



Current Trends in Gambling Research

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AFM



- AFM serves Manitoba through 23 offices that distributes throughout three regions: Winnipeg, Western and Northern.
- **Vision** - Manitobans living free from the harms of alcohol, other drugs and gambling.
- **Mission** - To enhance the health of Manitobans by reducing the harm of alcohol, other drugs and gambling through leadership in education, prevention, rehabilitation and research.



Objectives

- Research on “Research”
- Native American Families – Maternal Gambling Research (Momper, 2005)
- Research for Prevention - (Macdonald et al. 2007 and Bergevin et al., 2006)
- Evaluation – Coping Skills Training (Rychtarik et al., 2006)
- Treatment - (Mackay et al., 2007)

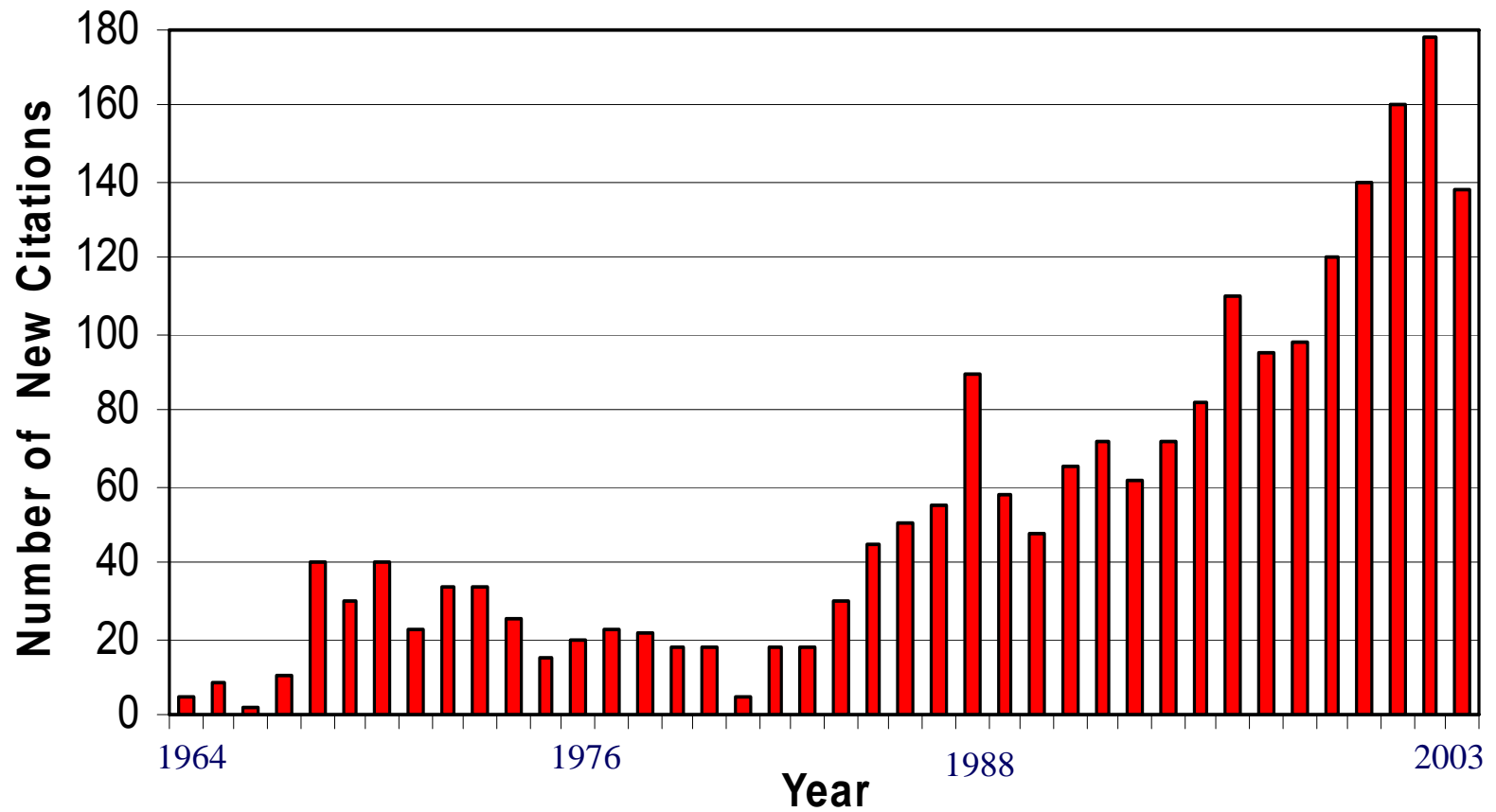


Research on Research

- Opportunities to gamble ↑; gambling research ↑
- Explored 2,246 citations published between 1903-2003
- Gambling-related research – grown at an exponential rate
- Most prevalent topics – pathology, risk-taking, decision-making and addiction
- 1999-2003 – epidemiology, drug abuse, comorbidity and neuroscience

New Citations Gambling Research

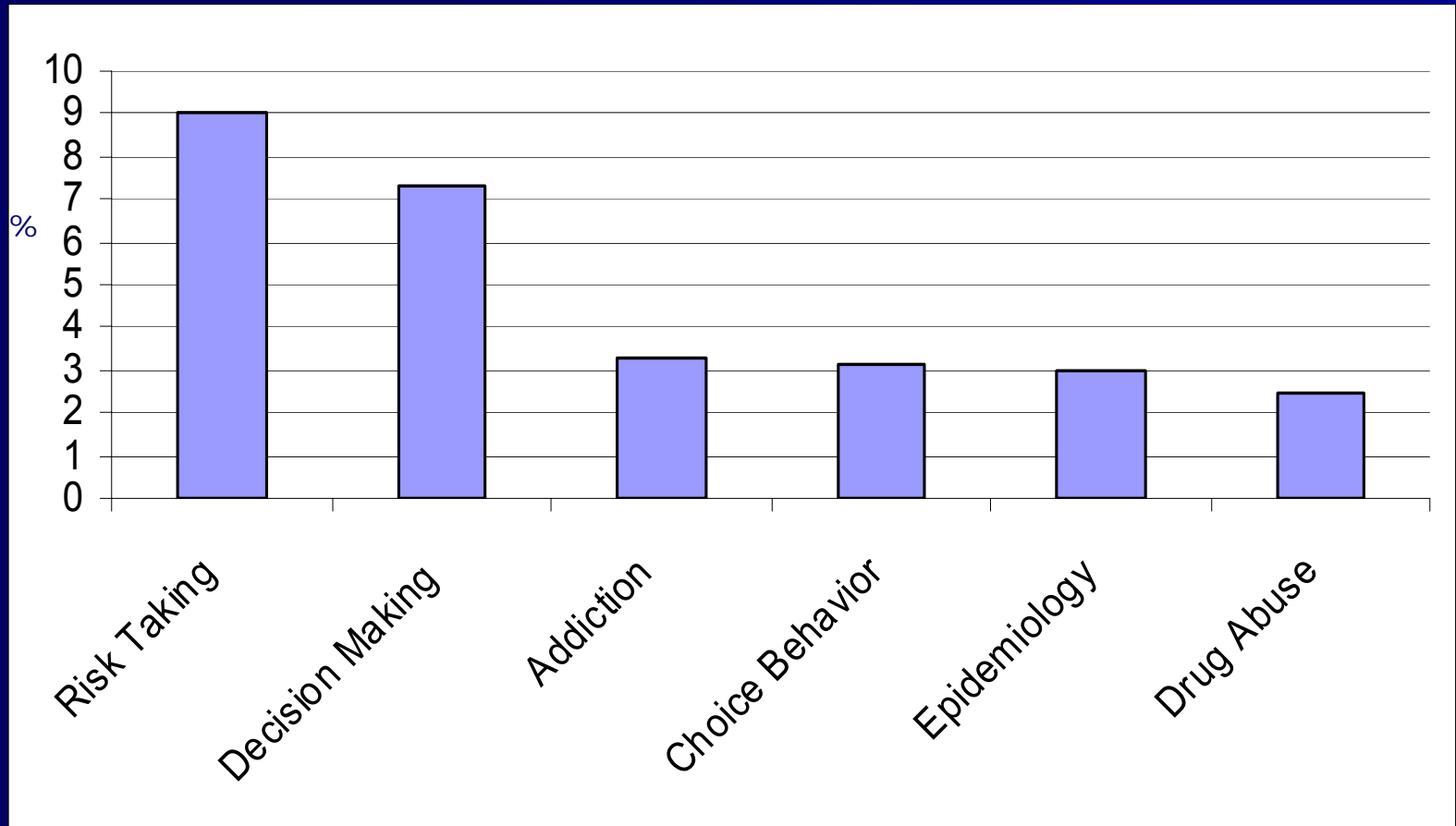
40 years



Prevalence of Primary Keywords

1903-2003 vs 1999-2003

1903
to
2003

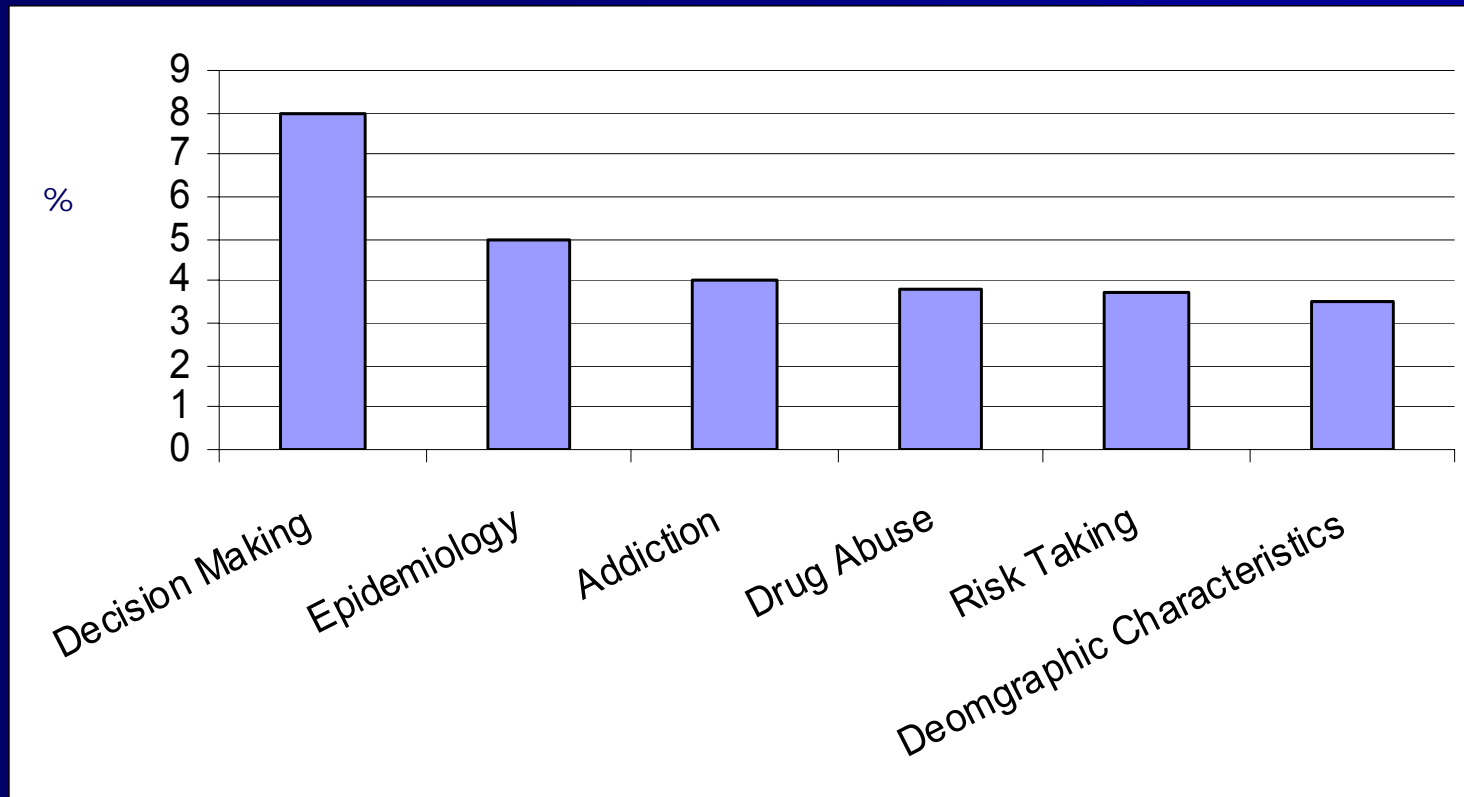


Prevalence of Primary Keywords

1903-2003 vs 1999-2003



1999
to
2003



Conclusions based on Citation Research



- Some areas (e.g., pathological gambling and decision making) have been investigated more than others
- Neuroscience, genetic and drug trial studies – recent movements
- Trend – to study not only gambling behavior but the context within which it occurs
- Need for procedural standards in citations management



Momper, 2005

- Mixed method study
- Explored women's casino gambling, parenting, parenting self-efficacy beliefs, social supports and children beh problems
- Tribal casino – Great Lakes Indian Reservation
- 150 Native American mothers with children between 6 and 15 yrs old



Hypotheses

- the ↑ gambling, the ↑ beh problems in children
- ↑ access to emotional/instrumental support = ↑ parenting self-efficacy
- ‘adequate’ parenting = ↓ beh problems in children
- several variables of interest (e.g. access to social support) will serve to moderate between maternal gambling and child beh problems



Methods

- Ecological and Social Cognitive theory-driven
- Data collection – 2 phases (questionnaire; in-depth interviews with subgroup selected randomly)
- 100% response rate
- PI – Native American; RA – Elder from the community



Measures

- 30 item Behavior Problem Index (BPI)
- Pathological Gambling Diagnostic Scale - PGDS (Stinchfield and Winters; 2001) based on DSM-IV criteria
- Home Observation for Measurement of the Environment (HOME) – Mother Supplement versions for Middle Child and Early Adol
- Parenting Efficacy Scale (PES)
- 3 social support scales (PSS-FA, PSS-FR, McLoyd et al., 1994)
- Financial strain scale (McLoyd et al., 1994)
- Demographics

Who are the Mothers?



- Of the 150 respondents, 75% biological mothers, 25% non-biological
- Age range: 22-82; Mean age: 41 yrs old
- Children: 81 girls; 69 boys. Children age range: 6-15. Children mean age: 10.5 yrs old
- ~33% High School (HS); over 50% ↑HS; 6% Bachelor's Degree
- 75% employed with 88% of these jobs on the reservation
- ~60% single; ~30% household income between \$20,000 and \$30,000

Results - Correlations



- \uparrow PG = \uparrow Gambling Frequency, \downarrow parenting in the home, \uparrow child beh problems
- \uparrow parenting in the home = \uparrow parenting self efficacy, \uparrow access to social support from family and friends, \uparrow instrumental support and \downarrow child beh problems
- Unexpectedly, mothers' greater access to social support was not associated with child behavior problems.

Results- Correlations



- ↑ Edu = employment and ↑ income
- Single = ↓ income, ↑ financial strain, ↓ parenting in the home
- ↑ income = employment, ↓ financial strain, ↑ parenting in the home and ↑ access to social support FM
- ↑ financial strain = ↑ PG, ↑ child beh problems and ↓ parenting in the home and ↓ parenting self efficacy

Results- Regression



- \uparrow financial strain and \downarrow parenting in the home – unique predictors of child beh problems; accounting for 9% of the variance
- Social support – FM moderated the rel't between gambling freq and child beh problems
- Also, access to social support, parenting self-efficacy, and parenting in the home environment did not moderate the relationship between maternal gambling and child behavior problems.
- Mothers who gambled frequently were more likely to experience a child with beh problems when the child was a boy vs. a girl

Results- Qualitative



- Themes emerged from the in-depth interviews:
 - Mothers' concerns regarding spending money and time at the casino
 - Guilt and remorse – affect on children and families
 - Positive economic benefits of the jobs and education available
 - Increased opportunities to socialize and reduce stress while gambling
 - No culturally appropriate gambling treatment program on the reservation



Implications

- Maximized our ability to understand the context of Native American mothers' gambling behaviors.
- Findings will be used to inform culturally appropriate policies and programs that target Native American families.
- Target interventions that address their needs more effectively.
- Additionally, the results will contribute towards a much needed nationwide data base of gambling on reservations.

Evaluation Research

Rychtarik et al. 2006



- Individuals living with partner who is experiencing problems with gambling – sig. psychological distress
- Systemic research on intervention to help the spouse/partner has been limited and usually only involving those in treatment



Methods

- 23 individuals – responding to media advertisements
- Phone screen
- In-person assessment
- Criteria – partner had gambled in the past 3 months, partner score (via participant) of 5+ on SOGS, no professional treatment or self help involvement for gambler or CSO in past 3 months, married or cohabiting for at least one year and participant score of less than 5 on SOGS and no evidence of a substance abuse disorder.



Sample

- Majority – women; average age – 43 yrs old
- 74% married and 52% were employed
- 56% told their partner they were seeking help
- Partners (via participants) averaged 11.39 on SOGS and had a gambling problem for 14.67 years
- 35% of partners and 26% of participants had sought help in the past

Design



- Two-group, pretest-posttest design
- Pre-treatment assessment
- Randomized design – 10 weekly sessions of coping skills training or a 10-week delayed treatment condition
- Posttreatment/postdelay assessment
- Technicians blind to treatment assignment
- Posttreatment follow-up data were available from 96% of the original sample

Treatment Conditions



- Goal – improve partner’s functioning
- 10 weekly, individual sessions of manualized treatment based on stress and coping
- 1st session – education and introduction to skills/models, remaining sessions – review of material and homework, discussion on diaries, new topical material and practice situations, coaching, modeling, role-playing, feedback, application, etc.
- 3 Masters-level counselors administered the treatment



Measures

- Coping Skills Acquisition
 - Gambler Situation Inventory
 - Coping Questionnaire

- Participant Functioning
 - Beck Depression Inventory
 - Beck Anxiety Inventory
 - Anger Expression Index of the State Trait Anger Expression Inventory

- Partner Gambling



Results

- Skill training resulted in a large sig increase in both GSI cognitive and behavioral coping
- Tolerance subscale of the CQ differed sig between the groups – Tolerance was negatively associated with posttreatment GSI cognitive and beh skill
- The treatment condition experienced a decrease in depressive symptoms as compared to those in delayed treatment
- Partner functioning – no sig diff
- Broader beh skill acquisition mediated the CST treatment effect observed



Prevention Research CAMH Researchers 2007

■ CAMH Researchers

- Objective – Development and evaluation of a school-based problem gambling prevention curriculum
- Program – focused on coping skills, random events knowledge and self-monitoring skills
- Evaluation Results – Study 1 – inconclusive [small ↑Random Events Knowledge Test (REKT) scores] – Study 2 – evidence of sig improvement in REKT and knowledge of coping skills
- Overall results – knowledge based material on random events and coping skills can be taught
- Need further development and evaluation – self-monitoring and coping resources

Prevention-related Research Bergevin et al. 2006



- Objective – central variables of stress, coping and gambling severity were examined among high school students
- Results
 - Direct evidence that more severe adolescent gamblers experience increased stress and cope less effectively with negative life events.
 - The rel't between life stress and gambling severity is mediated by less effective coping styles
 - Important gender differences – gender-sensitive prevention and intervention programs

Treatment Research

[Mackay, T., Lemaire, J., & Patton, D. (2007, March). Evaluation of the Manitoba Gambling Residential Rehabilitation Program. Poster Presented at the 2007 Alberta Gambling Research Institute Conference]



- Residential Treatment Program PG – relatively new
- Research – growing
- AFM Parkwood Gambling Rehabilitation Program (Brandon, Manitoba)
- Treatment outcomes – monitored for several years
- 202 individuals
- Researchers contact clients at 3, 6, and 12 months



Treatment Research

- At 3 months, slightly more F return to gambling (RTG) than M (~50% vs ~30%)
- At 6 months, both M and F RTG at ~60%
- At 12 months, M RTG just over 40% and F remain at about 60%
- At 12 months, even though some have returned to gambling, the frequency of gambling has decreased – whereas almost 90% report to gamble daily or st/wk at intake, just over 20% report this at 12 months
- See sig decreases in financial effects over time – this stabilizes



The Future.....???

- Aboriginal-driven research – off and on reserve
- Focus on research partnerships – two heads are better than one
- Movement from “replication overload” to “organized gambling research agenda”
- Continue to monitor problem gambling but to focus on longitudinal studies which provide more than just ‘snap shots’
- More opportunities to translate information for action



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