CHAPTER FOURTEEN

Practical Considerations For Screening and Responding to Gambling-Related Harm Experienced by Affected Others

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Gambling at problematic levels does not only affect the person who gambles, but also their families, friends, colleagues (i.e., affected others), and communities. In fact, prevalence estimates suggest there are more individuals affected by someone else's gambling (2 to 19%; Dowling et al., 2022a, 2022b) than those experiencing harm from their own gambling behaviour (0.1% to 5.8%; Calado et al., 2017). It has been estimated that one person's gambling problem impacts up to six other people; and that low-risk and moderate-risk gambling affects one and three others, respectively (Goodwin et al., 2017). Recent evidence estimates the burden of harm experienced by affected others is 1.5 times greater than that experienced by those who gamble (Browne et al., 2017). The sheer number of affected others impacted by gambling-related harm necessitates resources and skills for the mental health and addiction workforce to be able to respond appropriately to this issue.

This chapter is intended to be a resource for clinicians who work with affected others across gambling, addiction and mental and allied health services. It begins with a brief summary of gambling-related harms experienced by affected others and methods to screen and assess for them, and then examines the help-seeking preferences of affected others, and the available self-help and treatment options. The chapter finishes with examples and suggestions for methods to respond to the needs of affected others.

Affected Others of Gambling-Related Harm

Gambling harm is defined as any initial or exacerbated adverse consequence resulting from engagement with gambling that is detrimental to one's health or wellbeing, or that of their family, community or population. A taxonomy of gambling-related harm developed by Langham et al. (2016) posits that affected others experience the same types of harm as people who have gambling problems. This taxonomy classifies gambling harm into seven domains: financial, relationship, emotional, health, cultural, work/ study, and legal. These harms are further categorised temporally as general harms, crisis harms (harms occurring at a significant timepoint), and legacy harms (continued harms occurring or emerging after abstinence).

Three systematic reviews and one scoping review have investigated gambling harms to others (Dowling et al., 2021; Dowling et al., 2022a, 2022b; Dowling, Suomi, Jackson, Lavis, et al., 2016; Kourgiantakis et al., 2013; Riley et al., 2018). One of these explored recent research addressing gambling harm to affected others, including prevalence, socio-demographic profiles, coping strategies, assessment, and treatment (Dowling et al., 2021; Dowling et al., 2022a, 2022b), while two examined the extent and type of gambling harm experienced by affected others (Kourgiantakis et al., 2013; Riley et al., 2018), and one specifically examined the relationship between gambling problems and intimate partner violence (Dowling, Suomi, Jackson, Lavis, et al. et al., 2016).

Financial and relationship disruption are the harms most frequently reported by affected others in these reviews (Dowling et al., 2021; Dowling et al., 2022a; Dowling, Suomi, Jackson, Lavis, et al., 2016; Kourgiantakis et al., 2013; Riley et al., 2018). Financial harm can impact all aspects of life and can have an immediate impact on family functioning, including short-term harm

such as not being able to pay bills and longer-term harm such as loss of home or business. Relationship harm is primarily related to intimate partner relationships where communication and trust is disrupted due to dishonesty, conflict and reduced time spent together. The person with the gambling problem may also increasingly withdraw from relationships to avoid confrontation, and there may be temporary or permanent separation in some cases when the gambling issues persist. Relationship harm can have long term consequences, such as guilt over ending the relationship, losing interest, and less involvement in family and social events. Acute harm, such as interpersonal violence (perpetrated by either the person with the gambling problem or the affected other) can also occur (Dowling, Suomi, Jackson, Lavis, et al., 2016).

These studies also indicate that affected others commonly experience a range of emotional and physical harms (Dowling et al., 2021; Dowling et al., 2022a; Dowling, Suomi, Jackson, Lavis, et al., 2016; Kourgiantakis et al., 2013; Riley et al., 2018), including feelings of distress, anger and frustration associated with uncertainty about the future, as well as a sense of personal helplessness. Affected others also experience shame and embarrassment at having problem gambling in the family and report feeling manipulated, threatened, and blamed for the gambling behaviours. The physical health of affected others can also be negatively impacted due to diminished self-care and interrupted routine, nutritional deficits, sleep disturbances, and reduced physical activity. Some affected others may also increase their use of addictive substances such as alcohol and nicotine. These physical and emotional harms can co-occur with reduced performance at work or school, criminal activity and cultural harms, which may further increase the potential for harms to extend into the future (Dowling et al., 2021; Dowling et al., 2022a).

Screening and Assessment of Gambling-Related Harm to Affected Others

Screening and assessment are important elements of service responsiveness to people impacted by gambling harm. Research on screening and assessment for problem gambling in mental health services suggests that screening is not common and there is generally low confidence in being able to treat problem gambling (Manning et al., 2020). Key issues identified in a qualitative study by Rodda, Manning et al. (2018) were competing workplace priorities, access to appropriate screening tools, resources and professional development. Facilitators to screening were changes to system processes, such as identification of an appropriate brief screening instrument, mandating its use as part of routine screening, as well as funding workforce development activities in the identification and management of problem gambling. While there is no available research to date in this area with respect to affected others, it is reasonable to assume the barriers and facilitators to screening affected others are similar. Screening can ensure gambling-related harm to affected others is detected so appropriate treatment and support options can be considered.

A scoping review by Dowling and colleagues (Dowling et al., 2021; Dowling et al., 2022a, 2022b) identified 22 instruments specifically developed, or recommended, for assessing affected others. These include measures of affected other status and gambling-related harm. Clinicians might consider using briefer measures of affected other status for client registration/intake then longer screens measuring gambling-related harm once affected other status has been identified. There are currently no gold standard screening tools for affected others, and tools that measure affected other status and gambling-related harm vary in their length and duration (Table 1a). Instruments to measure affected other status have generally not been subject to rigorous

development procedures, have limited information available on their reliability, and have not been well validated. In contrast, the limited information available for the tools measuring gambling-related harm indicates good reliability and validity, with the exception of the Gambling Harms Checklist which has yet to be evaluated (Table 1b).

Table 1a

Screening and Assessment Measures Designed to Assess Affected Other Status

Measure	Focus	Length/duration
Single items	Two items employ a lifetime timeframe using a broad definition of affected other status by assessing whether someone close to them had or previously had problems with gambling (Svensson et al., 2013) and whether any significant others had gambling problems (Salonen et al., , 2014). The latter item uses narrower definitions of affected other status. Two single items employ a current timeframe: one with a broad definition asking if respondents had been personally affected by another's gambling (Rockloff et al., 2019), and one with a narrow definition asking if anyone who lives with the respondent gambles excessively (Shiue, 2015).	1 item; <1 min.
Adapted Lie/Bet Questionnaire (Wenzel et al., 2008)	Adapted measure narrowly defining lifetime affected other status, with both items having to be endorsed to classify respondents as affected others.	2 items; <1 min.
Concerned Others Gambling Screen (Sullivan et al., 2007)	Awareness-raising instrument with a broad definition of affected other status; assessment of affected other status (past, current, or unsure), current impacts, and desired assistance.	3 items; ~1 min.
CSO DSM-IV Screening Questionnaire (Makarchuk et al., 2002)	Diagnostic calculation of the number of symptoms exhibited by gamblers as reported by affected others; "probable pathological gambling is indicated by scores of four or more.	10 items; ~3 min.

Table 1b

Screening and Assessment Measures Designed to Assess Gambling-Related Harm

Measure	Focus	Length/duration
Problem Gambling Significant Other Impact Scale (PG-SOIS; Dowling et al., 2014)	Three-month assessment of financial, emotional, interpersonal, social, employment and physical decrements in health associated with gambling harm.	6 items; ~2 mins.
Problem Gambling Family Impact Measure (PG-FIM; Dowling et al., 2016)	Three-month assessment of financial (3 items), responsibility (3 items), and psychosocial (8 items) impacts associated with gambling harm.	14 items; ~5 mins.
Family Member Impact (FMI; Orford et al., 2017)	Three-month assessment of gambling related worry (10 items), and relationship disturbance (6 items).	16 items; ~7 mins.
Short Questionnaire for Family Members Affected by Addiction (SQFM-AA; Orford et al., 2017)	Three-month assessment comprising short versions of the FMI subscales: worry (3 items) and relationship disturbance (3 items)	6 items; ~2 mins.
Inventory of Consequences Scale (ICS; Makarchuk et al., 2002)	Three-month assessment of gambler consequences (22 items) and affected other emotional (12 items) and behavioural consequences (9 items).	43 items; ~15 mins.
Gambling Harms Checklist (Li et al., 2017)	Past year assessment of gambling harms based on Langham's domains of harm.	73 items; ~20 mins.
Short Gambling Harms Screen – Affected Others (Acil Allen Consulting et al., 2017)	Past year assessment of gambling harms derived from the full Gambling Harms Checklist.	10 items; ~3 mins.

Other screening and assessment tools not listed here are available to determine type of coping skills employed, level of social support received (Orford et al., 2017; Orford et al., 2005), coping skill acquisition during treatment (Rychtarik & McGillicuddy, 2006) and help-seeking needs and preferences of affected others (Rodda, Dowling, & Lubman, 2018; Rodda et al., 2019). For a review of these tools, see Dowling et al. (2021; 2022b). Clinicians might also consider adding client value to the screening process by providing feedback or information on how to interpret the results. An excellent option is to re-administer screens over a period of time so as to provide clients feedback on how gambling-related harm has changed during treatment.

Affected Others Help-Seeking Patterns and Preferences

Help-seeking refers to any action taken by an affected other who perceives that they need help for gambling-related harm. Affected others can seek professional and non-professional help across a range of different modalities including in-person, internet and phone. Professional support for affected others is offered primarily by gambling support programs but may also be offered by mental and allied health services such as a general practitioners (GPs) or nurses. Non-professional options include peer support through groups such as Gamblers Anonymous for affected others (Gam-Anon), as well as support from family and friends and other social networks.

Despite the availability of such help, multiple studies indicate that affected others rarely access it (Dowling et al., 2021; Dowling et al., 2022b), with only about 10% of affected others seeking help or information on someone else's behalf for gambling problems (Svensson et al., 2013). Affected others, however, only make up approximately 15% to 43% of people seeking support from gambling treatment services (Dowling et al., 2021; Dowling et al., 2022b). One study examined motivations for help-seeking via a gambling helpline and reported that the most

endorsed reason was concerns that the problem may worsen and therefore increase harms to the affected other (Hing, Tiyce, Holdsworth, & Nuske, 2013). This study also reported barriers to help-seeking including lack of awareness of service availability for affected others, wanting to solve the problem themselves, and feeling ashamed for the gambler and their family.

The reasons affected others seek help was also evaluated by Rodda et al. (2019). They were grouped thematically into family-focused (i.e., to help the family/affected other) and gambler-focused (i.e., to help the gambler), and reflected a variety of motivations. Responses to open-ended items revealed that half of affected others wanted gambler-focused treatment approaches, 28% wanted family-focused approaches, and the remaining 22% wanted a blend of both. Family-focused needs included support (e.g., someone to listen and advise), information about support and help options, developing skills or competency in relationships, emotional regulation, and managing a gambling crisis. As outlined in Table 2, service providers can consider their response options to these needs, including the types of services and resources available to affected others.

Table 2
Family-Focused Help-Seeking Needs and Provider Response Options

Type of need	Service provider response options	What affected others say
Have someone to listen to needs and experiences	Ensure affected others know that the service can listen, support, encourage and provide guidance on how to respond to gambling harm.	*I mostly wanted someone to talk to and someone to reassure me I am taking the right steps.*
Increase knowledge of support and help options	Offer information on support options for affected others in websites and promotional materials. Be ready to advise them of the options for managing gambling harm, including medical, legal, family and mental health interventions.	*I wanted to understand the support services available for me.*

Get help in managing a gambling-related crisis	Provide immediate support to manage a crisis situation across a 24/7 period. Inform a broad range of services providing crisis support (including crisis support services) of the potential for gambling-related harm.	*I was looking for some support after a distressing gambling incident.*
Improve the quality of the affected other's relationship with the gambler	Provide information, counsel or referral for relationship support that can be undertaken independently or as a couple. Consider offering resources or education sessions on gambling and relationships.	*I was hoping for some strategies to help our relationship function even though I've taken over the finances.*
Improve emotion management skills	Provide guidance on how to cope with the stressful circumstance of gambling harm. Consider emotion specific or third wave treatments (e.g., mindfulness).	*My boyfriend is a problem gambler. I feel hopeless and do not know how to recover from the depression.*
Talk to someone in a similar situation	Consider offering support groups online or in-person for affected others. Promote other ways that affected others can get support such as through online forums.	*It might be helpful to hear about other people's stories, to give perspective on the situation and hope that there is a future.*

Affected others also seek help to support or respond to the person with the gambling problem. Gambler-focused approaches provide information (e.g., facts on problem gambling and addiction), encourage help-seeking, provide support, and improve assertiveness skills. As outlined in Table 3, service providers can consider their response options for these varying needs including the provision of resources, support and counsel for affected others.

Table 3
Gambler-Focused Help-Seeking Needs and Provider Response Options

Type of need	Service provider response options	What affected others say
Understand more about problem gambling	Be equipped to advise affected others on the nature of addiction, mechanisms of gambling, signs of problem gambling and how people recover.	*Looking for advice on if a small amount of gambling is okay for a person with a history of problem gambling*
Help the person with the gambling problem access treatment	Provide affected others with access to information on help and treatment in a format that can be provided to the person with the gambling problem. This resource could include tips on what affected others can do to provide support for preparing, engaging and concluding treatment.	*I want to be able to offer him links or phone numbers where he can receive professional help.*
Get help to better support the person with the gambling problem	Be equipped to advise affected others on how to respond to gambling disclosure, how to support behaviour change in the short and longer term, and how to manage gambling urges and relapses.	*My husband admitted to a gambling problem. I didn't know where to begin helping him.*
Improve assertiveness skills in order to approach the person with the gambling problem	Provide information and advice on assertiveness and communication skills and how these can be applied in various gambling-related situations (e.g., lapse, requests for money).	*I needed advice on what I can do to help him, without him freaking out.*

Affected Others Treatment Approaches

Various treatments specifically designed for affected others have emerged to respond to the gambling-related harm they experience (Dowling et al., 2021; Dowling et al., 2022b; Edgren et al., 2022; Merkouris et al., 2022). These range from brief interventions provided by helplines or online (Buchner et al., 2019; Dowling et al., 2014; Hing et al., 2013; Rodda et al., 2013) to in-person treatment providing manualised cognitive behavioural therapy or other therapies (Kourgiantakis et al., 2021; Merkouris et al., 2022). Still, few treatment options are currently available for affected others, and the available options have demonstrated relatively limited success thus far (Dowling et al., 2021; Dowling et al., 2022b; Edgren et al., 2022; Merkouris et

al., 2020; Merkouris et al., 2022). While this section will focus on treatment approaches for affected others that do not rely on the presence or participation of the gambler, there are also several couples and family treatment approaches available (i.e., congruence couples therapy, behavioural couples therapy, integrative couple treatment, reflective-team couples therapy and integrative systemic treatment). For a review of these treatment approaches see Dowling et al. (2021) and Dowling et al. (2022b).

In a systematic review, Edgren et al. (2022) examined the impact and processes of family-focused interventions for problem gambling, identifying 17 studies focused on treatments for affected others and couples. The studies delivered a range of interventions including gambling-related psychoeducation, peer and professional social support, and coping and communication skill training. A quantitative synthesis of seven interventions indicated no change in depression or anxiety compared to control groups. The authors concluded interventions should be tailored to treatment needs, and outcome measures should assess the specific mechanisms for change (i.e., what specific symptoms are expected to change due to engagement with the intervention content).

Given the infancy of this field and the relatively limited success of available treatments, a systematic review and meta-analysis by Merkouris et al. (2022) examined the much larger literature for affected others across different addictions (alcohol, drugs, internet gaming and gambling) to find transferrable insights that could apply for others affected by gambling harm. They identified various family-focused and/or addicted person-focused treatment approaches for affected others that did not require involvement of the addicted person (i.e., those other than couples therapy and family therapy). The primary goal of treatment varied widely to include affected other outcomes (e.g., depressive symptomatology, coping style), addicted person outcomes (e.g., treatment entry for the person with the addiction) and relationship functioning

outcomes (e.g., marital or relationship discord). The findings indicated that treatments delivered to affected others were associated with improvements in some outcomes for the affected other, addicted person and relationship functioning. Of the twenty studies reviewed, only four evaluated a treatment approach for affected others of gambling, and similarly only four evaluated a self-directed treatment. These findings highlight a major gap in the literature and a need for research developing and evaluating treatment approaches for affected others of gambling—self-directed approaches in particular.

Notwithstanding the limited evidence, clinicians can consider family-focused and gambler-focused approaches depending on the needs of their client (see Dowling et al., 2021, 2022b for a review of the effectiveness of these treatments). Family-focused approaches include the 5-Step Method (Buchner et al., 2019; Orford et al., 2017) and coping skills training (Rychtarik & McGillicuddy, 2005, 2006). The 5-Step Method, which is used to guide the first response to someone experiencing addiction-related harm, is based on the Stress-Strain-Coping-Support model (Copello et al., 2010b), which argues chronic stress resulting from having a gambling problem in the family causes psychological and physical health problems in affected others, and the severity depends on how they cope with the stress and the social support they receive. The 5-Step Method can be delivered in a range of settings by health professionals from diverse roles including general practitioner physicians, nurses, counsellors, and people without formal qualifications (Copello, Ibanga et al., 2010; Copello, Templeton et al., 2010a).

The 5-step method has been widely disseminated online and in training programs and professional development resources that are available at no or low cost. Clinicians who deliver treatment that is aligned with the 5-Step Method consider the following components in their practice:

(i) Listen and explore the concerns and needs of the affected others with a non-judgemental approach. Consider that this this might be the first and only time they talk about gambling-related harm.

(ii) Gather and provide information that can inform joint decision making and clarity as to the extent of gambling-related harm.

(iii) Discuss ways of coping and identify options to improve or enhance coping skills.

(iv) Explore sources of social support and identify where these could be strengthened.

(v) Explore further help that might be needed and plan to follow-up. This might include specialist help such as financial or legal, or involve the person with the gambling problem.

Coping skills training postulates that distress is experienced by affected others not just because of the gambler's behaviour, but also due to an inability to cope with gambling harm (Hobfoll & Spielberger, 1992; Moos et al., 1990; Rychtarik & McGillicuddy, 2006). It focuses on increasing coping skills such as problem-solving, and effective communication. To offer treatment consistent with the coping skills approach, clinicians could consider the following:

(i) Provide information and education on gambling and its potential impact on affected others.

(ii) Teach problem solving skills through discussion and demonstration.

(iii) Teach communication skills through role-playing and rehearsal.

Gambler-focused approaches aim to provide education, advice, and counselling for affected others, so that they can help the person who gambles to recognise a problem and seek help (Rodda et al., 2019). Mental Health First Aid is one such approach that offers an innovative strategy on how to provide a first response to gambling problems (Bond et al., 2016). Mental Health First Aid courses are open for any adult interested in providing a first response for problem

gambling but is targeted towards affected others and those interested in supporting someone to change their gambling. The aim of this training is to provide affected others information and skills in the following areas:

(i) Knowing the signs of gambling problems and how to support gamblers to take the first steps towards seeking help and/or engaging with a self-help strategy.

(ii) Learning how to approach someone about their gambling.

(iii) Knowing how to respond to low readiness to change and how to support a person to seek professional treatment.

Treatment for affected others can also blend both a gambler-focused and family-focused approach into one. Based on family systems theory, Community Reinforcement and Family Training (CRAFT;(Hodgins et al., 2007; Magnusson et al., 2019; Makarchuk et al., 2002; Nayoski & Hodgins, 2016) is one such approach and views affected others as active and influential in the recovery of a person with a gambling problem. It aims to improve affected others' functioning and the quality of their relationship, as well as develop additional competency in communication, stress reduction, problem-solving, and financial management. CRAFT delivers guidance on how to encourage the person with the gambling problem to reduce or quit gambling and seek help, as well as methods to reinforce gambling-free behaviours. Clinicians can read more about how to apply a CRAFT based approach by searching online for CRAFT guidelines or treatment manual. Many of these manuals and guides are focused on substance use but equally apply to problem gambling.

Affected Others Self-Help Approaches

Even though treatment is available for affected others, most do not access it (Hing et al., 2013; Riley et al., 2018). This may be due to a lack of available professional treatment (Nayoski

& Hodgins, 2016), lack of awareness of existing professional services, or because they want to handle the problem themselves (Hing et al., 2013).

Two quantitative studies have examined the rate of self-help use by affected others. Rodda et al. (2019) reported that 88% of affected others who used an Australian online counselling service had used at least one self-help strategy. Participants were asked to report on the use of four different strategies, including: (1) talking to family members about gambling, (2) reading information about gambling, (3) trying a strategy like budgeting or avoidance, and (4) reading or posting in online forums. More than 70% of affected others had talked to a family member or read information before talking to a counsellor.

Another Australian quantitative study by Hing et al. (2013) on the experiences of 48 affected others who contacted a gambling helpline reported 83% of them had used self-help strategies before contacting the helpline. The most used strategies were encouraging the gambler to seek help (75%) and talking to the gambler about how their gambling was causing harm (69%). Approximately one-third of the sample reported organising direct debit for household bills and mortgage repayments, budgeting, giving the gambler spending money, and taking action to protect joint accounts. A smaller proportion (19%) took control of some or all of the finances (e.g., taking the gamblers' credit cards). Two-thirds of affected others also reported seeking non-professional help. Help was most frequently sourced from a partner (38%), other family members (38%), friends (29%) and colleagues (10%).

Recently, Booth and colleagues (2021) developed the first comprehensive account of self-help strategies used by affected others. This study examined a dataset from 329 internet forums and websites and over 3,500 consumer quotes. Similar to the available treatment approaches, these self-help strategies were broken down into family-focused and gambler-focused strategies. A total

of 16 groups of family-focused strategies that that could be self-enacted by affected others were identified and matched to varying levels of affected other readiness to take action (Table 4). Pre-decisional strategies were used by affected others who were unsure if there was really a problem or that they needed to act themselves. In this phase, affected others examined the pros and cons of acting, came to recognize the problem and sought information about gambling addiction and harm. Post-decisional strategies were associated with getting ready to act and included setting goals and plans, identifying barriers and solutions to those plans (e.g., gambler lapse, demands for money), and considering ways to stay motivated. Communication styles were also considered by affected others and there was extensive reflection on helpful and unhelpful styles. Actional approaches ranged from avoidance, refocusing, and planned consequences through reinforcing desired behaviours. Strategies also focused on the affected other in terms of self-monitoring, self-care, stress management, social support, and protecting finances and assets. Post-actional strategies included regular review of strategy effectiveness and determining current need to continue self-help strategies to manage gambling harm.

Booth and colleagues (2021) identified eleven groups of gambler-focused strategies (plus 2 recommended post-actional) that differed in focus according to how ready the gambler was to change (see Table 5). Pre-decisional strategies were aimed at assisting the person with the gambling problem to become aware that there was a problem through information and feedback on the harm their gambling has on others. Post-decisional strategies help the gambler set goals, set plans and identify barriers to achieving them, and solutions to those barriers. Affected others reported that it was helpful for them to understand the nature of addiction, including how lapses and relapses occur. Actional strategies aimed to support the person with the gambling problem to implement their own strategies for change, including problem solving, information and advice,

and emotional and practical support. Post-actional strategies were not frequently discussed but would include regular evaluation of goal-progress and the need to continue strategy implementation. Clinicians can integrate self-help strategies into treatment and support for affected others. Options for integration include: (i) exploring client preferences and capacity to take a family-focused approach, gambler-focused approach or a combination of both; (ii) working with the client to determine the best fit between strategy and situation (e.g., some strategies such as avoidance are better matched with minimising contact with the person who gambles and other approaches like offering social support are more focused on working together towards a solution); (iii) enabling better tailoring of strategies to readiness to change so that the right strategy is applied at the right time, conduct an assessment of the severity of harm and the gambler's readiness to change; (iv) considering recommending multiple strategies combined into a personalised program; and (v) discussing a plan that identifies how, when and where each strategy will be implemented.

Table 4

Overview of Family-Focused Self-Help Strategies as Recommended by Those with Lived Experience

Readiness	Self-help strategies
Pre-decisional	Examine the pros and cons with the affected other on the degree of involvement with the gambler and if they want to initiate, maintain or avoid contact. Come to realise, accept or acknowledge the development or presence of gambling harm. Realise the extent of harm and burden on the family or that action may be required. Seek and receive information on the nature of addiction and gambling problems.
Post-decisional	Set goals and priorities for self or family. Create a plan of action and identify barriers that might interfere like the gambler relapsing or asking for money. Establish expectations and convey boundaries for own behaviour on gambling-related issues (e.g., moral but not financial support). Learn about helpful and unhelpful communication styles that are assertive and avoids threats, nagging, lecturing or blame. Consider ways to maintain momentum when there are shifting readiness, importance and priorities.
Actional	Create psychological or physical distance from the person with the gambling problem. Refocus away from gambling harm and towards personal goals, plans and activities that could be performed with or without the gambler. Manage and protect finances and assets from current and future harm. Reinforce desired behaviours through selective rewards. Consider role in current and past reinforcement of gambling behaviours (e.g., enabling) Seek support from a broad range of professionals including legal, medical, psychiatric, housing and financial. Identify and build practical and emotional social support. Enact stress management strategies like self-care, self-talk and relaxation. Self-monitor own or gambler behaviour against goals and plans.
Post-actional	Review strategy effectiveness on goals and plans and gambling harm. Select and enact new strategies according to current need.

Table 5

Overview of Gambler-Focused Self-Help Strategies as Recommended by Those with Lived Experience

Readiness	Self-help strategies

Pre-decisional	Provide gambler feedback on behaviour include evidence of gambling harm and impacts on affected others Provide gambler information on gambling, addiction and gambling problems in a respectful and direct way.
Post-decisional	Support gambler goal setting and planning inclusive on agreed outcomes. Support gambler to identify barriers to change including identification of triggers and urge management plans. Identify where and when the affected other can plan to provide support for addressing barriers. Understand the nature of addiction and impact on readiness so as to support the gambler to maintain momentum towards change.
Actional	Offer support for avoidance of gambling such as registration for self-exclusion, removal of apps, changing passwords and installing blockers. Prompt engagement with interests and hobbies away from gambling. If gambling reduction is the goal then support preparation for gambling episodes such as limiting time/money and knowing when to walk away. Offer advice, assistance or information on options for financial management and budgeting and methods to manage cash flow. Encourage help seeking through provision of information, appointment setting, attendance and post-appointment support. Negotiate where emotional or practical support might be needed are.
Post-actional	Discuss strategy effectiveness on goals and plans and gambling harm. Select and enact new strategies according to gambler preferences.

Affected Others and Referral Options

Clinicians can consider the range of harms outlined in this chapter when working with affected others. The use of screening and assessment tools might be helpful to determine the types and extent of harm they experience and can guide the selection of referral options. For affected others reporting financial harms, it can be useful to consider referral to a financial advisor to assess finances and debt,. identify where protection of assets is most helpful, and make a plan for debt repayment. Counselling can be helpful for those who report mental health and emotional impacts of gambling-related harm. Couples and family counselling could also be helpful where relationship harms are identified. Depending on the degree and types of physical harms, referral to a general practitioner might be helpful, as well as social services if there is family violence. Some affected others may also benefit from talking through legal issues with an advisory service so that they can determine their degree of liability and rights within the relationship.

Conclusion

This chapter provided practical tips and strategies for working with affected others of gambling harm. The evidence suggests that affected others experience harms across a wide range of domains including financial, relational and emotional. To address these harms, identification with screening and assessment tools is first required, followed by referrals to appropriate services, as well as the use of treatment and self-help approaches tailored to their needs. People who work with affected others will usually be counsellors from gambling treatment services, but given the wide range of harms involved, general practitioners, private psychologists and legal and financial services can also be a resource. The evidence on the efficacy of treatments is still developing but

consists of a range of family- and gambler-focused approaches. Given the sheer number of people impacted by someone else's gambling globally, and the limited evidence on treatments, more research is required to develop and evaluate treatment approaches for affected others of gambling, especially self-directed approaches.

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