CEP from a Problem Gambling Perspective

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Problem gambling evolves closer to AOD

- DSM-5 changes Pathological Gambling from an impulse disorder to an addictive disorder
- New category for AOD too with gambling in Substance-Related and Addictive Disorders
- Pathological Gambling now changed to Gambling Disorder
- Now 4 out of 9 criteria (was 5 out of 10)
- Now must occur within 12 months
Very high CEP with problem gambling

- Research consistently shows problem gamblers have high CEP
- Examples: AOD, depression, anxiety all possibly affecting over half problem gamblers
- Also high needs for legal advice, budgeting, relationship counselling, housing
PG practitioners competency

• Continuing training
• Members of DAPAANZ
• Facilitation ‘operationalises’ CEP
Problem Gambling has Facilitation

• A funded initiative for PGs
• Three way process – client, PG service, targeted facilitated service
• Examples: attend with client to MH, AOD, legal/Court, WINZ etc
Overall importance of Facilitation
(N=87 (2 missing))

- 70% consider Facilitation to be always important and critical to good outcomes
- 15% fairly important but focus upon PG
- 10% think optional and post PG can be appropriate
Knowledge and/or relationship with AOD services (N=86 (3 missing))

- Over half have good relationships/access to AOD services
- About one in five average to poor AOD access
- Mixed were generally good and own service
Knowledge and/or relationship with Mental Health/GP services (N=87 (2 missing))

- Over half good relationships with MH and/or GP services
- About one in three average to poor