yes' would potentially jeopardise them, but to answer 'no' would be untruthful. The question also appeared too vague, as some people requested clarification about whether it referred to gambling before (or after) they arrived at prison. Therefore, we elected to consider the responses to this question as invalid as it

would have been clearly misleading and potentially unethical to perform inferential statistical analyses on this aspect of the data.

Secondly, the finding that 13% of participants indicated they were less likely to seek help as a result of the programme is potentially ambiguous. Responses to this question may have occurred for either positive or negative reasons. Specifically, it is feasible that (a) the programme did not impact on their motivation, or (b) they felt the programme itself had provided adequate help and they no longer required input as a result. The difficulty interpreting these data directly reflects the constraints of having to (a) keep the wording simple to cater for literacy, mental health and cultural-language difficulties, (b) to keep timing brief to cater for prison requirements and concentration spans, and (c) our contracting agreement with the prison that we would research the programme, not prisoners' gambling behaviour. It is also possible that the number of people wanting further contact represented the demand characteristic that attending a programme is potentially more stimulating than remaining in a cell. Thus, further interpretations of this finding are unwarranted until further replications are conducted, preferably with expanded qualitative data. Clearly, future work in this area may need to be more specific.

The change in the methodology after the first (design) phase of the project (where the necessity for prison staff to screen inmates with the SOGS measure was removed in favour of asking participants to self select on the basis of posters in the prison environment) appears to have been well justified. Specifically, 94% of the participants had Eight-Screen scores of 4 or higher, which indicated that they were likely to have gambling problems. Thus problem gamblers could be recruited without having to facilitate labour-intensive SOGS screening of all inmates first. Importantly, compared to the previous data which indicated approximately 26% of inmates have gambling problems, 94% of participants in this programme reported some level of problems. Thus, our sample was adequately targeted for the intervention we conducted and showed that inmates with gambling problems are receptive to attending such a programme. The fact that several inmates attended more than one session also showed their willingness and interest in participating in an interactively designed gambling educational programme. This group of people would be more difficult to systematically target outside the prison system, thus this programme design is particularly effective in providing brief intervention to the prison population group. Furthermore, while there was not a high uptake of brochures, (in fact it appeared relatively random from presentation to presentation), the project still injected 137 psycho-educational brochures into the prison system. This represents a substantial amount of gambling-related literature in the prisons system as a direct result of the project.

Inmate feedback on the presentations indicated that there were a few key points considered to be of particular usefulness. There was some variation between the three prisons but generally the main points of usefulness appeared to be the opportunity for the inmates to be in a group where gambling was discussed and also to be able to discuss the negative aspects of gambling and to gain a greater understanding about gambling. Interestingly, 29% of inmates indicated that the most useful aspect of the programme was having the opportunity to interact in a group to discuss gambling. Thus the group format appears to be particularly appropriate for this population, and is arguably considerably more cost effective than individual therapy. In the long run it is hoped that this will make an important impact on the gambling behaviour of

inmates when they re-enter the community. It was also interesting to note that learning the difference between games of skill versus games of chance was relatively unimportant for the male inmates but was substantially more important to the female inmates (13% of women commented on this point versus 0% and 3% of men at the two male prisons). This may reflect a gender difference between preferred modes of gambling and is an aspect that could be further investigated in subsequent projects. Overall the project has yielded an effective working prototype for delivering a brief intervention on gambling to prison inmates, and appears to have generalisability across gender, public-private prison systems and length of incarceration. Recommendations for future implementations of this programme include removing (or, at least, modifying) the 'do you gamble' and cognitive dissonance questions, as they appear to have yielded some potentially invalid responses. Public feedback on this will be garnered when the programme is presented at the Problem Gambling Committee's conference on gambling to be held in Auckland in 2003. This public presentation will also enable the development of a national approach to providing help for inmates with gambling problems and informing other service providers about the outcome and applicability of the project. It could also allow discussion regarding the development of self-help manuals for prison inmates as a useful addition to the programme package. In the interim, the programme is being tested for generalisability across cities and presenters via roll-outs with Ann McMurray (regional manager, Problem Gambling Foundation) in the Wellington region. There is also potential transferability of the present programme to alcohol and drug clinics, and to residential settings. However, it is important to note this programme will require extensive consultation with iwi and hapu to ensure/establish appropriateness for Maori. Likewise, consultation with Pacific Island and Asian people is a prerequisite for establishing generalisability to these populations.

Subsequently, PGF considers that a national approach to providing help for inmates with gambling problems could be undertaken with teams of personnel consisting of, at a minimum, one clinician and one other (e.g., community development or health promotion worker). This innovative approach would be cost-effective to funders as potentially a huge population can be reached through the means of a simple short presentation once a week (per institution) with a follow-up more in-depth discussion group, and subsequent personal counselling, if required.

### **Conclusion**

The present series of projects and studies constitutes a substantial piece of work that has fulfilled its goals and, most importantly, created an easily adopted brief intervention programme to assist inmates to consider their current gambling and a platform for accessing help. It is a very cost-effective means of targeting a brief gambling intervention at a large proportion of the prison population, which would otherwise probably not be reached.

**Table 1**  
**Inmate Feedback on Informational Sessions**

	<b>ACRP (%)</b>	<b>Mt Eden Men's (%)</b>	<b>Mt Eden Women's (%)</b>
<b>Comments about usefulness (% inmates commenting):</b>			
Talking/listening in group, about gambling	25	34	28#
Learning about negative aspects/greater understanding about gambling	19	25	31
Feeling helped/become aware of available help	19	-	-
Learning odds of winning/losing	6	-	-
Learning to identify if gambling is a problem/acknowledging problem	6	-	6
Learning about gambling industry's role	-	9	6
Learning about how EGM's work	-	3	3
Statistics	-	3	-
Learning the difference between skill versus chance	-	3	13#
<b>Suggestions for improvements (% inmates commenting):</b>			
Provide help and support for inmates with gambling problems	6	-	9
Provide more information/make session more relevant	-	-	9
Show a video related to the presentation	3	-	-
Make programme more widely available, eg in schools	3	-	-

N= 32 at each prison

# Percentages include two people who detailed two useful concepts each

# Appendix 1

## Participant Feedback Questionnaire

(Optional section at bottom removed)

### Questionnaire

Please could you tell us what you think about our programme ... your participation is voluntary and your responses are confidential.

1. How old are you? \_\_\_\_\_

2. Do you gamble? \_\_\_\_\_

3. What was the most *useful* thing today?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What could we do *differently*?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. *Yesterday*, how likely were you to ask for help about your gambling? (please tick one)

Not likely

& Likely & Neutral &

6. *Today*, how likely are you to seek help about your gambling?

Not likely

& Likely & Neutral &

7. Sometimes I have felt depressed or anxious after a session of gambling

& No

& Yes

8. Sometimes I have felt guilty about the way I gamble &  
Yes & No
9. When I think about it, gambling has sometimes caused me problems &  
Yes & No
10. Sometimes I have found it better not to tell others, about the amount  
of time or money I spend gambling &  
Yes & No
11. I often find that when I stop gambling I've run out of money &  
Yes & No
12. Often I get the urge to return to gambling to win back losses from a  
past session & Yes  
& No
13. I have received criticism about my gambling in the past & Yes  
& No
14. I have tried to win money to pay debts & Yes  
& No

**Appendix 2**  
ACRP Letter of Appreciation