

# Adolescent problem gamblers: A preliminary analysis of their coping skills



Rina Gupta, Ph.D.  
Nancy Marget, M.A.  
Jeffrey Derevensky, Ph.D.

**McGill University**

## Our current state of knowledge concerning youth gambling problems....

- Gambling is more popular amongst males than females (Fisher, 1990; Govoni, Rupcich, & Frisch, 1996; Griffiths, 1989; Gupta & Derevensky, 1998a; Ladouceur et al., 1994; Stinchfield Cassuto, Winters, & Latimer, 1997; Wynne et al., 1996)
- Probable pathological gamblers are greater risk-takers (Arnett; 1994; Breen & Zuckerman, 1996; Derevensky & Gupta, 1996; Powell, Hardoon, Derevensky, & Gupta 1999; Zuckerman, 1979, 1994; Zuckerman, Eysenck, & Eysenck, 1978)
- Adolescent prevalence rates of problem gamblers are 2-4 times that of adults (Gupta & Derevensky, 1998a; Shaffer & Hall, 1996)

- Adolescent pathological gamblers have lower self esteem (Gupta & Derevensky, 1998b)
- Adolescent problem gamblers have higher rates of depression (Gupta & Derevensky, 1998a,b; Marget, Gupta & Derevensky, 1999)
- Adolescent problem gamblers dissociate more frequently when gambling (Gupta & Derevensky, 1998b)
- Adolescents with gambling problems are at heightened risk for suicide ideation and suicide attempts (Gupta & Derevensky, 1998a)

- While adolescents with gambling problems report having a support group, old friends are often replaced by gambling associates (Derevensky, 1999; Gupta, 1999)
- Adolescent problem gamblers remain at increased risk for the development of an addiction or polyaddictions (Gupta & Derevensky, 1998a,b; Kusyszyn, 1972; Lesieur & Klein, 1987; Winters & Anderson, in press)
- Adolescent problem gamblers score higher on excitability, extroversion, and anxiety & lower on conformity and self-discipline (Gupta & Derevensky, 1997b, 1998a; Vitaro, Ferland, Jacques & Ladouceur, 1998)

- Adolescent problem gamblers report beginning gambling at earlier ages, approximately 10 years of age (Gupta & Derevensky, 1997a, 1998a; Wynne et al., 1996)
- Rapid movement from social gambler to problem gambler (Derevensky, 1999; Derevensky & Gupta, 1996, 1999; Gupta & Derevensky, 1998a)

# Coping

Folkman & Lazarus: *Cognitive-behavioral-emotional strategies intended to manage stress.*

- Task oriented or problem-focused coping
  - pro-active strategies usually involving thought and planning.
- Emotion oriented coping
  - avoidance behavior and non-cognitive problem-solving.

# Coping options

## *Active vs. Avoidance*

- **Active coping** (Task oriented or problem-focused)  
Shown to lower the risk for mental health problems and substance use (Compas, Malcarne, Fontacaro, 1988; Ebata & Moos, 1991; Sandler et al., 1994)
- **Avoidance coping** (Emotion oriented or distraction focused)  
Linked to negative mental health outcomes (anxiety, somatic problems, and depression) (Edler & Parker, 1990)

## Coping and Gambling

- Pathological gambling is a form of **maladaptive coping** (speculated by Balszczynski & McConaghy, 1989).
- In a retrospective study, using adults, pathological gambling was associated with **higher depression and anxiety** (Taber, McCormick, & Ramirez, 1987).
- Gambling and substance abuse problems were related to poor coping skills amongst **adults** (McCormick, 1984).

## Primary goal of this research

To determine whether or not youth with severe gambling problems report using more maladaptive coping strategies.

# Methodology

# Sample

- 587 adolescents (220 males, 367 females)
- Grades 7, 9 and 11 (ages 12 - 17)

Grade	Males	Females	Total
7	59	127	186
9	83	108	191
11	78	132	210

## Instruments

- DSM-IV-J (Fisher, 1992).

12 item instrument is a screen for pathological gambling during adolescence, modeled after the DSM-IV (APA, 1994)

Score of 4 or greater being the scoring criteria for pathological gambling.

# Instruments

- Gambling Activities Questionnaire (GAQ)  
(Gupta & Derevensky, 1996)

Self-report questionnaire; taps 4 general domains related to gambling behavior:

- gambling behavior
- cognitive perceptions
- family history
- comorbidity with other addictive

## Instruments

- Coping Inventory for Stressful Situations (CISS) (Endler & Parker, 1990)
  - Reactions to difficult, stressful, or upsetting situations.
  - 48 items, 16 items for each of the three subscales:
    - task-oriented
    - emotion-oriented
    - avoidance-oriented (*distraction & social diversion*)
  - 5-point Likert scale (ranging from “Not at all” to “Very much”)
  - The normative mean score for each of the CISS subscales is 50, with a standard deviation of 10.

## Instruments

- Reynolds Adolescent Depression Scale (RADS).
  - A measure of depressive symptomatology
  - Consists of 30 item
  - 4-point Likert-type response format
  - Items are worded in the present tense to tap into present symptom status.
  - Clinical cutoff score of 77

## Instruments

- Nowicki-Strickland Locus of Control Scale for Children (LOC). (Nowicki & Strickland, 1973)

Consists of 40 forced-choice items

### Externally oriented individuals

*Do you believe that most problems will solve themselves if you just don't fool with them?*

*Do you believe that wishing can make good things happen?*

### Internally oriented individuals

*Do you believe that if somebody studies hard enough he or she can pass any subject?*

*Do you believe that whether or not people like you depends on how you act?*

# Results

- 80% reported of youth report gambling during the past year (90% males; 73% females)
- 26% reported gambling once per week or more
- Gambling severity
  - non-gamblers : 20%
  - social gamblers (DSM-IV-J 0-2): 71%
  - problem gamblers (DSM-IV-J 3): 2.5%
  - probable pathological gamblers (DSM-IV-J  $\geq 4$ ): 6.5%

# Analyses

- 4 x 3 x 2 MANOVA
- Group (gambling severity) x Grade (age) x Gender
- Dependent variables
  - CISS
  - RADS
  - LOC

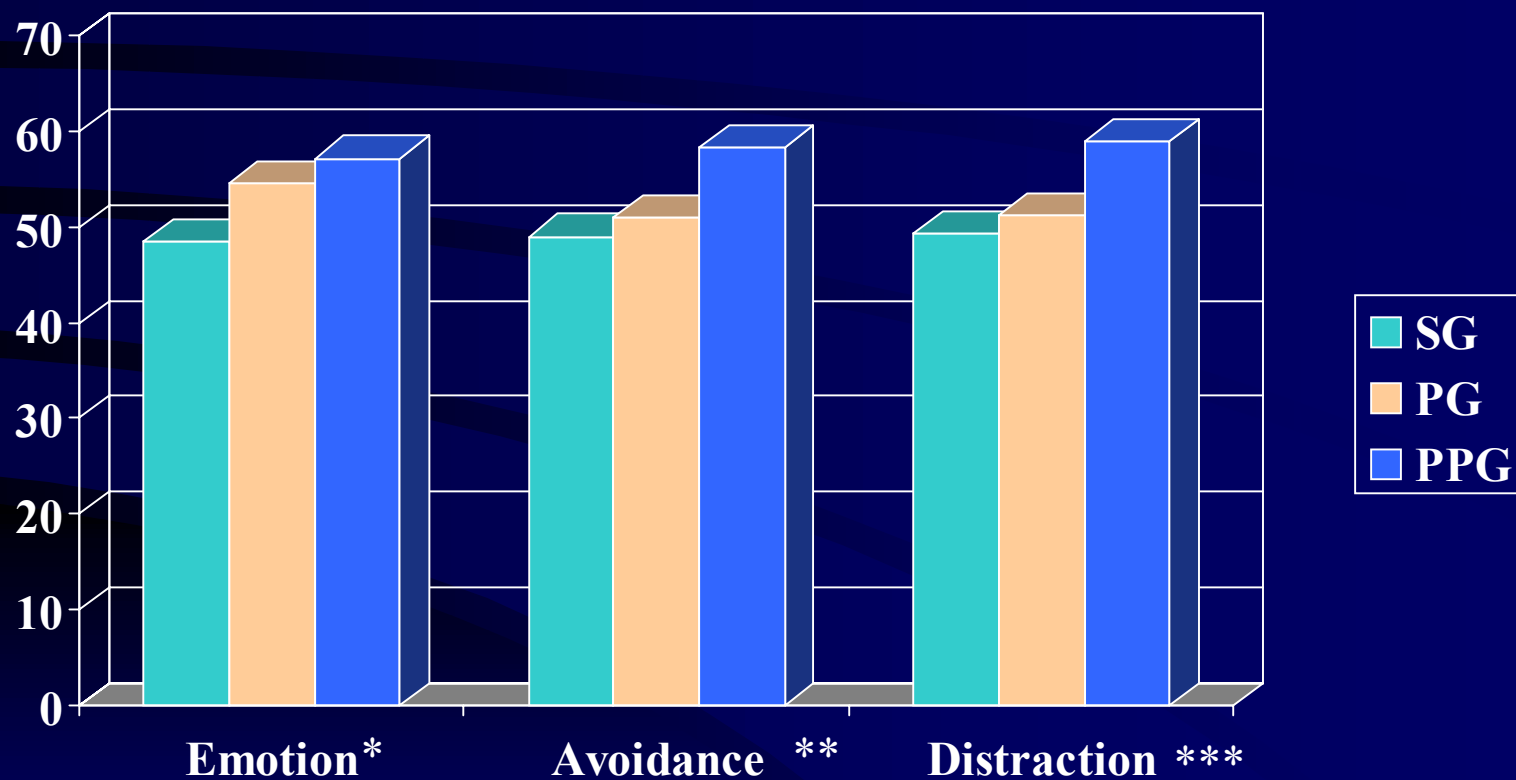
# Mean Scores on the CISS Across Level of Gambling Involvement

Subscale	NG	SG	PG	PPG	
Task	50.22	49.60	47.62	49.41	
Emotion	48.34	48.50	54.62	57.15	*
Avoidance	46.84	49.01	50.85	58.44	**
Social Diversion	47.30	48.63	49.62	53.38	
Distraction	47.09	49.36	51.23	50.06	***

Note. The normative mean score for each of the CISS subscales is 50, with a standard deviation of 10.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

## Coping (CISS)



Statistically significant at the  $p < .05$  level or less

Marget, Gupta, & Derevensky, 1999)

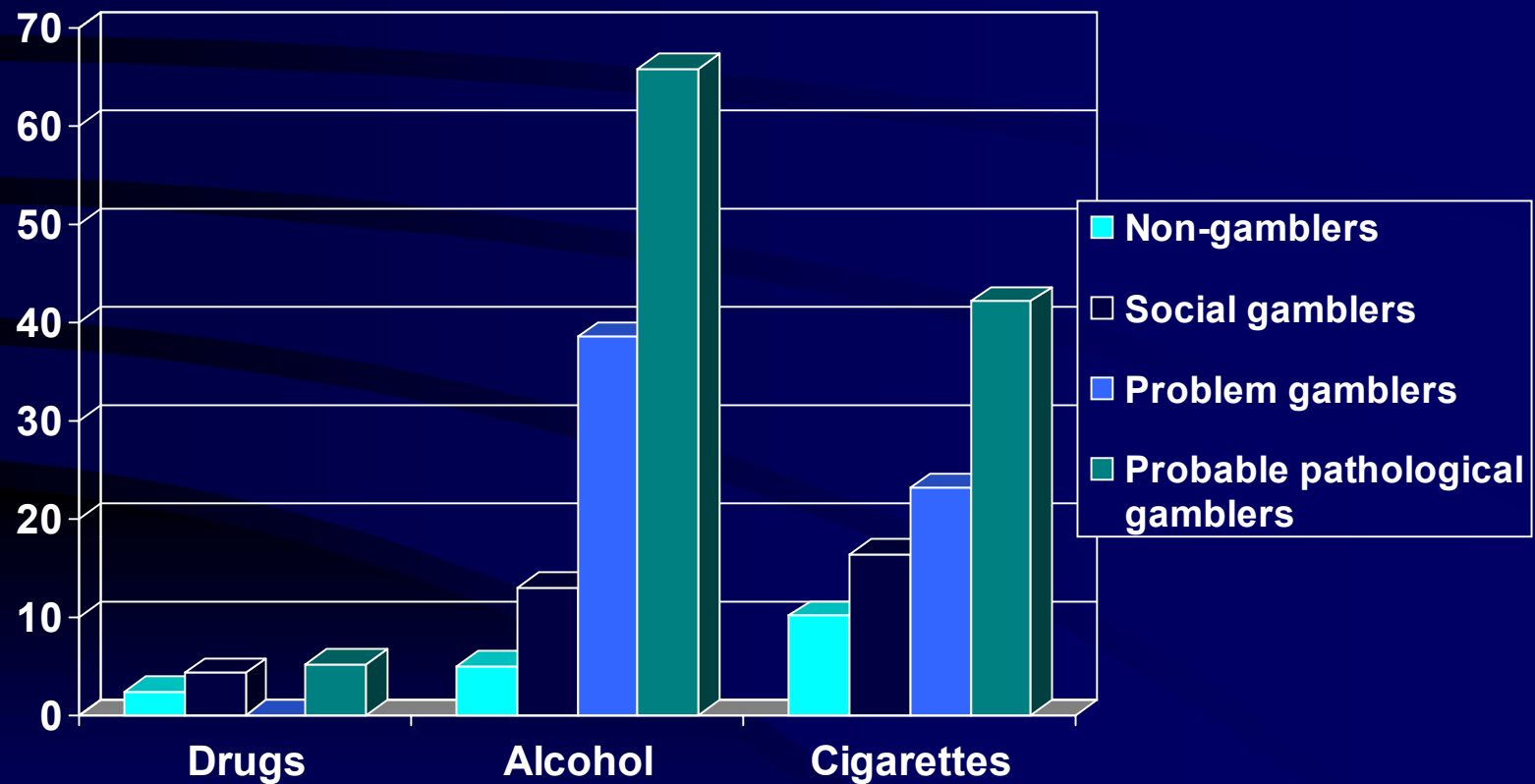
## Gender differences on the CISS

- No significant main effect for gender was found for the CISS subscales.
- No significant gender x group interaction was found.

## Developmental differences on the CISS

- No significant main effect for grade was found for the CISS subscales.
- No significant grade x group interaction was found.

## Percentage of *Regular* Drug, Alcohol, and Cigarette Use Across the 4 levels of Gambling Involvement

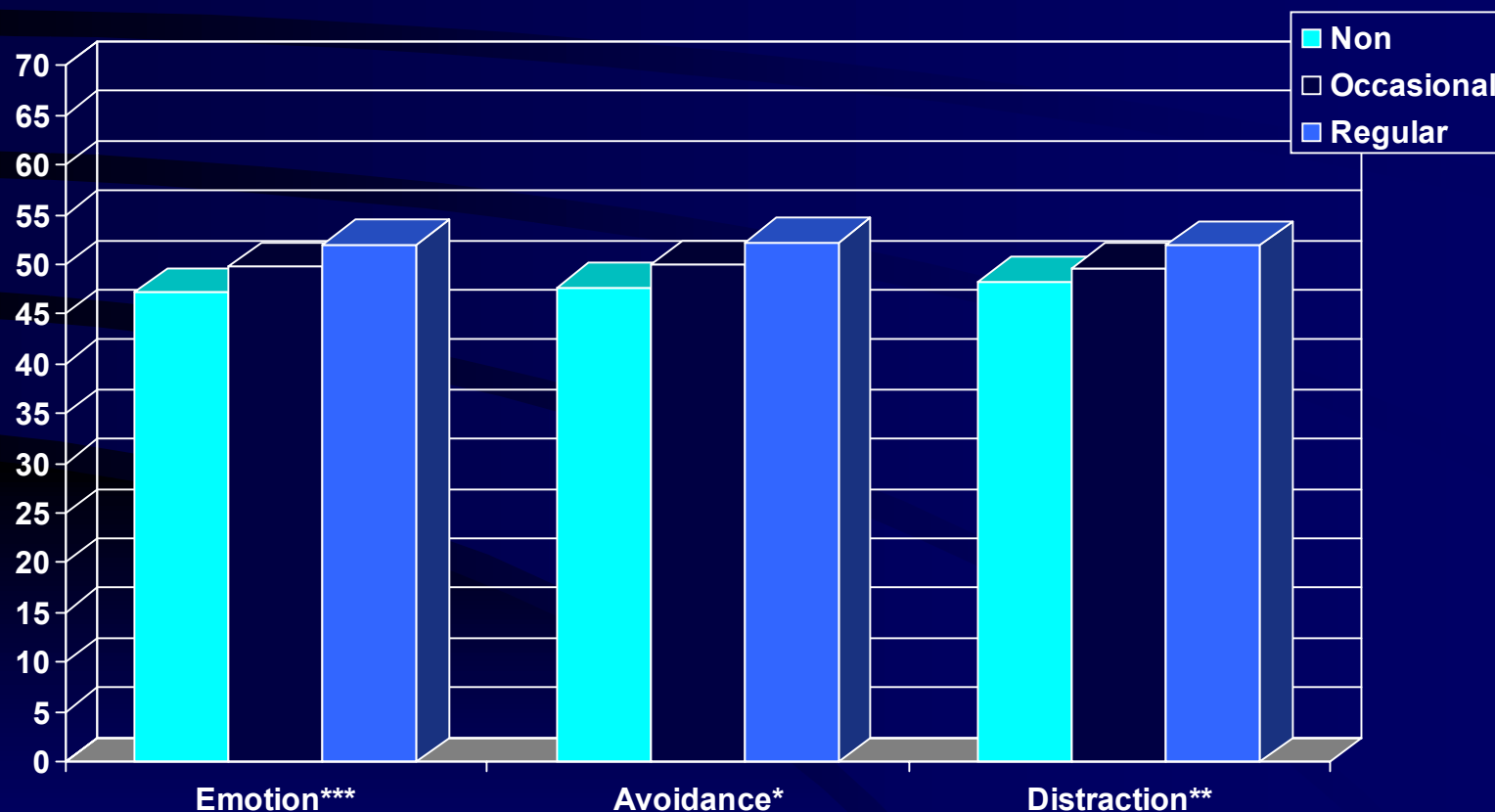


## A Comparison of the Substance Users on the CISS

Subscale	Non	Occasional	Regular
Task	50.26	49.89	48.08
Emotion	47.17	49.71	52.01***
Avoidance	47.72	49.33	52.26**
Soc Diversion	47.63	48.90	50.61
Distraction	48.31	49.70	51.87*

Note. \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

# A Comparison of the Three Substance Use Groups on the CISS



Note. \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

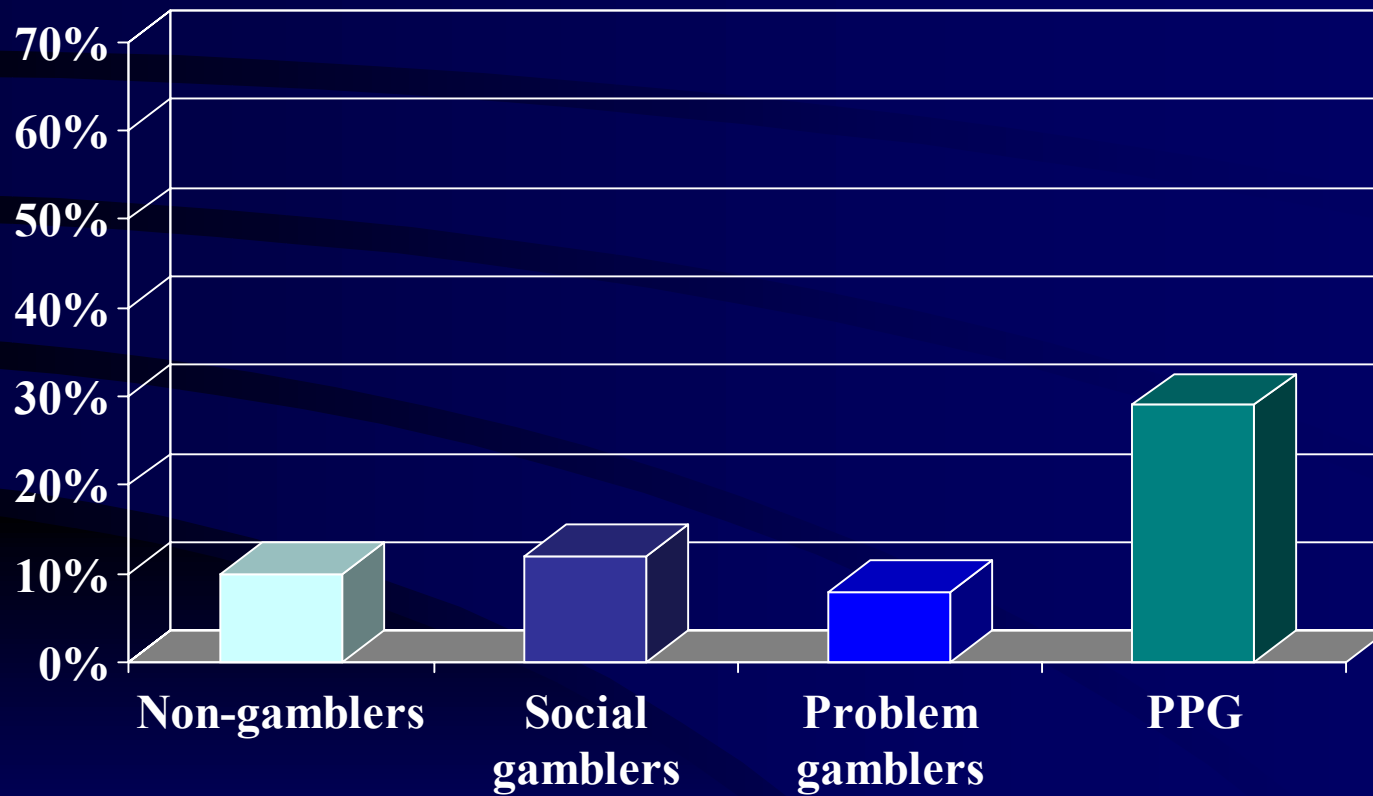
# A Comparison of the Four Gambling Groups on the LOC

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Group	Locus of Control	
	Internals (Bottom Quartile)	Externals (Top Quartile)
Non-gamblers	22.1%	30.1%
Social Gamblers	28.4%	28.1%
Problem Gamblers	7.7%	30.8%
Probable Pathological Gamblers	5.7%	62.9%

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# Depression



Note: clinical cutoff  $\geq 77$

## Conclusions

- Specific maladaptive coping styles among adolescents are associated with excessive involvement in gambling.
- PPG's use more emotion (ex: rumination) and distraction-oriented coping skills.
- They *may* resort to these types of coping due to an external locus of control.

## Conclusions

- Regular substance users exhibit greater degrees of maladaptive coping (emotion and distraction-oriented coping).
- These preliminary findings support previous research suggesting that maladaptive coping skills are associated with adolescent involvement in addictive behaviors (Odgers, Houghton, & Douglas, 1996; Rhodes & Jason, 1988).

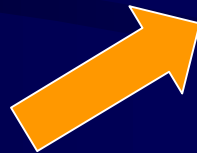
## Coping and Depression

- PPG's reported higher levels of dysphoric mood and clinical depression than their peers.
- These youth may be coping with already existing depression by gambling.

# Coping as a mediating factor

Off-kilt physiological resting state

Psychological nature  
characterized by unhealthy  
feelings, either due to  
trauma, loss, or poor  
upbringing.



Maladaptive  
coping



Addictive behavior

## Implications for Prevention

**Teach children coping  
and problem-solving skills**

**Start young !**

## Implications for Treatment

- Teach adolescents how to cope with difficulties and adversity.
- Increase their repertoire of coping strategies.
- Cognitive therapy is most effective approach for this.

# Treatment anecdotes

- Issues that are difficult for youth to cope with:  
*The solutions sought by the adolescents we see in treatment were not the most effective.*

## Their strategy

Unhappy household

Trust issues with parents

Loss and sadness

Academic challenges

Peer rejection and conflict

Poor self image

Decrease communication and escape

Lie and become more deceptive

Over-indulge in other activities

Stop trying, find easy way out (cheat)

Withdraw or fight (beat people up)

Compare to others who are worse off

## Final Words

- While the issue of coping is only one small piece of the “addictions puzzle”, it seems necessary to include if we want to get a complete picture of what youth gambling is all about.

