



Gambling and homelessness

a case management resource



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Overview

This guide to working with people who are homeless and who gamble is structured in four parts.

There is a **general discussion** of the issues. This appears on pages 1 to 23.

There are **boxed highlights** which provide summaries of useful information for case managers.

There are **resources** which provide more detailed practical information on tools for case managers. Pages 24 to 32.

There is also an appendix which provides further background information and information of a targeted **community education** campaign.

LIST OF BOXED HIGHLIGHTS

LIST OF RESOURCES

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There has been a lot of interest in recent years in whether increased levels of gambling are leading to increased homelessness (note, see IUGM 1998, Parity 2003, Hanover 2001, Antonetti and Horn 2001), while whether homelessness leads to gambling is an issue that has not been explored in the literature.

Gambling addiction is generally identified as one of the 'co-morbidities' that frequently accompany homelessness (others being substance addictions, mental illness, personality disorder, traumatic stress resulting from abuse, etc.).

Whether gambling is appropriately regarded as an addiction in the same way as substance dependencies is also not often explored in the literature. Partial exceptions to this are Dickerson and Baron (2000) who question the way in which DSM 1V categories for gambling addiction are structured, and Petry (2002) who notes that, in the treatment of gambling addictions and substance addictions, there are common elements but also disparate elements. As one recent work notes, "Many professionals still address this problem as they would that of drug or alcohol dependence, referring to the similarities between these problems. However, excessive gambling has distinct characteristics..." (Ladouceur et al, 2002:14). One very important distinctive characteristic that is often identified in more recent literature, and that will be noted in this resource, is the role of erroneous beliefs held by the gambler about the relative possibilities of winning.

While the focus of this paper is on service encounters between workers and clients, it is worth reflecting briefly on theories of the origins of addictions, or what are sometimes referred to as 'compulsive lifestyles'. Addictions can be viewed as purposive responses to alienation and exclusion, and this is the perspective adopted in this resource guide. Addictions are not purposive in the sense that someone deliberately becomes addicted; rather, they are purposive in that they result from intentional activity. However, as will be argued below, over time this activity becomes maladaptive for the person in achieving particular goals and aspirations. The consequence of addiction for the person is the entrenchment of barriers to achieving psychosocial integration (see Alexander, 2002).

This perspective leads to two broad types of responses: the first is to advocate for social justice; the second is to develop interventions within the broad range of techniques that are available eg, prevention, treatment, enforcement, and harm reduction. This resource focuses on treatment and harm reduction.

The reader should note that this resource was developed on the basis of interviews with a small sample of homeless people who attend Byron Place Community Centre. That sample was heavily biased toward males. However, resources exist that have been developed from the perspective of women's experiences (see Wilson, D).

Definition of problem gambling

There is a vigorous debate about whether gambling as an activity is inherently problematic. The issues behind this debate are beyond the scope of this paper. For the purpose of intervention with homeless people who gamble, the following working definition will form the basis of the approach:

"Gambling is problematic when it stops, or significantly impedes, a person from achieving the normal cultural standards of housing within any particular society, where it puts at risk the continuation of an achieved cultural standard for housing, or where a homeless person identifies it as a barrier to another valued goal."

In Australia of course, this definition means that gambling stops or undermines a person's ability to gain accommodation with their own sleeping space, cooking and recreation area.

The level of gambling among homeless people

It is difficult to establish the level of gambling among homeless people. It is important to remember that not all homeless people gamble nor, if they do, gamble to a level which impedes them from achieving accommodation or other goals. Nevertheless, the following indicates that gambling is both highly prevalent among homeless people and a substantial problem for many.

Of those in the Byron Place case management program in March 2003, 63 percent reported that they gamble. The most frequent forms of gambling are also those which are most accessible to homeless people. Of these people, 75 percent gamble on poker machines and a further nine percent on both poker machines and horses.

In 27 percent of cases, the client and their worker had jointly identified gambling as the main cause of their homelessness, and a substantial contributing cause in a further 47 percent of cases.

The amounts bet vary substantially. Some people reported spending \$50 to \$100 per week on gambling, while one person reported spending \$800 per week¹.

Disturbingly, of the people who have been rehoused since becoming homeless who are currently supported by case worker outreach, 14 percent say their new housing is now at risk due to gambling.

Origins of gambling among homeless people

The Productivity Commission Report (1999) found that 36.6 percent of people who were undertaking counselling for gambling problems reported that they had a family member who also gambled. This rate is higher than for the general population and suggests that there are significant family links at work in the development of gambling behaviour.

Interviews with clients of Byron Place Centre suggest that many come from households where gambling is a 'normal' and frequent activity. Half of the people interviewed indicated that one or more of their parents gambled heavily. Many reported starting gambling as teenagers, but some engaged in gambling as young as seven or eight. Sometimes this gambling occurred as part of play activity and involved games of two-up with pocket money. For others, they were introduced to substantial betting activities by their parents, such as race horses.

However, this general pattern is not the case for everyone interviewed. Some did not start gambling until they were in their thirties or forties. Some people had been introduced to horse betting as an occasional minor pastime, often in pubs, had progressed to more substantial betting, and had then taken up playing poker machines.

Attitudes toward, and conceptions of, gambling

Many homeless people maintain what can best be described as a 'compartmentalised consciousness' with regard to gambling.

¹ This may be an overstatement but may also reflect involvement in illegal income-generating activities.

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On the one hand, responses in interviews show that many people are aware that poker machines or betting on racing consumes large amounts of their fortnightly income. They were also aware that when they 'had a win' they generally put all the money back into the machine or on another bet, and that this simply served to prolong the playing period, rather than return to them some of the money they had spent. On the other hand, this did not stop the same person from continuing to maintain irrational beliefs about the 'big win', or beliefs that certain machines or certain systems of betting increased their chances of success.

Some of the people interviewed prefer gambling on horses to poker machines, even though they use poker machines. The commonly cited reason for this was that they felt they had both a better chance of winning with horses, and that they had more control over the potential outcomes. Many felt that frequent gambling was something that was easy to slip into and, as one interviewee expressed it, "before you know it, you're gone". Some expressed this as 'falling into a trap'.

A small number of women participated in the focus group that formed part of the study behind this resource. However, the individual examples cited opposite are all accounts given by men. Due to the nature of the Byron Place service, the clients who were interviewed were predominantly men. Case workers should keep in mind that women's experience of gambling and homelessness may be significantly different to men's, and consequently, this resource may have limited applicability to women.

Individuals' reported perceptions of gambling

Stan² hates gambling, but it is often on his mind. He has structured his involvement with gambling so that he is able to maintain accommodation and eat healthily, yet he believes he has a gambling problem because it takes his discretionary cash and it is often on his mind. He says that he values being in control, and when he gambles it affects his self-esteem because he feels he has lost some control.

Jason believes he has inherited an addictive personality from his parents. He maintains his own accommodation by having rent money deducted. He believes it is important to be self-sufficient, but he can only maintain his daily gambling by gaining access to food and materials assistance from charitable agencies.

Mike also does not like gambling, but he often thinks about what he could do if he could turn a small amount of money into a large amount. He puts his winnings back into the machine, always chasing the 'big win'.

Steve recognises he has a problem with gambling. He gambles frequently, although he doesn't like it. He has lost \$400 in less than two hours on pokies and then had no funds for a fortnight. He often approaches charitable agencies for basic survival needs like food.

² Names have been changed.

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Roger sleeps rough and gambles every day, but says he doesn't have a problem with gambling. Winning makes him feel good, and gambling is the only thing he enjoys, so something would have to be pretty good to replace it.

Andy doesn't think he has a problem with gambling. He has been doing it since his teens but has only recently become homeless. He really enjoys winning. He spends a large portion of his income on gambling even though he doesn't gamble every day, which has resulted in him having to approach charitable agencies for food.

Paul knows that the 'big win' is a fantasy, but this does not stop him chasing it. He finds it hard to walk past a gambling venue if he has money. He borrows money to gamble, relies on charitable bodies for food, and picks up cigarette butts to save money on smokes.

David thinks he doesn't have a problem with gambling and says he only does it when he doesn't have anything else to occupy his mind. He spends large amounts and often puts his winnings on another bet. He believes he has a gift to 'pick the long shots' in horse races. He is aware that gambling venues are designed to make you gamble, and he is also aware that being involved in the 'hand out' mentality gives a 'false sense of reality', but he uses welfare agencies and relies on vouchers to survive.

Bob spends most of his money on gambling. A lot of what is left is spent on alcohol and pot. He enjoys the social atmosphere of pubs and uses the poker machines there frequently. Although he likes the venues, he doesn't like gambling and only does it because he has got an 'addictive personality'.

The context of gambling and homelessness

It is important to recognise that gambling has a number of benefits for homeless people. To some extent, these benefits apply to several forms of gambling, but particularly gaming machines located in licensed premises, and licensed premises that provide video links to racing.

A benefit that is frequently mentioned is the opportunity to be 'around' people. Many of the men interviewed indicated that they generally gamble alone, but gambling venues at least offer the opportunity for occasional contact and to hear other voices. The tendency to gamble alone may reflect a concern that they might have to share any winnings or that they will gain a reputation on the streets for 'having money'.

It is notable that many people said they did not like gambling itself. What they place value upon is the chance to be occupied in some way, or the feeling of anticipation of a possible 'win'. Even when they said gambling had lost its 'entertainment value', it still provides relief from boredom and a way, as a number of people put it, 'to keep your mind occupied'.

Additionally, venues provide the opportunity for cheap or 'free' food, and to be treated like other people, such as being served by others. Hotels in particular are attractive because they provide something to do during the day, and a place to be off the street for a while after dark. They also provide a variety of food and coffee or tea which is generally a higher quality than that in homeless centres.

These observations confirm what we already know about the risks faced by people who are homeless. Homeless and socially marginalised people are more likely to engage in gambling due to a range of known factors, including: the propensity of people with few resources to take proportionately higher risks to move out of their socio-economic circumstances, the lack of other available entertainment and human contact opportunities, and the strong relationship between gambling and other social health problems such as substance addiction and mental health problems. Petty crime, drug taking, gambling, and an elaborate borrowing and exchange system (which includes a detailed knowledge of the 'economy of welfare resources'), are part of the cultural milieu in which homeless people live. These welfare resources include the charitable agencies that provide shelter, material goods, food, voucher systems, sources of handouts and shelter that requires no rent; retailers that provide samples; and private establishments such as hotels that provide free food and drinks as inducements to gamble.

Homeless people's perceptions of what helps

In the focus groups held with homeless people, there was strong agreement that it would be of great assistance for the government to remove poker machines entirely, particularly from local hotels and clubs. However, people are well aware that this is unlikely to happen.

Some felt they need a way to place restrictions on their ability to spend their money. This involves having rent and other essentials paid before they receive the balance of any benefit income. One person has made arrangements with the Public Trustee to do this. This view is tempered by the view that the individual needs to take some responsibility if their circumstances are going to change fundamentally.

Several people raised the issue of banning people from gaming venues. It is generally felt that making an application to be banned is ineffective. Instances were cited where bans were not enforced, or the person was not even recognised by staff in particular venues.

Some people suggested that breaking the link between alcohol consumption and gambling would be a good thing because they are more likely to play poker machines after a few drinks in a licensed venue.

The idea that a gamblers' telephone helpline is of assistance was treated with general derision. No person cited Breakeven services as being of potential or actual assistance to them. Rather, the general view is that access to assistance is best provided through a homeless persons' centre. Some believe that counselling helps, but only if it is provided through accessible locations and services such as homeless persons' day centres.

Another view is that homeless people who gamble need something tangible to aim for that is a 'reward' for not gambling. This view is based on the experience that homeless people confront many negative things in their lives and they need positive things to sustain any effort at change.

The gambling services system

Assistance in dealing with problematic gambling is provided through homeless persons' centres, Breakeven agencies, and self-help groups such as Gamblers Anonymous.

Of the people interviewed, most had discussed their gambling with a case worker in a homeless persons' agency, but only one had been to a Breakeven counsellor. None had been to a Gamblers' Anonymous meeting and only one could imagine doing so.

Homeless persons' services case workers said that it often takes a long time to establish enough trust to get a homeless person to discuss gambling. However, it should be noted that the homeless people in this study spoke openly and freely to the interviewer, whom they had never met before. If they spoke freely to the interviewer because they believe they can discuss the issues with a researcher without having to face any potential consequences, this may provide a clue to future program design. The consequences that may be in people's minds include:

- a case worker may have control over other valued goods such as access to material help, and the person may fear loss of access if they admit to spending their funds on gambling, and
- case workers may attempt to get the person to 'deal' with the gambling issues irrespective of their wishes or priorities, whereas an interviewer just wants to hear their experience.

The issue of trust presents a major potential barrier to referral to other services for homeless persons' day centres. Clients may be fearful of speaking to someone they have not 'checked out' beforehand. There are also the difficulties experienced in making and keeping appointments in an environment where the person largely lives in the present and has difficulty planning and enacting commitments that may have been made weeks previously.

Therefore, it is unrealistic to expect that a referral system that deals with gambling behaviour in isolation from other issues will be used successfully by homeless people, unless perhaps there is the opportunity to make appointments that can be kept almost immediately and they are accompanied to the appointment by a case worker whom they trust.

Outline of casework approach

If we start from the view that problem gambling is purposive behaviour that has become maladaptive for the client in achieving their goals, it is worthwhile reviewing the role of gambling in the context of a homeless person's environment.

Homeless people and case workers note the many benefits that gambling may have for an individual homeless person. They include the opportunity to experience company and personal interaction, the perceived opportunity to 'win' and enhance their circumstances and status (ie, hope), the related benefits tied to some forms of gambling such as food, and activity that relieves boredom or provides a time of respite from the streets.

Additionally, we know that homeless people experience high levels of stress and anxiety due to past experiences and as a result of being homeless. Some forms of gambling, particularly poker machines, may act as a means by which the person can temporarily forget about things that trouble them. In this way, gambling can provide a temporary respite for people suffering stress and anxiety disorders.

However, it is important to keep in mind that these benefits also have costs.

The most obvious of these are entrenched poverty, further relationship impairment, debt, and desperation that can lead to criminal activity. Other less obvious costs can include a further decrease in general health. On the whole, homeless people experience poor health. However, excessive gambling as an activity tends to produce gastro-intestinal problems, increased stress, and poor nutritional intake. These problems are associated with both homelessness and gambling, so that being homeless and engaging in gambling may compound this range of health concerns.

Model of practice

This model is based upon the view that, given the complex nature of the multiple issues faced by homeless people, a holistic approach to intervention is required. The approach comes from an understanding of the social environment of the person and the cumulative impacts of negative experiences over the course of their life.

The model outlined here is based upon the well known model outlined by Barber (2002). From the point of view of the person, it seeks to influence their thoughts, feelings, and actions through the stages of pre-contemplation, contemplation, preparation, action, and maintenance. However, it does this through an understanding of the ecological system in which the person exists. Barber (2002) is well aware of the importance of understanding this environment, however, what is described here is the specific nature of homelessness and its impact upon the person and how that impact influences the model of practice. This will be done through the concept of 'disabling niche' (Rapp, 1998). While Barber (2002) is fully aware of the centrality of the person's social context, the generic model he presents needs to be modified for the specific context of homelessness.

Disabling niche

All people have aspirations, competencies, feelings and perceptions or understandings of their circumstances and their world. Where homeless people may be different however, is in the negative content of these, which may lead to a perception of themselves as having a poor quality of life which is outside their capacity to influence for the better. This may be expressed as anger, resentment, resignation, hopelessness or despair.

The aspirations of homeless people can be very modest, or expressed in unrealistic and fanciful ways (the relevant example here being chasing the 'big win'). Even where the mechanism to achieve aspirations is identified, such as the big poker machine win, when questioned, what will be done with 'a big win' is often expressed in very non-specific ways, for example, "I'll have a really great time". Most aspirations are oriented toward survival-coping strategies and escape. An important factor to note here is that the unrealistic aspirations that may be expressed by a homeless person are analogous to the erroneous beliefs that generally drive excessive gamblers. In general, gamblers hold both false and unrealistic beliefs and expectations about the possibility that they will win. An example of this can be seen in the wrongly held belief that if a poker machine has not 'paid out' for a number of plays, it is more likely to pay out on the next play. Another commonly held belief is that gamblers have more control when betting on horses or greyhounds than on poker machines, whereas studies have shown that these are governed by random outcomes.

The competencies that homeless people do have often go unnoticed by themselves and others. Their competencies are perceived through the lens of failure, weakness or fault, and they are largely expressed on a day-to-day basis as talents of survival rather than talents oriented toward thriving. An example of this is 'working the system' to obtain material benefits. This may be interpreted by others as manipulation or dishonesty, and this in turn can structure the person's self-perception.

The feelings of a homeless person and their perception of their circumstances may be ignored or discounted by other people. However, these feelings and perceptions must be understood to achieve change. When a person indicates that the only time they feel good is when they are gambling, this is a vital piece of information that needs to be acknowledged and considered. More broadly however, the feelings and perceptions of the person impact upon their confidence and their sense of self-efficacy. The messages that homeless people get about themselves are often directly or indirectly negative. These messages emphasise their 'difference' from cultural norms of success, and

frequently provide 'explanations' for problems in their life, for example, "I gamble because I have an addictive personality".

The combination of negative messages and negative experiences can produce a loss of belief in change, a sense of helplessness, self-blaming, disillusionment, and a loss of self-confidence and self-efficacy.

All people exist in an environment that contains resources, social relations and opportunities. However, these environments may be structured in ways that reinforce a homeless person's circumstances.

Homeless people generally have very low incomes. Their material resources are generally controlled or mediated by others. For example, doctors, welfare workers and bureaucrats determine whether people will get income support and what form it will take. Homeless people have limited possessions and have difficulty maintaining and protecting the possessions they do own. Most of their resources are directed at ensuring immediate survival needs and small pleasures, and gratifications to relieve boredom, stress and negative emotions.

The social relations of homeless people are also highly constrained. They interact with people who largely exist in similar material circumstances. They congregate with others who are perceived to have similar problems and who live by norms that are different to mainstream norms. These can be both nurturing, in the case of groups which protect each other and provide friendship circles, and constraining, insofar as certain norms and group practices, such as sharing alcohol, reduces their capacity to devote resources to other pursuits.

The opportunities homeless people have are also largely directed to survival. They include the food and shelter provided by welfare agencies, the food and drink provided by gambling venues, and social interaction, which is governed by the norms of street groups. One key opportunity is the money made from dealing in drugs. This money may entrench the person in homelessness by being a further source of substance addiction, providing money for gambling, and encouraging interaction with people on the streets, thus constraining interaction with wider social networks. These opportunities are characteristically few and tend to trap the person into a homeless and marginalised lifestyle.

The coming together of limited resources, constrained social relations, limited and sometimes 'maladaptive' opportunities, with low aspiration, loss of competencies or a failure to develop competencies, with negative feelings, guilt, low self-esteem and loss of belief in a different future, combines to form a disabling social niche.

The challenge of pre-contemplation

In working with homeless people who gamble, there are a number of major challenges to be confronted. These are:

- How to even engage with the person regarding ANY issue.
- How to discover whether gambling is one of the challenges the person faces.
- How to deal with the cultural acceptance of gambling, the rationalisations, the erroneous but strongly held beliefs, the psychologising that defends the status quo, and the tangible benefits that gambling provides.

Engagement is a major process in working with homeless people. Experienced workers know and understand the amount of work that can be involved in establishing a relationship with a person

who may have a high level of distrust and suspicion due to their past experiences. Gambling issues may be part of the reason the person is distrustful. While gambling is a widely accepted cultural practice, the negative consequences of gambling are individualised and interpreted as personal or moral failings. In addition to the fact that the person may be fearful of losing access to resources if they disclose a gambling problem, the shame of admitting to a problem provides many incentives to keep it hidden, and unlike substance addiction, there are often few visible and unambiguous signs that the person has a gambling problem.

Additionally, given the wide acceptance of gambling, the person may not even fully recognise gambling as a problem. They may see their behaviour as just 'part of the scene', and something that everyone does. In this case, social health promotion campaigns that target a particular population group may be an important aspect of raising consciousness about gambling.

Gambling problems are often discovered through indirect means. It may come through gaining information about where a person spends their time, or the fact that they often don't have any money, or that they seek to borrow from others. However, it is quite clear from what homeless people tell us that it is a reasonable assumption for a case worker to start from the position that any person they engage with gambles. Whether this gambling constitutes a 'problem' needs to be established in the course of the work. Discovering gambling behaviour is a matter of appropriate questioning and discussion on the basis of the person's description of their past, their current life patterns, and how they use their resources and time.

However, uncovering gambling behaviour can also occur through the general approach to case work. If, rather than starting from an investigative standpoint that basically says "tell me your history and your problems"; we can start from a question that facilitates the active participation of the person. This means, in practice we start from the point of view of establishing a partnership in the work through questions like, "What can we do together to help you create what you see as a healthier lifestyle?"; or "What can we do together to help you achieve what you see as important?". The responses to this standpoint will create a more trusting environment in which the person may feel more comfortable in raising issues such as gambling, or be more receptive to information from the case worker about the consequences of gambling. It is important that we do not confuse the need to establish a partnership with the person with the idea that the case worker is passive and should never provide information or advice. Information and advice are vitally important, but they can only be provided at appropriate times when a relationship of trust has been established and when the person knows that they are being listened to and their views respected.

If gambling does emerge as an issue, there are likely to be a range of rationalisations that explain why the person gambles, or clear unambiguous statements that gambling is good or is the only positive thing in the person's life. When a discussion about the reasons for gambling or the benefits of gambling in a person's life has occurred, the person is on the threshold of contemplation.

Contemplation, incongruence, and reward

When a person explains why they gamble, they are engaged in a process of understanding purposive behaviour that conflicts with some socially held norm or socially valued goal. Using two of the examples cited earlier: one person says an alternative would have to be pretty good to replace gambling, and the other says they don't like gambling but do it because they have an addictive personality.

The question for the case worker is: what would be required to get a person thinking about changing in these sorts of circumstances? For one person, gambling is said to be fun, exciting and

fulfilling. For the other, change is impossible because it conflicts with an essential aspect of who they are.

In the instance where the person presents a rationalisation to avoid change, a starting point can be to notice difference or incongruence.

For the person with the 'addictive personality', an exploration of their behaviour may reveal that they go into hotels four or five days per week, and although they often gamble, on average, they do not on one day per week. In this case they may be demonstrating that there are other social activities which they value more highly than gambling. For example, they may say that they only have very limited funds and decide to spend the money on a schooner of beer so they can sit at the bar and have the opportunity to converse with others. They have demonstrated that gambling is not something inevitable, that they can resist it, and that they have other goals and activities that they value more highly.

The instance of the person who says that gambling is the only thing they enjoy possibly presents more of a challenge in terms of initiating contemplation toward change.

Exploration of the person's life may discover that in fact they do value and enjoy other things, or at least did so at some time in the past. However, it could certainly be the case that the experience of homelessness has so constrained their social circumstances that their choices have become very limited. In this instance, the experience of enjoyment needs to be explored to discover whether there are elements of the experience that could be met by other activities and experiences.

Certainly, a long period of interaction may be required, including times where the person experiences very negative consequences of their gambling, before opportunities to explore other ways of living arise. However, at the very least, such discussions provide opportunities to begin to gently introduce ideas that can challenge erroneous beliefs. Such wrongful beliefs about gambling often play a powerful role in maintaining a person's gambling and even in relapse after they have stopped gambling. If these beliefs are not identified, explored and challenged with alternative information and viewpoints, they are likely to undermine efforts to stop or reduce gambling behaviour.

When the person expresses either no desire to change or an active resistance to change, the case worker can at least explore the person's reasons for seeking their assistance, look at what life improvements can be made within the constraints created by their gambling, and seek to make some changes. This does not mean protecting the person from the consequences of their behaviour, but rather seeking to create a climate in which they gain other positive experiences and a set of circumstances in which some future change is more likely. In starting where the person is at, it may be that they have some immediate health concerns. If diet is a factor in this, an opportunity arises to introduce the possibility of some change, such as developing a plan with the person to eat a nutritious meal three times a week. This means having some money available, and may provide the opportunity to modify their spending on gambling. Even if this is not a substantial immediate change, it is a move toward contemplation and then action, because the person is beginning to accept a connection between their gambling and other aspects of their life and a commitment to doing something about it.

Thinking about change will of course raise substantial conflicts in the person. The person will (quite rightly) raise many aspects of the homelessness situation that could undermine the move toward change. In dealing with these conflicts, various techniques of decision-making may be helpful. Given that the worker may encounter problems of literacy, short attention span or difficulty with

conceptualisation, visual techniques that can portray the decision-making process in a pictorial/diagrammatic fashion may be useful.

According to Barber (2002:85) people generally "...are reluctant decision-makers who are prone to gross errors of judgement because of their desire to minimise the distress involved in facing important decisions". If this is the case, then we can certainly conclude that good decisions will probably only be made where the person perceives that there is a reasonable possibility of success and the benefits of doing something outweighs the cost of doing nothing.

In thinking about change, and talking it through with a case worker, the person will confront important questions: ie, what are the negative consequences/risks if I don't change? what are the consequences if I do change?

If negative consequences of change are identified, the person will need to explore alternative strategies. An important task of the worker at this point will be to attempt to ensure, as far as it is possible, that the person does not experience such a level of stress that they rush into a poorly considered decision, and either conclude that no change is possible, or rush into an instant decision to 'do something' without properly exploring the consequences and developing a plan to confront the inevitable dangers of reverting to previous behaviours.

Taking time to talk through the consequences of a number of courses of action is crucial at this stage. A simple balance sheet of gains/losses for each possible course of action may be very helpful. However, caution is required in undertaking this with homeless people as it may be easy for them to identify many costs of change but few benefits. Judgement is required here about which stage in the case management relationship that a change to gambling behaviour is actively promoted by the worker. Hope has to be created in the person. Hope may arise out of small gains in other aspects of the person's life (such as becoming involved in a recreation activity).

How will I feel about myself if I change?

How will it affect my interaction with others/my relationships?

What will I do for recreation/interest?

How will this affect my ability to have accommodation?

How will this affect my health?

How will this impact upon my ambitions and goals?

Planning in preparation for action

Evidence suggests that there are five types of experiences that may lead to a person gambling, even when they desire not to do so. These are: the intrapersonal (within the person) experiences of negative emotional states, temptations and testing of personal control, and the interpersonal (between persons) experiences of conflict or social pressure. Having made a decision to not gamble, these dangers must be anticipated, and strategies put in place to deal with them, as they will almost inevitably arise.

★ Barber (2002:107) sets out a ten-step intervention plan that is a useful guide at this stage. A modified form of this plan appears on page 12.

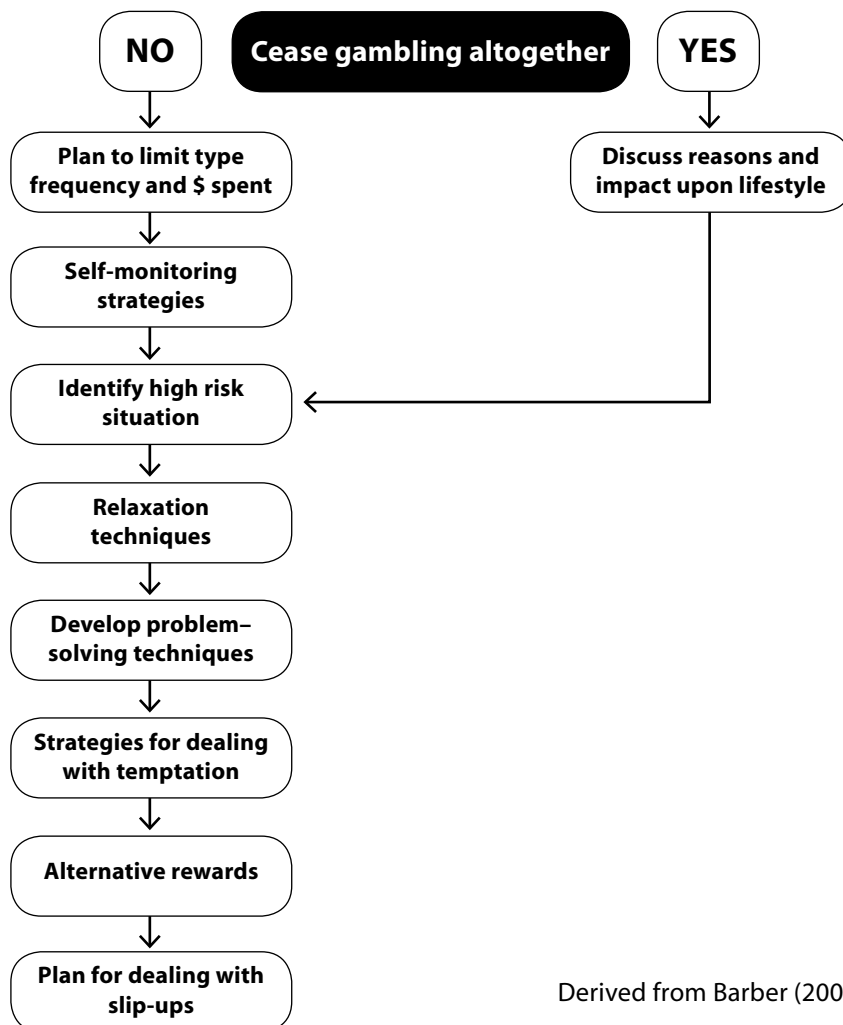
Strengths-based assessment and planning

This approach to gambling issues is based upon the firm belief that, while homeless people do confront many serious barriers to overcoming compulsive gambling lifestyles, they have the capacity and resources to achieve this, providing the right conditions are created to support them.

Identifying gambling problems, and developing plans and strategies to overcome them, takes place within a broader planning process for overcoming a range of barriers to a higher quality of life. Fundamentally, this is based on the development of hope, self-belief and self-efficacy in a person. These attributes are not all in the mind, as they depend on real changes occurring in the person's social and physical environment.

A strengths-based approach involves starting from the aspirations of a person and working with these as they develop over time. In the early stages, they may start from a simple question such as, "What can we do together to help you develop a healthier lifestyle?"

An assessment and planning tool that looks at the person's past resources, current circumstances, future goals and ambitions, may be very helpful in developing a belief that things can change (see appendix 1). This tool is most likely to be useful once a rapport has developed and the person has had some experience of the practical value that the case worker can provide to them, confidence in the case worker's respectful approach toward them, and belief in the knowledge and judgement of the case worker. It can form the overall guide for case management planning and implementation.



Derived from Barber (2002)

The key steps involve assessing a person's commitment to either refrain from gambling, or particular forms of gambling, or to reduce the frequency or amount they spend on gambling. Following this, helping the person identify the high-risk situations they will encounter (which in general will correspond to the five interpersonal and intrapersonal situations identified above), and putting strategies in place to deal with these. These strategies include: increasing awareness of these situations, providing training in relaxation techniques, rehearsing problem-solving techniques, rehearsing ways of dealing with temptations, identifying alternative rewards when gambling is avoided, and what to do should there be a 'slip-up'.

Realities of ceasing or reducing gambling

An early component of the assessment of a person's gambling aims to determine whether they wish to cease gambling altogether or engage in controlled gambling. Individuals who choose to continue gambling in a controlled fashion generally follow a slightly different procedure from that followed by those who choose to abstain. Those individuals who are at the pre-contemplation stage and not particularly interested in change may be invited to complete a self-assessment such as the South Oaks Gambling Screen or the 20 questions of Gamblers Anonymous.

Some gamblers ask if they need to give up all forms of gambling to successfully cease gambling to excess. Ladouceur (2002, pp.72, 73) maintains that it is better to avoid all forms of gambling, including lottery tickets, while trying to get problem gambling under control. Complete abstinence from gambling is supported for several reasons. All forms of gambling have in common that prize money is distributed on the basis of chance. Cognitive interventions that aim to help people recognise and modify their false beliefs about gambling and winning are therefore applicable to all forms of gambling. For example, what effect would even a small win have on their motivation to review their beliefs about gambling? Would it rekindle their urges to gamble more heavily? It is quite possible that gamblers will no longer wish to gamble in any way after gaining a clear understanding of the role of false beliefs about gambling. However, if they continue or resume gambling, the onset of new periods of stress, personal conflict, social pressure or other precipitating factors may lead to them developing a renewed problem with gambling. The circumstances of homeless people and those formerly homeless who have not developed extensive social networks and fulfilling daily activities make them vulnerable to factors such as stress, conflict and feelings of isolation.

Wright (1999), citing Conman, Burrows and Evans (1997), argues that considering abstinence as the only desirable treatment goal can overlook other possible significant improvements in gambling behaviour and life functioning improvements. For example, individuals may reduce their gambling frequency; they may reduce the amount they spend per session; they may improve their social and interpersonal functioning; they may pay rent on time; or make arrangement to repay debts. A risk attached to working towards goals other than abstinence is that individuals may consider themselves to have been successfully treated yet continue to gamble heavily.

Plan to limit type, frequency and amount spent

Benhsain and Ladouceur (2004) found that individuals possess rational thoughts about gambling outside a game session but once they are engaged in a gambling session, they seem to forget these rational thoughts and replace them with irrational thoughts about gambling and winning. This may be a sign of the 'compartmentalisation' of thought mentioned above. Citing Langer (1975), Benhsain and Ladouceur write, "The structure of the game itself triggers erroneous thoughts about gambling

and creates an illusion of control which makes players think the outcome of a game can somehow be predicted or controlled”.

Individuals who choose to engage in controlled gambling could take up strategies that reduce the risk of planned gambling sessions escalating out of control. Strategies should be tailored to suit the individual's particular circumstances. These strategies are more likely to be successful if the individual generates as many of them as possible themselves.

Self-monitoring strategies

Self-monitoring of behaviour is critical to increasing the awareness of the extent to which gambling affects not only a person's finances but other areas of their life. In discussions of their gambling, many individuals prefer to focus on their wins and the pleasures that follow their wins. For homeless people who have experienced many losses in many aspects of life, this is both very understandable but also a significant danger. Often when individuals are asked how much they consider their gambling has cost them, they tend to underestimate their losses (Ladouceur, 2002, p. 67). People who responded to Ladouceur's survey acknowledge that they spend considerable amounts on gambling, but tend to take a short-term perspective of losses rather than consider the cumulative effect of a series of losses.

Tools for self-monitoring

Ladouceur (2002) writes that daily observation sheets help in a number of ways. They can help a person become aware of the extent of their gambling, the intensity and frequency of their desire to gamble, the amount of money they spend on gambling, and highlight emotions, people or events that trigger urges to gamble. O'Connor (2004, p13) writes that diary sheets are useful to help understand in which gambling venues individuals are best able to control their gambling and which ones are dangerous; the days and times when they are more vulnerable and those when they are safer; which moods pose a risk for gambling and which do not; which activities act as substitutes for gambling; and whether they have been able to stick to the amount budgeted for gambling. Ladouceur also holds the view that keeping a daily observation log over the entire therapeutic process enables participants to keep track of their progress over time when sometimes it may appear to them that there has been little or no progress (p.67).

A number of self-monitoring worksheets are available and they can be easily modified to focus on the aspects of gambling, finances or lifestyle that are of interest. Usually they feature a daily record of day, time and place where gambling occurs, money taken into and away from the venue, time spent at venue, and thoughts and feelings experienced before and after gambling.

Another worksheet records daily activities and a measure of the sense of pleasure or mastery from that activity. Over one week, each day is divided into one-hour blocks, and the week's activities are thus summarised on the one sheet. (AADC worksheet 3.12).

The nature of homeless people's lives means that keeping daily monitoring sheets can present very big challenges. Case workers need to be mindful of the challenges involved in self-monitoring for homeless people. Firstly, it should not be assumed that it is impossible to do. Homeless people's lives and circumstances vary greatly, and what is not possible for one person can be managed by another. Secondly, being able to keep a record – even if only for a short period – is a positive achievement that can have many related benefits in terms of the person's sense of hope, possibilities, achievement and self-esteem. However, when it is impractical or the person is not able to do it, a period of more intensive contacts can be considered. The case worker could keep the daily diary

and arrange to meet the person regularly either at the service facility or preferably at a community facility, coffee shop or other setting where the sheets could be filled in.

Once the person has made a decision to begin to work on their gambling, more frequent meetings could be arranged by the case worker, at which the monitoring sheets could be completed together. In undertaking this strategy, it would be important to focus on getting the information and providing general support for a timeframe agreed with the client, rather than trying to intervene or negotiate strategies too quickly in the absence of information on any 'pattern' of gambling behaviour. In this time, other issues may usefully be the focus of the work. For example, the importance of improved diet, and the link of diet to improved physical or mental health, may provide a related opportunity to help focus the person on improved financial management and limiting their gambling.

Typical triggers that such monitoring sheets may reveal could include giving themselves permission to gamble by saying that they will set limits which they do not actually keep, or that they are only testing themselves; gambling all available money; experiencing a sense of abundance on the day they receive their payments; gambling when drinking; gambling to reward oneself; gambling when stressed, bored, happy, etc.; gambling for fun, excitement or to fulfil a dream or hope.

Typical triggers revealed by monitoring record:

Not keeping limits

Gambling when drinking

Thoughts about testing oneself

Gambling to relieve boredom or stress

Gambling all available funds

Gambling for excitement

Experiencing 'abundance' on pay day

An aim of self-monitoring is to become alert to thoughts and ideas that individuals use to justify their gambling. Typically, individuals may give themselves permission to gamble by applying some of the following arguments: they will limit their gambling to only \$20 but do not keep to the limit; they are only testing their ability to withstand temptation to gamble further; they can afford to lose some money (when they have an abundance of money on the day they receive payments); their gambling hurts no one else; they have the right to spend money as they choose; and this is an acceptable vice because they don't drink, take drugs or smoke.

Discuss reasons for change and impact on lifestyle

Motivation to change gambling practices

There are many individuals who spend a large part of their income on gambling and do not consider themselves to have a gambling problem. Several homeless people who were interviewed during the background research that led to this guide maintain they have no problem with gambling and at the same time, report approaching charitable agencies for assistance. Possible explanations for such behaviour include that the homeless person is resigned to this lifestyle and cannot see a viable alternative, or that the person finds this lifestyle works for them for the present, or that they gamble in a desperate attempt to get out of their current circumstances.

Ambivalence is a feature of any change process for any person. It is a particular feature of gambling behaviour, especially if gambling occupies such a large part of a person's life, that to give it up threatens to leave a large, unpleasant void. This is particularly so if, at the same time, they can easily

recall large wins, and hold a belief that they can win again, thus reinforcing the view that gambling is a solution to their problem (Ladouceur, 2002).

The model outlined in Barber (2002) is reinforced by both AADC and Ladouceur (2002) who encourage gamblers to engage in an exercise that helps to identify the costs and benefits of continuing to gamble and costs and benefits of ceasing gambling. Gamblers who gain increased insight into the scope and consequences of their gambling are more highly motivated to make changes. The cost/benefit exercise also enables the gambler to become conscious of factors that reinforce ambivalence towards decisions to stop gambling (Ladouceur 2002, p.108). AADC invites gamblers to identify costs and benefits in both the short and long term, emotionally, socially (relationships, friends and family), sexually, work, physically, legally, spiritually and financially.

Throughout the discussion of advantages and disadvantages, it is important to focus on the matters that are relevant and meaningful for the individual gambler, so that at the end, they can come up with their own, personal reason for wanting to stop gambling, Ladouceur (2002, p.112).

Positive benefits of gambling

When gamblers are asked to list the positive benefits of gambling, often their immediate response is that they are unable to think of any. With some encouragement they soon are able to identify a wide range of benefits. They include opportunities for escape, solitude, stress relief, a way of raising money, excitement, the euphoria of winning, treating themselves, the hope of winning, or the challenge of trying to beat the machine (Ladouceur, 2002). It is important to acknowledge the positive consequences of gambling and highlight their short-term nature.

Our research cited a range of reasons for gambling given by homeless people as justifications to gamble. These included the pleasant feelings following a decision to gamble, an 'inherited addictive personality', fantasising about what one could do with a large amount of money, feeling good when winning, gambling being the only enjoyable activity, a belief in being able to pick long-shots in horse races and the attractive social atmosphere of the pub.

Negative consequences of giving up gambling

Ladouceur (2002, p. 109) argues that giving up gambling is in fact a decision to start a new perspective on life and the gambler is advised to become aware of the negative consequences of that decision and how it could impact on their motivation to continue with the process of change. Effectively, they are deciding to give up forever the chance to recover lost money and are accepting the loss of large sums of money. They are also faced with possible increased awareness of the pain of realities such as the loss of spouses, friends, family members, houses, cars, jobs, reputations, etc. Addressing this point may explicitly raise all of the pains experienced by a homeless person in their life.

Usually gamblers are able to list a large number of negative consequences of their gambling. Ladouceur (2002, p. 111) encourages discussion of the negative consequences for two reasons. Firstly, this is often the only chance gamblers have to discuss their gambling in a realistic fashion. Secondly, it is assumed that the more the gambler is aware of the effects of their gambling on their life and the lives of others, the more motivated they will be to persevere with change. However, in the case of homeless people, there is the particular danger of such negative feelings reinforcing a sense of resignation, despair or hopelessness. This is one reason why confronting such realities is best done as part of a whole approach to achieving wellness. Confronting the pain of the negative consequences needs to be done in a context of renewed hope and a vision of what could be achieved that the person desires. These hopes however need to be realistic and feasible lest they simply end up reinforcing a sense of failure, loss or hopelessness.

Positive benefits of giving up gambling

Gamblers usually are able to identify a number of positive consequences of giving up gambling. At this point in the discussion there is an important opportunity to introduce a few simple changes that the gambler could incorporate into their lives.

Relaxation techniques

People with gambling problems often experience high levels of anxiety and stress. Gambling is habitually used as a way to relieve stress, yet in the longer term it has the effect of exacerbating stress levels and may lead the person into a deepening spiral of gambling and stress. Relaxation techniques can be useful to help people learn to manage uncomfortable feelings as an alternative to relying on gambling and to manage uncomfortable emotional states once gambling has stopped (AADAC p. A3.)

Relaxation is a strategy that improves significantly with practice. To get greatest benefit from relaxation, participants are encouraged to set aside fifteen minutes twice a day, during which they will be uninterrupted, and follow the instructions as closely as possible.

Ask participants to note the intensity of their stress/anxiety and the intensity of their gambling urge before and after each session. Almost all people notice a drop in the intensity of their gambling urge in parallel with the intensity of their stress/anxiety level.

Relaxation techniques may be combined with other strategies such as imaginal desensitisation and imaginal relaxation to further gain control over gambling urges. One such strategy is desensitisation by visualising (AADAC p.A.8) and is described in Resources page 27.

Some people are hesitant to engage in relaxation strategies. Rowe (1996, p.185) observes that, "depressed people cannot manage to relax". She maintains that people who are depressed are fearful of slipping deeper into depression if they relax. However, the benefits of relaxation are so great, Rowe argues, that it is worthwhile persisting until the individual finds a strategy that suits them.

Medical caution

Greenberg (1996, p.134) writes that relaxation techniques result in changes to physiological processes. People who use medication that has a physiological effect on the body may affect the body too much if it is combined with relaxation techniques. For example, medication that lowers blood pressure may lower it too much if relaxation training is added. People who are under medical care are therefore advised to seek medical advice before undertaking relaxation training.

There are many different relaxation techniques available, but there is no reliable way of determining which is likely to be most effective for a particular person. Several techniques are described in Resources so that an individual could try each one for a week and decide for themselves which suits them best (Greenberg, 1996, p.134).

Develop problem-solving techniques

O'Connor writes that changing habits requires much problem solving, such as working out how to avoid or manage risky situations and triggers for gambling urges. Life is rarely free of problems and these can overwhelm us if our response is panic, avoidance, displacement or taking the first obvious solution, or continue to use strategies that lead to failure. He regards problem solving as a skill that can be easily learnt and can make a significant difference to achieving one's goals.

Citing D’Zurilla (1986), Wright (1999) identifies six steps to successful problem solving:

1. Define exactly what the problem is.

Make sure the problem is expressed in concrete terms and, if necessary, broken down into several sub-problems

2. Brainstorm options to deal with the problem.

Remember – no criticism is allowed and be adventurous!

3. Choose the best option(s) by examining the pros and cons of each potential solution.

Which solution will work the best?

4. Generate a detailed action plan.

Plan the when, where, how and with whom of the selected solution.

5. Put the plan into action.

Role play or mentally rehearse the plan and then actually carry it out.

6. Evaluate the results to see how well the selected solution works.

If the solution didn’t work, go back to step three and try a different strategy.

Strategies for dealing with temptation

The best strategies for dealing with temptation are those that the person has identified and is committed to. The case worker can help the person generate strategies by offering examples or suggestions if the person is stuck. However, be wary of agreement that is reached too easily. It is very important the person believes in the strategy and is not simply agreeing to please the case worker. In the Resources section is a list of headings for types of strategies that others have found useful. Not all strategies will suit everyone, so choose those that best suit the individual’s circumstances. The more ideas that are adopted, the more conducive the environment will be to making healthy choices (AADAC, p. Worksheet 8.8).

Alternative rewards

To achieve a long-term change in gambling activities it is necessary to find other activities to fill the space previously occupied by gambling, thinking about gambling, and dealing with the consequences of gambling. These activities need to address the needs previously met by gambling (O’Connor, 2004, p.34).

Ladouceur (2002) makes some practical suggestions to address the void people experience in their lives after they stop or reduce gambling. It is best that they find alternative activities to gambling at the same time they cut down their gambling to minimise the severity of the sense of emptiness they may experience after the loss of a familiar activity.

AADC provides an extensive list of activities that could be used as a discussion starting point in identifying activities that are accessible and of interest. A modified list is included in Resources (see page 28). Local council community directories usually contain extensive lists of groups and activities that could be of interest. O’Connor suggests that if gambling provided excitement and challenge, then alternative activities should be selected for excitement and challenge. If gambling provided stress relief, then new activities could aim for stress relief as well. The important point is to fill the time that

once was occupied with gambling, lest boredom results in a person turning to gambling again.

Alternative activities usually cost far less money than gambling. Once people recognise the benefits of redirecting their money to alternative activities, they often feel a sense of accomplishment. Bringing this into the open through the discussion is an important task for the case worker in reinforcing progress.

O'Connor recognises that the early stages of change are often difficult, so he suggests individuals reward themselves along the way. Rewards can vary from a small reward for meeting a daily goal, a larger reward for meeting a weekly goal and a celebration at the end of a month. Some of the money not gambled can be spent on a reward such as repaying a loan from a friend, new clothes, a change in diet or taking part in an organised activity.

Identifying high-risk situations and their consequences

People with gambling problems often encounter situations that trigger urges to gamble. Risky situations are risky because they can trigger erroneous thoughts that lead to gambling activity, as well as heightened emotional and physiological responses.

Ladouceur et al. identifies five categories of high-risk situations: exposure to gambling, financial stressors, relationship problems, free time and consumption of alcohol or drugs. This is similar to Barber's five risk contexts but includes an alert about the dangers of free time, and the dis-inhibiting effects of drugs and alcohol. These five categories are characteristic of the lives of many homeless people, so for homeless people, their everyday circumstances continuously expose them to one or more of the categories of high-risk situations.

Exposure to gambling

Being in the vicinity of, or entering into, a gambling venue, presents a very high-risk situation. Evidence of the presence of electronic gaming machines (EGMs) and TAB race monitors is often visible to pedestrians from the public footpath. Once inside a gaming venue, the sounds of gaming machines are often audible beyond the gaming room itself. As the Adelaide city centre has a large number of gambling venues, it will be very difficult for a homeless person to avoid coming near gambling venues on even a short walk. In developing a plan to deal with risk, therefore, the counsellor/case worker and the client should consider transport and access routes to shopping centres and community activities. Developing a plan to avoid venues wherever possible may be a vitally important strategy.

Homeless people are exposed to inducements to enter gambling venues. Offers of cheap meals, free tea, coffee and biscuits, advertisements for 'new' pokies, prizes and taking part in exciting competitions are frequently publicised and can be particularly attractive to someone on their own and on a very low income. A particular related risk for a person with a gambling problem is presented by thoughts of 'testing' themselves to see how well they can withstand the lure of gambling. It may be seen as a way of legitimising entry into the venue. Generally, such thoughts are a form of self-deception. They legitimise entry into a venue, without having to admit that "I am really thinking about gambling".

They can also be a way of 'proving' to themselves that "I have changed". The case worker should raise these issues with the client. The client needs to be aware of the dangers they present (see 'Problem-solving techniques').

For some people, gambling is not an issue while they are in gambling venues in the company of

friends or acquaintances, but becomes an issue when they are on their own. For others, invitations from friends and acquaintances to gamble can be a risky situation. The risk can be exacerbated by assurances from the invitee to only sit nearby and 'keep me company', and to gamble with a small sum of money given by the invitee without the need to repay.

Financial stressors

Some people find that their urge to gamble peaks when they have access to money, for example, upon receipt of their Centrelink payment. They report feelings of abundance after a period of no money, and become alert to the opportunity to gamble. At this moment the possible consequences of gambling can appear to be outweighed by the hope of a 'big return'. The case worker should explore the experience of the client during those times when they have discretionary cash.

Others find that their urge to gamble rises when they have received requests for payments that they are unable to meet. At that time they may experience feelings of anxiety or panic and think about using gambling as a way of increasing their available cash. Exploring the client's experience of anxiety or stress and how they respond to these feelings, and what actions they tend to take when experiencing anxiety or stress, can help to clarify the risks that anxiety may present to a person with a gambling problem. It should be remembered that homeless people frequently experience high levels of stress, and that they experience this on a frequent basis, as it is triggered by many of their day-to-day circumstances.

Relationship difficulties

Homeless people face two major types of issues that arise from relationship difficulties. Firstly, there is loss of connection or continued problematic connection with family members and others who were part of the person's life prior to them becoming homeless. This can lead to frequent or periodic feelings of grief/loss, anger, frustration, resentment, demoralisation and hopelessness/despair. Anniversaries and special days such as Christmas present particular challenges.

Secondly, a homeless person may also experience continued grief, anger and resentment etc., over experiences of past relationships, such as the way they were treated in childhood and teen years, lack of friendships, past bullying at school, etc. These experiences can heighten the second aspect of relationship difficulties: the person's current experience of problematic or broken relationships, isolation, or connections with people in similar circumstances facing similar challenges in forming and sustaining relationships. Relationships problems heighten the risk of gambling because of the stress or resentment they may produce or the desires/fantasies of escape and ability to meet new people if a big win is achieved.

Gambling venues also provide contact and proximity to people, even if not intimate or continuing relationships.

Even when gambling ceases, the distrust of the person that past gambling behaviour has instilled in others is unlikely to be easily dispelled, should the person seek to re-establish broken ties. The sense of rejection that can be experienced after making great efforts to cease gambling can be another high-risk situation.

Co-morbid conditions such as mental health issues, alcohol and drug taking, worrying physical appearance and petty crime can raise feelings of discomfort in family members and former friends and so increase isolation. Loneliness then becomes another risky situation, as the person with the gambling problem knows that company and a sense of place is available at gambling venues.

Free time

When people reduce or stop their gambling, they report feelings of emptiness and a void where they have many hours that they need to fill. For some people this time may be filled with activities that formed part of their lives before gambling. For others gambling has been their principal activity for many years, and they may be unaware of other ways to fill their time. Giving up gambling may cause some people to face the very issues that they had managed to avoid by their gambling. Finding alternative rewarding activities will be an important step to remaining free of gambling.

Consumption of alcohol or drugs

Alcohol and drugs can significantly affect the ability of people to control their gambling. It can reduce their perception of risk and their understanding of the consequences of starting to gamble. Entering a hotel or club where gambling and alcohol are both available, compounds the risk. Strategies to limit consumption of alcohol, or at least restrict the places where alcohol is consumed, need to be considered.

Identifying risky situations and erroneous thoughts and managing them

Over the course of counselling, clients are encouraged to recognise those situations that are particularly risky for them. By talking through past gambling episodes, clients learn to recognise their pattern of behaviour and to recognise them as situations of where particular care is needed.

The case worker can help a client gain control over a desire to gamble by introducing the notion of a choice of responses to a risky situation.

By inviting the client to describe a recent gambling episode, the worker can note the erroneous thought that arises in a risky situation and which in turn leads to an urge to gamble. It is an important part of therapy for the client to become aware of the role that thoughts play in the decision to gamble. "Clearly defining the relationship between what gamblers think and the choices they make to guide their behavior is the central element of therapy." (Ladouceur, 2002 p.115).

People who gamble heavily frequently forget that gambling is an activity based on chance and not on skill. Gambling prizes are selected and distributed on the *basis of the random selection of an outcome from all possible outcomes*. Stated another way, chance and random possibility mean that all possible outcomes of an event have an equal probability of being selected every time the event takes place. Most people have difficulty accepting the idea that events take place without a pattern or reason, because we are taught from a very early age to look for patterns in everyday activities in order to easily manage our lives. Instead, people often perceive patterns of outcomes and use this perception to predict the outcome of further events. For example, if an electronic gaming machine has not paid out for quite some time, then a person might perceive the likelihood of a prize payout has increased and stake more money. As the outcome of the gamble is determined by chance, then past outcomes are completely irrelevant in predicting the outcome of future events.

Another example may be that, when a person observes that they win a prize each time they perform a particular action, they conclude that there is a cause and effect connection between the win and the action. Such beliefs encourage people to continue their gambling activities.

Erroneous thought: I need to feel good and I needed to gamble in order to do so.

Replacement thought: I forget that gambling makes me experience negative emotions most of the time.

Erroneous thought: All my stress will go away and there is nothing better for me to do when I want to forget everything.

Replacement thought: My stress will decrease only if I win. I am a lot more likely to lose than win and there is a great risk that I will find myself even more stressed after gambling. I have to stop seeing gambling as a solution. Also, if I win I will return to gambling and put back what I have won.

Erroneous thought: The electric sensation going through my body indicates that I will win.

Replacement thought: All this is nothing but a trap. Chance bars me being able to predict a win. I have often lost even when I have felt an electric sensation.

Clients eventually realise they come to the point where they must choose what to do when they next encounter a risky situation. Options include deciding whether to engage in identifying and replacing erroneous beliefs and what activity they might do other than gamble.

Plans for dealing with slip-ups

Ladouceur and Walker (1996) in Wright (1999, pp.55–56), adopting a strengths perspective, recommend that relapses be seen not as failures but rather as problems to be solved. A relapse can provide useful information about high-risk situations and reasons for a return to gambling. Relapses could be considered part of the recovery process. Learning new behaviour often involves making mistakes.

Relapses often occur at times of high stress created by events that occur in the five high-risk situations outlined previously. Preventing relapses is aided by maintaining good physical health through adequate diet and exercise, limiting the intake of stimulants such as coffee, tea and cigarettes, limiting intake of alcohol or other drugs, and getting adequate sleep (Wright, 1999, p.58).

O'Connor and Graham suggest that people have a plan of what to do when they feel tempted to gamble. The individual could work out a relapse prevention plan in advance and rehearse it on a regular basis so that they are able to use it as needed.

Developing a relapse prevention plan

- (1) Identify key events that have the individual considers to have significantly contributed to past relapses.
- (2) Discuss the role of others with whom the individual has contact, including workers at homeless persons' shelters.
- (3) Identify warning signs.
- (4) Generate other ways of coping with stressful events.
- (5) Generate and rehearse a set of correct, factual beliefs about gambling to replace erroneous beliefs.
- (6) Deal with the immediacy of the craving.

Planning ahead

Sometimes it is possible to identify when stressful times are likely to occur. Anniversaries of losses, bereavements, separations, bills falling due, birthdays, family events etc., can arouse strong emotions, and can lead to urges to resume gambling. Where such events can be predicted, then an opportunity may exist to prepare for that time and those feelings.

Community education campaign

To accompany the case management focus on gambling, Byron Place Community Centre runs a community education campaign. This consists of posters that reinforce the issues dealt with through case work and radio advertisements. The posters confront some of the false beliefs around gambling and provide brief positive suggestions for managing gambling behaviour.

The posters were designed through focus group research with people who are homeless. Some example posters are contained in Appendix three.



Resources

How to decide whether to cut down gambling or abstain altogether

Controlled gambling could be possible where all the following conditions apply (O'Connor, 2004, p.7):

- You are still able to choose when to gamble and how much to gamble.
- You are not chasing a big win to try to get back your losses.
- You believe that you will lose most of the time when you gamble and are prepared to pay a price for recreational gambling.
- If you can have a balanced life meeting all your obligations (eg family, friendships, work, financial) and still gamble.

O'Connor (2004, p.8) recommends that, if any of the following conditions apply, then giving up gambling is the preferred option:

- You have been gambling heavily for many years.
- Your whole life has become centred on gambling.
- Recently you have had great difficulty in controlling when you are going to gamble and for how long you are going to gamble.
- You spend all the money you have on hand, gambling.
- You believe you can beat the system and win.
- You are desperate to win back your losses.

Note that even though the client has made a commitment either way, it is acceptable to change their goal later.

Planning behaviour changes

- (1) Identify long-term goals around gambling or general goals.
- (2) Write down where the client is in terms of gambling expenditure and frequency of gambling.
- (3) Identify the areas where the client could make changes that could have a positive effect on his or her life. They may include:
 - setting aside a specific amount to spend on gambling each week (draw up a weekly or fortnightly budget, perhaps in consultation with a financial counsellor)
 - specifying fewer occasions when you will go gambling
 - being quite precise about when and where you do gamble.
- (4) Identify what your client could do to achieve each of these goals.
 - Undertaking to not gamble when feeling sad, stressed, or unusually happy or when under the influence of alcohol.
 - To enter a gambling venue without credit or debit cards.
 - To walk into a gambling venue with only the cash amount identified for gambling.

- Undertake to gamble only after bills and groceries have been paid.
 - To keep winnings separate from the initial stake money.
 - Decide to gamble only on two days per week.
 - Spend time doing other things such as looking for someone to chat too.
 - Deciding in advance to walk out of the venue and to establish where to go as soon as the specified money has been spent.
- (5) Identify any obstacles that might prevent your client from achieving each of these goals and useful strategies to overcome them. For example:

Obstacle: I'll feel a failure if I don't keep to my gambling budget.

Strategy: Tell myself that if I have a relapse it doesn't mean I have failed, I can learn from my experience and do things differently next time (Graham p.74).

An example of conducting the interview

Begin by discussing the positive aspects of gambling eg, "What's good about gambling for you?"; "What do you enjoy most about your gambling?" Using reflective listening will encourage the client to be more open and honest.

The next stage is begin to raise the client's awareness of the negative consequences of gambling and to determine whether the client sees the connections between these and gambling. A direct question might include, "What sort of difficulties or problems does gambling cause you?" An indirect question might be, "You seem to be getting quite deeply into debt lately. What sorts of things are you spending money on?"

As the interview progresses, with the client, write down on the advantages/disadvantages worksheet the positive reasons for gambling and the negative aspects of gambling, using the client's own words. Allow the client to see the advantages and disadvantages written down.

Try to get the client to think of these in the short and longer term.

Record the client's self motivational statements, again using the client's own words. Ask them to summarise what their main concern is and what they think might need to change to help reduce the level of concern. (Graham, 2004)

Relaxation exercises

Progressive relaxation

Progressive relaxation is based upon the premise that relaxing the body relaxes the mind (AADAC p. A.4). Participants may be led through the script provided.

Relaxing under pressure

AADAC (p.A.7) Participants may be led through the following exercise:

1. Sit in a comfortable position with both feet on the floor.
2. Lower head until head touches chest. Swing head slowly from side to side.
3. Let swinging slowly subside.
4. Let head flop gently back.

5. Turn head to look over left shoulder, bring chin down to touch shoulder.
6. Turn head to look over right shoulder, bring chin down to touch shoulder.
7. Lie down and let your head roll gently back and forth.
8. Stand up and do a tension stretch. Raise your arms above your head. Stretch as hard as you can, reaching towards the ceiling. Tense every muscle in your body. Hold this position for 10 seconds. Relax, then repeat the exercise.
9. Relax and return to normal.

Visualisation guide

AADAC (p.A.7.)

1. Sit in a comfortable position, close your eyes and imagine you are sitting by the ocean. (A country retreat or a field filled with flowers also works well.)
2. Feel the sun on your face, see the clear blue sky and hear the rolling waves.
3. Stay there in your mind's eye, for several minutes and soak up the relaxed feelings.

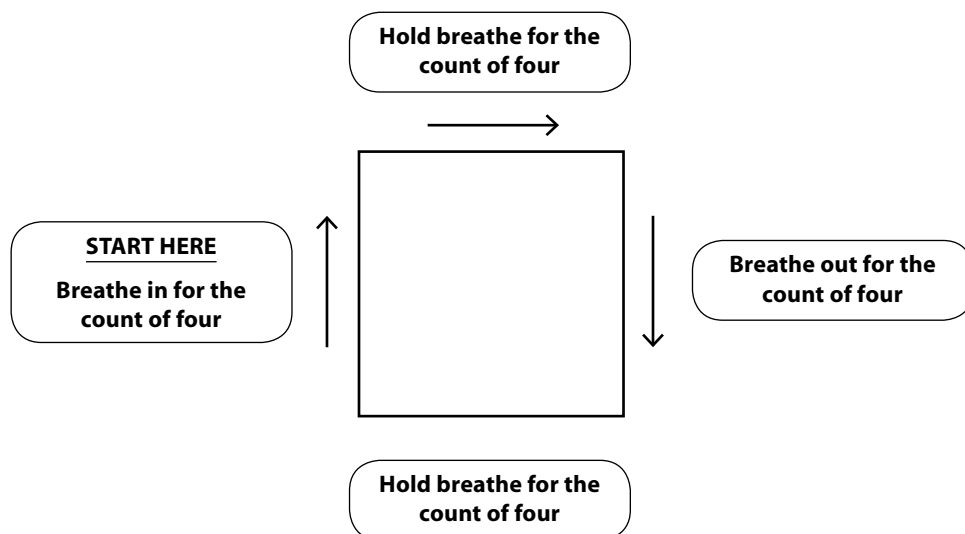
Relax by stretching

AADAC (p.A7)

1. Stand up and stretch.
2. Yawn a few times.
3. Take a deep breath through the nose and exhale through the mouth.
4. Stand with all your muscles loose and relaxed.

Breathing around a square technique (Moore, 2002)

Draw the figure on a sheet of paper or on a white board. Lead the participant through the following steps.



1. Sit in a comfortable position with both feet on the floor.
2. Breathe in and out a few times.
3. Begin to track along the left-hand side of the square and breathe in slowly for the count of four. *"Breathe in 2,3,4"*.
4. While tracking along the top of the square, hold your breath for the count of four. *"Hold your breath 2,3,4"*.
5. Track down along the right-hand side of the square and breathe out slowly for the count of four. *"Breathe out 2,3,4"*.
6. While tracking along the bottom of the square, leave your lungs empty for the count of four. *"Lungs empty 2,3,4"*.
7. Repeat steps three to six, twice.
8. Ask the participant to close his or her eyes and repeat steps three to six three times.
9. Ask participant to breathe normally and open his or her eyes when ready.

Desensitisation by visualising (AADAC p.A.8)

Have participants think of a situation in which they would be likely to experience an urge to gamble. Lead them in an exercise in which they close their eyes and visualise the situation. Use questions to encourage participants to make the situation as realistic as possible by asking questions such as "Who is with you?," "What do you hear?" or "What do you smell?"

When participants are experiencing the urge to gamble, lead them through one of the relaxation techniques described in previous sessions until the urge subsides.

Note: This technique may be incorporated into the previous sessions. However, if used in this manner, the visualisations should become progressively more intense. Early in the treatment program, participants should visualise situations in which they have a mild urge to gamble. Later sessions should address situations in which the urge to gamble is more intense. Always work towards successful resolution to the visualisation of the gambling urge.

When doing this relaxation exercise, keep a record of the effect it has on the intensity of the client's urges to gamble. Several different forms are available for this purpose.

Strategies for dealing with temptation

Finding yourself near a gambling venue

1. As much as possible, change usual routes to avoid gambling venues with which one is familiar.
2. Systematically avoid going to places where gambling is available. As much as possible find and frequent places where company but not gambling opportunities are available.

Finding yourself in a gambling venue, despite your best attempts to avoid it

3. Get out as soon as possible.
4. Remain as far from gambling opportunities as possible.
5. Avoid asking staff or other patrons about the results of any gambling activity.

Finding yourself alone in a gambling venue

6. Engage with friends or acquaintances who are not gambling.
7. Leave the venue with the people who accompanied them.

Receiving an invitation to gamble

8. Learn to assert yourself and develop strategies to refuse such offers. Role play with a counsellor or friend to become comfortable with declining offers respectfully and firmly.
9. Discuss your gambling problem with family or friends, telling them the problem is being dealt with and, if they wish to help, asking them to avoid inviting you to go to gambling venues.
10. If most of your friends are linked to gambling activities, consider making changes to certain relationships or questioning them. Develop a circle of friends or at least establish a few friendly relationships. If you are unsure how to do this, discuss social skills training with a therapist.

Financial strategies

11. Ask someone who you trust to help by handling your money.
12. Carry only a limited amount of money on you.
13. Leave cash and ATM cards in a safe place while you are out.
14. Cancel credit cards.
15. Arrange with your bank or credit union to put a daily limit on the amount that can be withdrawn, so that the account cannot be emptied in a gambling session.
16. Arrange with your bank or credit union to make cash withdrawals available only over the counter of that institution, but still allow you to make purchases with your cards at supermarkets, department stores, etc.
17. Arrange for regular debts to be paid using direct debits or Centrepay.
18. Plan activities for the day that payments fall due.
19. Schedule activities to take place immediately after money is collected and after bills are paid.
20. Visit a financial counsellor to discuss drawing up a budget and ways to stick to that budget.
21. Use the services of a financial counsellor to negotiate debt payments with creditors. Many people find that renegotiating payments results in a dramatic drop in stress levels, and often gives people space in which they can address other issues in their life.

Engage in alternative activities

22. With the help of a case worker, make a list of activities that may be of interest and which are accessible.
23. Find activities that can be done alone as well as activities that can be done with others.
24. Use some of your money to do something rewarding for yourself, regularly.
25. Review activities that were a regular part of your life before gambling, or activities that you often thought about doing but never got around to starting. Discuss ways to access these activities with friends or a counsellor.
26. Set aside an amount each week for rewarding recreational activities.

27. Reward yourself when you decide to not gamble.
28. Talk with a counsellor about ways to re-establish contact with friends and relatives.
29. Associate with people who do not gamble.
30. Where there are debts to friends and family members, sometimes acknowledging that debt and offering to repay even a small amount regularly will attract a positive response.
31. Practice a relaxation strategy as soon as you become aware of an urge to gamble. Continue until you feel deeply relaxed. Then decide how to spend your time and money.
32. Spend as much of your money as is reasonable on bills and non-perishables as early as possible after receiving your money.
33. Keep a card with a few motivational sentences inside your wallet.
34. Seek out treatment for issues such as alcohol and drug taking, anger, grief and loss, mental illness, sadness, anxiety, etc.

Be alert to thought processes

35. Give thought to the events that took place just before you experienced an urge to gamble. Talk with a friend or counsellor how else you might deal with the thoughts and feelings triggered by that event.
36. Avoid saying "I shouldn't gamble" or similar statements, as these focus attention on gambling. It is more useful to focus on thoughts and activities that are far removed from gambling.
37. Recall your core reasons for wanting to give up gambling.
38. Give thought to the things you will be able to buy as an alternative to gambling.
39. Recall what happened in the past when you spent money on gambling.
40. Recall times when you successfully dealt with urges to gamble.
41. Be mindful of the progress you have made so far along the road to recovery.
42. Recall that all urges will disappear whether you act on them or not.

Alternative rewards

Questions that could be posed include:

- What were your activities and interests before gambling took up so much time?
- What passions or hobbies did you have?
- What activities did you always want to do but never got around to doing?
- Which family members or friends (who do not gamble) might be open enough to visit or contact?
- What activities might provide some of the excitement or challenge that gambling once provided?
- Which activities are likely to provide the sense of recreation or relief or diversion once achieved by gambling?

Example of dealing with erroneous beliefs

Ladouceur (2002, p. 117) gives an example of the following cognitive approach.

Therapist: A gambling advertisement isn't dangerous in itself. If that were the case we would all have serious gambling problems. However, it can create an urge to gamble among certain people. Even then, desire alone does not decide for us. For example, I could want to leave for the TAB, but decide to never get there. What produces our behaviour is the final decision we make, and this decision takes place in our thoughts.

Therapist: What was the situation that gave you the desire to go gambling on Friday?

Client: On my way home I saw my favourite bar in the distance.

Therapist: Do you remember saying something to yourself at the time?

Client: Not really, I saw the bar.

Therapist: Would you say seeing the bar was a risky situation for you?

Client: Certainly. When I saw it all my good resolutions flew out the window.

Therapist: Could we include this under 'risky situations'?

Therapist: We will now try to find the thoughts that came to you when you saw the bar and that gave you the urge to gamble. When you saw the bar, you said it gave you the desire. What exactly did you have the desire for?

Client: I had the desire to think of nothing. It was a hard week and I was very stressed and needed to feel good.

Therapist: What motivated you to gamble was in fact the desire you had to feel good.

Client: That's it exactly. It's often the same scenario: I'm stressed and I need to gamble in order to calm myself down.

Therapist: What do you mean 'I needed to gamble in order to do so'?

Client: Well, as soon as I begin gambling, I forget all my problems and my stress goes away. It's really the best way for me to think about nothing.

Therapist: Let's write this down.

Therapist: How could you know that your stress would decrease? Gambling sessions don't always have happy outcomes you know.

Client: Yes I know. However it was as though I felt like I would win. In fact I felt an electric sensation go through my body.

Therapist: This electric sensation leads you to believe you are going to win?

Client : Yes.

Therapist : Let's write this down.

Therapist: Following this electric sensation, how did you choose your poker machine?

Client : Since a lady just lost a large sum of money at that poker machine, I told myself I couldn't be unlucky all evening. Moreover, I needed to win and I deserved to. My week was impossible and not everything could go wrong in it.

Therapist: All these spontaneous thoughts seem to amplify your desire to gamble. Let's write them down.

In this way the session continues until the client has complexly covered their last relapse and the main erroneous thoughts that occurred before, during and after the gambling session are revealed.

The therapist encourages the gambler to question their automatic thoughts and for each erroneous thought, provide another thought that could help thwart the erroneous thought. By regularly bringing the replacement thought to mind, the client can reprogram his or her thinking habits around gambling.

Irrational thoughts - a sample list

A list of irrational thoughts is provided, but there are many possible irrational thoughts. It is best to work with those irrational thoughts held by the individual and generate factual countering statements together.

- Gambling is an easy way to earn money.
- I can win it back.
- I am different from mug gamblers.
- I have a system that works most of the time.
- I just need to walk out when I'm ahead.
- Someday I'll win big and stop my gambling.
- Wait until I win big, then others won't criticise me.
- Borrowing to gamble is okay.
- Stealing to gamble isn't really stealing, because I'll pay it back.
- The more money I have, the greater is my chance of winning.
- I need a large enough kitty to start gambling so I can overcome initial losses.
- I won't waste my time entering a venue with less than \$50.
- I am so close to a win that I would be silly to stop now.
- I win most times that I gamble.
- Other people are winning so my turn must be soon.
- I have won big in the past so I can win big again.
- I have lost so much money today that I must be close to a win now.

Developing a relapse prevention plan

- (1) Identify key events that the individual considers to have significantly contributed to past relapses.
- (2) Discuss the role of others with whom the individual has contact, including workers at homeless persons' shelters.
- (3) Identify warning signs:
 - feeling unusually sad or anxious

- feeling more and more hopeless
 - thinking more and more about winning
 - cutting down on the number of activities other than gambling
 - finding reasons to go to gambling venues more often than usual
 - having experienced a significant life event such as a bereavement, illness, injury etc.
- (4) Generate other ways of coping with stressful events:
- skills training in coping with mood changes, grief and loss
 - practicing declining invitations to discuss gambling or join others in gambling
 - building social support networks
 - identifying alternative rewarding activities
 - practicing relaxation exercises.
- (5) Generate and rehearse a set of correct, factual beliefs about gambling to replace erroneous beliefs.
- (6) Deal with the immediacy of the craving:
- Breathe deeply ten times.
 - Remember that this urge too, will pass.
 - Practice a relaxation exercise with which you are familiar.
 - Recall the outcomes of past gambling sessions.
 - Recall the consequences of past gambling sessions.
 - Recall your motivation to cease or cut down gambling.
 - Recall the erroneous beliefs that lead to the current urge and replace them.
 - Consider alternative actions.

Appendix 1

<p>What have I done in the past?: (Personal and social resources)</p>	<p>What's going on now</p>	<p>Desires/aspirations: (What do I want?)</p>
<p>Had my own flat for eight years</p>	<p>Daily living example Living in squat</p>	<p>Place of my own with a garden</p>
	<p>Finances Fill in these examples</p>	
	<p>Vocation/education</p>	
	<p>Health</p>	
	<p>Recreation</p>	

Appendix 2

Factors contributing to the development of problem gambling

AADC suggests that the following factors contribute to the development of problem gambling and could be usefully discussed to help individuals gain insight into how and why their problems developed. Throughout the discussion of these matters it is important to emphasise gaining understanding and insight rather than blaming people or events.

- Family history
- Personality characteristics
- Emotional state
- Thinking patterns
- Unmet needs
- High stress
- Meaning of money

Sometimes monitoring daily activities can help identify those activities, triggers and emotions that support gambling. Monitoring can also identify which activities are being avoided and the impact that has on the client's life goals. Although worksheets are available for clients' use, it may be more practical to do this work through discussions, especially if literacy or a lack of safekeeping of diaries are relevant.

Family history

There is evidence that gambling runs in families, although available evidence of a genetic link to problem gambling is weak. Role modelling appears to be a more persuasive explanation of familial links. Discussions around the place of gambling in participants' early life could be useful.

Personality characteristics

Some personality traits, such as extreme impulsivity, inability to delay gratification and finding it hard to tolerate feeling uncomfortable, have been linked to problem gambling.

A commonly made claim is that gamblers are unable to stop gambling because they have addictive personalities, sometimes adding that they inherited their addictive personalities from their parents. There is a lack of empirical support for the belief that people who have gambling problems have 'addictive personalities'.

Emotional state

Individuals often cite feelings of under-arousal (gamble to deal with feelings of boredom) or over-arousal (gamble to deal with feelings of anxiety or stress) when explaining their motivation to gamble. Several homeless people interviewed reported feeling good when they win and gambling is the only thing one person said he enjoys.

Thinking patterns

Participants could be encouraged to explore how their thinking leads to actions. Some obvious links were made by homeless men in their interviews, for example "Mike... often thinks about what he could do if he could turn a small amount of money into a large amount". Gaining control over gambling can include learning new thoughts and behaviours in response to gambling triggers.

Gambling and homelessness

a case management resource

AADC (6.3) recommends that individuals with gambling problems be encouraged to use self-talk techniques to resist negative thinking and begin to activate positive thinking, find ways to deal with guilt, and identify and replace irrational thinking about winning at gambling.

Unmet needs

It can be useful to acknowledge to participants that unmet needs must be addressed and that simply stopping gambling will be unlikely to improve their lifestyle or living conditions. Interviewees spoke of the social atmosphere of the pub and of enjoying gambling. AADC writes that encouraging participants to recognise their own skills, feelings and abilities and using these to foster their own physical and spiritual health is of great importance.

High stress

Gambling is often used as a way of dealing with high stress levels, yet has the impact of adding to stress in the long term. As an inability to relax is a contributing factor to problem gambling, encouraging individuals to learn relaxation techniques can be very useful.

Meaning of money

Having money is attached to status and power in our society and gaining wealth quickly is glamourised. It is helpful to discuss what views participants hold on the significance of money and where they developed those ideas. It can also be useful to develop more realistic ideas about money.

Appendix 3

<insert posters> - to be supplied

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