



MONASH University

A Victorian  
Government  
initiative



**Problem Gambling Research and Treatment Centre**

*A joint initiative of the University of Melbourne, Monash University and the Victorian Government*

## Summary Report

# Evaluation of Gambler's Help Northern Peer Connection Program Pilot 2

Serena A Smith PhD  
Alun C Jackson PhD

September 2008



**BANYULE**  
Community Health

## Summary Report

The following summary reports on the findings of the Peer Connection Program evaluation commissioned by Banyule Community Health Service (BCHS) and undertaken by the Problem Gambling Research and Treatment Centre (PGRTC). The evaluation team assessed the design, implementation and impact of the Program. The Peer Connection Program operates with the broad aim of providing a telephone-based, non-crisis, confidential, peer support service to those seeking help for problem gambling behaviour and to the family members of those with problem gambling behaviour. In the opinion of the evaluation team this aim has been met successfully by the Program. In addition, the evaluation has established the evidence base necessary to confirm the benefits of the Program for both clients and volunteers and indicated how the establishment of the Program has impacted upon other related services delivered by Gambler's Help Northern. Finally, the evaluation has clarified that the Program, as it exists, is a robust model of intervention transferable to other Gambler's Help service delivery sites.

### Summary of Findings

1. The impetus for the Peer Connection Program grew from the desire of a group of clients involved in the group program run by Gambler's Help Northern to continue their recovery by helping others and giving back some of the support they felt had been important to their own recovery. This desire was harnessed by the group leader who was also the original Program Co-ordinator and most of these clients of the group program became the first peers trained to deliver peer support through the establishment of the Peer Connection Program.
2. The current literature shows a number intervention models come under the umbrella of peer support. Within this literature the framework adopted by the Peer Connection Program is described as a **peer partnership** model. The Program is run as a partnership between volunteers and paid employees, who share in control of the operation of the Program.
3. The effectiveness of peer support as a mode of intervention in recovery services has been established in a number of evaluation studies. Most studies show peer interventions are just as effective as professional interventions. Others in the area of the management of mental illness indicate peer interventions perform slightly better on indicators such as reducing hospital admissions and compliance with treatment protocols. In the gambling related field, there has not been a study of peer delivered services that could compare with other treatment outcome studies, although peer services continue to operate and are

anecdotally considered useful. The current evaluation goes some way to addressing the gap in this area of research but clearly there is a need to establish the effectiveness of peer delivered services by running a Randomised Control Trial (RCT) of this intervention. Although the findings of the current evaluation are very positive, until pre and post intervention measures are compared and the benefits confirmed by an RCT, we cannot claim the effectiveness of peer support with absolute certainty. One of the recommendations of this report is that an RCT be run alongside the roll out of peer support services.

4. The values underlying the Peer Connection Program are implied rather than clearly articulated. The primary value of the Program is seen as providing clients with the option of talking to someone who *has been there* and who can relate more directly to the clients' experience. The reason why this type of contact might be valuable is not identified. The process of linking the value of *having been there*, to the psycho-social processes underlying it, is essential if the Program is going to develop and become an integrated part of service delivery at Gambler's Help. This process needs to be undertaken service-wide, as the evaluation has uncovered reluctance within the counselling group to refer clients into the Program due to uncertainty about the nature of the support offered by peer volunteers and the quality of that support. There are demonstrable processes at play in the peer exchange process that clearly have beneficial effects for clients. The evaluation has established the presence and operation of a number of key psycho-social processes in the delivery of the Peer Connection Program and these require acknowledgement within the broader service delivery system.
5. The findings of the evaluation of the Program highlight the importance of the Program continuing as an adjunct or alternative to counselling service provision at GHN. The findings also confirm the Program is meeting its stated aim of delivering a non-crisis, confidential peer support telephone service to problem gamblers and their family members. This aim has directly influenced the design of the Program.
6. One of the major tasks of the evaluation was to identify and report on client and volunteer benefits from participation in the Peer Connection Program. The analysis of client questionnaires and semi-structured interviews clearly demonstrate that clients benefit from their involvement in the Peer Connection Program. These findings provide a sound evidence base from which to assert that the program is achieving its formal aim of providing support to people whose lives are adversely affected by problem gambling. Likewise, the findings demonstrate clear benefits to peer volunteers from their involvement in the Program.

7. A number of interesting features emerged from the evaluation data gathered regarding service use. These features are interesting as they challenge assumptions often made about motivations for service use and goals for recovery. They are features that require further exploration in order to guide future Program planning.
  - 7.1 Respondents who were married used the program for longer periods of time. This finding indicates that social isolation alone is not the basis for long term service use. The reason for this is not clear but could indicate that an individuals' sense of isolation relates to the nature of their problem and not to being physically on their own.
  - 7.2 Partners and family members are more likely to use the service as adjunct (simultaneously) to counselling, whereas ex-gamblers are more likely to use Peer Connection as an alternative, or addition to counselling. A number of Peer Connection clients spoke of remaining abstinent by a mix of self-exclusion and peer support. The use of this combination as a method of recovery should be further investigated by Gambler's Help Northern (GHN) and promoted to individuals who choose self-exclusion.
  - 7.3 The profile of gambling activity indicated that most people using the Peer Connection Program are ex-gamblers who feel their gambling has caused substantial problems in their lives prior to using Gambler's Help. The vast majority (91.3%) are now either not gambling or gambling a lot less. This finding has a gender bias, with women being more likely to have ceased gambling, whilst men are more likely to be gambling a lot less. Although the population of evaluation respondents was small, we can say women are more likely to adopt and achieve the goal of abstinence whilst for men the goal appears to be controlled gambling. Setting recovery goals appears linked to the level of satisfaction people feel about their gambling. In this study, individuals who abstain from gambling generally feel a greater sense of satisfaction than those attempting to control their gambling.
  - 7.4 Gambler's Help Services have adopted a harm minimisation philosophy in the setting of treatment goals for clients. The current evaluation findings indicate those who are no longer gambling are much more satisfied with this outcome than those who are gambling a lot less, and use the service for a shorter period of time. This is reinforced by the fact that current clients of the Peer Connection Program are more likely to still be gambling. These findings suggest that if abstinence can be achieved, it results in less need for ongoing service provision and support. Controlled gambling seems to result in longer term service use. The philosophy of harm minimisation with its inclusion of an implied controlled gambling recovery goal feeds the need for longer term service use.
  - 7.5 The findings of the evaluation show there is a strong relationship between client perception of their gambling related problem and the measure of that problem using the Canadian Problem Gambling Index (CPGI) severity subscale. Only one client

was measured as having a severe problem on the subscale and they no longer gambled. The eleven clients who still gambled scored as having either a moderate or minor gambling problem. Of these eleven clients, ten said they were gambling a lot less than they were prior to attending the service. These findings suggest that attending the service has had a substantial impact on the severity of a client's gambling problem for not only are ex-gambler's reporting they gambling a lot less, on the independent measure of the CPGI severity subscale their gambling problem is measured as either minor or moderate in severity.

7.6 In semi-structured telephone interviews clients were asked what impact peer support had on problem resolution across a number of areas. Many of the respondents used the regular contact of peer support alongside self-exclusion to manage their gambling problem. It was felt that peers understood more fully, the void that abstinence initially created in the gamblers' life and were able to address the issues more effectively than counsellors. Although peer support alone did not result in clients stopping/controlling their gambling it certainly provided a consistent and supportive point of contact through the process of change.

7.7 There is a high level of self efficacy among the group generally, with high self efficacy indicating a high level of general health and well-being. There seems to be a relationship between the length of time a person has been using the Program and their level of self efficacy. The longer an individual uses the Program the higher their sense of self efficacy. Finally, there is a higher level of self efficacy among the gambler/ex-gambler population compared with partners and others in the program. The evidence indicates that the level of self efficacy experienced by a respondent is linked to their capacity to actively change their problem.

7.8 The level of self esteem reported by respondents is impacted by age with those under 50 having a lower level of self esteem. There is some evidence to indicate a positive relationship between a strong sense of self efficacy and a high level of self esteem. Nonetheless, counter intuitively, the respondents most dissatisfied with their current level of gambling had high levels of self esteem. This finding requires further exploration as it seems to indicate a tendency for those with high self esteem to set themselves higher treatment goals and therefore be more dissatisfied with the outcomes they achieve.

## **8. The nature of the support provided by the Peer Connection Program**

8.1 Clients felt well supported by their contact with their peer support worker. The findings show the processes of supportive/active listening, normalising of experience, exchange of practical information and increased hope for recovery were the factors clients felt most characteristic of the support they received. Clients also emphasised the authentic/believable and realistic nature of the support they received from peers. In addition respondents emphasised feeling less shame when speaking

about their circumstances with a peer because they knew the peer had been there (down so low) themselves.

8.2 The responses to questions regarding the nature of the support they received highlighted the fact that peers are not undertaking tasks identified as belonging to the counselling process, but, rather, are offering something different.

8.3 In terms of activity, almost 40% of the volunteers' time is spent in the processes involving active listening and understanding; 17.7% of the time was spent sharing stories and mutual support; and an additional 16.9% was spent on providing positive feedback and personal validation. The closeness of findings between client report and volunteer activity indicates cohesion between what is being offered by the Program and clients perception of what they receive.

#### **9. Client experiences of their peer volunteer – relationship dimension**

9.1 Respondents felt very positive about the way their peer volunteer related to them. There was clear evidence that the Peer Connection Program is meeting its aim of offering support to individuals affected by gambling related problems in a confidential and non-judgemental way. Clients felt accepted, well supported, and able to confide their most private thoughts and experiences with their peers.

9.2 Importantly this confidence and support did not translate into clients developing a sense of dependence upon their peer. This is an important finding as program planners often worry about fostering dependency in clients as the result of providing support services. Our analysis of peer support indicates the reverse. An intimate and supportive environment can be provided without creating a sense of dependence in a client. This would suggest that clients feel in control of their use of the Program using it as long as they feel they need to.

#### **10. Impact of support on clients**

10.1 Given that the clients who participated in the evaluation were already receiving the service it was not possible to undertake any pre and post measures of states such as self esteem and self efficacy. It is not possible, therefore, to claim with any validity that the program increased these capacities for clients. What we can claim is that peer support provides an ingredient that professional counselling cannot. Peers act as living examples of recovery and this factor lends their views credibility, which enhances a clients' belief in their own capacity for recovery. Individuals using the program identified themselves more strongly with their peer than with their professional counsellor.

10.2 The findings highlighted that a number of ex-gamblers remained abstinent through the use of peer support and self-exclusion from venues, rather than using counselling services.

## **11. Impact on client sense of psychological well-being**

- 11.1 The evaluation findings indicate that peer support impacts upon, and benefits, the sense of psychological well being of clients using the Peer Connection Program. Peer support contributed to respondents feeling they shared a problem in common with others, which improved their sense of self satisfaction and lessened negative thoughts about themselves. It was predominantly in their work with peers, rather than counsellors, that respondents felt they had things to be proud of, that they were like others experiencing the same problem and this knowledge altered their negative self perception.
- 11.2 Clients of the Program identified a number of benefits, the most commonly cited being the relief they felt talking to some one who had faced the same experience as themselves and survived. The sharing of a common problem strengthened their sense of hope in the possibility of recovery. Clients also considered it was important to speak to someone who could appreciate the power of urges and the pull towards gambling, in then believing they could overcome these urges themselves. The peer as a living example of recovery provides a powerful model of recovery for the client providing a basis from which clients can imagine themselves in the same situation (as recovered). The support they receive from their peer enables them to face the many challenges along the road to recovery. Clients felt they were talking to people who really understood them.

## **12. Impact on client sense of self efficacy**

- 12.1 The findings clearly indicate the majority of evaluation respondents felt the support they received from peers had impacts/benefits linked to their capacity to manage and control events in their lives. Knowledge about their situation, confidence in their ability to change/solve problems, and the capacity to cope with things, were presented as the benefits of receiving peer support. Interestingly peers had a greater impact than counsellors in the areas of developing a clients sense of confidence in his/her ability to manage gambling, knowledge about their situation and capacity to cope with the things they have to do.
- 12.2 The findings clearly indicate that peer support benefits clients by empowering them to take control over their situation, and solve problems with confidence. As the findings suggest it is work with peers that impacts more directly on a clients' sense of confidence in their ability to manage their gambling. In so far as a peer provides a living example of recovery they are able to mobilise the clients' belief in their own capacity to change. Clients felt less convinced by their counsellors' belief in their capacity to change, feeling that counsellors did not understand the true nature of the problem and how hard it was to stop.

### 13. The nature of peer support and counselling practice

13.1 The evaluation findings highlight important differences between the work of peers and counsellors and the impact of this work. On the support subscale used in the study, the least positively loaded item was the statement; my peer *assisted me* to solve my problems and concerns, with only 65.4% either agreeing or strong agreeing with this statement. In contrast on the self efficacy impact sub-scale one of the most positively loaded items was the statement: my peer *made me feel more able* to solve problems and concerns with 84.5% of respondents either agreeing or strongly agreeing with this statement. The difference between these two statements, between the concepts 'to assist' and 'made me feel more able', captures the essence of peer support. Rather than directly assisting in problem solving, peers contribute by empowering clients to solve their own problems and concerns. Client responses to the PSEI captured the process of empowerment at work, which is the corner stone of mutual support and self-help.

### 14. Impact on client sense of social connection

14.1 Peers scored higher than counsellors on all items indicating a client benefit linked to a sense of social connection. This finding was reinforced by clients' views that they felt much more connected to, and identified with, their peer. Working with peers made clients feel, more likely to get help if they needed it, less alone, and believing there are more people they can talk to. The sense of having more people to turn to was an impact that was more likely to be motivated by peer contact than work with counsellors.

### 15. Client satisfaction with the service

15.1 Analysis of the satisfaction measure used in the study provided unequivocal evidence that most respondents have a high level of satisfaction with the peer support they receive across a range of items. Clients were most satisfied with the respect shown them by their peer and the consistency of peer contact. A number of clients enjoyed receiving a call from their peer and catching up with their peer. Clients also used the call from their peer as a regular point of contact that made them reflect on what they had been doing.

15.2 Clients considered the amount of support they received from their peer adequate to their needs.

15.3 Clients were happy with the telephone based and anonymous nature of the contact but less satisfied with the limited hours of access. This reinforces the finding that the services limited availability is not a response to client need but rather organisational pressures.

15.4 Three clients indicated that they would have also liked to have been part of a group program. Only two out of the twenty-seven respondents did not feel satisfied

with the service, and an additional respondent was unsure regarding his/her level of satisfaction with the service.

#### **16. Benefit to peer volunteers**

16.1 In the current evaluation all peer volunteers were interviewed and asked to identify the benefits of participation in the Program. In addition, they were asked what satisfied them about the work they do. Considered together these responses cover the range of benefits they gain from participation in the Peer Connection Program. Although some benefits were shared by all volunteers there were differences between the benefits gained by ex-gamblers and those gained by partners/family members.

16.2 All volunteers felt satisfaction in helping/giving something back and by being an active agent of change in their clients' life. They all felt good about the relief they could hear in callers when they realised they were speaking to someone who understood their experience/problem, had confronted a similar issue and recovered. The volunteers felt that often listening and letting people talk and tell their story, without judging was enough to produce positive change, for often the caller had never spoken to anyone about the problem. Peer volunteers felt that using their skills and abilities in a purposeful way was of value for it made what had previously been a problem in their life, a benefit, something positive. Volunteers felt they benefitted from the capacity to follow a callers' progress and that this is possible because the Program is structured to support a peer working with the same person across time.

16.3 Ex-gamblers emphasised the way their own efforts at recovery were reinforced by working with people who are at the beginning of the struggle to deal with their problem. They also noted the benefit of being able to normalize the experience for callers and strengthen hope in the capacity of the caller to change. The Program also provided the opportunity to have social contact and time away from home, doing something meaningful.

16.4 Partners and friends emphasised the way involvement in the program provided them a way of continuously reflecting on and understanding one's own situation. They also emphasised the benefit they felt in filling the void they experienced when they needed support, and nothing was available for family members.

#### **17. Implications for Program development.**

The findings suggest that the Program is working well and its overarching aim is being met. Many of the processes and policies currently in place are working well and should be continued. The following findings highlight areas for future development.

17.1 There is a need for the Program to become a more integrated part of GHN services. Strategies for achieving this should include more cross over between the work of the counselling staff and the work of peer support volunteers. This could

readily be achieved by training and information exchanges between staff and volunteers. The training program should integrate gambling specific information. Existing volunteers should receive ongoing training and this be provided on a regular basis.

- 17.2 The capacity for peer volunteers to receive on the spot supervision/debriefing works well and should be continued.
- 17.3 The need to review the current delivery hours was also apparent. There is a need to consider extending program hours which in turn would extend the reach of the service and increase the involvement of volunteers.
- 17.4 The evaluation has clearly highlighted the importance of consistent data collection. Ensuring the service has client permission to be involved in follow up contact is essential and could easily become a natural part of the exchange between callers and volunteers. Basic demographic and service use data should be collected to ensure the service has the information necessary to produce a client profile and assess client service use. The information needs to be compatible across the whole service one can assess this client cohort as a subset of Gambler's Help clients generally.
- 17.5 Training in the use of information for evaluation and planning is essential. Volunteers should be included in the process of question development. The process should begin by asking them what sort of feedback would be useful for them to know.
- 17.6 Formal networking with external organisations that provide a 'natural' source of referrals such as the Gambler's Helpline and other Gambler's Help services is essential. These relationships require constant follow up and relationship building. The Program Co-ordinator should plan and deliver a series of Program introductions across the Gambling Services Network.
- 17.7 Ensuring the service is promoted at various selected forums and activities is also important in maintaining the profile of the service externally. Volunteers should be invited to be actively involved in the delivery of this service promotion activity.
- 17.8 Networking within the field of Peer Support and Volunteer based services is also important, in order to learn how other similar services organise themselves and the strengths and weaknesses of various models.