

Evaluation of the AFM Problem Gambling Residential Program



Discovery 2005
April 19

The AFM Problem Gambling Residential Program

- Intensive 14 day abstinent-based co-ed program
- Program components – financial management, family counseling, cognitive understanding of how gambling works, gender specific counseling groups, GA meetings, individual and group counseling, coping skills



Background

- Program is partially funded by the Manitoba Lotteries Corporation
- 1st wave of clients were seen in October 2002
- 71 clients admitted in 18 months (9 drop outs), 62 completed the program
- To date 85% tracked down at 3 months (n=33), 82% at 6 months (n=33) and 93% (n=14) at 1 year

Short-term goals of the program

1. Increase life skill capacity
2. Increase knowledge of relapse prevention and management
3. Develop financial strategies
4. Develop ongoing recovery plan
5. Increase knowledge about gambling
6. Increase knowledge of mental health
7. Increase knowledge of impact of gambling on family etc.
8. Increase knowledge of community support

Long-term goals of the program

1. Reduce harm from gambling
2. Reduce financial effects
3. Reduce mental health issues
4. Reduce work-related issues
5. Reduce criminal involvement



Data Collection

- Admission
- Pre and post tests
- Follow-up (3, 6, and 12 months)



Measuring Objectives

Short term goals

- Gambling staff and research worked together to develop the questions
- Pre and post tests – given at intake and at discharge
- 24 questions measuring 8 content areas
- Paired t-tests

Measuring Objectives

Long term goals

1. Self-reported gambling levels (MGIS)
 2. Financial effects (debt, bills, etc.)
 3. Mental health issues
 4. Work-related issues
 5. Criminal involvement
- Descriptive statistics vs Inferential statistics (no statistical testing was used – small numbers and non-randomness of the sample)

Client profile at intake

- 42 males, 20 females
- 32% married, 26% divorced and 28% single
- 66% - 40 years old +
- 56% completed high school or less, 19% reported an university or college degree

Client profile at intake

- 45% work full time, 19% unemployed, 14% on disability
- ~50% have household incomes less than \$40 000
- 44% have at least 2 children; only a few clients reported that these children live with them
- 11 involved in the legal system with more than half of these due to gambling

Previous treatments

- Almost half (47%) reported to have attended a rehabilitation program for gambling
- Of these 27, 44% completed the program
- A large majority (67%) indicated that they had attended a self-help group

Type of gambling



- VLTs (video lottery terminals) most frequently played; also most problematic
- 38% reported to play VLTs several times per week
- 32% reported to play VLTs on a daily basis

Results:

Measuring short term goals

Intake – Pre test (24 questions)

Discharge – Post test (24 questions with space for qualitative comments)

Changes during the program (n = 55)

Content area	Before	After
Gambling knowledge (4)	3.53	3.69*
Impact on family (3)	2.55	2.82*
Mental health issues (3)	2.64	2.53
Recovery plan (2)	1.84	1.89
Life skills (3)	1.87	2.27*
Relapse prevention (3)	1.87	2.55*
Financial aspects (3)	1.91	2.36*
Community resources (3)	1.73	2.22*
Total knowledge score (24)	17.93	20.33*

*paired t-test sig. <.05

Results:

Measuring long term goals

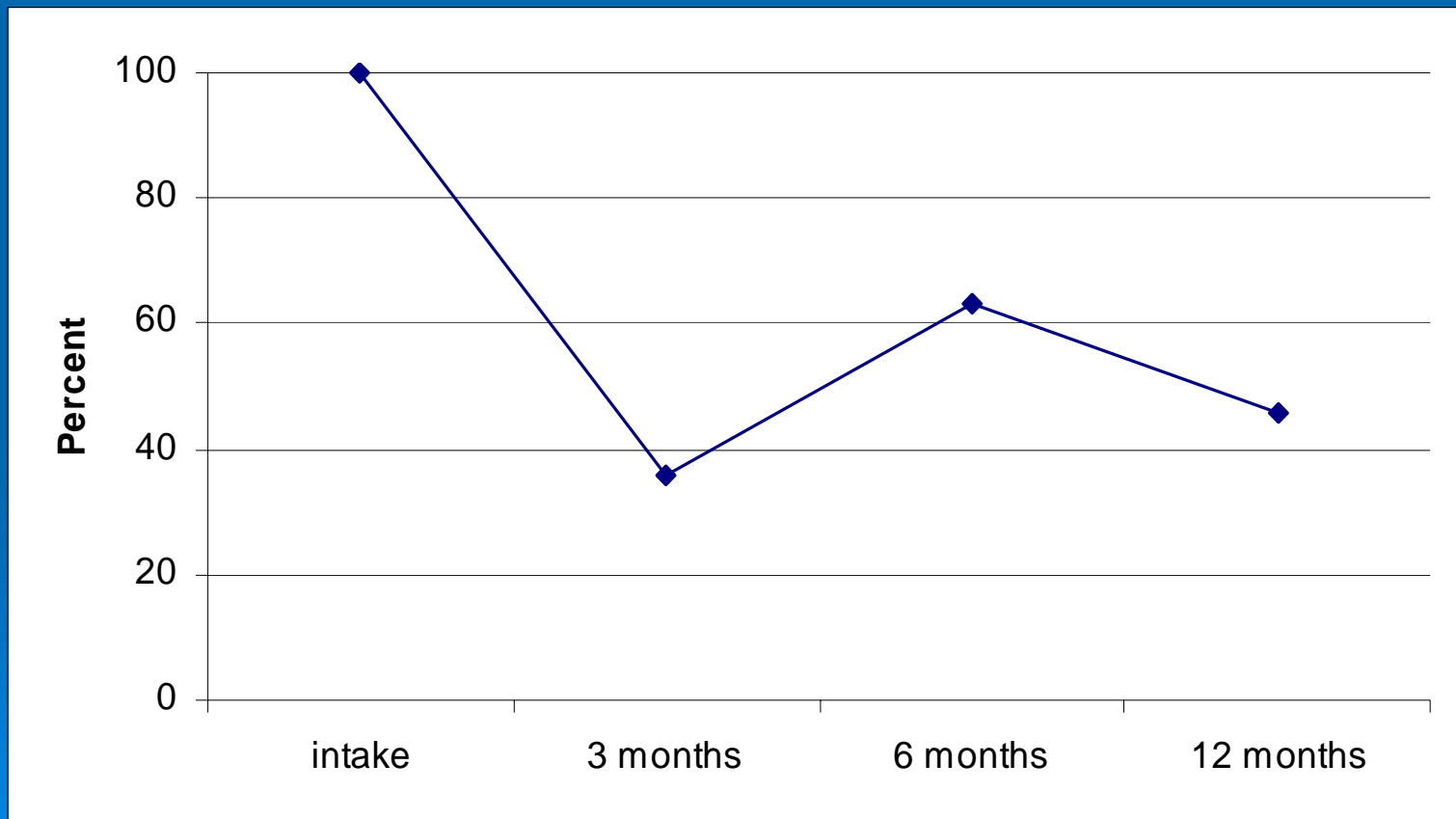
Compare results of intake data with follow up data (3, 6, and 12)

LT Objective 1: Reduce problematic forms of gambling

- Have you gambled?
- MGIS score?
- Frequency of VLT playing
- Do you feel that you currently have a problem with gambling?
- Anyone concerned with your gambling?

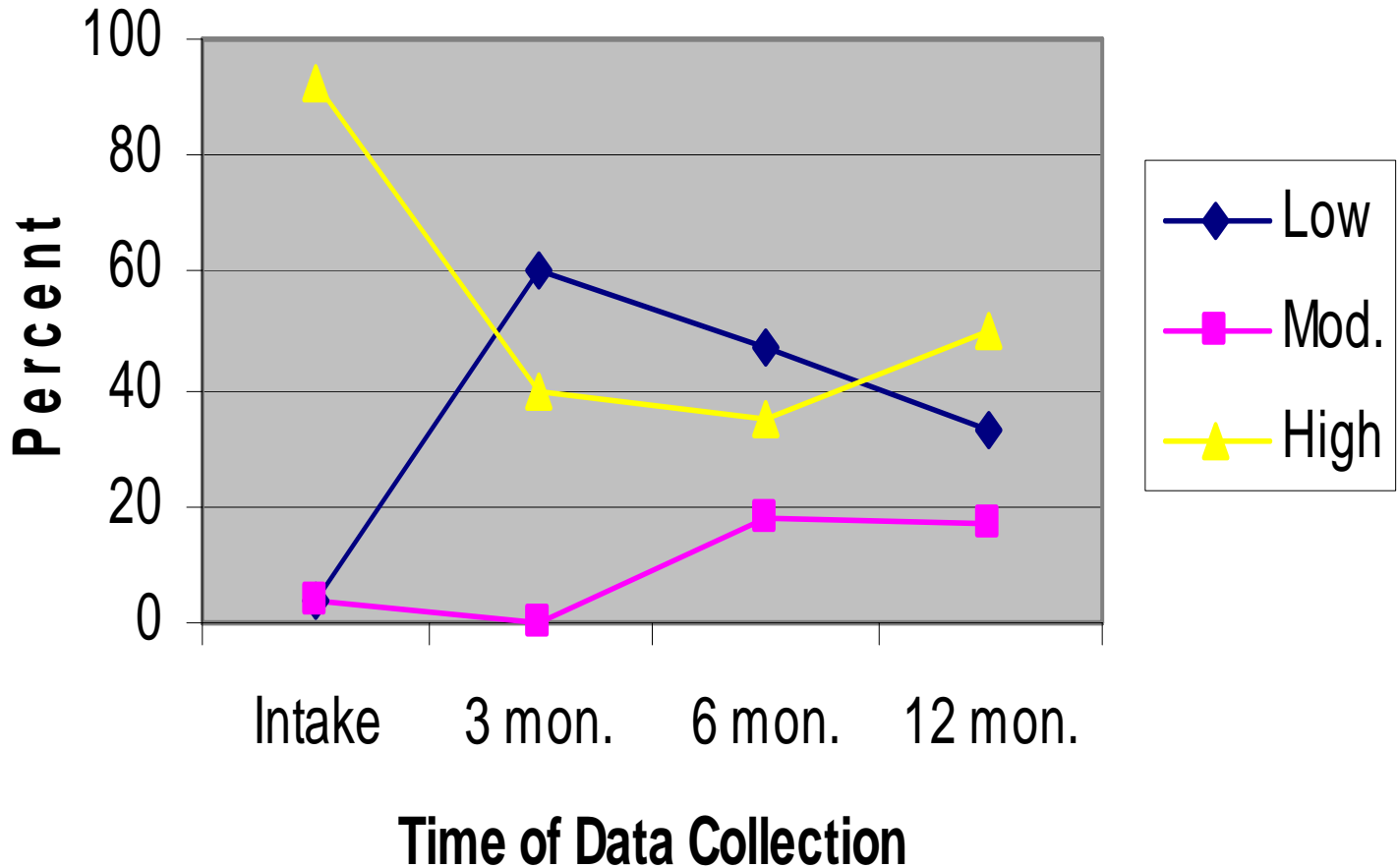
LT Objective 1: Reduce problematic forms of gambling

Percent Reporting to Gamble



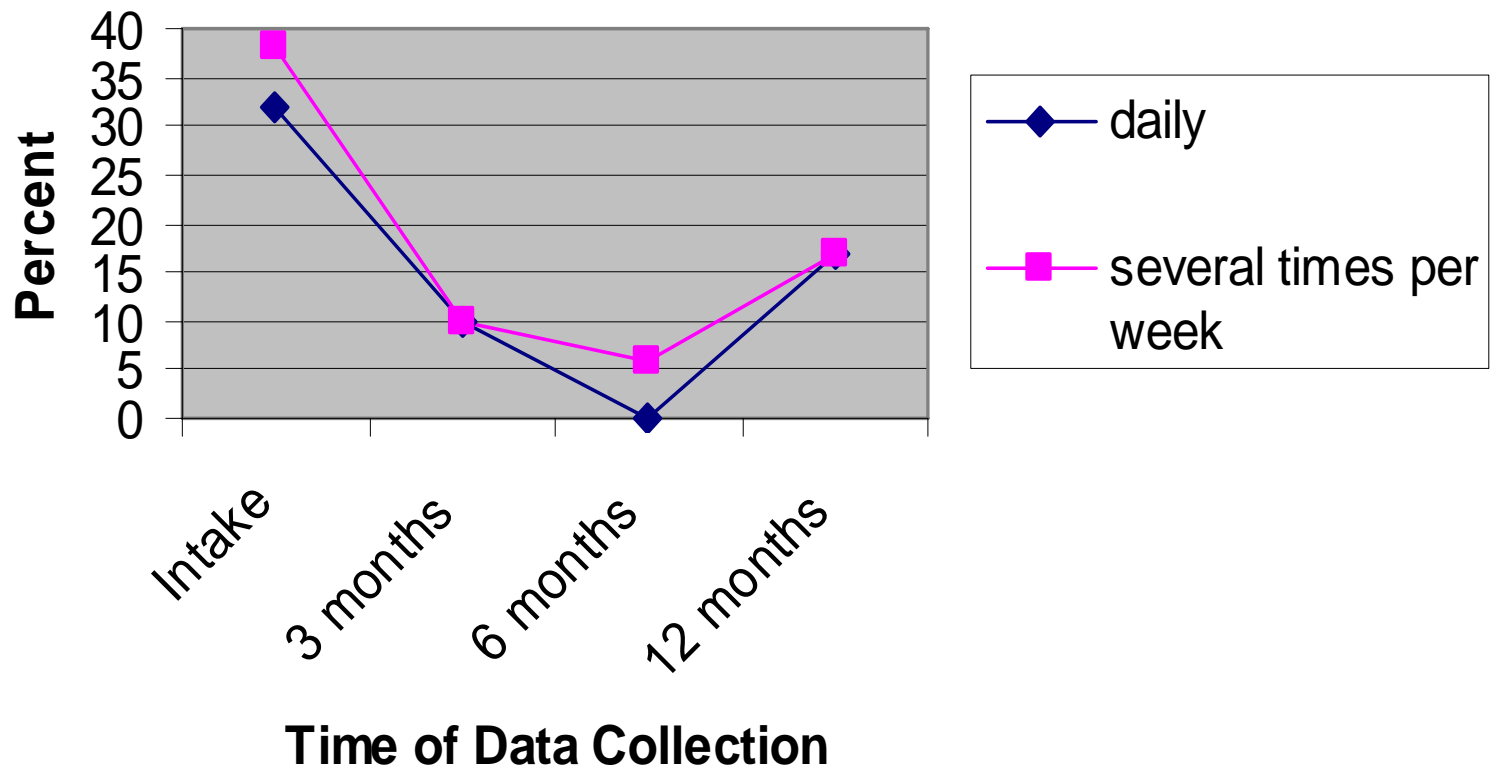
LT Objective 1: Reduce problematic forms of gambling

MGIS scores over time

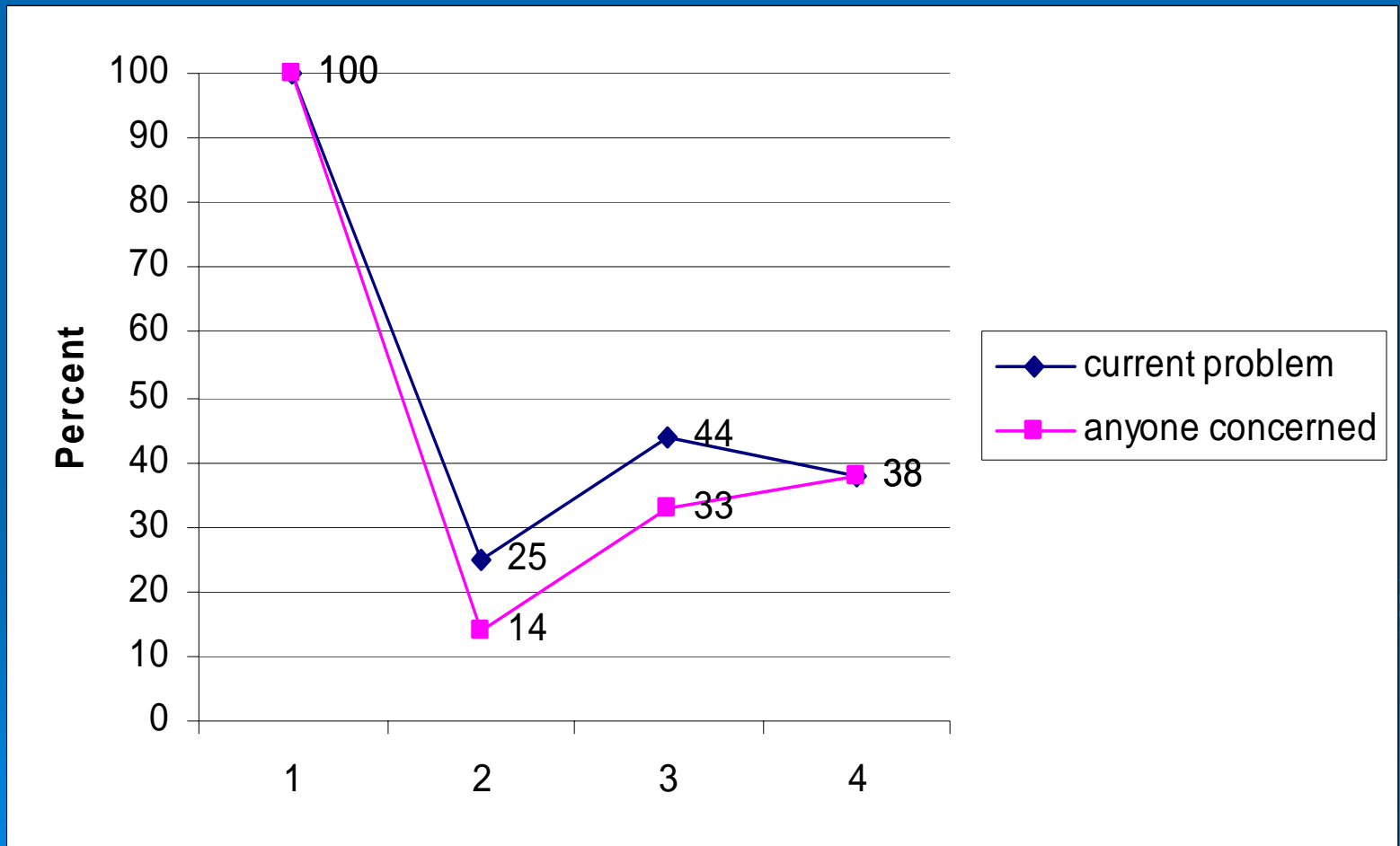


LT Objective 1: Reduce problematic forms of gambling

Frequency of VLT playing

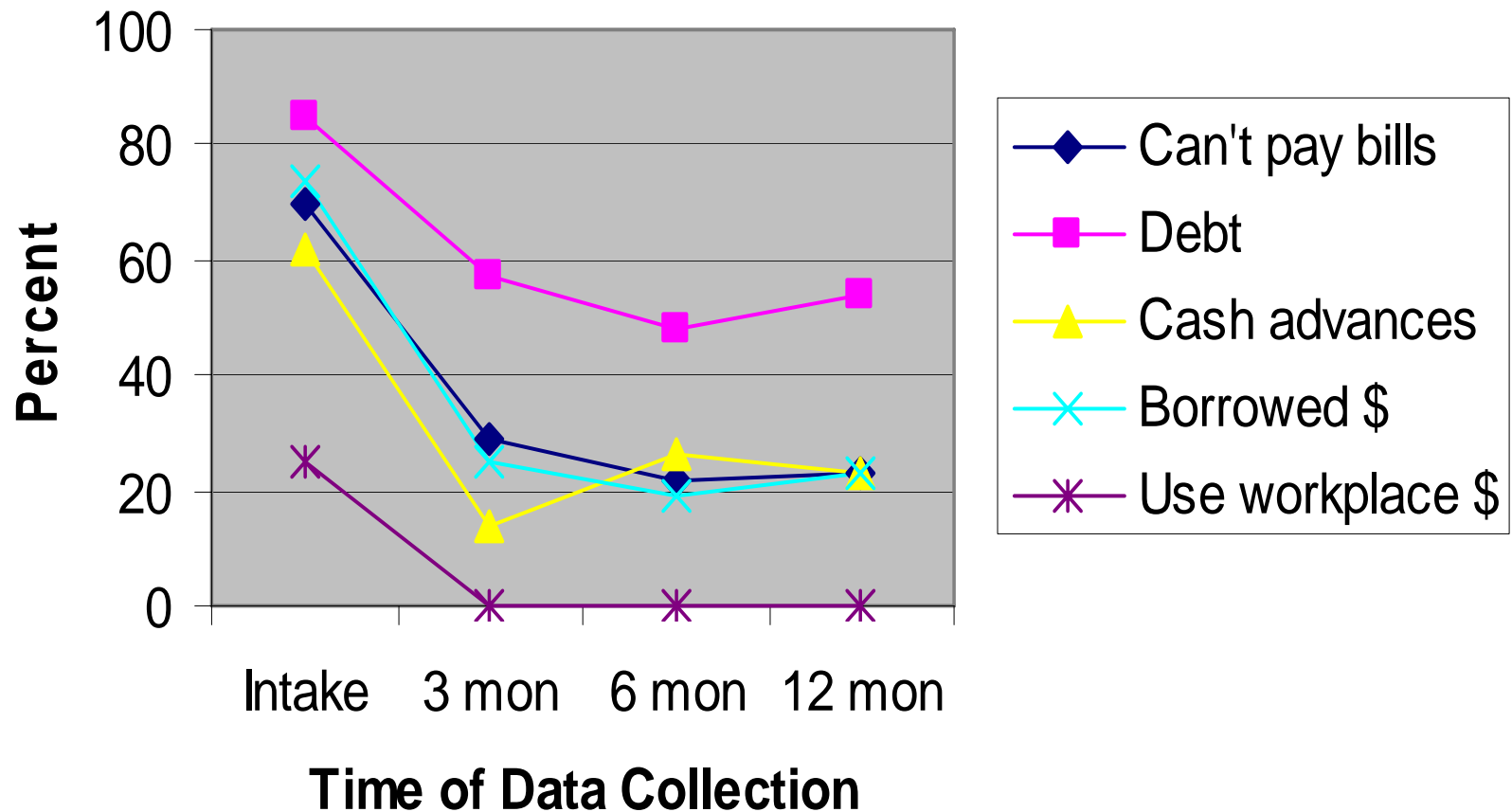


LT Objective 1: Reduce problematic forms of gambling



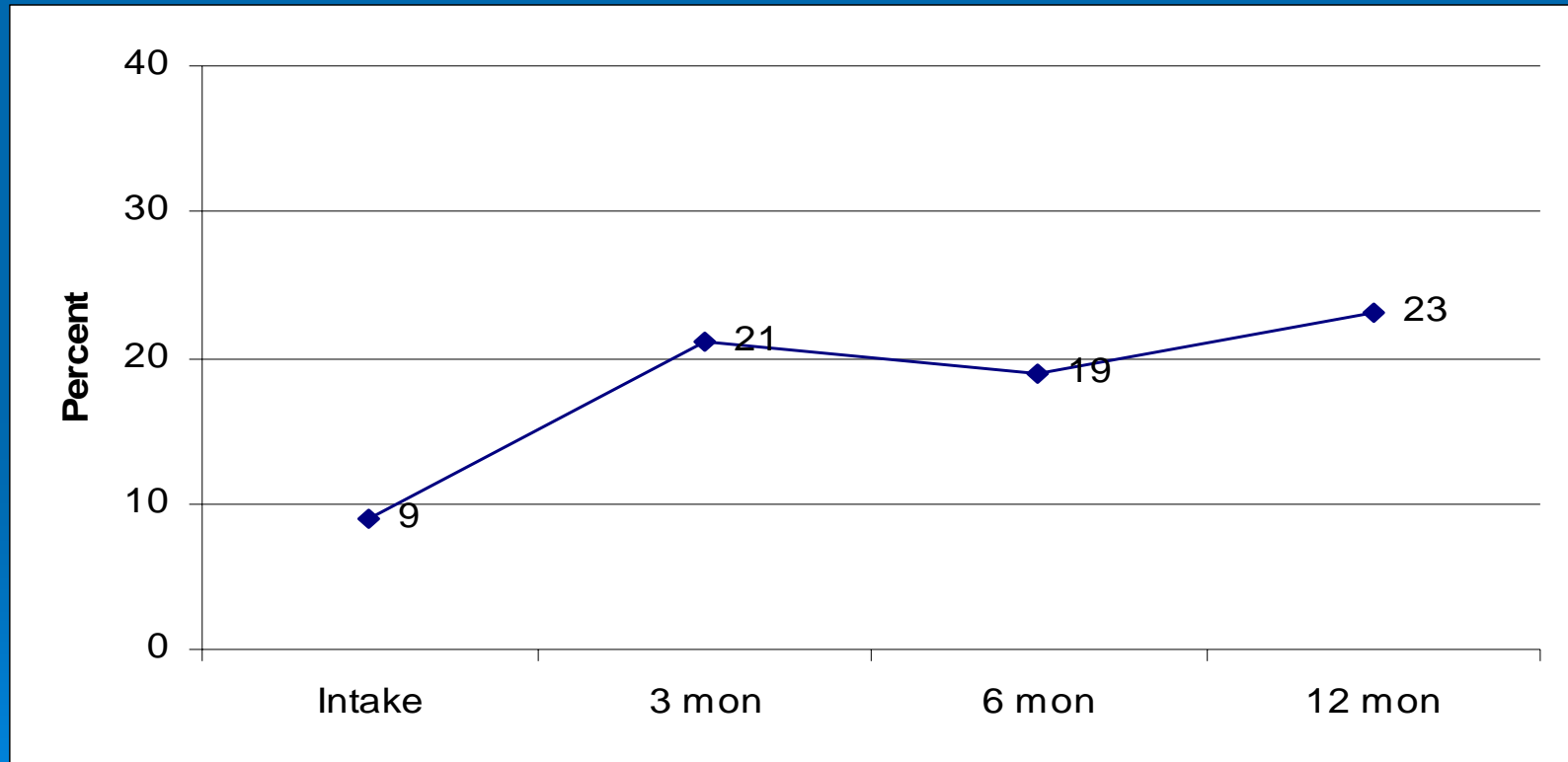
LT Objective 2: Reduce financial losses

Financial Effects of Gambling

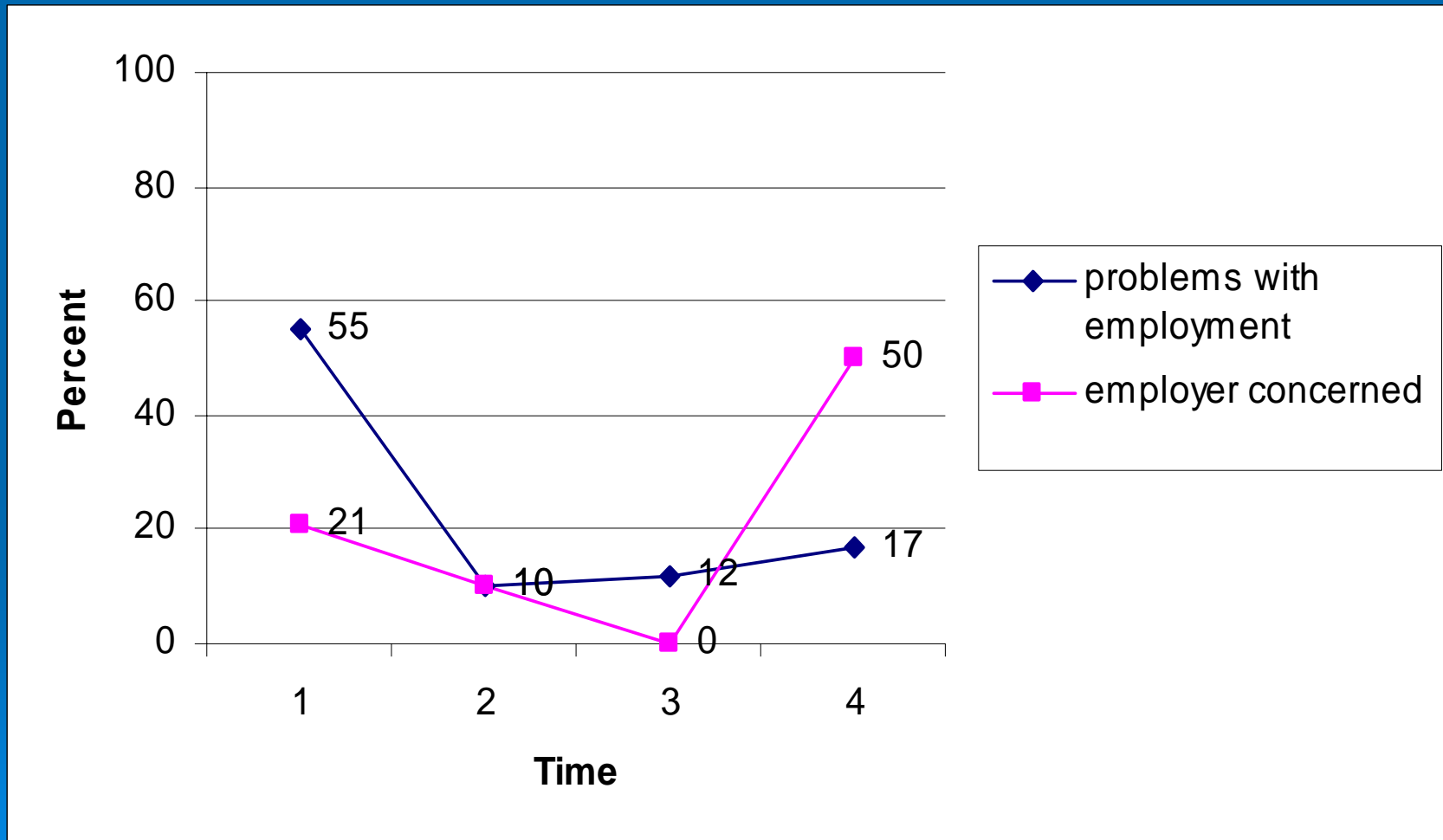


LT Objective 3: Reduce mental health problems

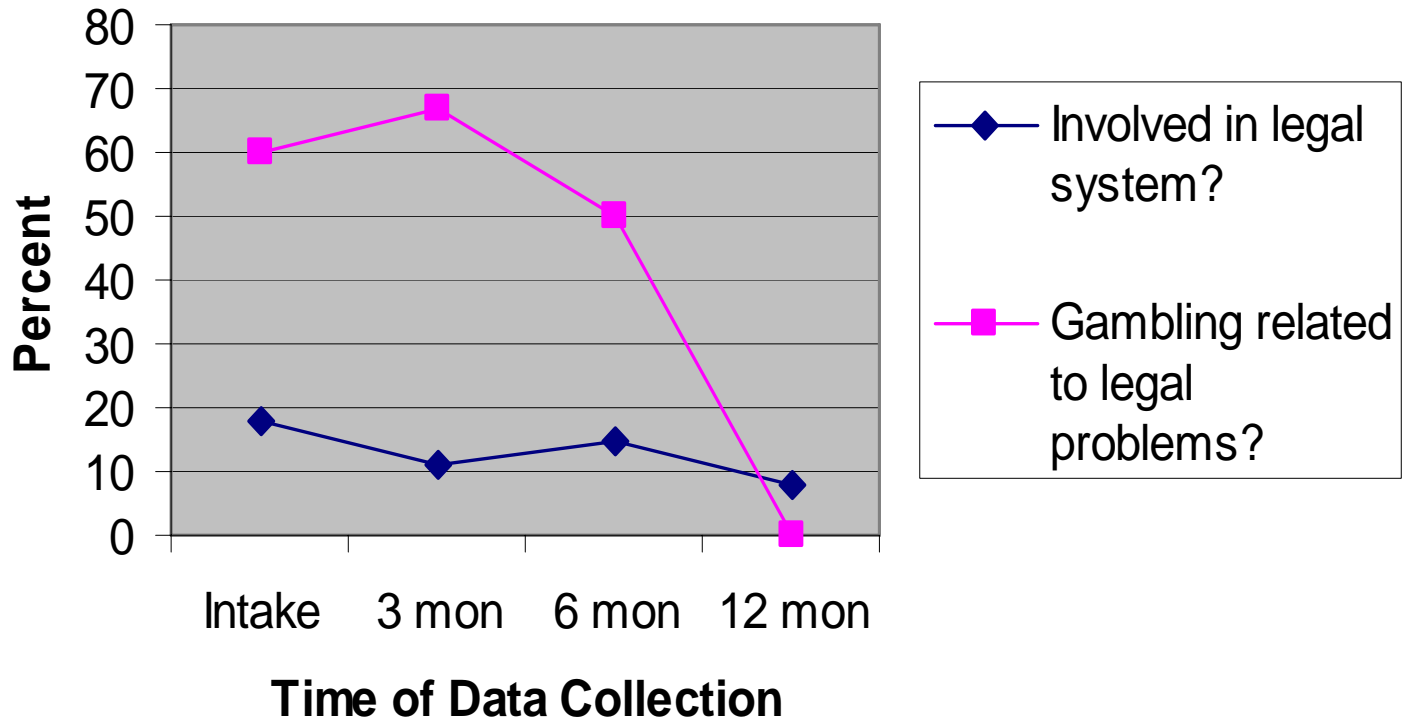
Are you currently thinking of suicide?



LT Objective 4: Reduce work related problems



LT Objective 5: Reduce legal problems



Their own voices: What is working (after care)?

“If I had access to money, I’d still be gambling. Right now my wife controls my money”

“I love my job, it keeps me busy. Especially in the evenings when the cravings are there”

“I used to think a lot about suicide but I feel so much better since I got back into my music. It is like therapy for me”

“GA meetings are helpful; there is a lot of energy there”

Their own voices: What to change?

“The program needs to be 3 weeks or the client should have the option to pick between a 14 day and 21 day program”

“More 12 step work so that it is easier to connect to services after the program”

“More 1 on 1 counseling”

“I wish the program had been one week longer”

Lessons Learned

Research

- More consumer input into the evaluation design

- Research – client relationship
 - Try to remain objective/neutral in discussions

- Inclusion of standardized measurement tools – comparable with other studies (especially mental health)

Lessons Learned

Treatment

- Involvement of specialized services for clients
- “Back-firing” effect of some treatment components
- Components that helped the clients (anecdotal and descriptive) - financial management, social/recreational activities, GA

Future Directions

- The value of a phone call – brief intervention
- Detailed analysis of specific groups (mixed age groups vs same age groups, drugs and gambling vs gambling alone, those who dropped out)
- Research – program components
- More research, more numbers, control groups, more more more!!!

Thank you!

➤ For program information....

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