

Shaun talks to a Gambler's Help counsellor:

How old were you when you fully realised that you had a gambling problem?

I was 17...I was going to the pubs and the greyhounds...and I started to realise I was losing too much money...too much money that I couldn't afford the basic things that I needed in life.

During that period, what were the worst things about the gambling

Well, I started to get depressed and I was a state bowler and my bowling dropped off. Then it was hard to keep living, day in, day out, being depressed. The worst thing that happened to me was I got put in the psychiatric hospital four times and part of the reason was for gambling

Was there a particular moment or experience that led you to seek some help with the problem gambling part of your depression?

When I started to lose a bit too much money...my bank balance gradually wore down and it got to zero dollars...

That's when you realised that things were a bit out of control?

Yes.

With regard to socio-economic variables, research has consistently shown that income and family structure (single parent or two parent families) have no bearing on the frequency of gambling or the incidence of problematic gambling behaviour in young people, with the authors of one study suggesting that 'the teenager's own income, rather than family income, was likely to be the most relevant economic factor.'¹³(p. 110)

Section 4: Problem gambling and adolescence

A large number of studies and reviews^{7, 14, 15} have suggested that adolescent problem gamblers, in contrast to their non-problem gambling counterparts, are more likely to exhibit behaviours listed below.

Adolescent problem gamblers are more likely to:

- be boys, but girls seem to be catching up
- be greater risk takers in general
- often show signs of lower self esteem
- report higher rates of depression
- report higher levels of state anxiety, trait anxiety and social stress
- often gamble to escape problems
- develop an addiction(s)
- seem to be more excitable and outgoing, and have difficulty adapting to social norms
- be less self-disciplined
- be at greater risk of suicidal ideation and suicide attempts
- often replace their regular friends with gambling acquaintances or gamble alone
- have poor general coping skills
- report beginning gambling at an early age (approximately 10)
- often recall an early big win
- report more daily hassles and major traumatic life events
- often have parents, relatives, or friends who gamble
- be delinquent and involved in criminal activities to acquire money
- develop problems with family and friends
- move quickly from just gambling with friends and family to problem gambling
- show decreased academic performance and poor attendance
- participate in health compromising or risk behaviours such as drug and alcohol use
- have started gambling at an earlier age.

Adapted from McGill International Centre for Youth
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4.2 A multi-risk and protective factor approach as a context in which to consider adolescent problem gambling

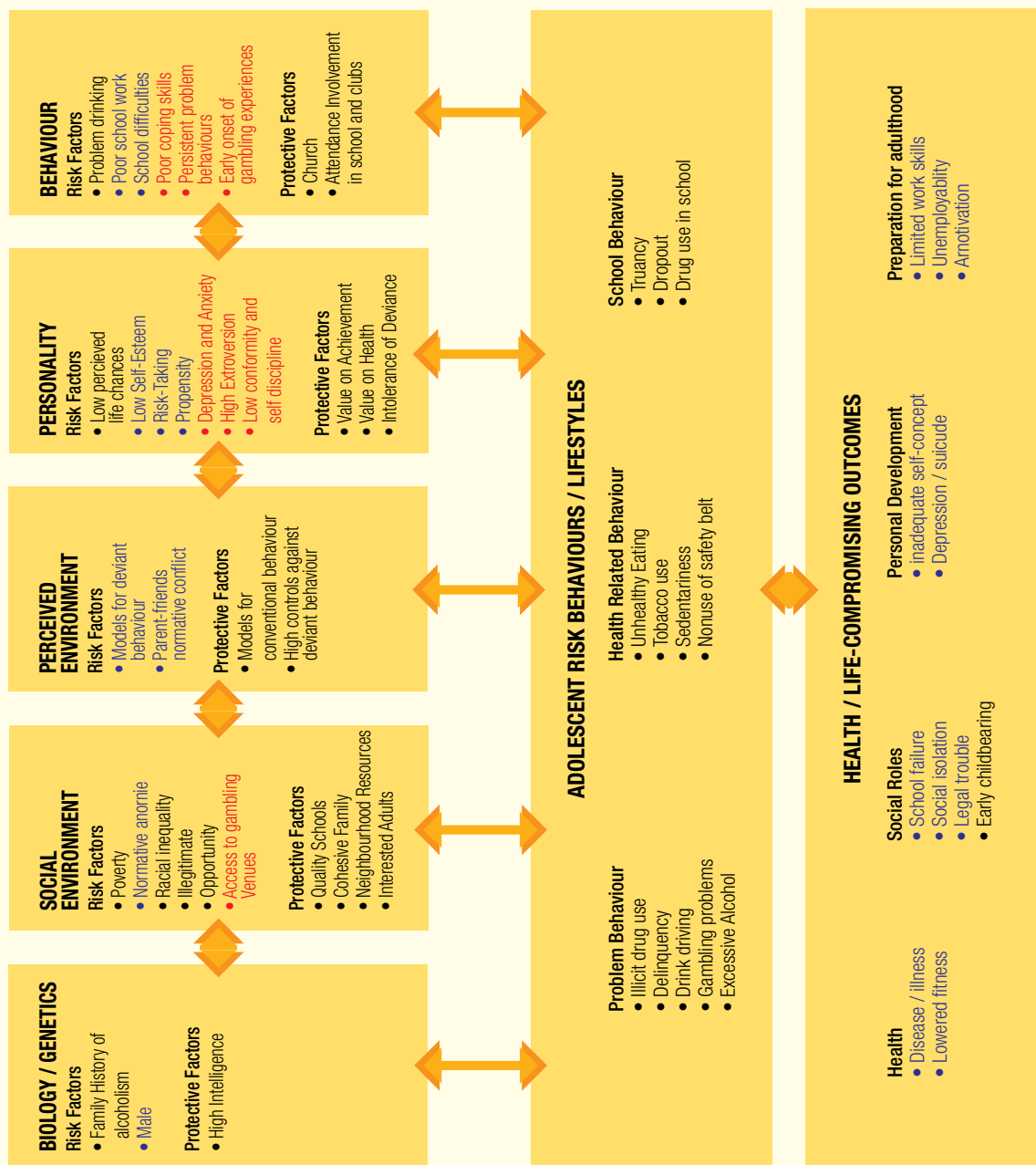
There have been a number of efforts at synthesising research and clinical findings into some sort of risk and protective factor framework for understanding young people's problem gambling. This follows the explicit use of such a framework in a number of different public health areas, such as alcohol and drug abuse, young people's health and mental health.

Building on a substantial body of research on adolescent problematic gambling, Dickson, Derevensky and Gupta¹⁶ have proposed an integrated framework that incorporates adolescent gambling risk factors with other identified risk behaviours. As with other risk and protective factor approaches, these factors are seen to operate interactively, in and across domains such as:

- biology
- social environment
- perceived
- environment
- personality
- behaviour.

Section 4: Problem gambling and adolescence

The diagram below shows the multiplicity of factors that contribute to, or are consequential to, adolescent gambling.¹⁷



Derevensky, Gupta, Dickson & Deguire, 2001; Dickson. Derevensky & Gupta, in press (adapted from Jessor, 1998)

(From Deguire and Derevensky¹⁷)

4.3 How do adolescents cope with their problematic gambling and its consequences?

As we know, in adolescence, individuals undergo simultaneous and rapid physical, cognitive, emotional, and social changes that are unprecedented in any other stages of human growth.¹⁸ During this developmental period, adolescents typically engage in higher rates of risk taking behaviour that may result in detrimental outcomes if such individuals do not develop appropriate coping skills.⁷

Coping refers to the ongoing efforts that individuals employ to maintain stability in their lives when changes to their internal and/or external environments are perceived as overwhelming or threatening, and generally, coping efforts have been conceptualised as either problem-focused, emotion-focused, or avoidant in nature. Problem-focused coping refers to direct and active attempts to resolve stressful situations, using strategies such as problem solving.^{19, 20} Emotion-focused coping is typified by attempts to alleviate physical or psychological discomfort associated with stressful situations, by use of strategies such as wishful thinking. Avoidant coping is characterised by attempts to reduce subjective stress by seeking out social distractions and diversions, by reference to other people or activities.²¹ Typically, studies have indicated that emotion-focused and avoidant coping styles are associated with higher rates of mental health problems, such as depression, whereas problem-focused strategies generally give rise to more adaptive outcomes.^{22–25}

Although little, if any, research has been conducted on the role of coping skills in the gambling behaviour of Australian adolescents, several comprehensive international studies have been performed, particularly in Canada. Gupta, Derevensky and Marget²⁶ examined the relationship between the frequency and severity of gambling behaviour in a cross-sectional sample of 587 adolescents, aged 12 to 17 years. Screening instruments classified participants as non-gamblers, social gamblers, problem gamblers, or probable pathological gamblers. Seventy-nine per cent of the total sample reported having participated in gambling activities, while 6.5 per cent met the Diagnostic and Statistical Manual's (DSM-IV-TR)²⁷ criteria for having a pathological gambling condition.

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They showed that social, problem, and probable pathological gamblers used significantly more emotion-focused coping strategies than non-gamblers, who primarily used problem-focused strategies. Additionally, emotion-focused strategies were associated with higher rates of stress avoidance and social distraction, and were most prevalent among probable pathological gamblers. Rates of probable pathological gambling increased with age, as did the incidence of stealing money to support gambling.

This pattern of results was supported²⁸ in a recent study of 2156 adolescents aged 11 to 20 years. Trends indicated that problem gamblers and probable pathological gamblers reported using significantly more emotion-focused and avoidant coping strategies than problem-focused strategies, and had experienced significantly more negative life events than social and non-gamblers. Moreover, a significant relationship was identified between negative life events, emotion-focused coping, and the severity of subsequent gambling behaviour.

Adolescent coping behaviour and its implications

- Trends in the gambling literature suggest that negative life events may increase the risk of subsequent gambling behaviour during adolescence.
- Adolescents who engage in problematic levels of gambling may be more likely to rely on emotion-focused and avoidant coping strategies, which have been linked to negative outcomes in terms of mental health.
- Greater use of problem-focused coping strategies has appeared to function as a buffer against both future gambling behaviour and poorer mental health.
- These findings clearly highlight the need to educate children about the risks of gambling and the benefits of using effective coping skills, particularly problem solving skills as applied to personal issues.

4.4 Implications for school psychologists and student support staff

The multi-risk diagram presented in Section 4.2 also indicates multiple intervention points for health and welfare workers at (in public health terms) primary, secondary and tertiary levels:

- Gambling can be addressed in any prevention education campaigns that are aimed at under-age drinking and drug use, given the high level of co-occurrence of these behaviours.
- School counsellors are particularly well placed to become involved in early intervention efforts by making sure that when young people are referring themselves or being referred for either conduct or behavioural problems (boys) or withdrawal and relationship problems (girls), they carry out a behavioural assessment that includes gambling behaviours.
- Health and mental health workers in a variety of other settings could routinely ask questions of their young clients to see if gambling is associated, in their case, with any of the other risk factors listed in the diagram. It may be that the young person's gambling is either a pre-cursor of the other health compromising or risk behaviours, or a consequence of it. Either way, workers will not be able to fully address these behaviours if gambling remains unacknowledged.

We know that a lot of people who have problems with their gambling behaviour never seek any help for those problems. This is also true for young people, but are there any particular reasons why young people do not seek such help?

Derevensky, Gupta and Winters²⁹ identify evidence that adolescents do not readily seek treatment for a range of issues, such as drug and alcohol dependence, as well as a range of factors that may explain young people's reluctance to seek help. These factors, along with a number identified by Chevalier and Griffiths,³⁰ and Ladouceur, Blaszczynski and Pelletier³¹ are listed below.

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Why are adolescents reluctant to seek help?

- Adolescents have a perceived sense of invulnerability and invincibility. This would contribute to both lack of problem recognition and a belief that it may be a transitory problem that they can beat on their own.
- In the absence of major financial problems, adolescents may not believe that they have a gambling problem. Not seeing the magnitude of losses or having to deal with these losses may be exacerbated by parents covering their gambling debts.
- Few accessible youth treatment centres exist.
- Young people prefer to seek help with problems from peers or significant others rather than formal treatment providers.
- Problem gambling is often not screened for when young people present for other behavioural or psychological problems.
- Some, or many, youth may experience natural recovery.
- Mandated treatment from courts is less likely for young people because their criminal behaviour, such as in stealing to fund their gambling, may be masked by parents covering their gambling debts.
- Negative factors associated with problematic gambling may not be recognised as unique to gambling but, rather, may be attributed to other risk-taking behaviours.
- Fear of negative perceptions and stigma are associated with treatment programs.
- The gambling problem may be denied, even if scoring high on gambling severity screens.
- Adolescents are generally reluctant to seek help.
- Young people may seek treatment for a co-morbid behaviour (for example, alcohol and drug use) rather than gambling.
- Treating other underlying problems (depression, dysfunctional family life) may help symptomatic gambling problems, resulting in young people not seeking help for their gambling specifically, particularly where problematic levels of gambling are associated with escaping from a dysphoric state.
- Young people with the most serious problems may suicide before seeking help.
- There might be a transfer of excess (for example, one month binge drinking, one month joy riding, one month gambling).

One useful tool that student support service, guidance and welfare officers may draw on in the beginning stages of working with an adolescent is to get them to complete the following quiz.

Self quiz for adolescents

- Do you often find yourself thinking about gambling activities and/or planning the next time you will play?
- Do you need to spend more and more money on gambling activities to get the same level of excitement?
- Do you become restless, tense, fed-up or bad-tempered when trying to cut down on or stop gambling?
- Do you ever gamble to escape or forget problems?
- After losing money on gambling activities, do you ever return another day to try and win your money back?
- Have you lied to your family and friends about your gambling?
- Have you spent your lunch or transportation money on gambling activities?
- Have you taken money from someone you live with, without their knowledge, in order to gamble?
- Have you stolen money from outside the family or shoplifted in order to gamble?
- Have you experienced problems with members of your family, or close friends, because of your gambling?
- Have you missed school or work in order to participate in gambling experiences?
- Have you ever had to ask for help because of your gambling?

**IF YOU HAVE ANSWERED 'YES' TO SOME OF THESE QUESTIONS
YOU MAY HAVE A GAMBLING PROBLEM**

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Section 4: Problem gambling and adolescence

If discussing concerns about their child's gambling with a parent, the following might be a useful resource.

Signs of problem gambling

Some signs that your son or daughter *may* have a gambling problem include:

- Spends a lot of time gambling and thinking about gambling.
- Misses school or grades start to worsen because of time spent gambling.
- Starts to place larger and more frequent bets to maintain interest and excitement produced by gambling.
- Experiences mood swings and feels stressed when not gambling regularly or trying to reduce or stop gambling.
- Promises to stop or reduce their gambling but has trouble following through with plan.
- Lies or is secretive about gambling activities.
- Missing personal belongings or cannot cover regular expenses as he/she has used these to finance gambling activities.
- Borrows or takes money from family members or friends to gamble.
- Keeps on gambling because they believe that he/she can win back their money and then stop.
- Gambles as a means to escape or forget their problems.
- Family members or friends are concerned that your son/daughter's gambling is becoming serious.

It is important to note that an individual with gambling problems will not necessarily exhibit *all* of these behaviours.

If I think my child may have a gambling problem what should I do?

Remember that the first thing you can do as a parent is to talk to your child. Communicating with your child or teen begins with listening. As a preventive measure you can talk to them about gambling to make sure they understand the risks that can occur when gambling.

Encouraging conversation about gambling does not mean that you agree with the behaviour. In reality, it can help your child make informed decisions about their own behaviour.

Be aware that children are more likely to gamble if they observe their family members gambling or they hear their family members talking excitedly about gambling. Discussing with your child that gambling is a form of entertainment and not a good way to make money can help them understand that, in addition to being fun, there are risks to gambling. Limiting or eliminating gambling activities in the home (for example, playing poker for money) and replacing these with non-gambling family activities can help create a fun and healthy family environment.

If you think your child is gambling or gambling too much you have many options including seeking professional help. Here are some general steps to follow:

- Get informed about gambling and its risks.
- Be aware of your own gambling behaviour and beliefs.
- Encourage discussions and questions about gambling.
- Listen to what your child has to say.
- Set limits of time, money and frequency of gambling if problems are not severe.
- Seek professional assistance if you think the problem is severe.

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What should you bear in mind in the treatment of adolescents with gambling problems? Gupta and Derevensky³² have some useful pointers in discussing their therapeutic philosophy:

- If the gambling is a form of escape, then it is important to know what it is that is causing the stress that has to be escaped from.
- As noted earlier, adolescents with gambling problems tend to have poor coping skills, using emotion-focused and avoidant coping strategies, so a primary therapeutic goal should be to enhance the coping capacities of these students.

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- Because many young people with gambling problems (as with many adults with these problems), experience multiple cognitive distortions such as erroneous beliefs about controlling random events, these cognitive distortions need to be reversed.
- Because relationships are often damaged by the problematic gambling behaviour, work has to be done to rebuild relationships, re-establish trust and to grow social support and positive peer relationships. Family therapy can be useful in this context.
- Effective money management skills should be built.
- Abstinence is more effective as a goal, in Gupta and Derevensky's clinical experience, than controlled gambling, but counsellors need to be alert to any substitution of the gambling with an alternative addictive behaviour.

In terms of individual treatment effectiveness, a meta-analysis of 22 studies that evaluated the effectiveness of different treatment options for problem gambling between 1966 and 2004 indicated that most psychological interventions are somewhat effective and gains are generally maintained up to 17 months after treatment.³³ The most effective approaches to treating problem gambling that also have the longest lasting effects have been identified as individual cognitive behavioural therapy,³⁴⁻³⁶ followed by behavioural therapies, particularly imaginal desensitisation,³⁷ and eclectic therapies similar to the 12-step model of Gamblers Anonymous, which employs a combination of reality and spiritual therapies with abstinence.³⁸

Section 5: Referral and resources

5.1 Where can students and families be referred to?

Gambler's Help Services in your local area are available during normal business hours, from 9am to 5pm, with some locations offering after-hours appointments. These are free services.

Gambler's Help Services provide financial counselling and therapeutic face to face counselling for individuals, couples and families. Student support service officers, guidance officers, student welfare coordinators and primary welfare officers can call their local Gambler's Help Service to obtain advice, secondary consultation or case supervision from a Gambler's Help counsellor.

In addition, Gambler's Help Services provide education and information to schools, grass roots community organisations and businesses, deliver training to local service providers, and work with local organisations to identify issues and develop responses.



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The philosophy of the service is harm minimisation. It provides for people wanting to reduce their gambling and those who want to stop.

Gambler's Help assists people to explore what gambling means to them and to look beyond the gambling to what might influence their gambling behaviour. Gambler's Help teaches methods for containing the damage done by gambling.

Gambler's Help offers:

- counselling—individually or together; for the gambler; for the gambler's family, friends, work colleagues or others
- financial counselling for the gambler and their family
- focused work with culturally and linguistically diverse (CALD) communities with CALD counsellors (interpreters are available)
- information and education sessions across the region
- community education in a range of settings
- focused work with young people
- self-directed support groups for former gamblers and for people still gambling
- professional training and consultancy to community, local government, business and industry
- focused work with Indigenous communities
- therapeutic groups
- gambling and gaming industry liaison.

People with gambling problems, family members and professionals seeking advice can call the Gambler's Help Line on 1800 156 789 (free call) or on 1800 777 706 (TTY for the hearing impaired only). There are 17 Gambler's Help Services operating from about 100 sites throughout Victoria. Call the Gambler's Help Line to obtain details of your nearest service.

5.2 What other resources are there?

The following are some additional references which student support officers, guidance officers, student welfare coordinators and primary welfare officers may find useful to supplement the material already referred to in this resource kit. These are not meant to be comprehensive lists, however.

Some sites (all accessible as at 4 October 2006) that could be consulted for further reference and research material, and resources for families and students, in alphabetical order, are:

- **The Australian Gaming Council (AGC)** - the AGC supports a sustainable gambling industry providing entertainment and economic benefits while promoting gambling education and responsible gambling measures. Within a public policy framework the AGC seeks to encourage high quality research related to gambling, promotes gambling education and responsible gambling, participates in public policy discussions, and maintains a comprehensive database and research clearing house for the gambling industry.

www.austgamingcouncil.org.au

- **The Alberta Gaming Research Institute** - this is a consortium of the University of Alberta, the University of Calgary, and the University of Lethbridge. Its primary purpose is to support and promote research into gaming and gambling in the province. The identified research domains include bio-psychological and health care, socio-cultural, economic, and government and industry policy and practice. The institute aims to achieve international recognition in gaming-related research. It is coordinated by a board of directors working in collaboration with a consultative stakeholder group. The Ministry of Alberta Gaming provides funding to the institute. It provides excellent bibliographic resources.

www.abgaminginstitute.ualberta.ca/library_indexes.cfm

Section 5: Referral and resources

5.2 What other resources are there?

- **The Centre for Addiction and Mental Health (CAMH)** - Canada's leading addiction and mental health teaching hospital. CAMH succeeds in transforming the lives of people affected by addiction and mental illness, by applying the latest in scientific advances, through integrated and compassionate clinical practice, health promotion, education and research.

www.camh.net/Research/index.html

CAMH also hosts the Journal of Gambling Issues which can be downloaded from this site:

www.camh.net/egambling/archive/index.html

- **The Council of Gambler's Help Services** - through ongoing coordination, promotion, advocacy and support of Gambler's Help Services, the council aims to minimise the harm associated with gambling in Victoria, pursuing collaborative activities to improve responses to problem gambling. The council is built on cooperation and a common understanding of the ways the community can be affected by problem gambling, and seeks a collective, representative, and pro-active approach to the support and improvement of our services and outcomes.

www.gamblershelp.org/

- **Gamblers Anonymous** - describes itself as a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from a gambling problem. The only requirement for membership is a desire to stop gambling. Their primary purpose is to stop gambling and to help other 'compulsive gamblers' do the same. There are no dues or fees for Gamblers Anonymous membership because they are self-supporting through members' contributions. Gamblers Anonymous is not allied with any sect, denomination, politics, organisation or institution; does not wish to engage in any controversy; and neither endorses nor opposes any cause.

www.gamblersanonymous.org.au/

- **Gambler's Help Southern** - one of the metropolitan area Gambler's Help services. Of particular interest is their online publication of the newsletter *Gambling Matters*.

www.ghsouthern.org.au/mos/

Also worth checking is their links page:

www.ghsouthern.org.au/mos/component?option=com_weblinks/Itemid,4/

- **Gambling Research Australia** - this is an initiative of the Ministerial Council on Gambling. The Ministerial Council on Gambling is comprised of the ministers responsible for gambling in each state and territory government and the Australian Government. The council's objective is to minimise the adverse consequences of problem gambling via the exchange of information on responsible gambling measures and by acting as a forum for discussion and facilitation of the development of an effective interventions framework.

www.gamblingresearch.org.au/

A list of over 1500 gambling research publication titles and their origins - searchable via topic, title, author or category - is available on the Gambling Research Australia website:

www.gamblingresearch.org.au/webint/agr/agrbibliographies.nsf

- **Gspot** - created by community educators and counsellors working for Gambler's Help Services who would like to provide information and support to young people on gambling issues. They provide information to schools and services that work with young people, as well as support and counselling for people who are gambling themselves or are concerned about the gambling of someone close to them. This site is now managed by the Council of Gambler's Help Services.

www.gspot.org.au

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- **The Institute for Research on Pathological Gambling and Related Disorders** - established in 2000 as a program of Harvard Medical School's Division on Addictions. Its mission is to alleviate the individual, social, medical and economic burdens caused by pathological gambling through support of rigorous scientific research. The institute's position is that advancing understanding of pathological gambling and related psychiatric disorders, such as substance abuse, will lead to improved methods of diagnosis, intervention, treatment and prevention. Modelled on the National Institutes of Health, the Institute for Research on Pathological Gambling and Related Disorders supports both internal core gambling research and competitively funded external research at educational, medical, and research institutions worldwide.

www.divisiononaddictions.org/institute/index.htm

- **The International Center for Youth Gambling Problem and High Risk Behaviours** - based at McGill University in Montreal, this world leading centre is committed to the advancement of knowledge in the area of youth gambling and risk-taking behaviours, through the development of both basic and applied research. Members of the centre and its International Advisory Board are engaged in a multitude of research projects directly addressing youth gambling problems and that of co-occurring disorders. As part of its broader mandate to understand youth gambling, the centre is also engaged in training, treatment, prevention, information dissemination, and policy development. Its prevention work includes the development of prevention programs, a public health framework and social policy guidelines including:
 - o the development of responsible social policy recommendations at a research and policy level
 - o dissemination of research and treatment information on youth gambling, risk-taking behaviours, and co-occurring addictive disorders through an online database and central clearing house
 - o quarterly online newsletter, Youth Gambling International (YGI), and online monthly news update, YGI Flash, currently distributed to over 1000 individuals and organisations.

www.youthgambling.com

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- o The development of responsible social policy recommendations at a research and policy level.
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- o Quarterly online newsletter, Youth Gambling International (YGI), and online monthly news update, YGI Flash, currently distributed to over 1000 individuals and organisations.

<http://www.youthgambling.com>

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- **The National Council on Problem Gambling (NCPG)** - is the US advocate for programs and services to assist problem gamblers and their families. The mission of the NCPG is to increase public awareness of pathological gambling, ensure the widespread availability of treatment for problem gamblers and their families, and to encourage research and programs for prevention and education. Major national council programs include the operation of the National Problem Gambling Helpline Network, a nationwide, 24/7 link to local resources; and provision of education on problem gambling issues to federal, state, tribal and international governments and agencies. Their extensive list of links is available at:

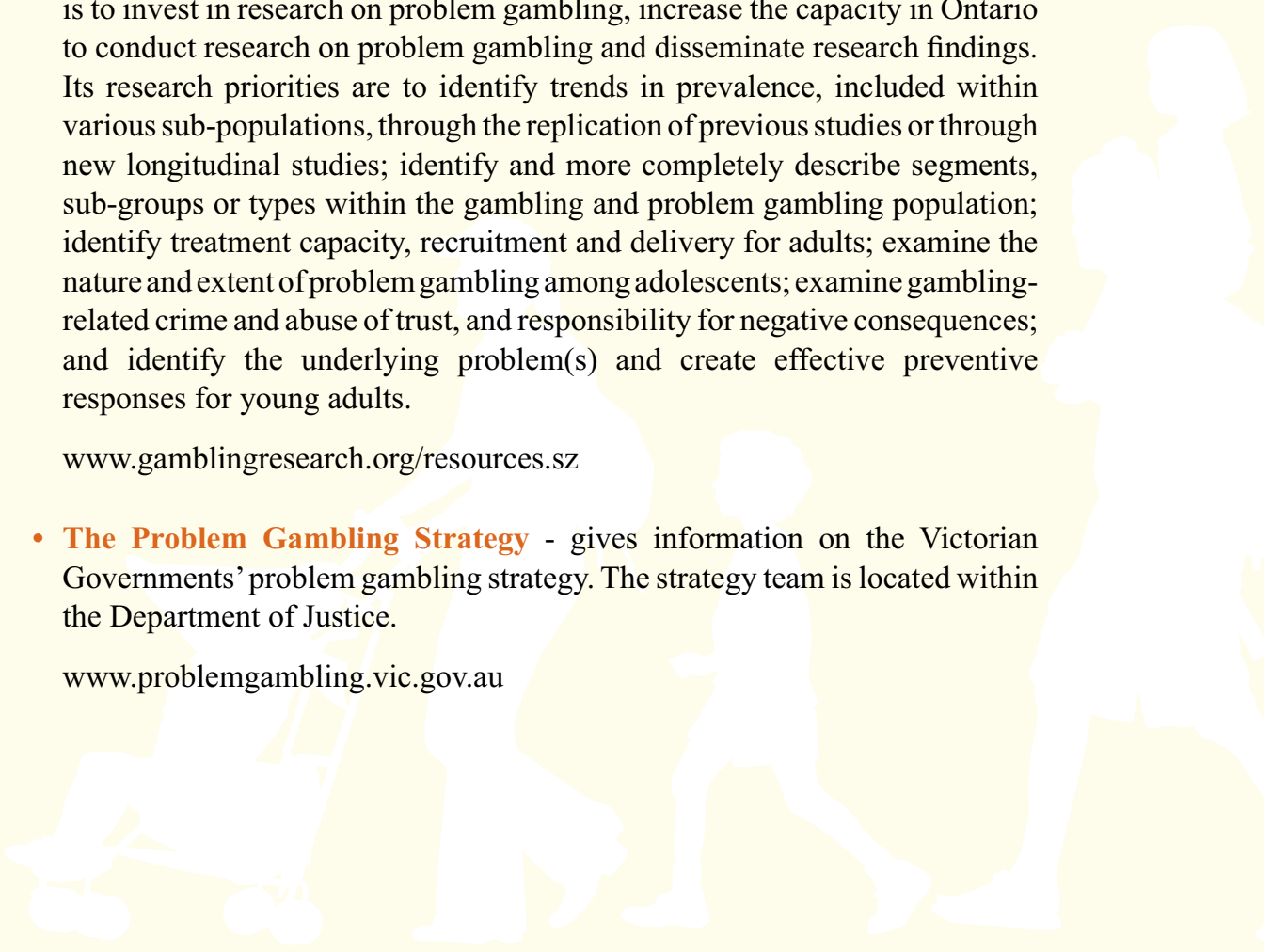
www.ncpgambling.org/resources/resources_links.asp

- **Ontario Problem Gambling Research Centre** - the mandate of the centre is to invest in research on problem gambling, increase the capacity in Ontario to conduct research on problem gambling and disseminate research findings. Its research priorities are to identify trends in prevalence, included within various sub-populations, through the replication of previous studies or through new longitudinal studies; identify and more completely describe segments, sub-groups or types within the gambling and problem gambling population; identify treatment capacity, recruitment and delivery for adults; examine the nature and extent of problem gambling among adolescents; examine gambling-related crime and abuse of trust, and responsibility for negative consequences; and identify the underlying problem(s) and create effective preventive responses for young adults.

www.gamblingresearch.org/resources.sz

- **The Problem Gambling Strategy** - gives information on the Victorian Governments' problem gambling strategy. The strategy team is located within the Department of Justice.

www.problemgambling.vic.gov.au



- **Victorian Department of Justice Office of Gaming and Racing** - gives information on laws governing the provision and conduct of gambling; the licensing of gambling industry participants and the enforcement of licensees' legal obligations; government projects, policies and strategies to encourage responsible gambling; services and programs designed to help problem gamblers, and to increase community awareness and understanding of problem gambling; the review of lotteries and EGMs, Club Keno and wagering licences, and funding arrangements for the racing industry; and the gambling research program conducted by the Victorian Government.

www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/Home/Gambling+and+Racing/

Resource Kits that you may be useful are:

Melbourne Division of General Practice Inc., *Problem gamblers 11 educational resources for GPs*, Melbourne.

Youth Action Group of the Council of Gambler's Help Services in Victoria, *Gpack - young people gambling and problem gambling resource kit*, Victorian Department of Human Services, www.problemgambling.vic.gov.au/youth/gpack.asp, also available at www.gspot.org.au.

This guide - Problem Gambling: a guide for Victorian schools - is also available at www.problemgambling.vic.gov.au

Other potentially useful reading, in addition to that contained in the main text of this guide, is listed below.

Co-morbidities and problem gambling

Becona, E, Del Carmen Lorenzo, M, Fuentes, MJ 1996, 'Pathological gambling and depression', *Psychological Reports*, vol. 78, no. 2, pp. 635–40.

Black, DW, Moyer, T 1998, 'Clinical features and psychiatric comorbidity of subjects with pathological gambling behaviour', *Psychiatric Services*, vol. 49, no. 11, pp. 1434–39.

Blaszczynski, A, Farrell, E 1998, 'A case series of 44 completed gambling-related suicides', *Journal of Gambling Studies*, vol. 14, no. 2, pp. 93–109.

Blaszczynski, A, McConaghy, N 1989, 'Anxiety and/or depression in the pathogenesis of addictive gambling', *International Journal of the Addictions*, vol. 24, no. 4, pp. 337–50.

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Dickerson, M, Cunningham, R, Legg-England, SL, Hinchy, J 1991, ‘On the determinants of persistent gambling III: personality, prior mood, and poker machine play’, *International Journal of the Addictions*, vol. 26, no. 5, pp. 531–48.

Getty, HA, Watson, J, Frisch, GR 2000, ‘A comparison of depression and styles of coping in male and female GA members and controls’ *Journal of Gambling Studies*, vol. 16, no. 4, p. 377–91.

Kim, SW, Grant, JE, Eckert, ED, Faris, PL, Hartman, BK forthcoming, ‘Pathological gambling and mood disorders: clinical associations and treatment implications’, *Journal of Affective Disorders*.

Linden, RD, Pope Jnr, HG, Jonas, JM 1986, ‘Pathological gambling and major affective disorder: preliminary findings’, *Journal of Clinical Psychiatry*, vol. 47, no. 4, pp. 201–3.

Lynch, WJ, Maciejewski, PK, Potenza, MN 2004, ‘Psychiatric correlates of gambling in adolescents and young adults grouped by age at gambling onset’, *Archives of General Psychiatry*, vol. 61, no. 11, pp. 1116–22.

O’Dwyer, A, Sheppard, NP 1993, ‘Major depressive illness with secondary pathological gambling: case report and literature review’, *Irish Journal of Psychological Medicine*, vol. 10, no. 1, pp. 36–7.

Pasternak, A, Fleming, M 1999, ‘Prevalence of gambling disorders in primary care settings’, *Archives of Family Medicine*, vol. 85, pp. 515–20.

Roy, A, Custer, R, Lorenz, V, Linnoila, M 1988, ‘Depressed pathological gamblers’, *Acta Psychiatrica Scandinavia*, vol. 77, no. 2, pp. 163–5.

Spunt, B 2002, ‘Pathological gambling and substance misuse’, *Substance Use and Misuse*, vol. 37, no. 8–10, pp. 1299–1304.

Spunt, B, Dupont, I, Lesieur, H, Liberty, HJ, Hunt, D 1998, ‘Pathological gambling and substance misuse: a review of the literature’, *Substance Use and Misuse*, vol. 33, no. 13, pp. 2535–60.

Steel, Z, Blaszczynski, AP 1998, ‘Impulsivity, personality disorders and pathological gambling severity’, *Addiction*, vol. 93, no. 6, pp. 895–905.

Theories and descriptions of problem gambling

Abbott, M, Volberg, M 1994, ‘Gambling and pathological gambling: growth industry and growth pathology of the 1990s’, *Community Mental Health in New Zealand*, vol. 9, no. 2, pp. 22–31.

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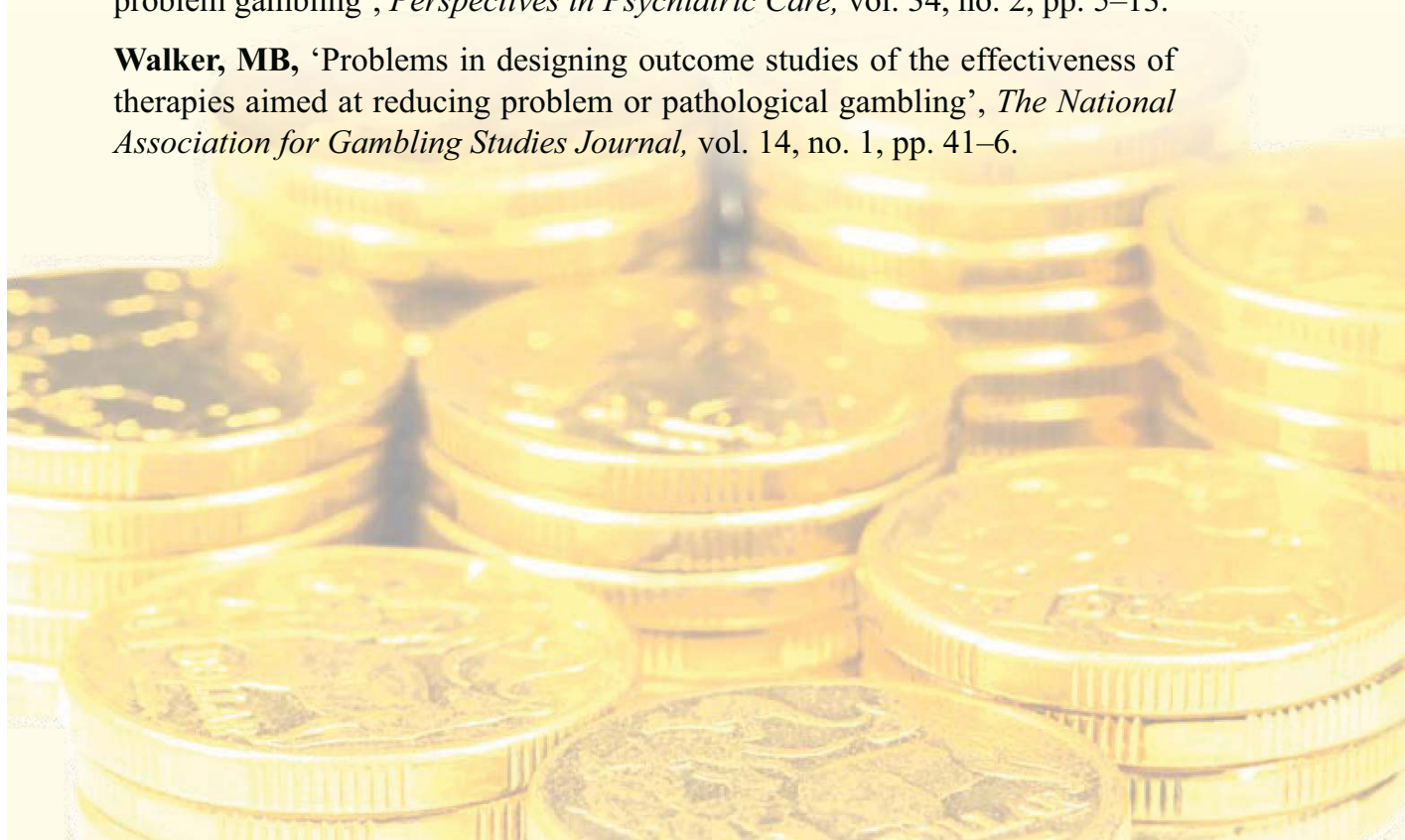
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Section 7: A technical note on assessment

Since its development¹, the South Oaks Gambling Screen (SOGS) has been used extensively in both population prevalence studies and in clinical measurement. Schaffer, Hall and Vander Bilt², for example, in their review of pathological gambling prevalence studies, noted that the SOGS had been used in over half of the 152 studies identified, as the measure of pathological gambling.

The SOGS has been reviewed extensively,^{3, 4} and some concern has been expressed about its use as a population prevalence measure of problem (or pathological) gamblers, mainly because it was initially developed as a clinical tool to identify probable pathological gamblers. The SOGS demonstrated good reliability and validity, and high correlation with the DSM–III-R criteria for pathological gambling ($r=.94$) (not surprisingly though, because the SOGS was based on the DSM-III-R, and the SOGS was able to accurately classify Gamblers Anonymous members (98.1 per cent), university students (95.3 per cent) and hospital employees (99.3 per cent).

Taken out of the clinical context, there is concern that the SOGS may yield a high false positive score in population studies. Concern has also been expressed that excessive weight is given to items concerned with borrowing money, with nearly half of the 20 equally weighted items dealing with sources of funding gambling.

Both SOGS and DSM–IV combine items relating to the characteristics of gambling, such as ‘chasing losses’, and items relating to the consequences of gambling, such as ‘missing important social engagements’. It has been suggested⁵ that the SOGS may not be sensitive to the social and material contexts of the player, including culturally diverse contexts, and may be better used as a screen prior to validation of problem gambling status by application of DSM–IV or clinical interview, as appropriate.

Compared with the SOGS, the Canadian Problem Gambling Index is more theory-based, designed specifically for community studies, and is better able to distinguish between sub-types of problem gamblers in general population surveys.

In the development of the Canadian Problem Gambling Index, Ferris and Wynne^{6, 7} took nine scored items from a variety of sources - SOGS, DSM–IV, expert opinion—that were the strongest predictors of problem gambling (validity) and that showed stability in test/re-test (reliability) to construct a Problem Gambling Severity Index.

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Using this index, the Canadian Problem Gambling Index makes a distinction between ‘non-problem gamblers’, ‘low risk gamblers’, ‘moderate risk gamblers’ and ‘problem gamblers’. The nine items are:

1. chasing losses
2. escalating bets to maintain excitement
3. feeling that one might have a problem with gambling
4. borrowing or selling to get gambling money
5. betting more than one can afford
6. feeling guilty about gambling
7. being criticised by others for gambling behaviour
8. incurring harm to one’s health
9. having financial difficulties in one’s household due to gambling.

In the GA20, a range of questions cover attitudes and feelings (for example, ‘Have you ever felt remorse after gambling?’), gambling behaviours (for example, ‘Did you ever gamble until your last dollar was gone?’, ‘Have you ever gambled to escape worry or trouble?’) and consequences (for example, ‘Did you ever lose time from work due to gambling?’).

The two screens based on the adult versions discussed above - the SOGS-RA and the Diagnostic Statistical Manual-IV-Multiple-Response-Adapted for Juveniles - have been specifically adapted or developed for adolescent gambling research and intervention and are discussed briefly below.

The SOGS-RA is a revised version of SOGS developed in order to more accurately assess adolescent gambling problems. It is a 16-item scale (although only 12 items are scored) that assesses gambling behaviours and gambling related problems during the past 12 months. SOGS-RA scaled items assess negative behaviours and feelings as a result of gambling involvement. The items include lying about gambling, gambling more than planned, conflict with family and friends, and borrowing/stealing to gamble in the last 12 months.

In keeping with a risk continuum framework, three levels of severity are identified: no problem gambling, at-risk gambling and problem gambling. No problem gambling is a SOGS-RA score of 0–1. At-risk gambling is a SOGS-RA total score 2–3. Problem gambling is defined as a SOGS-RA score of 4 or more. Adding information on gambling activity to these scores,⁸ problem gambling consists of a SOGS-RA score of 2 or more combined with weekly gambling or daily gambling, regardless of the SOGS-RA score. The internal consistency reliability of the SOGS-RA was found to be .80.⁹

Reviews of the SOGS-RA^{10, 11, 12} have identified a number of issues with it:

- Because the rate and severity of gambling among females is low, the psychometric properties could not be determined for females in the original testing.
- Items do not appear to equally contribute to the total score. If some items are better indicators of problem gambling, it is possible that these items should be more heavily weighed.
- One study¹³ found, in using the SOGS-RA with 9 to 11 year old children, that they did not understand over one quarter of the items, although it should be noted that the scale was never intended for use with children of this age. This finding on lack of understanding, however, has also been found with year 9 to 11 students.
- There is a lack of attention to preoccupation with gambling, when clinical experience has shown¹⁴ that preoccupation should be in any gambling screen, from their clinical experience.

The DSM-IV-J¹⁵ is a 12-item screen for measuring ‘pathological’ gambling during adolescence modelled after the DSM-IV criteria for diagnosis of adult ‘pathological’ gambling. The DSM-IV-J internal consistency reliability was reported to be .78. Each endorsed item is given a score of 1, with a total score of 4 or greater being the scoring criteria for severe gambling problems. An individual who receives a score between 1 and 3 has some gambling-related problems and a score of 0 has no gambling-related problems. The weaknesses of this screen are that it has not fully validated and has not been used extensively or in large scale samples.

Derevensky and Gupta,¹⁴ in comparing the DSM-IV-J, the SOGS-RA and the GA20 questions with year 12 and 13 adolescents, found that the DSM-IV-J was the most stringent gambling screen, while the GA20 was the least conservative, in classifying more adolescents as having higher levels of problematic behaviour, than the other two screens.

One point worth noting from the comparative study is that the majority of adolescent gamblers with some problems and probable pathological gamblers, regardless of screening instrument used, describe their gambling behaviour differently than pre-established criterion on the DSM-IV-J, SOGS-RA, and GA20 gambling screens. Specifically, they underestimated the severity of their own problems.

Section 7: A technical note on assessment

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