

eGambling

THE ELECTRONIC JOURNAL OF GAMBLING ISSUES

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GamCare Helpline and Counselling Service

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Programme Description

GamCare provides a "stepped-care" approach for the support and counselling of problem gamblers and their families in the United Kingdom. The first stage of this programme is the GamCare Helpline.

The GamCare Helpline provides confidential counselling services and offers advice and information for anyone in the U.K. affected by a gambling dependency. The Helpline is caller-centred and combines telephone counselling, crisis intervention, information delivery and referrals. The Helpline is specifically targeted to reach three main groups: problem gamblers; partners, parents or family members of problem gamblers; and professionals

working in the field of gambling dependency or with gambling related issues.

The GamCare Counselling Service is the second stage of the "stepped-care" programme. It provides individual and couple counselling and abides by the British Association for Counselling Code of Ethics and Practice. All counsellors receive regular supervision of their client work.

Philosophy of Service

There are still limited resources for the treatment and support of problem gamblers and their families in the United Kingdom. By offering telephone counselling along with advice and information, the Helpline helps the caller engage in the counselling process, possibly for the first time. The caller makes a significant start by addressing a gambling problem on the Helpline and developing insights for future counselling work.

If the caller wants to have individual or couple face-to-face counselling, the caller can phone the GamCare Counselling Service and arrange for an assessment session(s). In 2000, 77 per cent of all counselling referrals came through initial contact with the Helpline.

The main aims of counselling are to:

- help reduce the frequency of problem gambling
- develop ways of coping with problem gambling behaviour
- understand some of the underlying reasons why gambling has become a problem, and
- address associated issues and behaviours.

The counselling is integrative and uses a range of therapeutic interventions relevant to the needs of each person. The most effective approach is found to be a combination of cognitive behavioural therapy, which helps reduce or stop problem gambling, and developing coping skills and psychodynamic therapy, which helps clients gain insight into the reasons for their behaviour.

Profiles of our Services

Staff

The Helpline is staffed by GamCare trained and supervised Helpline counsellors. They are employed largely on a volunteer basis. Some have counselling or counselling skills training, others have personal problem gambling experience and some have both. The counselling service staff are qualified counsellors or psychotherapists and have extensive client experience. They are paid on a sessional basis.

Description of our clients

Typically, both callers to the Helpline and clients attending face-to-face counselling have long-standing gambling problems. These problems have often resulted in substantial financial loss, the breakdown or near breakdown of relationships, and impaired physical and psychological health. In 2000, only a small percentage of callers and clients were female problem gamblers. Clients under 35 tended to access the Helpline while the counselling service attracted a slightly older group. Twenty-seven per cent of clients who met with counsellors face-to-face were from ethnic minority communities.

Slot machines and on and off course betting were the most common modes of problem gambling, representing 92 per cent of calls to the Helpline and 89 per cent of counselling work. Other problem areas were casino table games, scratch cards, private card games and spread sports, and financial betting.

Programme Evaluations and Research Involvement

At assessment, clients have a semi-structured interview covering the DSM-IV criteria for pathological gambling and the South Oaks Gambling Screen. They are also evaluated across different areas of client functioning. At closure, and again at follow-up, the extent of the client's resolution or improvement across all domains is measured.

At present, there is no research involvement.

Outcomes

During 2000, 77 per cent of clients at closure had either stopped or reduced their problem gambling behaviour. There were also considerable improvements across areas of client functioning. During follow-up, many clients who had regressed in their gambling reported prior deterioration in their problem area(s) of day-to-day functioning as well.

*Adrian Scarfe
Counselling Manager, GamCare*

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The Electronic Journal of Gambling Issues: eGambling invites clinicians from around the world to tell our readers about their problem gambling treatment programs. To make a submission, please contact the editor at phil_lange@camh.net.

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