2006

Gambling by college students: Personality characteristics and acceptability of internet-based treatment

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Gambling by College Students:
Personality Characteristics and Acceptability of Internet-Based Treatment

by

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Submitted to the Department of Psychology
Eastern Michigan University
in partial fulfillment of the requirements
for the degree of

MASTER OF SCIENCE
in
Clinical Psychology

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December 8, 2006
Ypsilanti, Michigan
Dedication

I would like to dedicate this project to the other graduate students of the Eastern Michigan University Clinical Psychology program. The support, encouragement, and friendship that they have provided throughout this process have been both invaluable and unforgettable. I am truly grateful to find myself in such outstanding company.
Acknowledgments

First and foremost, I need to thank Dr. Karen Saules for her incredibly patient assistance with this project. Day in and day out, she provided excellent support and guidance for me as this project moved forward. She never let me get discouraged, even when things became significantly delayed. Without her help, it would have been impossible to complete this project on time, if at all. Next, I would like to thank Parvathy Geetha for her tireless effort constructing and revising the website. She very quickly produced an incredibly professional site that has received very positive feedback. In addition, I cannot remember a time when I asked her to change or upgrade something and she said that she could not do it. Every request was met with such cheerful optimism that it became infectious. I very much look forward to working with Parvathy in the future on new projects and hope that we can show the website to as many people as possible. I would also like to thank my committee members, Dr. Michelle Byrd and Dr. Amy Young, for their very insightful advice in the proposal of this project. Their guidance allowed me to make the best of this study. I would also like to thank the EMU psychology department for their generous financial assistance to this project. Their funding allowed me to recruit focus-group participants and gather very valuable feedback about the website. This feedback will be used to revise and update the website so that it can be maximally effective in future studies. Thanks also go out to Kendra Cassidy for her help recruiting participants and analyzing data. Finally, I would like to thank all of the EMU students who participated in this study and put out their best efforts to provide me with such excellent data. I hope that the data they provided will generate scores of studies in the future.
Abstract

Personality disorders are associated with Pathological Gambling (PG) among adults. Little is known, however, about these symptoms in college-student gamblers. In addition, little is known about the current prevalence or treatment preferences of college gamblers. An online survey of gambling practices and personality characteristics was conducted, as well as a series of focus groups evaluating a web-based gambling treatment program. A higher prevalence of PG was observed among college students than previously reported. College students with PG displayed similar personality disorder symptoms to those observed among adults with PG. Students preferred free or reduced-cost treatment. Focus group participants provided favorable reviews of the web-based PG program. However, few students who met the PG criteria regarded their behavior as problematic. Results suggest that PG may be becoming more prevalent on college campuses, and Internet-based treatment may be a viable treatment option, particularly that which includes attention to personality disorder symptoms.
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Statement of the Problem:

The literature suggests that the general adult population prevalence rate of Pathological Gambling (PG) is approximately 1.6% (Shaffer, Hall, & Vander Bilt, 1999). However, the rate of PG among college-aged adults can vary between 2.9% and 11%, depending upon availability of gambling opportunities (Lesieur & Blume, 1987; Shaffer, Hall, & Vander Bilt, 1997; Winters, Bengston, Dorr, & Stinchfield, 1998; Oster & Knapp, 2001). This study aimed to determine the prevalence of college gamblers in a large, Midwestern sample. In addition, of those college-aged adults who meet criteria for PG, it was hypothesized that few will admit to, or seek treatment for, a gambling problem. This suggests that treatment modalities available to young people may not meet their needs. This study also aimed to determine what modes of therapy, if any, are preferred by college students with PG.

The literature also suggests that substance abuse (Shaffer et al., 1999; Kaminer & Haberek, 2004; Welte, Barnes, Wieczorek, & Tidwell, 2004), depression (Ibanez et al., 2001; Grant & Kim, 2001; Grant et al., 2004), impulsivity (Steel & Blaszczynski, 1998; Vitaro, Ferland, Jacques, & Ladouceur, 1998; Lightsey & Hulsey, 2002), suicidality (Pfuhlman & Schmidtke, 2002), anxiety (Roy et al., 1988; Black & Moyer, 1998; Ibanez et al., 2001), and personality disorders (Lesieur & Blume, 1990; Steel & Blaszcynski, 1998; Grant et al., 2004) are highly comorbid with adult pathological gambling. However, it remains unclear to what extent these problems are experienced by college-aged gamblers. Much research is needed to determine the comorbidities of college gamblers. This study focused upon the comorbidity of personality disorder features among college-student pathological gamblers.
Literature Review

Prevalence and Risk Factors of PG

It is estimated that 1.6% of the general U.S. adult population (Shaffer, Hall, & Vander Bilt, 1999) and 2.9% of the college population (Winters, Bengston, Dorr, & Stinchfield, 1998) meet criteria for PG. However, some studies have estimated the prevalence of PG among college students to be as high as 4.7-5% (Shaffer, Hall, & Bilt, 1997; Lesieur & Blume, 1987). Even higher prevalence rates (8-11%) have been reported for students at the University of Nevada, Las Vegas, where gambling opportunities are more plentiful (Oster & Knapp, 2001). On average, untreated PG is reported to last 6.2 years and consume about 77% of take-home pay (Schwarz & Linder, 1990).

College students may be at greater risk for developing gambling problems because they generally have more free time and fewer financial responsibilities than adults in the general population. In addition, other risky and impulsive behaviors, such as binge drinking and other substance use, are more prevalent in college (Pope, 2001). These behaviors have been shown to be significantly correlated with pathological gambling (LaBrie, Shaffer, LaPlante, & Wechsler, 2003). Students with local access to casino gambling are at further risk because availability seems to increase the risk of developing a gambling problem. Jacques, Ladouceur, and Ferland (2000) found that gambling behavior and lost wages significantly increased one year after a casino opened in a Canadian town.

Diagnosis and Comorbidity

A PG diagnosis is most often determined by applying the criteria set forth by the DSM-IV-TR (American Psychiatric Association, 2000). These criteria (see Figure 1) are
primarily based upon clinical experience and group consensus by a committee of experts (Stinchfield, Govoni, & Firsch, 2005). They are similar to criteria for other addictive behaviors because they were derived, in part, from the criteria for such behaviors. The DSM-IV-TR criteria for PG are delineated as follows (APA, 2000):

A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:
   1. Is preoccupied with gambling (preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble.
   2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
   3. Has repeated unsuccessful efforts to control, cut back, or stop gambling.
   4. Is restless or irritable when attempting to cut down or stop gambling.
   5. Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression).
   6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
   7. Lies to family members, therapist, or others to conceal the extent of involvement with gambling.
   8. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.
   9. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
   10. Relies on others to provide money to relieve a desperate financial situation caused by gambling.

B. The gambling behavior is not better accounted for by a Manic Episode.

Stichfield et al. (2005) established the reliability, validity and accuracy of the DSM-IV-TR criteria, using two samples of Canadian gamblers in Windsor, Ontario. Factor analysis was used to establish reliability, and revealed that all items had high factor loadings, ranging between .60 and .87. Internal consistency was reported to be excellent, with a Chronbach’s coefficient alpha of .92. Convergent validity was generally high as determined by convergence with measures of problem gambling severity.
(gambling frequency, largest amount of money spent in one day, SOGS, number of days spent gambling in the past 30 days). Discriminant validity was also satisfactory, exhibited by low correlations with variables unrelated to gambling (gender, age, level of education). Using a Discriminant Function Analysis, classification was also reported to be satisfactory.

Pathological gambling is classified as an impulse control disorder in the DSM-IV-TR. As such, it commonly manifests with other control-related disorders and problems such as substance abuse, elevated impulsivity, and suicide (Shaffer et al., 1999; Steel & Blaszczynski, 1998; Pfuhlmann & Schmidtke, 2002). In addition, PG also commonly co-occurs with psychiatric problems such as depression, anxiety, adjustment disorders, and personality disorders (Grant & Kim, 2001; Ibanez et al., 2001; Steel & Blaszczynski, 1998). Ibanez et al. have reported that as many as 62.3% of pathological gamblers have at least one comorbid psychiatric disorder. Gamblers with a comorbid disorder had significantly higher scores on the South Oaks Gambling Screen (Lesieur & Blume, 1987; SOGS), and severity increased linearly as the number of comorbid diagnoses increased.

Substance abuse also commonly co-occurs with PG. In this regard, Kaminer and Haberek (2004) described comorbidity of gambling and substance abuse as the rule rather than the exception. In a telephone survey, Welte et al. (2004) found that people who drank while gambling were more likely to develop PG than those who did not. Shaffer et al. (1999) reported the lifetime prevalence of pathological gambling in substance abusers to be 29%. In addition, Petry and Oncken (2002) reported that cigarette smoking is associated with increased gambling severity, and Ibanez et al. (2001) found 33.3% of pathological gamblers to have either alcohol abuse or dependence diagnoses. In a
questionnaire study, Dannon et al. (2004) found that 21% of subjects with PG also had comorbid alcohol abuse problems. Grant and Kim (2001) found 35.1% of their sample to have a substance abuse problem: 16% with alcohol dependence, 10.7% with alcohol abuse, and 8.4% with an unspecified substance abuse or dependence. A national survey, the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC; Grant et al., 2004) found 73.2% of pathological gamblers to have an alcohol use disorder, 38.1% to have a drug use disorder, and 60.4% to have nicotine dependence. Though these numbers are widely divergent, each study found alcohol, nicotine, and drug use to occur with much greater frequency among pathological gamblers than among the general population.

Natural recovery of untreated PG has been documented as occurring (Slutske, Jackson, & Sher, 2003). However, far too often, the course of PG is dire. Petry and Kiluk (2002) categorized treatment-seeking gamblers into three groups on the basis of the severity of suicidal tendencies. The three groups were No Suicidal Ideation (n = 175), Suicidal Ideation alone (n = 109), and Suicide Attempters (n = 58). As indicated by these classifications, nearly half (48.8%) of the subjects in this study had either contemplated or attempted suicide. Many other studies have also sought to delineate the association between PG and suicide. Ciarrochi and Richardson (1989) reported that 17% of pathological gamblers had attempted suicide. On the low end, Lorenz (1990) reported that 8% of his sample of pathological gamblers had attempted suicide but that 65% had contemplated it. At the high end, Ciarrochi (1987) observed a 42% rate of suicide attempts. These figures all come from inpatient samples. However, rates are similar among outpatient (GA) gamblers without an established diagnosis of PG. Horodecki
(1992) reported that 8% of his outpatient sample attempted suicide and 70% had contemplated it. In the general, non-treatment-seeking population, Bergh and Kuhlhorn (1994) reported that 18% of their sample had attempted suicide and 56% had contemplated it.

Besides substance abuse and suicide, elevated impulsivity is also strongly associated with PG. Steel and Blaszczynski (1998) demonstrated this association by administering the SOGS and the Eysenck Impulsivity Scale to 82 Australian gamblers currently seeking outpatient treatment. The mean SOGS score among this group was 12.4, and the mean total score for the SOGS was found to correlate positively and significantly with the Impulsiveness subscale of the Eysenck Impulsivity scale. Lightsey and Hulsey (2002) found that impulsivity was strongly correlated with male but not female college gamblers. However, they reported that their sample of female gamblers was one tenth the size of their sample of male gamblers, and they not have a large enough sample of female gamblers to accurately report the comorbidity of impulsivity among them. Vitaro et al. (1998) also reported a strong correlation between impulsivity and PG among adolescent males.

Depression, anxiety, and adjustment disorders also co-occur with PG at a higher rate than in the general population. Ibanez et al. (2001) observed 15.9% of gamblers in their study to have a current comorbid mood disorder, and Grant and Kim (2001) found 33.6% of their sample population to have a current mood disorder, including 29% with Major Depressive Disorder. Bergh and Kuhlhorn (1994) studied the negative consequences of PG and found that 40% suffered from depression. The NESARC study mentioned earlier (Grant et al., 2004) reported a comparable rate of mood disorders
(49.6%). These rates are much higher than the 4.8% to 8.6% estimated prevalence of Major Depressive Disorder in primary-care outpatient settings and the 2.1% to 3.7% estimated prevalence rate of dysthmic disorder as reported in the *DSM-IV-TR* (APA, 2000).

Lifetime rates of depression among gamblers are also higher than among those in the general population. McCormick, Russo, Rameriz, and Taber (1984) found as many as 60% of the gamblers in their study to have had a mood disorder at some time in their life. Correspondingly, Black and Moyer (1998) reported 76% of their sample to have had a mood disorder at one time. This is much higher than the 5-25% lifetime prevalence of Major Depression, 6% prevalence of Dysthmic disorder, 1% of Bipolar I, and .5% prevalence of Bipolar II as stated in the *DSM-IV-TR* (2000). It is unclear whether mood disorders, especially depression, are causes or effects of PG, but their high prevalence among pathological gamblers warrants attention during assessment and treatment.

Although not as prevalent as mood disorders, anxiety disorders are also common comorbid diagnoses among pathological gamblers. Ibanez et al. (2001) reported that 4.3% of gamblers have a comorbid anxiety disorder, and Grant and Kim (2001) found 9.1% of their sample of gamblers to have an anxiety disorder: 5.3% with Panic Disorder, 1.5% with Generalized Anxiety Disorder, and 2.3% with Social Phobia. However, these numbers are much lower than the 41.3% of gamblers with a current anxiety disorder as reported in the NESARC study (Grant et al., 2004). It is unclear why there is such a large discrepancy, but the much larger sample size of the NESARC study suggests that it may provide the most reliable results of the comorbidity studies. A replication is needed to verify its results, however.
Results of studies that examine lifetime prevalence of Anxiety Disorders are also ambivalent. Black and Moyer (1998) found 16% of their sample to have a lifetime history of anxiety disorder, and Roy et al. (1988) reported the lifetime prevalence of anxiety disorders in their sample to be 40%. These numbers fall above and below the results of a National Comorbidity Survey of the general population conducted by Kessler, Berglund, Demler, Jin, and Walters (2005) between 2001 and 2003, which revealed that 28.8% of nine thousand respondents met diagnostic criteria for an anxiety disorder at some point in their lifetime. These discrepant results across studies indicate that further research is needed to more definitively establish the prevalence of anxiety disorders among PG populations.

Because lifetime prevalence of anxiety disorders among pathological gamblers reportedly varies between 16% and 40% but the lifetime prevalence of anxiety disorders in the general population is 28.8%, anxiety disorders may be more or less common among pathological gamblers among the general population. Further research is needed to definitively establish the lifetime prevalence of anxiety among pathological gamblers. Current prevalence rates, however, are available from the NESARC study (Grant et al., 2004). Because of the large sample and strong methodology, the NESARC results are becoming the most widely accepted prevalence rates for PG comorbidity, suggesting that anxiety may be more common among gamblers than among the general population.

Although not as widely studied, adjustment disorder is also reported to co-occur with PG more commonly than in the general population. Ibanez et al. (2001) found 17.4% of gamblers in their study to have comorbid adjustment disorders, which is higher than the 2-8% reported in the DSM-IV-TR (APA, 2000, 681).
The most common comorbid diagnoses among pathological gamblers are personality disorders. Like substance abuse, Steel and Blaszczynski (1998) reported that personality disorders among pathological gamblers were “more of the rule than the exception (p. 899).” In their study, 93% of participants met criteria for at least one personality disorder, and the mean number of personality disorders for all subjects was 4.7 ($SD = 2.8$). Eleven personality disorders were reported in this sample, including Paranoid (40%), Schizoid (21%), Schizotypal (38%), Antisocial (29%), Borderline (70%), Histrionic (66%), Narcissistic (57%), Avoidant (37%), Dependent (49%), Obsessive-Compulsive (31%), and Passive-Aggressive (35%). Other studies have also reported high numbers of personality disorders among participants. For example, Lesieur and Blume (1990) found 71% of their sample to have a personality disorder; Bellaire and Caspari (1992) found 49%; and Specker, Carlson, Edmonson, Johnson, and Marcotte (1996) reported the prevalence of personality disorders in their sample to be 25%. These numbers coincide roughly with the results of the NESARC study (Grant et al., 2004), which reported the prevalence of personality disorder among gamblers to be 60.4%. It remains unclear exactly how personality variables affect gambling behavior, but the high prevalence of personality disorders among Pathological Gamblers suggests that disordered personality traits may contribute to gambling problems.

A number of clinically relevant behaviors have also been documented as co-occurring with PG, although this literature is more scant than that regarding actual comorbid disorders. Bergh and Kuehlhorn (1994) reported that 5% of their PG sample engaged in some sort of unspecified criminal behavior. Fisher (1991) and Blaszczynski and Silove (1996) reported that 30% and 40% of their PG samples, respectively, engaged
in stealing behavior. In addition, Blaszczynski and Silove reported that 31% of their sample engaged in embezzlement and 14% engaged in robbery. Grant and Kim (2001) found 16.8% of their sample to have problems with compulsive shopping, and .7% admitted to compulsive sexual behavior.

In addition to these behavioral problems, PG is also associated with considerable personal and social sequelae. In a Swedish sample, Bergh and Kuehlhorn (1994) studied the negative consequences of PG and found that 63% suffered financial problems, 45% had impaired relations with friends and/or family, and 13% were socially isolated. More than 80% suffered more than one of these negative consequences. An earlier study (Lorenz & Yaffee, 1988) outlined the difficulties endured by the spouses of pathological gamblers. In a sample of 215 spouses, 74% felt angry or resentful, 47% felt depressed, and 44% felt isolated, lonely, and alone because of their spouse’s gambling. In addition, 41% experienced chronic or severe headaches, 37% suffered bowel troubles, and 23% experienced hypertension.

Pathological gambling rarely occurs without accompanying distress and comorbidity, and it can often be the root of an entire chain of negative consequences. For example, excessive gambling may lead to financial stress, which may lead to anxiety, substance use, depression, and, ultimately, suicide. A gambler’s spouse may experience similar symptoms because the gambling has consequences for him or her as well. An intervention during the early stages of problematic gambling may serve to interrupt this chain and offer hope of recovery and a normal life to the gambler.
Assessment of Pathological Gambling

The *DSM-IV-TR* criteria are primarily used in clinical settings to provide a diagnosis and direction for treatment. However, there are several tools available for screening for problem gambling in nonclinical situations. The most commonly used measure is the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987). The SOGS is a 20-item, self-report instrument originally based upon *DSM-III* criteria and later adapted to coincide with the most current *DSM-IV* criteria. A “Yes” answer to 5 or more items on the SOGS is the cutoff for a probable gambling problem (level 3) and endorsement of 3-4 items suggests a potential problem (level 2). The mean score for adults seeking treatment for PG can be as high as 12 (Petry, 2002). In a study of college students (gamblers and nongamblers), none scored as high as those treatment-seeking adults, but nearly 3% met criteria for probable problematic gambling, and another 4.4% met criteria for potential problematic gambling (Winters et al., 1998).

Another, less widely used screening instrument is the Diagnostic Interview for Gambling Severity (DIGS; Winters, Specker, & Stinchfield, 2002). The DIGS is a wide-spectrum instrument that assesses for gambling problems as well as consequences related to gambling, such as psychiatric and financial problems. The DIGS is a clinician-administered interview containing 20 items. The items contain two different forms of each of the 10 diagnostic criteria from the *DSM-IV*. For example, *Do you get restless or irritable when trying to cut down on your gambling?* and *Does trying to cut down on gambling make you restless or irritable?* might be two different versions of the same item. This was done to maximize the chances that the respondent understands the question and also to maximize the odds of a positive response. A yes answer to either...
form of the question is counted as meeting the criterion. The DIGS is an excellent screening tool, but its nature as a clinician-administered tool limits its use because of the staff time and financial constraints involved.

Less commonly used than the DIGS is the National Opinion Research Center’s DSM-IV Screen for Gambling Problems (NODS), which was developed as part of the National Gambling Impact Study Commission (1999; Petry, 2005b). The NODS is also based upon DSM-IV criteria, but unlike the DIGS, it does not systematically ask every question in two forms. Some items are worded differently and asked in two different forms, and some are asked only asked once. Otherwise, the NODS is very similar to the DIGS.

A useful but not yet psychometrically tested tool is the Diagnostic Interview Schedule (DIS; Robins, Cottler, Bucholz, & Compton, 1996) The DIS is a structured instrument used to assess for psychiatric diagnoses, most commonly used in epidemiological studies. Within the DIS is a 4-item scale used to assess PG. To meet criteria for PG, respondents must report having gambled at least twice in their lifetime and have thoughts that they gambled too much. In addition, respondents must report at least two of the following problems due to gambling: inability to pay bills, trouble at home or work, and borrowing or stealing money with which to gamble. The DIS has been utilized in large population studies (Crum, Chan, Chen, Storr, & Anthony, 2005; Newman & Bland, 2006), but has not otherwise been widely used.

Similar to the DIS is the Gambling Assessment Module for the DSM-IV (GAM-IV; Cunningham-Williams, Cottler, & Books, 2002). The GAM-IV is an updated version of the DIS, developed to coincide with DSM-IV criteria. This newest version collects
information about the number of diagnostic criteria met, frequency and reasons for
gambling, problems associated with gambling, and treatment history. Psychometric
properties of the GAM-IV have not yet been published (Petry, 2005b).

Finally, the Lie/Bet Questionnaire (Johnson, Hamer, Nora, & Tan, et al., 1997) is
another commonly used screening tool and owes much of its popularity to its brevity. The
Lie/Bet Questionnaire is a two-item brief screening tool based upon two criteria from the
DSM-IV. These two items are Have you ever had to lie to people important to you about
how much you gambled? and Have you ever felt the need to bet more and more money?
These two items were selected because logistic regression identified them to be the best
predictors of PG from the DSM criteria. A positive answer to either or both items
accurately classified 95.3% of all respondents (Johnson et al. 1997). Because of its
brevity, the Lie/Bet questionnaire has been used extensively as a clinical and research
screening tool.

Of all of these measures, the SOGS is the most commonly used and is the
standard to which other measures are usually compared. The SOGS possesses the
reliability and validity necessary for accurate identification, and it is also sufficiently
brief to facilitate ease of administration. Though the other measures are more appropriate
in certain situations, the SOGS is generally the best measure of PG available.

In addition to these six diagnostic screening instruments, there are six measures
commonly used to measure gambling severity (Petry, 2005b): the Gambling Treatment
Outcome Monitoring System (GAMTOMS; Stinchfield & Winters, 1996), the Addiction
Severity Index – Gambling Index (ASI-G; Lesieur & Blume, 1991), the Timeline
Follow-Back Method (TLFB; Taber, McCormick, Russo, Adkins, & Ramirez, 1987), the
Pathological Gambling Yale-Brown Obsessive-Compulsive scale (PG-YBOCS; Decaria et al. (1998), the Gambling Symptom Assessment Scale (G-SAS; Kim, Grant, Adson, & Shin, 2001), and the Global Clinical Inventory (CGI; Guy, 1976).

The GAMTOMS (Stinchfield & Winters, 1996) is administered as a structured interview to assess gambling severity. The DIGS is contained within the GAMTOMS, which also includes items for assessing psychiatric symptoms such as substance use, anxiety, depression, mania, impulse control, eating problems, avoidance, Attention Deficit Hyperactivity Disorder (ADHD), and features of conduct disorder and Antisocial personality disorder.

The Addiction Severity Index (ASI; McLellan et al., 1985) is the tool most widely used to evaluate problems related to drug use and to monitor changes in substance abusers. The ASI contains seven sections for assessing the severity of medical, employment, alcohol, other drug, legal, social, and psychiatric problems. The ASI was originally developed as a structured interview but now exists in self-report and computer-assisted formats. The Addiction Severity Index-Gambling Index (ASI-G; Lesieur & Blume, 1992) is administered as a supplement to the ASI and originally contained 30 items. These items assessed gambling-related behaviors, such as embezzlement, fraud, and general gambling offenses. There was also a set of items for assessing frequency of gambling and gambling problems in the past month. However, composite scores are generated by an algorithm that only incorporates responses to 5 items: the number of days spent gambling in the past 30, the number of days experiencing gambling problems, how troubled the respondent was, how important treatment is to the respondent, and the
amount of money spent in the last 30 days. Scores range from .00 to 1.00, with the latter indicative of very severe problems.

The TLFB (Sobell, Maisto, Sobell, Cooper, Cooper, & Saunders, 1980) was originally designed for assessing alcohol use. The TLFB is administered by an interviewer and uses a calendar to prompt respondents to remember their patterns of alcohol consumption over the past month(s). The TLFB was first used to assess gambling by Taber et al. (1987). This study reported that gamblers’ reports of gambling behavior were highly related to reports by independently interviewed collaterals.

Decaria et al. (1998) suggested that PG falls under the spectrum of obsessive-compulsive disorders, rather than as an impulse control disorder as it is classified in the DSM-IV-TR. On the basis of this hypothesis, Decaria et al. developed the PG-YBOCS to assess gambling behavior. The PG-YBOCS is a 10-item scale that assesses distress and interference with the respondent’s daily lifestyle due to gambling or gambling-related thoughts. The first five items assess time occupied, interference, distress, resistance, and degree of control over gambling thoughts and urges. The next five items assess the same symptoms in relation to actual behavior, rather than thoughts or urges. This instrument has been used primarily in pharmacotherapy trials (Petry, 2005).

The G-SAS (Kim et al., 2001) is a 10-item, self-report instrument that assesses gambling thoughts, urges, and behaviors over the past week. The items measure frequency, intensity, and duration of thoughts, urges, and behaviors associated with gambling and are scored on a Likert-type scale. The G-SAS has been primarily used in medication trials (Petry, 2005b).
The CGI scales (Guy, 1976) are usually two-item scales used to measure overall severity and improvement of gambling symptoms. Like the G-SAS, these scales are primarily used in medication trials. An example of a CGI item might be *How severe are the gambling symptoms?* and a response would be either *very much improved, much improved, minimally improved, or no change* (Petry, 2005b). An item to assess severity would be scored on a Likert-type scale from *none/mild to severe.*

Because of their brief, self-administered formats and simple scoring procedures, the Gambling Symptom Assessment Sale (G-SAS) and Global Clinical Inventory (CGI) are the most easily implemented severity measures for research use. Of these, the G-SAS is the most comprehensive and best suited for nonpharmacological research.

*Treatment of Pathological Gambling (PG):*

Pathological gambling is relatively easy to assess and diagnose but much more difficult to treat. Different theories of gambling etiology have led to the development of varying treatments. Some researchers hypothesize PG to be an impulse control disorder, some hypothesize that it is caused by a chemical imbalance, and others hypothesize that PG is an obsessive-compulsive spectrum disorder. These different camps have spawned different treatments that will be outlined here.

One of the first treatments for PG was Aversive Therapy. The theory behind Aversive Therapy was that if gambling was paired with an aversive stimulus, a Pavlovian association would develop that would inhibit future gambling behavior. Most commonly, an electric shock was delivered while the patient either gambled or thought of gambling, until the urge to gamble disappeared. Immediate gains are fairly common (100%, Salzman, 1982; 100%, Seager, Pokorny, & Black, 1966; 100%, Barker & Miller, 1966),
but they fade over time. Walker (1992) suggested a conservative long-term success rate of approximately 23%.

Another early, but still popular, treatment for PG is Gamblers Anonymous (GA). GA was founded in 1958 in California as a self-help, 12-step program for problem gamblers. GA very closely follows the Alcoholics Anonymous (AA) model, positing that gambling is a disease and abstinence is the only way in which it can be controlled. GA members are considered members for life and are asked to contribute voluntary dues. Adherence to the GA model is generally low, and some have suggested that this may be due to the strict abstinence requirement and strong spiritual component. Brown (1987) conducted a longitudinal study of 232 new GA members and found that 22% attended only one meeting and 69% dropped out after fewer than ten. However, 18% of those new members were still active with GA after two years.

Little is known about which people benefit the most from GA treatment, so, to explore this, Petry (2003) studied 342 gamblers, with and without GA experience, who presented for professional treatment. Of these, 54% had prior experience with GA. Petry reported that GA attendees were, on average, older, had higher incomes, and were less likely to be single. In addition, they had higher SOGS scores, more years of problematic gambling, and more debt. Individuals presenting for treatment without GA experience were more likely to have drug problems and were less likely to be abstinent from gambling after professional treatment.

In an attempt to bolster low success rates with GA alone, two studies have paired GA attendance with conventional therapy. Lesieur and Blume (1991) combined multimodal individual and group therapy with GA attendance and achieved a 64% rate of
gambling abstinence. Another study reported 55% abstinence rates while using a similar procedure (Russo, Taber, McCormick, & Ramirez, 1984). Neither study used a control group or administered either treatment alone; as such, the mechanism of change remains unclear. The combination of GA and group/individual therapy, however, appears much more effective than GA attendance alone.

Medical studies have revealed abnormalities in serotonin (Moreno, Saiz-Ruiz, & Lopez-Ibor, 1991), norepinephrine (Roy et al., 1988), dopamine (Bergh, Eklund, Sodersten, & Nordin, 1997), and opioid systems (Shinohara et al., 1999) in pathological gamblers. These studies have provided the foundation for many drug trials for the treatment of PG.

To date, pharmacological treatments for PG have primarily been evaluated with single-case designs or small samples. Believing PG to be more of an obsessive-compulsive-spectrum disorder rather than an addiction, Hollander et al. (1998) hypothesized that fluvoxamine, a serotonin reuptake inhibitor (SSRI) with FDA approval for the treatment of OCD, may be helpful in controlling the urge to gamble. This hypothesis is based upon the theory that SSRIs may reduce the compulsive urge to gamble. It should be noted, however, that PG has not been classified as an obsessive-compulsive-spectrum disorder and much future research is needed in this area. Despite this, Hollander et al. (1998) did find that fluvoxamine was successful in reducing PG in 7 of 10 subjects. However, because a control group was not used, these results do not conclusively demonstrate that fluvoxamine alone will reduce gambling behavior.

Another SSRI with potential for treating gamblers is paroxetine. Grant and Kim (2001) compared paroxetine to a placebo and reported that patients receiving paroxetine
reported greater reductions in items endorsed on the Gambling Symptom Assessment scale at 6, 7, and 8 weeks posttreatment.

Carbamazepine, an anticonvulsant medication, has been used to treat problems associated with gambling, such as poor impulse control, panic disorder, anxiety, depression, and mania. Carbamazepine affects the nonadrenergic system, which is hypothesized to be involved in pathological gambling. Haller and Hinterhuber (1994) administered carbamazepine to a 37-year-old man with a 16-year history of PG. The subject of Haller and Hinterhuber’s study had previously been treated with 14 months of behavior therapy, two years of psychoanalysis, and three years of Gamblers Anonymous attendance. Of these treatments, none was successful in producing more than two or three months of abstinence. Initially, the participant was given a placebo for 12 weeks and showed no improvement. After the placebo phase, the subject was given 200 mg of carbamazepine daily and gradually increased to 600 mg daily. Improvements were shown at the end of 12 weeks, and the subject remained in complete remission after 30 months while still taking 600 mg of carbamazepine per day.

Pallanti, Quercioli, Sood, and Hollander (2002) conducted a single-blind study of non-bipolar subjects taking lithium or valproate for pathological gambling. This study found 60.9% and 68.4% of lithium and valproate users, respectively, made significant reductions in gambling symptomology. Hollander, Pallanti, Allen, Sood, and Rossi (2005) conducted a randomized, double-blind study of 40 pathological gamblers with bipolar disorder. Twelve subjects in the lithium group completed the study, and of these, ten (83%) were classified as responders to the drug. This classification was based upon scores on the Clinical Global Impression Severity of Pathological Gambling scales as
well as scores on mania, impulsivity, and obsessive-compulsiveness scales. Significantly fewer (5/17, 29%) subjects in the placebo group were classified as responders. 

Research suggests that naltrexone may be the most efficacious pharmacotherapy for the treatment of PG. Naltrexone is an opioid-antagonist, meaning that it competes for uptake by opioid receptors. Kim et al. (2001) conducted a double-blind study comparing naltrexone to placebo using the Gambling Symptom Rating Scale as well as the clinician and patient-rated Clinical Global Impression scales. After 12 weeks, 75% of the participants receiving naltrexone showed significant improvement versus 24% of those in the placebo group. A 2001 study by Grant and Kim found that 90.9% of subjects receiving naltrexone responded versus 45.5% of subjects who received a selective substance reuptake inhibitor (SSRI).

Despite some promising results, pharmacological treatments for PG have yet to receive approval from the Food and Drug Administration (FDA). In addition, pharmacological treatments pose many adverse side effects, especially when one considers that many gamblers have comorbid substance abuse problems. For example, a gambler taking naltrexone and abusing alcohol may be at increased risk for liver problems (Petry, 2005b). In addition, because pharmacological treatments do not directly promote behavior change, the gambler must take the medications indefinitely to prevent a relapse. Psychotherapeutic interventions specifically teach and reinforce behavior change and can maintain gains over the long term.

Cognitive and Cognitive-Behavioral therapies can offer safer and more personalized alternatives to GA or pharmacotherapies. Cognitive therapy is based upon the hypothesis that pathological gamblers do not rationally consider the statistical odds of
winning consistently while gambling. Gamblers who believe that they can predict outcomes or control gambling episodes are said to have an illusion of control. Believing that they can pick the lucky slot machine or that certain behaviors will increase their odds of winning are examples of illusions of control. The goal of cognitive therapy is to replace these irrational thoughts with rational and reasonable ones through a process called cognitive restructuring. Griffiths (1993) used a modification of cognitive restructuring to treat a pathological gambler. In his study, the gambler made an audiotape of himself talking aloud while gambling. Eventually, the subject was able to replace the irrational beliefs he had while gambling and achieve abstinence.

In contrast to strictly cognitive approaches, Cognitive-Behavioral therapies seek to change both irrational cognitions and overt behaviors related to gambling. One such treatment is called Imaginal Desensitization. Imaginal Desensitization asks the client to imagine a situation in which s/he might gamble but then choose not to do so. The premise of Imaginal Desensitization is to artificially expose clients to the feelings that surround gambling and train them to resist the urge(s) to gamble. Coman, Evans, and Burrows (1992) provided an example of an imaginary situation: “You are going home from work and know your wife is away. You decide to go to the club and put a few dollars through the slot machines. You are about to put a coin in, but you feel bored. You leave without gambling” (p. 81). In this situation, the gambler imagines resisting gambling, and practices this resistance before being placed in a situation in which he might lose actual money. McConaghy, Armstrong, Blaszynski, and Allenbach (1983) compared 20 gamblers receiving aversion therapy to 20 gamblers receiving Imaginal Desensitization therapy and found that the imaginal desensitization group reported significantly less
gambling at one month. A follow-up study by the same authors confirmed significantly less gambling by the group receiving Imaginal Desensitization at two and nine years after treatment (1991).

Other research teams have combined various cognitive strategies to achieve promising results. Ladoceur, Sylvain, Letarte, Giroux, and Jaques (1998) combined cognitive restructuring and education to *substantially* reduce gambling in five pathological gamblers. Reductions were maintained up to 6 months. Sylvain, Ladoceur, and Boisvert (1997) combined cognitive restructuring with skills training and relapse prevention for 32 participants in a randomized trial. Eighteen were assigned to a wait-list control group, and 14 completed the treatment package. Of those in the treatment group, 36% reduced their gambling by 50% vs. only 6% of the control group. Two additional studies by Ladoceur and colleagues (2001, 2003) combined cognitive restructuring and relapse prevention with encouraging results. In the earlier study, 32% of the treatment group reduced their gambling by 50% vs. 7% of the control group. In the latter study, 43% of the treatment group reduced their gambling by 50% vs. 6% of the control group.

Exposure therapy is another cognitive-behavioral technique that has been shown to be effective in reducing gambling behavior. Exposure is a technique that “exposes” gamblers to gambling situations in order to train alternative behavior. Until recently, exposure was primarily used to reduce phobias and anxiety by exposing patients to anxiety-producing situations until anxiety was extinguished. For pathological gamblers, exposure can be used to extinguish the urge to gamble. For example, Toneatto and Sobell (1990) allowed a subject to bet imaginary money on real horse races. Through this controlled exposure, the subject was shown that he was unable to predict winners with
enough consistency to make money in the long term. At a six-month follow-up, the subject was found to have reduced his gambling from 10 times per month to only three times in the entire follow-up period.

One study has demonstrated that exposure is superior to cognitive restructuring alone. Echeburua, Fernandez-Montalvo, and Baez (2001) compared groups receiving in-vivo exposure (A), cognitive restructuring (B), a combination of exposure and cognitive restructuring (C), and wait list (D). Group A received individual treatment, Group B received treatment in group form, and Group C received both treatments in group and individual formats. After 6 months, Group A had the greatest reductions in gambling, followed by Groups B, C, and D. It is unclear, however, whether these reductions were due to the individual format or the treatment itself. In addition, it is also unclear why the combination of treatments produced less change than the single treatments. Nevertheless, individual exposure was superior to group cognitive restructuring and wait lists in this study, suggesting that exposure-based intervention merits further attention.

Although, in general, group therapy may be less effective than individual therapy for the treatment of PG, Melville, Davis, Matzenbacher, and Clayborne (2004) reported success at reducing gambling behavior through a group intervention. Eight participants received 16 sessions over the course of 8 weeks, whereas 5 were assigned to a wait-list control group. A node-link mapping technique was administered to four subjects, and a non-mapping technique was administered to the remaining four. Node-link mapping is a technique that shows participants how their thoughts and behaviors map together to cause further thoughts and behaviors. This modality is unique because it provides a map of the gambler’s cognitions. In particular, participants were shown how their superstitions about
gambling were intermittently reinforced by winning often enough to produce an illusion of control.

Participants were instructed to identify the superstitions that they experienced while gambling and write them on the map. These superstitions were connected to gambling episodes and outcomes. Over time, subjects began to see how a positive outcome was paired with a superstition with enough frequency to support a belief that the superstition had an actual effect on their chances of winning. Six months after treatment, the mapping group reduced their gambling-bout duration by nearly 75% and their gambling expenditures by 77%. The control group made reductions of only 2% in expenditures and had increased the durations of gambling outings at posttreatment.

It should be noted that all of the studies mentioned that used a psychotherapeutic treatment contained a control group. Methodologically, this makes them superior to the pharmacological treatment studies reviewed earlier. This does not suggest that psychotherapeutic interventions are superior to drug treatments but rather that more methodologically sound studies are required before a definitive conclusion can be formed.

*Barriers to Treatment of Pathological Gambling*

The literature suggests that young people frequently gamble and although many meet criteria for a gambling problem, few enter or seek treatment. For example, Ladouceur, Blaszczynski, and Pelletier (2004) reported that only one in seven adolescents accurately identified his/her gambling problem and none sought treatment. Lacoueur et al. hypothesized that adolescents may fail to seek treatment because they have yet to encounter significant adverse consequences that might otherwise motivate help-seeking.
However, though young adults may have fewer financial and social responsibilities than older adults, the consequences of Pathological Gambling are still severe and may prevent important opportunities later in life. Therefore, research is warranted to determine whether early treatment to address warning signs of PG among youth and young adults might forestall the development of more severe gambling-related consequences and comorbidity.

*Telehealth*

All of the treatments outlined above are limited by a common factor: They all require the presence and assistance of other people. However, there are times when a gambler cannot, or will not, present for treatment. This may be because of the clandestine nature of a gambling addiction or simply because a competent clinician is unavailable or too far away. In these situations, remote therapy, also called *Telehealth*, may allow for effective treatment without face-to-face contact.

Telehealth is defined as the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention supervision, education, and information across distance (Nickelson, 1998). Telehealth has uses in medicine, psychology, psychiatry, and all other facets of the health sciences. It is sometimes called *telemedicine, telepsychiatry or behavioral telehealth*. By any name, telehealth is making strides toward becoming a critical component in modern medicine and psychology.

There are many advantages to using telehealth technologies over traditional therapy practices. The obvious advantage of Internet applications is that help is always available for a person even when a therapist is not. This is particularly useful in rural
areas, where therapists are less common. Another advantage is the confidentiality of online therapy. Clients can access care from their homes without the stigma of being seen at a clinic or hospital. Clients may also be more apt to disclose personal information in a totally confidential setting. This phenomenon is known as the online disinhibition effect (Suler, 2004).

Examples of telecommunications technology include but are not limited to telephones, Internet chat rooms, non-Internet video connections, Internet video connections, Internet audio connections, and email (VandenBos & Williams, 2000). In a survey of practicing psychologists, 98% reported providing telehealth services when telephone usage was included in the definition. When telephone was removed, only 2% still reported telehealth provision (VandenBos & Williams). Another study found only 44 websites providing mental healthcare on the Internet (Heinlen, Welfel, Richmond, & O’Donnell, 2003). The authors stated that this figure seemed particularly low when considering the 88,500 members of the APA and the thousands of additional practicing psychologists. They also reported that roughly 20% of the sites they found at the beginning of their 13-month study were no longer active at the end. These results seem to suggest that either there are not many Internet-based treatment resources or that of those that do exist, few are maintained by psychologists affiliated with the APA. This demonstrates that newer telehealth technology is still not widely accepted by the psychological community.

At present, all treatments for gambling that utilize the Internet still require the assistance of another person. For example, email correspondence can be therapeutic but requires a therapist to write the emails. Therefore, Internet-based treatment is currently
limited to various modes of communication with a therapist. While this might still be useful, it relies on the competency and availability of a therapist to facilitate change.

There have been discussions of developing a clinician-free, Internet-based treatment protocol that gamblers may use at their convenience. Similar cessation programs for cigarette smoking have already been developed and shown to be successful in clinical trials. Burling, Seidner, and Gaither (1994) created a computer-directed cigarette-smoking-cessation program that resulted in across-treatment reductions in biological nicotine levels as measured by urinary cotinine levels. Though this study was not conducted over the Internet, its methodology would be easily adapted to a clinician-free format. Strecher et al. (1994) used a computer-tailored smoking-cessation intervention and found significantly more light and moderate smokers stopped smoking than those who did not receive computerized assistance. This demonstrates that therapeutic change can occur without the direct intervention of a clinician, but the majority of this technology is still in its infancy.

A study in Kentucky evaluated the satisfaction of 43 families with a telehealth consultation for their children (Blackmon, Kaak, & Ranseen, 1997). The consultation was conducted via video cameras and television screens and lasted roughly one hour. After the consultation, parents and children were presented with a 12-item questionnaire with questions scaled on a 7-point, Likert-type system. Generally, scores were extremely favorable, and every parent (46) and child (9) scored a 7 (strong agreement for the item Overall, I was very satisfied with today’s consultation). However, the telehealth consultation was not compared to a standard face-to-face consultation through this questionnaire. As such, it cannot be determined from this study how the preference for
telehealth consultation matches up in a direct comparison. It may be inferred, however, that telehealth consultations are acceptable when they are the only available option to families.

Many ethical considerations arise when conducting telehealth, because standard confidentiality procedures (using locked file cabinets, etc.) are impossible. Currently, the APA does not regulate online therapy specifically but rather includes it under general ethical guidelines. The APA ethics code states that it has authority over “in-person, postal, telephone, Internet, and other electronic transmissions” (2002, p. 1061). Therefore, online therapy is expected to adhere to the same ethical code of conduct and aspirational principles as face-to-face therapy. Confidentiality procedures would be different but must be no less effective. These procedures exist (e.g., the safeguards that make online banking possible) and must be implemented to safeguard client data.

It is not clear, however, whether clinician-free Internet sites would still be covered under the same authority. The above coverage extends to transmissions, implying that there is a back-and-forth correspondence between a patient and clinician. When a therapeutic website is accessed, however, there is no correspondence, and the patient is acting alone. It is likely that ethical guidelines will be established when the technology becomes more popular, but this is a grey area at present.

Privacy and confidentiality can be problematic with telehealth practices unless steps are taken to secure conversations and client information. On both ends of the conversation, the clinician and patient should utilize a private room and securely store or delete all records when they are not being used. Because deleted emails are not
immediately destroyed by most computers, specialized software must be used to
immediately and completely destroy unwanted files.

Another major limitation of telehealth is identity verification. Face to face, a
patient may be instantly recognized, but via telehealth, it may be easy for someone to
pose as someone else. For example, it may be easy for the wife of a patient to access her
husband’s email account and read confidential therapeutic correspondence. Currently,
there are no formal guidelines for confidential telehealth. The APA has not yet addressed
the issue of the privacy of information entered via a website. However, it is possible to
secure information submitted to a website with the use of SSL (secure socket layer) and
password technology, and this technology should be utilized at minimum.

Therefore, the technology exists to provide for secure and confidential therapeutic
interventions via the Internet. The major limiting factor, it appears, is therapist
willingness and competence to conduct remote therapy via the Internet. Other limitations
are lack of knowledge about client preferences for telehealth, billing issues, knowledge of
the most effective formats, and other pragmatic issues. It is hoped that further research
will reveal the preferences, effectiveness, and applications of telehealth and encourage
increased engagement by clients and practitioners. This study seeks to further
demonstrate that telehealth has the potential to become widely acceptable for a specific
population. Further studies will need to demonstrate how generalizable this acceptance is,
as well as address the other aforementioned limitations.
Statement of the Research Hypotheses

1. Consistent with the literature, PG will be significantly associated with elevated personality disorder symptomatology.

2. Consistent with the literature, prevalence of PG will be higher than general college-aged population estimates (approximately 2.9%, Winters et al., 1998), because of the relative proximity of several casinos and increasing popularity of gambling among college students since the available prevalence estimates were derived. However, prevalence will be lower than rates reported for populations with greater accessibility to gambling opportunities (8-11% in a Las Vegas sample, Oster & Knapp, 2001).

3. At least some individuals meeting criteria for PG will report a willingness to utilize an Internet-based treatment if it were to be made available (estimated at 10-20%, relative to rates of 0% reported in the literature for college students seeking traditional treatment; Ladouceur et al., 2004). In addition, significantly more individuals will report preference for an Internet-based treatment protocol over traditional full-cost, free face-to-face, and sliding-scale, teaching-clinic therapy (items to assess preferences are attached as Appendix E).

4. A mismatch will occur between endorsement of items on the SOGS that assess for overt symptoms of PG and participant self-report of a gambling problem.

5. An Internet-based treatment protocol will be positively evaluated by students in a series of focus groups.
Method

Procedure

Participants were recruited from psychology classes, with permission from the instructor. After a brief explanation (see Appendix A), informed consent agreement forms (see Appendix J) were distributed. Students were asked to provide their names, preferred email addresses, course numbers, and instructors’ names. After this information had been collected, a web link to the questionnaire was emailed individually to each student (batched emails were avoided to prevent accidental disclosure of confidential information). Most emails were sent within 4-6 hours of informed consent.

After completion of the initial questionnaire, participants were directed to a second online questionnaire, where they entered their extra-credit information (name, course number, student ID number, and instructor). This information was compiled by a research assistant and the principal investigator and disseminated to course instructors before the end of the semester in which the study was conducted.

The use of a web-based questionnaire not only facilitated distribution and data-processing but also ensured that each participant had access to the Internet. Internet access was an inclusion criterion to ensure that preference for Internet-based treatment was based upon actual access to such treatment should it become available. Access to the online survey was limited to 8 weeks from the date that individual emails were sent in order to allow enough time for participants to complete the questionnaire and receive credit for their participation. At the end of the data-collection period, the data were emailed to the PI by a member of the EMU faculty who maintained the server on which the survey was hosted.
Recruitment and data collection

Participants were administered an online questionnaire containing measures of demographics, gambling behavior and severity, and personality disorder symptoms. All measures were compiled into one 165-item survey that was posted via SNAP 8 Professional web survey deployment software to the EMU server. Responses to the survey were saved on the university’s server until the end of the data collection period, which lasted 8 weeks, after which the data were transferred to the principal investigator.

Measures

Demographics: The demographics measure contained items to assess sex, age, ethnicity, education, employment status, yearly income, disposable income, therapy attendance, and the distance between home and the nearest casino (see Appendix B). Disposable income is relevant to this study because it has been hypothesized that the magnitude of financial responsibilities can mediate problematic gambling (Ladouceur et al., 2004). Therefore, young people may be more likely to gamble and less likely to seek treatment if they have more disposable income and fewer financial responsibilities. Disposable income was defined as money left over each month after paying bills. In addition, participants were asked to provide their email addresses in case they met criteria for PG and needed to be contacted later.

Gambling Behavior: The South Oaks Gambling Screen (SOGS) was used to assess gambling behavior. The SOGS (Lesieur & Blume, 1987) is a 20-item questionnaire based on DSM-III criteria for pathological gambling. The questionnaire has not been updated to match subsequent versions of the DSM (APA, 1994; APA, 2000). It may be self-administered or administered by an interviewer. Scores on the SOGS of 5 or
higher indicate probable pathological gambling. Scores of 3-4 indicate potential pathological gambling.

Originally, the SOGS was designed to be used as a screening tool in a clinical population, particularly among those who were drug- or alcohol-dependent (Lesieur & Blume, 1987, p. 1186). However, it has since been used among the general population as well. Stinchfield (2002) examined the reliability, validity, and classification accuracy of the SOGS for use among a nonclinical population. While developing and testing their instrument, Lesieur and Blume administered the SOGS to a college population and reported the prevalence of PG to be 5%. This finding is slightly higher than the 3% as suggested by Shaffer et al. (1999). Stichfield found the false-positive rate among a nonclinical population to be 50%, which would account for the larger number of problematic gamblers reported in Lesieur and Blume’s study. However, Stinchfield (2002) found that the SOGS had acceptable reliability among the general population. Lesieur and Blume reported acceptable test-retest reliability among a non-clinical population. The SOGS is attached as Appendix C.

Gambling Severity: In contrast to the SOGS, which measures the presence/absence of gambling problems, the Gambling Symptom Assessment Scale (G-SAS; Kim et al., 2001) measures severity (amount of money/days spent gambling, etc.) The G-SAS was developed by Kim et al. to evaluate the effectiveness of Naltrexone in a double-blind study. As described earlier, the G-SAS is a 12-item measure, in which each item ranges from 0 to 4. The highest score possible is 48, indicating the most severe gambling symptomology. Ranges for Severe, Moderate, and Mild gambling symptom
severity are set at 31-40, 21-30, and 8-20, respectively. Kim et al. reported good test-retest reliability, internal consistency, and convergent validity.

Personality disorder(s): The Structured Clinical Interview for DSM-IV Axis II Disorders Self Report Questionnaire (SCID-II-SR; First et al., 1995) was used to assess personality disorder symptoms. The SCID-II-SR is a 119-item questionnaire (see Appendix F), and its items are answered in a yes/no format. The SCID-II-SR was developed as a screening questionnaire for the clinician-administered Structured Clinical Interview for DSM-IV Axis II Disorders. The questionnaire is scored for the number of endorsed criteria for each personality disorder. It is recommended that a follow-up interview be conducted to verify the presence of any disorder for which a minimum number of criteria were endorsed on the questionnaire; however, feasibility and time restrictions of this study prohibited further interviewing. Therefore, the SCID-II-SR was used to identify symptoms of personality disorders and not to assess for definitive diagnoses. The SCID-II-SR does not assess for Antisocial personality disorder (APD) but instead includes items indicative of Childhood Conduct Disorder (CD). This is because the SCID-II-SR was designed to be used in conjunction with a structured interview, and endorsement of CD items would prompt questions about APD. Therefore, data about CD were gathered, but data about APD are unavailable. Currently, there is a paucity of reliability or validity data for the self-report version of the SCID-II, DSM-IV version.

Treatment Protocol: Sixteen students enrolled in undergraduate Abnormal Psychology (Psy 360) and seven campus-poker-tournament participants were invited to evaluate an online treatment protocol through a series of focus groups. The treatment protocol used in this study was developed by Nancy Petry, Ph.D., one of the foremost
researchers of PG in the United States. This treatment was originally designed as a face-
to-face, traditional CBT protocol but was later adapted for computer delivery (Petry,
2005b; Petry, N., personal communication, September 15, 2005). This study further
adapted the protocol to be delivered via the Internet. A graduate student from the EMU
Computer Science Department adapted the protocol under the supervision of Dr. Michael
Zeiger. This treatment is approximately the equivalent of 10 face-to-face sessions.

Dr. Petry’s treatment follows a Cognitive-Behavioral model and contains an
assessment portion (SOGS), a treatment component, and relapse prevention. As
mentioned earlier, research has demonstrated the efficacy of Cognitive-Behavioral
Therapy (CBT) for PG (Sylvain et al. 1997; Ladouceur, 2001, 2003), and initial reports
(Petry, 2005b) indicate that Petry’s protocol is also effective. Petry has reported decreases
in median dollar amounts wagered, from $1200 to $80 among participants receiving an
individual therapy version of her treatment (Petry, 2005b). Complete results of this study
have been submitted for publication but are not yet available.

Very little is known about the efficacy of computer-directed CBT for PG.
Furthermore, even less is known about CBT delivered via the Internet. Dr. Petry has
personally provided the treatment protocol to the research team and has made herself
available for consultation as needed. In addition, she is interested in the results of this
study and has given permission for her treatment to be adapted to Internet form. The
treatment protocol is attached in its entirety as Appendix G and is explained in Appendix
M.
Pilot Focus Groups

As a pilot study, six months before the formal focus group was conducted, two preliminary focus groups of psychology students were conducted. The procedure was the same as described below, except that participants were given extra credit in their course instead of money for participating, the data were collected in the classroom before and after the class met, and food was not provided. Sixteen students participated in two separate groups, each of which lasted approximately one hour. Their written feedback is attached as Appendix P.

Focus Group Component

Eastern Michigan University sponsors a weekly poker tournament that is held in the campus recreation center. All students and faculty are invited to participate. Admission is $3 and pizza and soft drinks are provided for all participants. The winner earns two movie tickets, not money, and the tournament lasts approximately three hours. Because most participants at this tournament attend weekly, they were targeted for participation in a focus group. The PI went to the tournament and briefly explained the study to each poker table. Each table averaged 8-10 people, and there were 12 tables at the tournament. After explaining the study, the PI asked all interested students to provide their email addresses. Faculty players were excluded. Thirty-five students provided their email addresses and were subsequently invited via email to participate in the focus group. In the email, students were told that the first 16 to RSVP would be allowed to participate and be paid $25. Eleven students indicated interest, and seven actually arrived as scheduled to participate. The original proposed study called for 12 students who met criteria for PG to participate. Problems with funding prohibited the recruitment of such
students and forced the targeting of students in the poker tournament. Recruitment
difficulties will be explained further in the results section.

The procedure for the focus group was adapted from the online article “How to
conduct a focus group” by Judith Sharken-Simon. This article was originally published in
the fall 1999 issue of The Grantsmanship Center Magazine. In this article, Sharken-
Simon explained that focus group participants should have at least two things in common.
In the case of this study, the participants would be college students and also regular
gamblers. In addition, Sharken-Simon suggested a time frame of approximately one hour
for the data-collection discussion. In this time, she suggested that no more than five open-
ended questions be raised. These questions are to progress from general to specific, and
none should take no more than 20 minutes to fully discuss. Seven questions were used in
this focus group, none taking more than 10 minutes to discuss. The discussion questions
are attached as Appendix I. Participant responses are attached as Appendix Q.

Sharken-Simon suggested that the entire focus group take between 1 and 2 hours
and should contain between 6 and 12 members. This focus group lasted approximately 90
minutes and contained 7 members.

The focus group was conducted in a conference room on a Friday evening. Food
and beverages were provided. After being allowed to eat and drink for 10 minutes,
participants were instructed to fill out a packet that contained informed consent, a
demographic questionnaire, and the SOGS questionnaire. This packet also contained a
feedback form, which was to be filled out later. Participants were also asked to fill out an
I-9 form to facilitate payment. After the paperwork had been filled out, the website was
projected onto a screen and shown to the participants.
Explanation of the website took approximately 30 minutes. After viewing the website, participants were asked seven open-ended questions. This discussion was audio-taped, and the PI and a research assistant concurrently took notes. Participants were instructed to provide written feedback on the forms provided. Participants were also told to refrain from joining the discussion and provide only written feedback if they were uncomfortable being audiotaped. All the participants said that audiotaping was acceptable, and all provided oral and written feedback.

**Informed Consent and Ethical Treatment**

All participants were ensured ethical treatment according to the Federal Guidelines for the protection of human subjects throughout the duration of the study. Informed consent (Appendices J, L, & N) was obtained before entry into the research project. Participants were asked to read, question any ambiguities, and sign the informed consent. For the survey portion of the study, participants were asked to provide their email addresses so they could be contacted for the focus group portion. It was specified that they would be able to withdraw from the study at any time without penalty. All participants were given opportunity to give verbal consent to demonstrate understanding of the procedure. Additionally, participants were advised that the email addresses entered into the questionnaire would identify their response so that they can be contacted for participation in the focus group. However, participants were also informed that they could choose not to provide their email addresses if they did not wish to be contacted. Participants in the focus groups filled out an additional consent form when the focus groups were conducted. These consent forms are attached as Appendices L and N. Participants’ responses remained saved on the EMU server, and access was limited to
employees of the Faculty Development Center. When the data collection period was completed, the results were released to the principal investigator.

This study involved minimal risk to participants. However, participants were informed of all risks and benefits of involvement with this study in the informed consent. Referrals to appropriate professional services were available, but none were made because no participants reported any emotional or psychological discomfort. Participants were informed of the expected benefits of the study and were made aware that the information might be disseminated at conferences, poster sessions, and in the literature. Participants were also informed that the principal investigator would also furnish the results of the study at its conclusion if requested.

Additionally, human subjects review was completed at Eastern Michigan University to ensure the safety and protection of the participants. This review examined the proposed study’s research-related risks to participants, as well as informed consent and confidentiality. Full approval was granted before the start of data collection.
Results

Survey Component: Participants

A total of 590 students provided informed consent and were sent an email containing a link to the online questionnaire. Of the 590 who indicated interest in participating, 428 (72.5%) completed the questionnaire. Of these 428, 23 (5.4%) were eliminated from the database because they were younger than 18, left large blocks of items unanswered, or completed the survey in 10 minutes or less. Consensus within the research team had determined that the questionnaire could not be completed in a valid manner in 10 minutes or less. In addition, participants who indicated that they lived farther than 100 miles from the nearest casino were not included in analyses that involved that variable. The casino nearest to EMU is roughly 35 miles away, and there are others within 50 miles. It may be inferred, then, that living farther than 100 miles from the nearest casino would mean that the participant lived more than 135 miles from EMU. This distance would make it unfeasible to attend EMU, and, therefore, the data were likely to be invalid.

The final pool of participants ranged in age from 18 to 52 with a mean age of 21.63 and a standard deviation (SD), of 5.239. Participants were primarily Caucasian (73.6%) and female (65.2%). Most were employed (74.3%) and of those who indicated being employed, most were employed part time (53.8%). The highest completed education level ranged from 12 (high school graduate) to 25 years of formal education, with a mean of 13.88 (SD = 1.869). Full demographics are outlined in Table 1.
Table 1  
*Demographic Information and Participant Characteristics*

<table>
<thead>
<tr>
<th>Demographic information</th>
<th>Percentage (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>73.8 (298)</td>
</tr>
<tr>
<td>Black</td>
<td>16.1 (65)</td>
</tr>
<tr>
<td>Other</td>
<td>11.1 (41)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>67.2 (264)</td>
</tr>
<tr>
<td>Relationship status</td>
<td></td>
</tr>
<tr>
<td>Currently Single</td>
<td>81.0 (328)</td>
</tr>
<tr>
<td>Married/Living with Partner</td>
<td>15.5 (63)</td>
</tr>
<tr>
<td>Yearly income</td>
<td></td>
</tr>
<tr>
<td>$0-1000</td>
<td>17.0 (68)</td>
</tr>
<tr>
<td>$1000-5000</td>
<td>26.1 (104)</td>
</tr>
<tr>
<td>$5001-10000</td>
<td>22.3 (89)</td>
</tr>
<tr>
<td>$10001-20000</td>
<td>16.0 (64)</td>
</tr>
<tr>
<td>$20001-50000</td>
<td>9.3 (37)</td>
</tr>
<tr>
<td>$50001-100000</td>
<td>2.3 (9)</td>
</tr>
<tr>
<td>$100000+</td>
<td>.5 (2)</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>6.5 (26)</td>
</tr>
<tr>
<td>Monthly disposable income</td>
<td></td>
</tr>
<tr>
<td>Less than $0</td>
<td>7.3 (29)</td>
</tr>
<tr>
<td>$1-50</td>
<td>18.8 (75)</td>
</tr>
<tr>
<td>$51-100</td>
<td>18.8 (75)</td>
</tr>
<tr>
<td>$101-250</td>
<td>24.9 (99)</td>
</tr>
<tr>
<td>$251-500</td>
<td>18.3 (73)</td>
</tr>
<tr>
<td>$501-1000</td>
<td>7.5 (30)</td>
</tr>
<tr>
<td>$1000 or more</td>
<td>4.3 (17)</td>
</tr>
</tbody>
</table>

Employment status

<table>
<thead>
<tr>
<th>Have you received therapy?</th>
<th>Percentage (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>74.3 (301)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If yes, how many sessions?</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.24 (27.24)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours spent online (weekly)</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.84 (13.72)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distance living from nearest casino</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>38.17 (18.99)</td>
<td></td>
</tr>
</tbody>
</table>

*Hypothesis 1: Predictors of Pathological Gambling*

The first hypothesis asserted that PG would be strongly correlated with symptoms of personality disorders. To examine this hypothesis, responses to the SOGS and SCID-II-SR were compared through inspection of the correlation matrix followed by logistic regression analysis.
However, because the SCID-II-SR was designed to be used in conjunction with a structured interview, it was not possible to simply count the number of items endorsed for a particular feature and use that number to form a diagnosis. Rather, because it was not feasible to do the customary follow-up clinical interview, an algorithm was used to translate questionnaire answers into symptoms on the basis of the criteria delineated in the interview guide. For example, if a “yes” answer to items 1, 2, or 3 would prompt the questioning of a symptom in the interview, an endorsement of any of those items on the questionnaire would indicate the presence of the symptom. Therefore, endorsement of 1, 2, and 3, or any combination thereof, would be scored as one symptom of a particular disorder.

Some PD symptoms are not assessed on the questionnaire itself but, rather, require observational data (e.g., personal appearance, mannerisms). Therefore, those symptoms could not be coded on the basis of the data available from the SCID-II-SR. In particular, three symptoms of Schizotypal PD and two symptoms of histrionic PD could not be coded; as such, the maximum number of symptoms that could be extracted for each of those diagnoses was truncated. Once the SCID-II-SR was scored, these summary scores were used in all analyses presented below. We use the term symptoms to describe these data, but, of course, they are truly only a proxy indicator of the presence of PD symptoms, based on self-report data only.

South Oaks Gambling Screen (SOGS) criteria were used to differentiate pathological gamblers (SOGS Score ≥ 5, n = 15) from nonpathological gamblers (SOGS Score < 5, n = 390). Table 2 provides personality-characteristic information by group.
Table 2
Mean number of SCID-II-SR derived personality disorder symptoms by PG status

<table>
<thead>
<tr>
<th>Personality disorder</th>
<th>PG (n = 15)</th>
<th>Non-PG (n = 390)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidant</td>
<td>3.14 ± 1.51</td>
<td>2.36 ± 1.81</td>
<td>.111</td>
</tr>
<tr>
<td>Borderline</td>
<td>4.21 ± 1.46</td>
<td>2.86 ± 2.27</td>
<td>.030*</td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>2.23 ± 2.52</td>
<td>.807 ± 1.44</td>
<td>.001**</td>
</tr>
<tr>
<td>Depressive</td>
<td>2.60 ± 1.12</td>
<td>1.74 ± 1.57</td>
<td>.300</td>
</tr>
<tr>
<td>Dependent</td>
<td>2.66 ± 1.54</td>
<td>2.14 ± 1.94</td>
<td>.036*</td>
</tr>
<tr>
<td>Histrionic</td>
<td>2.93 ± .917</td>
<td>1.88 ± 1.51</td>
<td>.011*</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>5.00 ± 1.46</td>
<td>3.31 ± 1.93</td>
<td>.001**</td>
</tr>
<tr>
<td>Negativistic</td>
<td>3.00 ± 1.18</td>
<td>1.90 ± 1.68</td>
<td>.016*</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>3.43 ± 1.50</td>
<td>3.61 ± 1.65</td>
<td>.693</td>
</tr>
<tr>
<td>Paranoid</td>
<td>2.80 ± 1.74</td>
<td>1.96 ± 1.82</td>
<td>.080</td>
</tr>
<tr>
<td>Schizotypal</td>
<td>2.29 ± 1.64</td>
<td>1.70 ± 1.46</td>
<td>.141</td>
</tr>
<tr>
<td>Schizoid</td>
<td>2.40 ± 1.24</td>
<td>1.71 ± 1.33</td>
<td>.051</td>
</tr>
</tbody>
</table>

Note. Values are expressed as M ± SD.
*     p < .05
**   p < .01

A binary logistic regression model was used to determine which symptoms of personality disorders were predictors of pathological gambling. First, the correlation matrix of all potential predictors was inspected to identify significant zero-order correlations. Those variables significantly associated with PG were considered for inclusion in the regression model. The correlation matrix of all potential predictors is shown in Table 3.
Table 3  
*Correlation Matrix for SCID-II-SR Predictor Variables, SOGS Scores, and PG Status*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
<th>9.</th>
<th>10.</th>
<th>11.</th>
<th>12</th>
<th>13</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PG vs. Non-PG</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. SOGS Score</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Avoidant</td>
<td>.80</td>
<td>.069</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Borderline</td>
<td>.111*</td>
<td>.124*</td>
<td>.423**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Conduct Disorder</td>
<td>.172**</td>
<td>.210**</td>
<td>.083</td>
<td>.235**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Depressive</td>
<td>.053</td>
<td>.056</td>
<td>.614**</td>
<td>.667**</td>
<td>.083</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Dependent</td>
<td>.105*</td>
<td>.071</td>
<td>.441**</td>
<td>.406**</td>
<td>.074</td>
<td>.492**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Histrionic</td>
<td>.128*</td>
<td>.205**</td>
<td>-.028</td>
<td>.294**</td>
<td>.145**</td>
<td>.153**</td>
<td>.196**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Narcissistic</td>
<td>.167**</td>
<td>.187**</td>
<td>.194**</td>
<td>.529**</td>
<td>.271**</td>
<td>.338**</td>
<td>.220**</td>
<td>.416**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Negativistic</td>
<td>.122*</td>
<td>.168**</td>
<td>.374**</td>
<td>.609**</td>
<td>.161**</td>
<td>.599**</td>
<td>.330**</td>
<td>.283**</td>
<td>.542**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Obsessive-Comp.</td>
<td>-.020</td>
<td>-.030</td>
<td>.200**</td>
<td>.208**</td>
<td>-.007</td>
<td>.324**</td>
<td>.167**</td>
<td>.005</td>
<td>.178**</td>
<td>.267**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Paranoid</td>
<td>.089</td>
<td>.052</td>
<td>.330**</td>
<td>.599**</td>
<td>.134**</td>
<td>.540**</td>
<td>.374**</td>
<td>.215**</td>
<td>.418**</td>
<td>.515**</td>
<td>.239**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Schizotypal</td>
<td>.075</td>
<td>.101*</td>
<td>.412**</td>
<td>.526**</td>
<td>.159**</td>
<td>.477**</td>
<td>.347**</td>
<td>.115*</td>
<td>.364**</td>
<td>.434**</td>
<td>.238**</td>
<td>.432**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Schizoid</td>
<td>.099</td>
<td>.037</td>
<td>.302**</td>
<td>.322**</td>
<td>.141**</td>
<td>.349**</td>
<td>.160**</td>
<td>-.075</td>
<td>.244**</td>
<td>.317**</td>
<td>.167**</td>
<td>.350**</td>
<td>.447**</td>
<td></td>
</tr>
</tbody>
</table>

*Note.** **p < .001. *p < .01. n = 405*

Variable 1 reflects participants meeting criteria for PG (n = 15) vs. all others (n = 390). Variable 2 reflects the range of scores on the SOGS from 0 through 20. Variables 3-14 are the total number of symptoms endorsed for each personality disorder as derived from the SCID-II-SR.
As shown in column 1 of Table 3, PG is most strongly correlated with symptoms of Conduct Disorder, followed by symptoms of Narcissistic PD. Significant correlations were also found between PG and symptoms of Histrionic, Negativistic, Borderline, and Dependent personality disorders.

All personality disorder symptoms with significant correlations to PG (conduct disorder, dependent, histrionic, narcissistic) were included in the initial regression model. However, because this model was limited by high multicollinearity, the results were non-significant. Multicollinearity was reported as a VIF (Variance Inflation Factor) value and ranged from 1.077 to 1.288. Typically, VIF values over 1.0 indicate problematic multicollinearity effects (Field, 2005). In this case, in which SCID-II-SR variables were so intercorrelated, multicollinearity effects were difficult to avoid. However, the number of variables used in the analysis was reduced in order to minimize the effect of multicollinearity.

Therefore, a second logistic regression was conducted using only the two strongest predictors: number of Narcissistic PD symptoms and Conduct Disorder symptoms. Results indicated a strong fit of the overall model (-2 log likelihood = 101.732) that was statistically reliable in distinguishing between PG and non-PG ($\chi^2 (3) = 14.517; p < .01$). With this model, 100.0% of the participants were correctly classified as meeting or not meeting criteria for PG. Regression coefficients are presented in Table 4.
Table 4
Logistic Regression Coefficients for Conduct Disorder and Narcissistic Personality Disorder Symptoms as Predictors of PG

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>Wald</th>
<th>df</th>
<th>p</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct Disorder</td>
<td>.247</td>
<td>4.323</td>
<td>1</td>
<td>.038*</td>
<td>1.281</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>.335</td>
<td>4.084</td>
<td>1</td>
<td>.043*</td>
<td>1.399</td>
</tr>
<tr>
<td>Constant</td>
<td>-5.020</td>
<td>39.142</td>
<td>1</td>
<td>.000**</td>
<td>.007</td>
</tr>
</tbody>
</table>

**p < .01
*p < .05

For this sample, the rate of PG was found to be only 3.7% (n = 15). To truly test the study hypothesis, a multiple regression was conducted using SOGS scores to yield a continuous (0-20) outcome measure rather than the dichotomous outcome of PG vs. no PG.

As before, the correlation matrix was inspected to identify those predictors with significant zero-order relationships with SOGS scores. As shown in column 2 of Table 3, SOGS scores were significantly correlated with increased symptomatology for the following personality disorders: Borderline, Conduct, Histrionic, Narcissistic, Negativistic, and Schizotypal.

As in the logistic regression, when all significant features (Borderline, Conduct Disorder, Histrionic, Narcissistic, Negativistic, and Schizotypal) were included, multicollinearity was found at unacceptable levels (VIF values ranging from 1.096 to 2.026). These VIF values indicated that multicollinearity may be invalidating the regression results. To reduce the effects of multicollinearity, a second regression analysis was conducted using only Conduct Disorder and Histrionic features, which correlated
most strongly with PG and less strongly with each other than did the other variables. Multicollinearity was reasonable (VIF = 1.022) in this model.

This regression model revealed that symptoms of Conduct Disorder, \( t = 2.985, p < .01 \), and Histrionic PD, \( t = 3.365, p < .01 \), were significant predictors of scores on the SOGS. Regression coefficients are presented in Table 5.

Table 5

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>T</th>
<th>p</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct disorder</td>
<td>.165</td>
<td>2.985</td>
<td>.003*</td>
<td>1.022</td>
</tr>
<tr>
<td>Histrionic</td>
<td>.183</td>
<td>3.365</td>
<td>.001*</td>
<td>1.022</td>
</tr>
<tr>
<td>Constant</td>
<td>.184</td>
<td>1.363</td>
<td>.174</td>
<td></td>
</tr>
</tbody>
</table>

**p < .01
* p < .05

Based upon these results, symptoms of personality disorders were significantly correlated with Pathological Gambling, as hypothesized.

Hypothesis 2: Prevalence of Gambling by College Students

The prevalence of Pathological Gambling among EMU students was found to be 3.7%, in contrast to estimates of the prevalence among the general college-aged population (2.9%; Winters et al., 1998). The prevalence at EMU also contrasts with prevalence estimates in high-risk areas where there is greater access to gambling opportunities (8 to 11% in a Las Vegas sample; Oster & Knapp, 2001). In addition, as hypothesized, participants preferred less formal gambling activities, such as card games for money and lottery tickets (5.4% and 2%, respectively, once a week or more), over
formal gambling such as casino table games or slot machines (1.5% and .5%, respectively, once a week or more). Finally, a significant correlation was not found between distance lived from the nearest casino and SOGS scores. As mentioned earlier, several cases were not factored into analysis on this variable because they were determined to be invalid. With these outliers removed, the mean distance from the nearest casino was about 38 miles, indicating that most participants lived near the EMU campus. This probably limited the effect of distance because most participants lived relatively the same distance from the nearest casino. Full information for gambling participation for the complete sample is presented in Figure 1.

These results support Hypothesis 2. The rate of PG was found to be 3.7%, which contrasts with the lower and higher prevalence estimates of 2.9% and 8-11% found by Winters et al. (1998) and Oster and Knapp (2001), respectively. In addition, informal gambling activities were engaged in with greater frequency than formal gambling activities.
Hypothesis 3: Treatment Preferences for Gamblers and Non-gamblers

Overall, for the full sample, free face-to-face therapy received the most support, followed by reduced-cost, Internet-based, and full-price therapy.

Four of 15 participants meeting PG criteria (26.6%) indicated that they might be interested in utilizing an Internet-based treatment (selected *maybe* through *highly likely*). Among those meeting criteria for PG, free face-to-face therapy was still the most popular, followed by reduced cost, full-price, and Internet-based. However, because of the smaller number of participants in this analysis, differences between groups were not as significant as when using the entire sample (see Table 8). Results are shown in Figures 2 and 3 for the full sample and those meeting PG criteria, respectively.
Figure 2. Preference of free, reduced-cost, Internet, and full-cost treatment for all participants

Figure 3. Preference of free, reduced-cost, Internet, and full-cost treatment for participants with PG.
An initial repeated-measures analysis revealed a highly significant difference between overall treatment preferences, $F(1,14) = 68.484, p < .001$. This omnibus test was followed with paired $t$ tests to identify which pairs of preference ratings differed significantly (see Table 6). As shown, paired-samples $t$ tests revealed significant differences between preferences for all modes of gambling treatment in the overall sample. As mentioned earlier, differences were not as significant among those meeting criteria for PG.

Table 6

| Treatment Preference Comparisons for All Participants and Pathological Gamblers |
|---------------------------------|-----------------|-----------------|-----------------|
|                                  | All participants | PG participants only |
|                                  | $n = 405$        | $n = 15$         |
| Pair:                           | $t$           | df | $p$    | $t$ | df | $p$    |
| F vs. RC                        | 6.547         | 400 | .000*** | .564 | 14 | .582  |
| F vs. I                         | -14.342       | 400 | .000*** | -2.827 | 14 | .013* |
| F vs. FP                        | 21.994        | 401 | .000*** | 2.637 | 14 | .020* |
| RC vs. I                        | -10.088       | 400 | .000*** | -2.445 | 14 | .028* |
| RC vs. FP                       | 20.237        | 401 | .000*** | 3.151 | 14 | .007**|
| I vs. FP                        | -6.291        | 401 | .000*** | -.148 | 14 | .884  |

*Note. F = Free, I = Internet; RC = Reduced-cost; FP = Full price.

$* p < .05$

$** p < .01$

$***p < .001$

These results partially support Hypothesis 3. At least some participants meeting criteria for PG indicated an interest in utilizing Internet-based treatment. However, free and reduced-cost treatments were preferred over Internet treatment. Therefore, Internet-based treatment was not found to be the most popular treatment option for college students meeting criteria for PG.
Hypothesis 4: Perceptions of Gambling Severity

It was hypothesized that participants would endorse SOGS items that indicated a gambling problem (items 5, 8, 11, 14, 15, 16a, 16b, and 16e) but would not endorse the specific item that asks if they believe themselves to have a gambling problem (item 6). The former items listed above were selected because they tap overt, identifiable behaviors and were identified as the least likely of the SOGS items to be misinterpreted by participants (Ladouceur et al., 2000; Stinchfield, 2002).

The original proposal called for kappa analysis, but the low number of participants meeting criteria for PG prevented adequate power for those analyses. In addition, kappa analyses are best used in a population with relatively equal distributions across the categories being compared (Byrt, Bishop, & Carlin, 1993). In this study, the sample of participants meeting criteria for PG (n = 15) was much smaller than the sample of participants not meeting PG criteria (n = 390), and kappa analysis was therefore inappropriate. Instead, sensitivity and specificity were calculated for each item in order to determine how each item contributed to the perception of having a gambling problem.

Sensitivity is defined as the ability of a measure to detect the presence of its intended construct. Specificity is defined as the ability of a measure to exclude cases that do not possess the desired construct (Baer et al., 2000). In this case, perfect sensitivity was achieved when all participants who endorsed an item also admitted a gambling problem. Perfect specificity was achieved when all who denied a gambling problem also denied its characteristics.

Overall, specificity was best for the entire sample, decreased when analyzed for regular gamblers, and decreased further among those meeting criteria for PG. Sensitivity
was poor overall but was best for those meeting criteria for PG. Sensitivity and specificity information is presented in Table 7. Figures 4, 5, and 6 show the percentages of accurate and inaccurate responses to SOGS items by the entire sample, participants meeting criteria for PG, and regular gamblers, respectively.

Though the rate of PG was found to be 3.7%, more than 3.7% of the sample endorsed SOGS items. Some items were endorsed by more than 10% of the sample, indicating potential gambling problems even though participants may have control over their behavior in the present. Figure 7 shows the frequency with which SOGS items were endorsed by all participants. The item that reads *Argue with people* is not factored into scoring of the SOGS because it does not relate specifically to arguing about gambling. Rather, it pertains to how the participant handles money in general. All other items are weighed equally in determining the presence of PG.

These results support Hypothesis 4, that a mismatch would occur between endorsement of items assessing overt symptoms of problematic gambling and self-report of a gambling problem. Many participants endorsed items suggestive of PG but did not admit to having a gambling problem. Very few behaviors were seen as problematic for participants meeting criteria for PG, as evidenced by the low sensitivity of many SOGS items.
Figure 4. Relationship between endorsement of perception of having a gambling problem (“Do you believe you have a gambling problem?”) and endorsement of behavioral indicators of pathological gambling (full sample).
Figure 5. Relationship between endorsement of perception of having a gambling problem (“Do you believe you have a gambling problem?”) and endorsement of behavioral indicators of pathological gambling (pathological gamblers).
Figure 6. Relationship between endorsement perception of having a gambling problem (“Do you believe you have a gambling problem?”) and endorsement of behavioral indicators of pathological gambling (regular gamblers).
Table 7
Sensitivity and Specificity Values for Selected SOGS Items Whose Endorsement Indicates Problematic Gambling Behavior

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Sensitivity</th>
<th></th>
<th></th>
<th>Specificity</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All (n = 405)</td>
<td>PG (n = 15)</td>
<td>Reg. Gamblers (n = 60)</td>
<td>All (n = 405)</td>
<td>PG (n = 15)</td>
<td>Reg. Gamblers (n = 60)</td>
</tr>
<tr>
<td>Claim winning when not</td>
<td>.7500</td>
<td>1.000</td>
<td>.6666</td>
<td>.9490</td>
<td>.6666</td>
<td>.8824</td>
</tr>
<tr>
<td>Criticize gambling</td>
<td>.3333</td>
<td>.6666</td>
<td>.3333</td>
<td>.9644</td>
<td>.5555</td>
<td>.9412</td>
</tr>
<tr>
<td>Hidden betting slips</td>
<td>.5000</td>
<td>.8333</td>
<td>.4444</td>
<td>.9796</td>
<td>.5555</td>
<td>.9412</td>
</tr>
<tr>
<td>Borrow but not pay back</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>.9924</td>
<td>.7777</td>
<td>.9804</td>
</tr>
<tr>
<td>Lost time from work</td>
<td>.1666</td>
<td>.1666</td>
<td>.2222</td>
<td>.9873</td>
<td>.6666</td>
<td>.9216</td>
</tr>
<tr>
<td>Borrow from spouse</td>
<td>.0833</td>
<td>.1666</td>
<td>0</td>
<td>.9491</td>
<td>.2222</td>
<td>.9216</td>
</tr>
<tr>
<td>Borrow from relative</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>.9618</td>
<td>.3333</td>
<td>.9216</td>
</tr>
<tr>
<td>Borrow from credit card</td>
<td>.0833</td>
<td>.8333</td>
<td>.1111</td>
<td>.9796</td>
<td>.6666</td>
<td>.9020</td>
</tr>
</tbody>
</table>
Figure 7. SOGS PG symptoms and frequency endorsed (Full sample)
Hypothesis 5: Perceptions of Internet-Based Treatment

Qualitative data were collected in three focus groups to determine perceptions of Internet-based treatment for PG. Two groups used a convenience sample of psychology students and the third group used participants from a low-cost, weekly, campus-based gambling tournament. The SOGS was administered to all participants. The website is attached in its entirety as Appendix O. It may also be viewed on the Internet at http://cbtforgambling.m6.net.4.m6.net/ by using the username test and the password test. (Please note: this information may change. Please contact the author if you experience difficulties viewing the website.)

Fifteen students who were currently enrolled in an Abnormal Psychology course participated in two focus groups to evaluate the gambling-treatment website. Two focus groups were conducted in order to make attendance feasible for the greatest number of students. Four students attended the first group, and 11 attended the second. SOGS scores for these participants ranged from zero to five (M = .8667). Complete qualitative data from these participants are provided in Appendix P.

Self-admitted gamblers comprised the third focus group. Participants were recruited from a weekly on-campus poker tournament and were recontacted via email. Thirty-five students were contacted and invited to participate in the focus group, and seven attended. SOGS scores for these participants ranged from zero to five (M = 1.429). Complete qualitative data from these participants are provided in Appendix P.

In general, feedback from all three focus groups was positive. Students reported enjoying the organization and detail of the website, the ability to save progress and return later, the feature that helped participants create and revise a monthly budget, and the
summaries that were provided after each module. Most participants thought that the
website was user friendly and straightforward. One participant (SOGS score = 2) stated
that the website “does offer a less humiliating way to address his/her problem.” Other
positive comments included but were not limited to the following:

- “It’s a nice website. I think it could be very useful. I liked the checklist also, and
you can submit it to get a summary.”
- “I liked the actual activities you can do to find out how much of a problem you
have. The resources (i.e., list of meetings, hotlines, etc.). Also, the budget you can
put together regarding your income good for anyone even nongamblers.”
- “You can do it by yourself without having to spill your life events to a person. It
goes over many of the situations that a gambler may encounter. I also really liked
the expense calculator.”
- “I liked how in-depth it went with the questionnaires, and I also like how it gives
you an overview at the end of the modules.”

In addition to positive feedback, a great deal of constructive feedback was
gathered from the three focus groups. The most common suggestion was to include a
detailed introduction at the homepage of the website so that users would know what the
website contained and how it would/could help. In addition, participants thought that
testimonials from previous users would help to encourage future users to enter the site.
One participant thought that it would be useful if a user could send a link to the website
via email to another person. This would allow a user to “reach out” to someone they
thought could benefit from the website. Some additional constructive comments included,
but were not limited to the following:
• “Kind of plain, no eye appeal. Could have had real life stories/examples from actual people with this problem (survival and success stories).”
• “It seemed like it took a long time, and people don’t like to sit at a computer answering questions for that long.”
• “It might have been just a little too long could get boring and make someone not want to finish.”

A topic that came up in the third focus group was the use of gambling-related imagery on the website. One participant commented that seeing images of money, poker chips, and other gambling paraphernalia made him want to go and play poker. He then said that this effect might happen to someone coming to the site to get help with a gambling problem. As such, non-gambling-related images might be more appropriate. The rest of the group then suggested that the images should correspond with the content of the website. For example, when the website prompts the user to list alternative activities to gambling, the imagery on that page could contain pictures of gambling-incompatible activities, such as participating in social activities, sports, exercise, etc.

Another participant in the third group thought that it would be useful if a user could somehow map his or her progress over time. That participant thought that users might return to the site and complete all of the modules multiple times but not learn whether his or her progress was better in subsequent sessions. Also a participant in that group thought that the website could be made more attractive and flashy in order to attract users more effectively. That person said that online gambling sites were generally very attractive and this site might have trouble competing for attention.
A common theme in all three focus groups was the comment that this website could be useful for people with a mild gambling problem but likely would not be sufficient for someone with a severe problem. Specifically, one participant said, “I think this is a stepping-stone to admitting your problem is real and actually getting treatment.” Participants thought that face-to-face therapy would be a superior option in that regard. Another common theme was the concern that users may not know how to use the website. In theory, the website mimics 10 face-to-face CBT sessions that occur over the course of 10 weeks. For the website, it is possible to complete all 10 modules in the span of a few hours. Participants thought that users should be prompted to reflect on their responses and take some time before beginning a new module. That way, the user has time to let ideas sink in.

Overall, the website received a great deal of positive feedback, indicating that it might be a viable treatment option for college-aged gamblers. The feedback supports the hypothesis that the website would be positively reviewed in a series of focus groups.
Discussion

Interpretation of Results

Results were encouraging and, for the most part, corresponded with what is already known about pathological gambling in college and adult samples. Considerable support was found in support of the first hypothesis, that PG would be strongly correlated with personality disorder symptomatology. As shown earlier, 6 of 12 PD categories correlated significantly with PG, and 6 of 12 correlated significantly and positively with SOGS scores. These results appear to be consistent with Steel and Blaszczynski’s (1998) description of personality disorder comorbidity as a rule rather than an exception for pathological gamblers.

Regression analysis revealed that symptoms of Histrionic personality disorder and Conduct Disorder were the strongest independent predictors of scores on the SOGS. This is not surprising given the nature of these symptoms. According to the *DSM-IV-TR* (APA, 2000), Histrionic personality disorder is marked by “pervasive and excessive emotionality and attention-seeking behavior” (p. 711). Individuals with Histrionic PD generally try to be the center of attention and are uncomfortable when not receiving attention from others. People with Histrionic PD are also generally very suggestible and easily influenced by others or by the situations in which they find themselves. In short, people with Histrionic PD symptoms receive a great deal of pleasure from external sources and go to great lengths to do so. This pleasure-seeking behavior is very compatible with the thrills provided through gambling. Winning at least in public settings causes the gambler to be the center of attention, and someone who is highly suggestible may overestimate their odds of winning. A future study may investigate whether people
with Histrionic PD tend to engage more in public gambling activities such as casino (table games or slots) or skill games (pool and darts) than in private activities like online gambling.

Conduct Disorder features were also a strong predictor of scores on the SOGS. According to the *DSM-IV-TR* (APA, 2000), Conduct Disorder is marked by a “repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated” (p. 98). In addition, persons with Conduct Disorder may be cruel to people or animals, forcibly steal or destroy property, force sex, lie or deceive, and violate other rules or laws. People with Conduct Disorder often gain pleasure at the expense of others, which maps well to a gambling win where money is taken from another person. In addition, gambling is illegal in many places, and people with Conduct Disorder are commonly known to break laws or rules. Being successful at an illegal activity is especially thrilling to a person with Conduct Disorder. It makes sense, then, that Conduct Disorder features would significantly predict scores on the SOGS. A previous diagnosis of Conduct Disorder is also a prerequisite criterion for a diagnosis of Antisocial personality disorder (APD), but the SCID-II-SR-R does not assess for APD. This limitation is outlined in the Limitations section.

These results also correspond well with Steel and Blaszczynski’s (1998) study that found strong correlations between PG and various personality disorders. Their study found the strongest correlations for *Cluster B* personality disorders, which includes Histrionic and Antisocial. Their study also found strong correlations for Borderline and Histrionic PD, which were revealed in the present study as well.
Several recent studies have examined the relationship between personality characteristics and gambling behavior. Ledgerwood and Petry (2006) found that people with narcissistic or attention-seeking characteristics preferred different types of gambling than those preferred by people with avoidance (escape) or dissociation characteristics. Martinotti, Andreoli, Giametta, Poli, Bria, and Janiri (2006) found that novelty-seeking personality characteristics were associated with higher prevalence of PG. Pietrzak and Petry (2005) looked specifically at Antisocial personality disorder and found that it correlated with increased severity of gambling, medical, drug, and psychiatric problems. Clearly, personality characteristics are linked to gambling behavior, but more studies are needed to delineate the specific effects.

Overall, this study found the prevalence of PG to be 3.7% (15/405). However, the prevalence of PG in the group recruited from the poker tournament was much higher at 14% (1/7). In either case, both are higher than the 2.9% prevalence rate reported by Winters et al. (1998), and the prevalence of the sample of tournament participants was higher even than that of Oster & Knapp’s (8-11%; 2001) Las Vegas sample. Several possible factors may influence the higher prevalence of PG at Eastern Michigan University. EMU is within easy driving distance to casinos in Detroit (about 40 miles) and Windsor, Ontario (about 50 miles), and informal gambling opportunities abound on campus. The recreation center even sponsors a poker tournament every Tuesday night on campus (from which focus group participants were recruited), and there are likely many informal card games elsewhere on campus. The recent popularity of Texas Hold ‘em poker tournaments also likely contributed to the increased prevalence of PG in this sample. In addition to participants’ meeting criteria for PG, 14.8% (n = 60) of the overall
sample indicated participating in gambling at least once weekly. The most common weekly gambling activity was card games for money, followed by betting on skill games, and sports pools. These activities were much preferred over formal activities like casino table games and slot machines, as hypothesized. It may be that convenience caused informal activities to be more popular, as informal activities are available locally and casino activities are more remote. However, a correlation was not found between distance from the nearest casino and participation in any gambling activity. Most participants lived within roughly the same area (about 38 miles from the nearest casino), so this variable may not have been tested in the most appropriate manner. The minimum gambling age at the Detroit casino is 21, but the minimum age for the Windsor casino is 19. Given that the mean age of all participants was approximately 22, it may be inferred that most participants could have accessed casino gambling if they wanted to. However, a large number of participants did not meet age requirements for either casino, and this might explain some of the preferences for informal gambling activities.

As shown earlier, the majority (55%) or participants had enough disposable income (>$100/mo.) to support gambling behavior. Over 30% had disposable incomes over $250 and two over $500. Clearly, money for gambling is available for college students.

The high prevalence of PG in the students recruited from the EMU poker tournament (14%) suggests that even minimal-risk gambling activities may attract people with more severe gambling problems. Though it may not be best to encourage gambling on campus, these types of tournaments do serve a valuable purpose. First, they allow students an outlet for the urge to participate in gambling activities and minimize the
expense of participating in such activities. Second, they allow campus officials the opportunity to observe students who gamble and screen for those with a severe problem. This is not done at EMU, but the opportunity to do so is certainly present.

Although controversial, it is widely accepted that access and exposure to addictive materials and activities can lead to more serious use and participation in the future (Fergusson, Boden, & Horwood, 2006; Blaze-Temple & Lo, 1992). Following this gateway theory, early gambling participation may be indicative of more severe problems in the future. In addition, participation in gambling may increase the likelihood of engaging in other illicit behaviors that are associated with gambling like smoking (Petry & Oncken, 2002) and drinking (Ladd & Petry, 2003). Identification and control of PG at an earlier age may be beneficial for preventing multiple addictive problems in the future.

Several new studies have examined gambling among college students. Burger, Dahlgren, and Christine (2006) found that men and women with high levels of competitiveness were more likely to display high intrinsic motivation to gamble. This means that these people are more likely to gamble without pressure from other people. Sullivan (2006) found that 90% of college students at a Canadian university reported gambling in the past 12 months and 37.1% reported at least one risky gambling behavior. Sullivan also reported that college gamblers were more likely to attribute negative motives to other gamblers than to themselves. This fits well with the observation that college students do not seek treatment. If they perceived their motivation as negative, they might be more likely to admit that they have a problem with gambling. Weinstock (2005) found a strong correlation between PG and students who gambled more than 1.2 times per month, wagered more than 9% of their monthly income, or intended to wager
more than 6% of their monthly income. Given that many college students gamble weekly, these results suggest that gambling may be very problematic on college campuses.

As shown earlier, the majority (55%) of participants had enough disposable income (> $100/mo.) to support gambling behavior. More than 30% had disposable incomes over $250, with 4.3% over $1000. Among participants meeting criteria for PG, half had disposable incomes over $250 and two over $500. Clearly, money for gambling is available for college students.

As discussed earlier, treatment for pathological gambling is generally not obtained by younger gamblers (Ladouceur et al., 2004). This study sought to determine what modality, if any, would be acceptable for college students. Not surprisingly, free therapy was found to be the most popular, followed by reduced-cost, Internet-based, and full-cost therapy. This suggests that Internet-based treatment was not a preferred treatment option over free or reduced-cost therapy but was preferred over spending $100+ per session on traditional therapy. Based upon these data, campuses that provide free or low-cost therapy would do well to advertise their services to students who gamble. However, not all campuses provide these services, leaving some college gamblers with the options of seeking full-price therapy, Internet-based treatment, and trying to quit on their own. Further development of Internet-based treatment modalities may allow more young gamblers to access treatment as they likely cannot afford full-price therapy and quitting alone is largely ineffective.

One possible reason that young gamblers do not seek treatment is that they do not perceive themselves as having a problem. Overall, only 6 of 15 (40%) participants with PG endorsed the item asking if they thought themselves to have a gambling problem. As
discussed earlier, sensitivity of SOGS items was poor overall, and some items were not endorsed at all by participants who thought they had a gambling problem. However, all participants with PG who endorsed having a gambling problem also endorsed claiming to be winning while actually not winning. This indicates that lying about winning may be seen as a symptom of problematic gambling by gamblers. Conversely, borrowing money from a relative was not endorsed by any participants who self-diagnosed their gambling problem. This indicates that borrowing money is not regarded as an indicator of problematic gambling, according to gamblers. Overall, the most problematic behaviors for participants with PG appear to be claiming to be winning when not, having others criticize your gambling, hiding betting slips, and borrowing from a credit card for gambling. Participants who endorsed other items did not self-report a gambling problem very often. Among regular gamblers (n = 60), claiming to be winning when not was also seen as most indicative of problematic gambling, followed by hiding betting slips, and having others criticize your gambling. The same pattern held true for the entire sample (n = 405). These results conflict slightly with those of previous research (Johnson et al., 1997) that found lying to people about gambling and feeling the need to gamble more and more as the best predictors of pathological gambling. However, Johnson et al. took their items from DSM-IV criteria and not from the SOGS. Had the SOGS been used, it is possible that results would have been different.

Specificity for participants who indicated a gambling problem was generally very good, except among participants with PG. This was because many of those participants denied SOGS items but admitted a gambling problem. Among the entire sample, most participants who denied items on the SOGS also denied having a gambling problem.
Specificity is not the best indicator of the strength of a SOGS item, as any 5 of 20 items can be used to diagnose PG. Denying an item does not mean denial of PG. Sensitivity, however, is a better indicator because endorsing one item on the SOGS means that endorsing only a few more would indicate PG. Therefore, endorsing a SOGS item but not identifying a gambling problem is more likely to be problematic. It is, however, possible to endorse SOGS items and not meet criteria for PG, so even low sensitivity is not necessarily problematic. Overall, however, it is important to determine which behaviors are seen as most problematic for those who believe themselves to have a gambling problem. In this study, claiming to be winning when not and hiding betting slips were seen as the most problematic behaviors among the entire sample, including regular and problem gamblers, and borrowing from a credit card and having others criticize their gambling were also seen as problematic for those with PG. According to Ladouceur et al. (2004), young gamblers do not seek treatment because they have not experienced adverse consequences because of their gambling. As such, it is important to identify which behaviors are seen as problematic in order to tailor recruitment and treatment for this population.

*Online Data Collection: Missing Data and Recruitment Issues*

Participation in this study was very good overall, and 72.5% of all students who indicated interest actually completed the questionnaire. For the most part, emails were sent to students the same day that they provided informed consent, and this seemed to enhance participation. Anecdotally, it seemed that participation was better when emails were sent quickly, but these data were not formally tracked.
In addition, the use of an online questionnaire meant that participants could complete the questionnaire at their convenience and not have to return a paper copy. Data analysis was also easier with the use of an online questionnaire because data were downloaded instantly and did not have to be entered manually. This alone saved many hours of tedious work. Overall, the use of an online questionnaire helped this study tremendously.

As mentioned earlier, cases were removed from the database because the participant was underage, left large blocks of data missing, or completed the questionnaire in 10 minutes or less. In addition, participants who indicated that they lived more than 100 miles from the nearest casino were not included in the analysis of that variable. Several casinos are located within 50 miles of EMU, and living an additional 50+ miles from any of them would make attendance at EMU unfeasible. Overall, very few cases had to be removed (5.4%), and the rate of participation was very high (72.5%), suggesting that online data collection is a reliable and efficient means of gathering information from college students.

**Generalizability**

Participants for this study were representative of the overall student population at EMU. The website for EMU lists the student population at 70.1% White, 16% Black, and 14% Other. The percentages for White, Black and Other found in this study were 73.8%, 16.1%, and 11.1%, respectively. In addition, 60% of EMU students are female, which is reasonably close to the 67.2% participation rate of females in this study. Finally, the EMU website reports that 70% of students are employed, which is consistent with the 74.3% employment rate found in this study. On the basis of these demographic variables,
it appears that the sample of students used for this study is representative of the overall student population of Eastern Michigan University but not necessarily of other university populations.

Limitations

One of the major limitations of this study was reliance on the SCID-II-SR for obtaining information about personality disorder symptoms. As mentioned earlier, the SCID-II-SR only assesses for a history of childhood Conduct Disorder because those symptoms are highly indicative of future Antisocial PD. Endorsing symptoms of childhood Conduct Disorder prompts questions about current behavior in a structured interview. However, because the interview was not feasible, this study only gathered information about childhood behavior. Therefore, this study did not specifically assess for Antisocial PD but rather for symptoms that may indicate its presence. People with Antisocial PD typically display behavior that is contrary to social or legal norms. They may also repeatedly lie and/or be impulsive, reckless, irresponsible, and unremorseful. Because gambling is illegal in most places, pathological gamblers often break the law. Gamblers often also lie about their betting, bet too much, bet more than they had planned, and go back on other days to recoup losses. All of these behaviors map well with symptoms of Antisocial PD. This study found a strong correlation between PG and Conduct Disorder symptoms, which makes sense given that Conduct Disorder predicts and is a necessary prerequisite for the diagnosis of Antisocial PD.

The overall sample matched closely with the population statistics of all students at EMU. However, the fact that the sample was mostly female (67.2%) may have limited the number of pathological gamblers because roughly 2/3 of people with PG are male. To
better study PG, a sample containing more males may have been more appropriate. However, the aim of this study was to determine the prevalence of PG in a college sample, and excluding females would not have accomplished this aim. One might infer, however, that a college with a high proportion of males would have a higher percentage of PG.

The high number of participants with a history of receiving psychological therapy (27%) is another possible confound to this study. Given the relatively high prevalence of experience with therapy, the sample used in this study may have been more accepting of therapy in general than other college samples. This would be especially problematic for Hypothesis 3, which addressed treatment preferences.

Unfortunately, in the present study, it was not feasible to use a structured interview to assess for personality disorder symptomatology. In addition, accurate diagnosis of some PD’s requires in-person observation of behavior. Therefore, this study could not compare actual personality disorders with PG but rather was limited to comparing self-reported symptoms of personality disorders with PG. For this reason, the results of this study cannot be compared directly with those of previous works (e.g., Steel & Blaszczyński, 1998) that used structured interviews to assess for personality disorders. Also, because the SCID-II-SR is used as a screening tool before a diagnostic interview, PD symptoms may be overreported because participants may endorse an item but deny the follow-up question. Overall, however, the SCID-II-SR was a very efficient tool for screening for personality disorder symptomatology.

Besides limitations due to use of the SCID-II-SR, this study was also limited by using the SOGS. As discussed in the literature review, Petry (2002) found that the mean
SOGS score for treatment-seeking gamblers was 12. This study did not find any students with scores this high, suggesting that none of them had a gambling problem severe enough to warrant seeking treatment at the time of the study. As such, assessing for preferred treatment modalities among this population may be inappropriate. However, the adults in Petry’s study were older than those in this study, and it is possible that SOGS scores for the current sample will increase over time. Therefore, early assessment and treatment may prevent the development of a more serious problem.

Participation rates were very good, but participation was limited to students with Internet access. This made data collection very easy but it may have influenced items that asked about treatment preferences. If all students had Internet access, they may have been more likely to prefer Internet-based treatment. However, every student admitted to Eastern Michigan University is issued an email account, and computers with Internet access are available for all students at multiple locations on campus. Therefore, each student should be able to access the Internet even if he or she does not personally own a computer. It remains unclear, however, if there was a preference for completing the questionnaire from either public or private computers. Therefore, the effect of location upon response rates is unknown.

A final major limitation of this study was unavoidable and likely has occurred in most research involving personality disorders. This study found very high levels of multicolinearity among personality disorders, suggesting that the various personality disorders are not easily distinguishable through statistical analysis. Further, individual symptoms of personality disorders are not always exclusive and can even be indicative of multiple disorders (e.g., schizotypal and schizoid). Therefore, concluding that one
personality disorder or another is predictive of PG may be inappropriate. Rather, it may be better to conclude that individual symptoms or symptom groups are predictive of PG.

**Implications**

Further development of online treatment protocols would be especially important for people living in rural areas or underserved areas for several reasons. First, rural areas are less likely to provide adequate access to traditional therapists, especially therapists specializing in gambling problems. Second, many casinos are built in rural areas because the land is less costly or because land is owned by Native American tribes whose laws allow gambling. In addition, building casinos in rural areas is used as a tactic to stimulate struggling local economies. These areas are less likely to contain the same density of psychologists as urban areas but are more likely to produce people with gambling problems simply through the effect of proximity. Therefore, adequate treatment may not be available for everyone. Last, entertaining activities may not be as prevalent in rural areas, further enhancing the salience of gambling opportunities. Internet-based treatment would allow people in rural and underserved areas to receive effective treatment despite the lack of available therapists. Further, Internet-based treatment is not limited in the number of people it can serve per day, so many more people could be helped by it than by a traditional therapist.

This study found that Internet-based treatment might be acceptable to a population that previously found all methods of treatment unacceptable. The Internet-based treatment protocol used in this study received positive feedback on a variety of dimensions, suggesting that it might be useful for helping gamblers in the aforementioned areas where traditional treatment is unacceptable, unavailable, or unaffordable.
Future Research

This study established the prevalence rate of PG at one Midwestern college campus, but a larger study is needed to determine if gambling problems are truly becoming more prevalent on college campuses. An increase seems likely, but confirmatory evidence is not yet available.

Using the sensitivity and specificity data from this study, a future study could investigate the development of a brief screening tool that assesses for behaviors that people with PG find problematic. Because these are the gamblers who are most likely to access treatment, screening for them specifically may help to identify people who are more likely to benefit from treatment. However, the items that college-student participants identified as indicating problematic behaviors should be tested with a sample of adult gamblers to verify their generalizability. It is possible that different populations find different behaviors problematic or not problematic and that different screening tools may be appropriate for different populations. For example, college-student gamblers may not see borrowing money as problematic because it is more common to borrow money while in college. An adult in the general population may be more likely to see borrowing money as problematic. In such a case, the information gathered in this study might hypothetically be useful for an adult population, but in a more limited sense.

This study may also provide useful information about treatment for PG in a college sample. Participants indicated a preference for free or reduced-cost treatment, but favorable feedback was also gathered for the Internet-based treatment. Given that previous research showed that all treatments were avoided, favorable feedback about Internet-based treatment is a positive sign that college students might be willing to access
such a treatment option. A future study might examine the efficacy of Internet-based cognitive-behavioral therapy to treat PG. Specifically, comparing Internet-based treatment with standard treatment will help to show whether there is a difference in effectiveness when the method of delivery is manipulated. It would also be interesting to see if either treatment can be enhanced by combining it with the other.

Some of the focus group feedback suggested that the website graphics depicting gambling situations might inhibit progress in gamblers who use the website. A future study might examine the effect of these images on progress in the treatment. Specifically, different versions of the website with behaviorally neutral images might be administered to groups of gamblers to see if there is a difference in outcomes to those using the original version.

Another topic for future research is the investigation of the utility of Internet-based treatment for people who gamble exclusively via the Internet. It is currently unknown whether an Internet-based treatment program would be beneficial or detrimental to the recovery of Internet gamblers. In addition, little is also known about the treatment preferences of Internet gamblers and whether they may prefer Internet-based treatment over face-to-face treatment. Following the first point, Internet gamblers may be found to prefer Internet-based treatment, but it is unknown whether that treatment would be best suited for them. Similar tests with a rural sample would be useful given that Internet-based treatment might be a very viable option in that population.

Finally, gambling has been shown to be comorbid with a great many other disorders but little is known about treatment efficacy or acceptability among gamblers with comorbid disorders. A future study should examine the acceptability of Internet-
based cognitive-behavioral treatment for those with substance abuse, depressive, or personality disorders.

**Conclusion**

This study found that the prevalence of pathological gambling is higher among Eastern Michigan University students than national estimates predict and that a relatively high number of students gamble on a regular basis. In addition, students meeting criteria for pathological gambling display comorbid personality disorder symptoms similar to those of adult pathological gamblers in the general public. Of those students who endorsed symptoms of PG, very few perceived their behavior to be problematic. However, certain behaviors (claiming to be winning when not, hiding betting slips) were endorsed as indicative of problematic gambling by a relatively high number of students with PG. Finally, students were shown to prefer free and reduced-cost treatment over Internet-based and full-cost therapy. However, they preferred Internet-based treatment by a significant margin over traditional, full-cost therapy.

These results suggest that the prevalence of problematic gambling on college campuses is increasing, that college gamblers may share common characteristics with gamblers from the general population, and that free, reduced-cost, or Internet-based treatments are potential treatment modalities for this population. In addition, college students with PG may be more likely to access treatment if they hide betting slips or claim to be winning when they are not. This suggests that administrators on college campuses may want to address gambling as a potential problem among their students. They may also want to offer free, reduced-cost, or Internet-based treatment, especially to students displaying high-risk behavior. Therapists working with this population should
also be aware of personality disorder symptomatology and adjust their treatment plans accordingly.

Overall, the results of this study have the potential to be useful, but more research is needed in this area. An efficient screening tool that targets behaviors college students find problematic would be especially useful for this population. New prevalence estimates are also needed, as well as further research into developing the most accessible and acceptable treatments for college-student gamblers.
References


Administration (Ed.), *Task force on gambling addiction, final report* (pp.90-111).
Baltimore: National Center for Pathological Gambling, Inc.


Appendices
Appendix A

Explanation of the Study and Informed Consent Procedure

This study is being conducted by Andrew Cameron and Dr. Karen Saules of the EMU Psychology Department. The purpose of this research study is to gain a better understanding of the prevalence of gambling among college students and the relationships between gambling and various personality characteristics. If you choose to participate, you’ll be asked to complete an online questionnaire that will take approximately 30 minutes. Your responses will be held strictly confidential and will be seen only by members of the research team. For example, you couldn’t get in trouble if you reported underage drinking or gambling.

If you complete the questionnaire for this study, you may receive one-hour of extra credit for this class, or any class that you specify, if extra credit is made available by your instructor. Please set aside one full hour to fill out the entire questionnaire, but it should take less than 30 minutes to complete.

In addition, participation in this study may make you eligible for participation in a related study. This related study will be conducted later in the semester and you will be contacted by email if you are eligible for this study. However, you are not obligated to continue to participate and you may drop out at any time without penalty.

If you are interested in participating, please raise your hand and I will pass an informed consent form to you. Please read the form over and fill out the third page. Be sure to carefully print your email address so it can be clearly read. Then, tear off the third page and hand it back to me. The top two pages are for your records.

Are there any questions?
Appendix B
Demographics Questionnaire

EMU Survey

Please Answer Each Item Unless Otherwise Specified.

This questionnaire will require one hour to complete. Incomplete questionnaires will make you ineligible for extra credit. Please set aside one full hour to complete this questionnaire.

By providing your email address, you consent to be contacted for a future research study. That study will require 3 hours of your time but will pay all participants $50. Eligibility for that future study is based upon responses to this questionnaire. Not all participants completing this questionnaire will be eligible for the future study. If you do not wish to be contacted for this future study, please do not provide your email address. However, if you do provide your email address, it will only be used for recruitment for the future study and will not be otherwise shared with anyone.
What is your email address?
__________________________________________________

Gender
Females  Male

Age

Please select the box(es) that correspond to the group(s) to which you belong:
White or Caucasian  Hispanic or Latino  Alaskan Native  Pacific Islander
Black or African-American  American Native  Asian  Other

How many years of schooling have you completed? (ex. H.S grad = 12)

Relationship Status
Single/Never  Married  Divorced  Living with same-sex partner
Married  Separated  Living with opposite-sex partner
Remarried  Widowed  Other

Are you employed?
Yes  No

If yes, Full or Part-time?
Full-time (36 hours+)
Part-time (1-35 hours)
Occasional (irregular hours)

What is your yearly income?
$0-1,000
$1,000-5,000

$5,001-10,000

$10,001-20,000

$20,001-50,000

$50,001-100,000

$100,000+

Prefer not to answer

What is your monthly **disposable** income? (money left after paying bills)

*less than $0

$1-50

$51-100

$101-250

$251-500

$501-1000

$1000 or more

Approximately how many miles do you live from the nearest casino?

________

Approximately how many hours per week do you spend online?

________

Have you ever received psychological therapy?

Yes       No

If yes, how many sessions?

________
Appendix C

The South Oaks Gambling Screen

SOUTH OAKS GAMBLING SCREEN
[SOGS]

Name: ___________________________ Date: ________________

1. Please indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: “Not at All,” “Less than Once a Week,” or “Once a Week or More.”

<table>
<thead>
<tr>
<th>PLEASE “✓” ONE ANSWER FOR EACH STATEMENT:</th>
<th>NOT AT ALL</th>
<th>LESS THAN ONCE A WEEK</th>
<th>ONCE A WEEK OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Played cards for money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Bet on horses, dogs, or other animals (at OTB, the track or with a bookie)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Bet on sport (parlay cards, with bookie at Jai Alai)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Played dice games, including craps, ever and under or other dice games</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Went to casinos (legal or otherwise)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Played the numbers or bet on lotteries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Played bingo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Played the stock and/or commodities market</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Played slot machines, poker machines, or other gambling machines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Bowled, shot pool, played golf, or some other game of skill for money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Played pull tabs or “paper” games other than lotteries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Some form of gambling not listed above (please specify): ________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. What is the largest amount of money you have ever gambled with on any one-day?

<table>
<thead>
<tr>
<th>Never gambled</th>
<th>More than $1,000.00 up to $1,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.00 or less</td>
<td>More than $1,000.00 up to $10,000.00</td>
</tr>
<tr>
<td>More than $1.00 up to $10.00</td>
<td>More than $10,000.00</td>
</tr>
<tr>
<td>More than $10.00 up to $100.00</td>
<td></td>
</tr>
</tbody>
</table>
3. Check which of the following people in your life has (or had) a gambling problem.
   ______ Father _______ Mother
   ______ Brother/Sister _______ My Spouse/Partner
   ______ My Child(ren) _______ Another Relative
   ______ A Friend or Someone Important in My Life

4. When you gamble, how often do you go back another day to win back money you have lost?
   ______ Never _______ Most of the Times I Lose
   ______ Some of the Time (less than half the time I lose) _______ Every Time I Lose

5. Have you ever claimed to be winning money gambling, but weren’t really? In fact, you lost?
   ______ Never
   ______ Yes, less than half the time I lost
   ______ Yes, most of the time

6. Do you feel you have ever had a problem with betting or money gambling?
   ______ No _______ Yes _______ Yes, in the past, but not now

7. Did you ever gamble more than you intended to? ______ Yes ______ No

8. Have people criticized your betting or told you that you had a problem, regardless of whether or not you thought it was true? ______ Yes ______ No

9. Have you ever felt guilty about the way you gamble, or what happens when you gamble? ______ Yes ______ No

10. Have you ever felt like you would like to stop betting money on gambling, but didn’t think you could? ______ Yes ______ No

11. Have you ever hidden betting slips, lottery tickets, gambling money, IOUs, or other signs of betting or gambling from your spouse, children or other important people in your life? ______ Yes ______ No

12. Have you ever argued with people you live with over how you handle money? ______ Yes ______ No
13. *(If you answered “Yes” to question 12)* Have money arguments ever centered on your gambling?  
   ___ Yes ___ No

14. Have you ever borrowed from someone and not paid them back as a result of your gambling?  
   ___ Yes ___ No

15. Have you ever lost time from work (or school) due to betting money or gambling?  
   ___ Yes ___ No

16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from *(check “Yes” or “No” for each)*:
   
   a. From household money  
      ___ Yes ___ No
   
   b. From your spouse  
      ___ Yes ___ No
   
   c. From other relatives or in-laws  
      ___ Yes ___ No
   
   d. From banks, loan companies, or credit unions  
      ___ Yes ___ No
   
   e. From credit cards  
      ___ Yes ___ No
   
   f. From loan sharks  
      ___ Yes ___ No
   
   g. You cashed in stocks, bonds or other securities  
      ___ Yes ___ No
   
   h. You sold personal or family property  
      ___ Yes ___ No
   
   i. You borrowed on your checking accounts (passed bad checks)  
      ___ Yes ___ No
   
   j. You have (had) a credit line with a bookie  
      ___ Yes ___ No
   
   k. You have (had) a credit line with a casino  
      ___ Yes ___ No

*The SOGS may be reproduced as long as the language is used as printed and the scored items are not revised without permission of the author.*
SOUTH OAKS GAMBLING SCREEN – SCORE SHEET
[SOGS]

Scores on the SOGS are determined by scoring one point for each question that shows the “at risk” response indicated and adding the total points.

Question 1    X      Not counted
Question 2    X      Not counted
Question 3    X      Not counted
Question 4    ______ Most of the time I lose or Yes, most of the time
Question 5    ______ Yes, less than half the time I lose or Yes, most of the time
Question 6    ______ Yes, in the past but not now or Yes
Question 7    ______ Yes
Question 8    ______ Yes
Question 9    ______ Yes
Question 10   ______ Yes
Question 11   ______ Yes
Question 12   X      Not counted
Question 13   ______ Yes
Question 14   ______ Yes
Question 15   ______ Yes
Question 16 a  ______ Yes
Question 16 b  ______ Yes
Question 16 c  ______ Yes
Question 16 d  ______ Yes
Question 16 e  ______ Yes
Question 16 f  ______ Yes
Question 16 g  ______ Yes
Question 16 h  ______ Yes
Question 16 i  ______ Yes
Question 16 j  X      Not counted
Question 16 k  X      Not counted

TOTAL

POUNTS: ____________________________

(Maximum score = 20)
Appendix D

Treatment Preference Questions

For the next 4 items, please select the item that best describes your likelihood of accessing each form of treatment.

If you felt you had a gambling problem, how likely would you be to seek treatment using an Internet or computer-directed treatment?

0 not at all likely
1
2
3 somewhat unlikely
4
5 maybe
6
7 somewhat likely
8
9
10 highly likely
If you felt you had a gambling problem, how likely would you be to seek treatment from a clinic offering free services?

0  not at all likely
1
2
3  somewhat unlikely
4
5  maybe
6
7  somewhat likely
8
9
10  highly likely
If you felt you had a gambling problem, how likely would you be to seek treatment from a clinic offering sliding-scale, reduced-cost services (approx. $5-$10)?

0  not at all likely

1

2

3 somewhat unlikely

4

5  maybe

6

7 somewhat likely

8

9

10 highly likely
If you felt you had a gambling problem, how likely would you be to seek treatment from a clinic offering services at full cost (approx $100/hr.)?

- 0 not at all likely
- 1
- 2
- 3 somewhat unlikely
- 4
- 5 maybe
- 6
- 7 somewhat likely
- 8
- 9
- 10 highly likely
Appendix E

Structured Clinical Interview for DSM-IV Axis II Disorders Self Report Questionnaire

These questions are about the kind of person you generally are, that is, how you have usually felt or behaved over the past several years. Check "no" or "yes" if the question completely or mostly applies to you. If you do not understand a question, leave it blank.

Have you avoided jobs or tasks that involved having to deal with a lot of people?

   No   Yes

   □   □

Do you avoid getting involved with people unless you are certain they will like you?

   No   Yes

   □   □

Do you find it hard to be "open" even with people you are close to?

   No   Yes

   □   □

Do you often worry about being criticized or rejected in social situations?

   No   Yes

   □   □

Are you usually quiet when you meet new people?

   No   Yes

   □   □

Are you afraid to try new things?

   No   Yes

   □   □
Do you need a lot of advice or reassurance from others before you can make everyday decisions - like what to wear or what to order at a restaurant?

Yes ☐ No ☑

Do you depend on other people to handle important areas in your life such as finances, childcare, or living arrangements?

Yes ☐ No ☑

Do you find it hard to disagree with people even when you think they are wrong?

Yes ☐ No ☑

Do you find it hard to start or work on tasks when there is no one to help you?

Yes ☐ No ☑

Have you often volunteered to do things that are unpleasant?

Yes ☐ No ☑

Do you usually feel uncomfortable when you are by yourself?

Yes ☐ No ☑

When a close relationship ends, do you feel you immediately have to find someone else to take care of you?

Yes ☐ No ☑

Do you worry a lot about being left alone to take care of yourself?

Yes ☐ No ☑
Are you the kind of person who focuses on details, order, and organization or likes to make lists and schedules?

No ❑ Yes ❑

Do you have trouble finishing jobs because you spend so much time trying to get things exactly right?

No ❑ Yes ❑

Do you or other people feel that you are so devoted to work (or school) that you have no time left for anyone else or for just having fun?

No ❑ Yes ❑

Do you have very high standards about what is right and what is wrong?

No ❑ Yes ❑

Do you have trouble throwing things out because they might come in handy some day?

No ❑ Yes ❑

Is it hard for you to let other people help you if they don't agree to do things exactly the way you want?

No ❑ Yes ❑

Is it hard for you to spend money on yourself and other people even when you have enough?

No ❑ Yes ❑

Are you often so sure you are right that it doesn't matter what other people say?

No ❑ Yes ❑

If you don't want to do something, do you often just "forget" to do it?

No ❑ Yes ❑
Do you often feel that other people don't understand you, or don't appreciate how much you do?

No  Yes

Are you often grumpy and likely to get into arguments?

No  Yes

Have you found that most of your bosses, teachers, supervisors, doctors, and others who are supposed to know what they are doing really don't?

No  Yes

Do you think that it's not fair that other people have more than you do?

No  Yes

Do you often complain that more than your share of bad things have happened to you?

No  Yes

Do you often angrily refuse to do what others want and then later feel bad and apologize?

No  Yes

Do you usually feel unhappy or feel like life is no fun?

No  Yes

Do you believe that you are basically an inadequate person and don't feel good about yourself?

No  Yes

Do you often put yourself down?

No  Yes
Do you keep thinking about bad things that have happened in the past or worry about bad things that may happen in the future?

No ☐ Yes ☐

Do you often judge others harshly and easily find fault with them?

No ☐ Yes ☐

Do you think that most people are basically no good?

No ☐ Yes ☐

Do you almost always expect things to turn out badly?

No ☐ Yes ☐

Do you often feel guilty about things you have or haven't done?

No ☐ Yes ☐

Do you often have to keep an eye out to stop people from using you or hurting you?

No ☐ Yes ☐

Do you spend a lot of time wondering if you can trust your friends or the people you work with?

No ☐ Yes ☐

Do you find that it is best not to let other people know much about you because they will use it against you?

No ☐ Yes ☐
Do you often detect hidden threats or insults in things people say or do?

- No
- Yes

Are you the kind of person who holds grudges or takes a long time to forgive people who have insulted or slighted you?

- No
- Yes

Are there many people you can't forgive because they did or said something to you a long time ago?

- No
- Yes

Do you often get angry or lash out when someone criticizes you or insults you in some way?

- No
- Yes

Have you often suspected that your spouse or partner has been unfaithful?

- No
- Yes

When you are out in public and see people talking, do you often feel that they are talking about you?

- No
- Yes

Do you often get the feeling that things that have no special meaning to most people are really meant to give you a message?

- No
- Yes

When you are around people, do you often get the feeling that you are being watched or stared at?

- No
- Yes
Have you ever felt that you could make things happen just by making a wish or thinking about them?

Yes ☐  ☐

Have you had personal experiences with the supernatural?

Yes ☐  ☐

Do you believe that you have a "sixth sense" that allows you to know and predict things that others can't?

Yes ☐  ☐

Do you often think that objects or shadows are really people or animals or that noises are actually people's voices?

Yes ☐  ☐

Have you had the sense that some person or force is around you, even though you cannot see anyone?

Yes ☐  ☐

Do you often see auras or energy fields around people?

Yes ☐  ☐

Are there very few people that you're close to outside of your immediate family?

Yes ☐  ☐

Do you often feel nervous when you are with other people?

Yes ☐  ☐

It is NOT important to you whether you have any close relationships?

Yes ☐  ☐
Would you almost always rather do things alone than with other people?
- No
- Yes

Could you be content without ever being sexually involved with anyone?
- No
- Yes

Are there really very few things that give you pleasure?
- No
- Yes

Does it not matter to you what people think of you?
- No
- Yes

Do you find that nothing makes you very happy or very sad?
- No
- Yes

Do you like to be the center of attention?
- No
- Yes

Do you flirt a lot?
- No
- Yes

Do you often find yourself "coming on" to people?
- No
- Yes

Do you try to draw attention to yourself by the way you dress or look?
- No
- Yes

Do you often change your mind about things depending on the people you’re with or what you have just read or seen on TV?
- No
- Yes
Do you have lots of friends that you are very close to?  
No  Yes
☑  ☐

Do people often fail to appreciate your very special talents or accomplishments?  
No  Yes
☑  ☐

Have people told you that you have too high an opinion of yourself?  
No  Yes
☑  ☐

Do you think a lot about power, fame, or recognition that will be yours someday?  
No  Yes
☑  ☐

Do you think a lot about the perfect romance that will be yours someday?  
No  Yes
☑  ☐

When you have a problem, do you almost always insist on seeing the top person?  
No  Yes
☑  ☐

Do you feel it is important to spend time with people who are special or influential?  
No  Yes
☑  ☐

Is it very important to you that people pay attention to you or admire you in some way?  
No  Yes
☑  ☐
Do you think that it's not necessary to follow certain rules or social conventions when they get in your way?

No

Yes

Do you feel that you are the kind of person who deserves special treatment?

No

Yes

Do you often find it necessary to step on a few toes to get what you want?

No

Yes

Do you often have to put your needs above other people's?

No

Yes

Do you often expect other people to do what you ask without question because of who you are?

No

Yes

Are you not really interested in other people's problems or feelings?

No

Yes

Have people complained to you that you don't listen to them or care about their feelings?

No

Yes

Are you often envious of others?

No

Yes

Do you feel that others are often envious of you?

No

Yes
Do you find that there are very few people who are worth your time and attention?

No ☐ Yes ☐

Have you often become frantic when you thought that someone you really cared about was going to leave you?

No ☐ Yes ☐

Do your relationships with people you really care about have lots of extreme ups and downs?

No ☐ Yes ☐

Have you all of a sudden changed your sense of who you are and where you are headed?

No ☐ Yes ☐

Does your sense of who you are often change dramatically?

No ☐ Yes ☐

Are you different with different people or in different situations so that you sometimes don't know who you really are?

No ☐ Yes ☐

Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on?

No ☐ Yes ☐

Have you often done things impulsively?

No ☐ Yes ☐

Have you tried to hurt or kill yourself or threatened to do so?

No ☐ Yes ☐
Have you ever cut, burned, or scratched yourself on purpose?  

- [ ] No  
- [ ] Yes

Do you have a lot of sudden mood changes?  

- [ ] No  
- [ ] Yes

Do you often feel empty inside?  

- [ ] No  
- [ ] Yes

Do you often have temper outbursts or get so angry that you lose control?  

- [ ] No  
- [ ] Yes

Do you hit people or throw things when you get angry?  

- [ ] No  
- [ ] Yes

Do even little things get you very angry?  

- [ ] No  
- [ ] Yes

When you are under a lot of stress, do you get suspicious of other people or feel especially spaced out?  

- [ ] No  
- [ ] Yes

Before you were 15, would you bully or threaten other kids?  

- [ ] No  
- [ ] Yes

Before you were 15, would you start fights?  

- [ ] No  
- [ ] Yes

Before you were 15, did you hurt or threaten someone with a weapon, like a bat, brick, broken bottle, knife, or gun?  

- [ ] No  
- [ ] Yes

Before you were 15, did you deliberately torture someone or cause someone physical pain and suffering?  

- [ ] No  
- [ ] Yes

Before you were 15, did you torture or hurt animals on purpose?  

- [ ] No  
- [ ] Yes
Before you were 15, did you rob, mug, or forcibly take something from someone by threatening him or her?

No ☐ Yes ☐

Before you were 15, did you force someone to have sex with you, get undressed, or touch you sexually?

No ☐ Yes ☐

Before you were 15, did you set fires?

No ☐ Yes ☐

Before you were 15, did you deliberately destroy things that weren't yours?

No ☐ Yes ☐

Before you were 15, did you break into houses, other buildings, or cars?

No ☐ Yes ☐

Before you were 15, did you lie a lot or con other people?

No ☐ Yes ☐

Before you were 15, did you sometime steal or shoplift things or forge someone's signature?

No ☐ Yes ☐

Before you were 15, did you run away and stay away overnight?

No ☐ Yes ☐

Before you were 13, did you often stay out very late, long after the time you were supposed to be home?

No ☐ Yes ☐

Before you were 13, did you often skip school?

No ☐ Yes ☐
1. **Self assessment of gambling problems**

Gambling is all around us, and most people place a bet from time to time. Some people, however, gamble to such a degree that it causes problems for them. It is not always easy to determine who has a gambling problem and who does not. Some people may gamble often, but rarely spend more than they can afford. Others may gamble only occasionally, but wager more than they intend to.

One way to determine whether or not you are at risk for developing gambling problems is to take an inventory of your own gambling.

First, check one box for each of the forms of gambling described below. How often have you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never in my lifetime</th>
<th>At least once in my life, but not in the past year</th>
<th>1-10 times in the past year</th>
<th>About monthly in the past year</th>
<th>About weekly in the past year</th>
<th>Daily or most days in the past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Played cards for money (including casino blackjack)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Bet on horses, dogs, or other animals (in off-track betting, at the track, or with a bookie)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Bet on sports (parlay cards, with a bookie, jai alai)</td>
<td></td>
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</tr>
<tr>
<td>d. Played dice games (including craps, over and under, or other dice games) for money</td>
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<td></td>
</tr>
<tr>
<td>e. Played scratch tickets or pull tabs</td>
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</tr>
<tr>
<td>f. Played the numbers or bet on lotteries, (including lotto, daily numbers)</td>
<td></td>
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<tr>
<td>g. Played bingo for money</td>
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</tr>
<tr>
<td>h. Wagered or gambled on high-risk stock and/or commodities market</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>i. Played slot machines, poker machines, or other gambling machines</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>j. Bowled, shot pool, played golf, or played some other game of skill for money</td>
<td></td>
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</tr>
<tr>
<td>k. Gambled on the Internet</td>
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</tr>
</tbody>
</table>
Second, for each type of gambling below, indicate how much you spent on a **typical day** when you gambled that way in the past year.

<table>
<thead>
<tr>
<th>Activity</th>
<th>$0 (no gambling of this type in the past year)</th>
<th>$1-$10 usually wagered</th>
<th>$11-$50 usually wagered</th>
<th>$51-$100 usually wagered</th>
<th>$101-$500 usually wagered</th>
<th>Over $500 usually wagered</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Played cards for money (including casino blackjack)</td>
<td></td>
<td></td>
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<tr>
<td>b. Bet on horses, dogs, or other animals (in off-track betting, at the track, or with a bookie)</td>
<td></td>
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<tr>
<td>c. Bet on sports (parlay cards, with a bookie, jai alai)</td>
<td></td>
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<tr>
<td>k. Gambled on the Internet</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

8. When you gambled in the past year, how often did you go back another day to win back money you lost?

0…………………1………………..2…………………3
never      less than half       most of the        every time
the time I lost   time I lost   I lost

9. In the past year, did you claim to be winning money gambling when you were actually losing?

0…………………1…………………2
never      yes, less than half       yes, most of the
the time I lost   time I lost

10. Do you feel you had a problem with gambling in the past year?
11. In the past year, did you gamble more than you intended to?  
   No ............. Yes

12. Have people criticized your gambling in the past year?  
   No ............. Yes

13. Have you felt guilty about the way you gambled or what happened to you while gambling in the past year?  
   No ............. Yes

14. In the past year, have you ever felt like you would like to stop gambling but didn’t think you could?  
   No ............. Yes

15. In the past year, have you hidden betting slips, lottery tickets, gambling money, or other signs of gambling from your spouse, children, or other important people in your life?  
   No ............. Yes

16. In the past year, have you gotten in any arguments about money that have centered on your gambling?  
   No ............. Yes

17. In the past year, have you borrowed from someone and not paid them back as a result of your gambling?  
   No ............. Yes

18. In the past year, have you lost time from work (or school) due to gambling?  
   No ............. Yes

19. In the past year, did you borrow money to gamble or to pay gambling debts from the following? (check “yes” or “no” for each):

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. from household money</td>
<td>( )</td>
</tr>
<tr>
<td>b. from your spouse/partner</td>
<td>( )</td>
</tr>
<tr>
<td>c. from other relatives or in-laws</td>
<td>( )</td>
</tr>
<tr>
<td>d. from banks, loan companies, or credit unions</td>
<td>( )</td>
</tr>
<tr>
<td>e. from credit cards</td>
<td>( )</td>
</tr>
<tr>
<td>f. from loan sharks (Shylocks)</td>
<td>( )</td>
</tr>
<tr>
<td>g. you cashed in stocks, bonds, or other securities</td>
<td>( )</td>
</tr>
<tr>
<td>h. you sold personal or family property</td>
<td>( )</td>
</tr>
<tr>
<td>i. you borrowed on your checking account (passed bad checks)</td>
<td>( )</td>
</tr>
</tbody>
</table>
Have the computer state their most common form(s) of gambling in terms of frequency, and calculate an estimate of how much they wagered in the past year in total, using averages of the frequency and magnitude columns. Then, give them the opportunity to agree or disagree with the feedback, and change any responses they disagree with.

Have the computer calculate their past-year SOGS, and if it is a 0-2, state that it is unlikely that they have significant gambling problems at the present, if it is a 3-4 state that they have mild to moderate gambling problems, if it is 5-8, state that they have moderate to severe gambling problems, and if it is 9 or higher they are likely to have severe gambling problems.

If their SOGS score is >1, the computer will urge them to explore some of the additional modules.

If their SOGS score is 0, the computer will tell them that, “It is unlikely that you have significant gambling problems at this time. However, you may want to continue with some of the exercises in the next sections if you are interested in learning about ways to reduce your level or frequency of gambling.”
2. Developing motivation

As many as 1 in 20 adults in the United States have some degree of a gambling problem. The problem can range from very mild to moderate or severe. Based on the information you provided in Section 1, the computer generated a category for you. You may agree or disagree with this feedback. So that you can learn more about your gambling, let’s explore some of the reasons why you gamble:

What are the benefits you get from gambling? In other words, list what it is that you like about gambling. Think about as many reasons as you can for why you gamble.

(let them type in up to 10)

Now, think about some of the negatives gambling causes for you. Again, list as many reasons as you can think of related to the bad effects of gambling.

(let them type in up to 10)

Below is a list of things that can result from gambling. Put a check by each one that you have experienced, even if it has only happened a couple of times.

__ People sometimes tease me about my gambling.
__ People sometimes criticize my gambling.
__ I am sometimes untruthful about how often I gamble or how often I win or lose.
__ I participate less in other social or recreational activities because of my gambling.
__ I have work problems due to gambling (I think about gambling at work, reduce my productivity, skip work, take extra long breaks to gamble, place bets while working etc.).
__ I lose sleep because of gambling.
__ I have some financial problems related to gambling (credit card debt, owe money to friends or relatives).
__ I sometimes get in arguments about gambling or money I spent gambling.
__ I have lost contact with friends or relatives because of my gambling.
__ I have done something against the law because of my gambling.
__ I have some psychological or emotional feelings due to gambling (nervousness, worry, depression).

__ I sometimes drink too much while or because of gambling.
__ I sometimes feel guilty about my gambling.
__ I sometimes wonder if I have a problem with gambling.
__ I sometimes think I would have more money for other things if I didn’t gamble so much.
__ I sometimes borrow money from others so that I can gamble, even though I pay them back.
__I sometimes borrow money from others so that I can gamble, and I may have a hard
time paying them back.
__I sometimes use money meant for other things (recreation, savings, rent or food) so
that I can __ gamble.
__I sometimes gamble to escape from my problems, or so that I don’t have to think about
other problems in my life.

If you checked any of the items described above, you may want to add those items to your
list of negatives associated with gambling.

(have the old screen come back up and let them add up to 10 more items).

If you have encountered some negative effects of gambling, you may want to consider
reducing your gambling, or stopping your gambling all together. Generally, we
recommend that people who have negative effects of gambling should stop gambling, but
some people do not want to stop entirely. Some people want to reduce their gambling to a
level with which they are more comfortable. We will leave this choice up to you. If you
first try to reduce your gambling but find that whenever you start gambling it gets out of
control, then we strongly recommend that you cease gambling entirely.

Below, please indicate what you have to gain by reducing or stopping gambling. List as
many things as you can think of that may improve your life if you were not gambling or
gambling less.

(Computer prompts them to list up to 10 ways their life may improve if they cease
gambling)
3. Developing self observation

First, let’s explore your personal history of gambling. Think about how old you were when you were first introduced to gambling, be it an informal wager on a game of cards or sports or bingo, with family members or friends, or the purchase of a lottery ticket. At what age did you place your first bet? _____ years

What was your family’s attitude toward gambling? Did either of your parents gamble, and did they ever talk with you about gambling? Did they teach you to gamble, or gamble with you?

What was your biggest win in gambling? _________

How old were you when you won this amount? ___ years

Now, think about when you started gambling fairly regularly, say a couple of times a month or so. How old were you when you started regular gambling? _____ years

Some people go many years with regular, or even sporadic, gambling before they develop a problem with gambling. What age were you when you first began thinking you might have a problem with gambling or wished you weren’t gambling quite so much? _____ years

Have you ever sought treatment for gambling? In other words, have you ever seen a therapist, psychologist, social worker, doctor, priest/minister/rabbi, or any other professional to talk about your gambling?  Yes No

Have you ever gone to Gamblers Anonymous? Yes No

Have you ever made an appointment with someone to talk about your gambling, but then later changed your mind about going? Did you ever think about getting help for gambling?  Yes No

If you have ever sought treatment, or thought about getting treatment, for gambling, how old were you the first time? ___ years

How many times in total have you gone for treatment for gambling? Include the total number of times you sought help from therapists, psychologists, social workers, doctors, priests/ministers/rabbis, or other professionals. _____ times

Now that you have listed the progression of gambling in your life, think back to other things that were happening in your life at the same time.

(In the ____ below, the computer will list out the data they entered earlier to the appropriate question)

You indicated that you first started gambling at age ___. What is your memory of that event?
How did your family’s attitude toward gambling influence your initial gambling?

You first started gambling regularly when you were ____. What else was going on in your life during that time?

How may have that experience been linked to your gambling when you were ____(same age as above)__?

When you were ___ years old, you had your biggest gambling win. How did that make you feel? How did it affect your gambling over then next several months?

You first started questioning your gambling when you were ____. What else was going on in your life at that time?

In what ways were these other events associated with your gambling?

(If they ever reported seeking professional treatment or GA for gambling, the following questions are asked...)

You first thought about getting help for gambling when you were ____. Why did you seek help at that time? What were you hoping to get from treatment?

What were your experiences with GA or treatment? How long did you attend? What did you learn from it?

What else was going on in your life when you were ____(age of 1st tx)__? How was that associated with your treatment experience? How was that associated with your gambling?

If you stopped attending treatment or GA, why did you do so? How did stopping attending treatment affect your gambling over the next year or so?

In retrospect, do you ever think you would have been better off continuing with treatment or GA for a longer time, or seeking treatment earlier?

Right now, how do you feel about receiving treatment for gambling?

(0) Not at all interested
(1) Somewhat interested
(2) Moderately interested
(3) Very interested
(4) I am getting treatment now

If you are interested in receiving gambling treatment with a counselor, see __(web link)_____ for information about gambling treatment services.
Right now, how do you feel about your gambling?
(0) I am comfortable with how much I gamble  (1) I am gambling a little more than I’d like (2) I am gambling quite a bit more than I’d like (3) I am gambling a lot more than I want to be

Let’s see how much you are gambling now. In the calendar below, please put an “x” on every day that you placed a bet, be it a $1 lottery ticket, a bingo game, a $0.25 in a slot machine, or a trip to the casino. (A calendar of the past 3 months comes up for them to put the “x”s into).

Now, on each day you wagered, indicate how much you bet that day. Put in the total amount you bet that day, regardless of how much you got back from wins. The numbers don’t need to be exact—just indicate an estimate of how much you spent on every day you gambled.

The calendar re-appears with all their “x” days in a new color.

(After they fill in all the X-ed days, the computer calculates how much they spent.)

The information you provided indicated that you gambled on ___ days in the past 3 months and spent $___ gambling.

Does that sound about right? Is it more or less than you thought you had gambled recently?

In retrospect, how much do you wish you had spent gambling over the past 3 months?

In the next several exercises, you can learn more about how and why you gamble, and ways to reduce or stop your gambling.
4. Identifying triggers of gambling

Certain situations are more likely to be associated with gambling than other situations. Situations that are associated with gambling are called “triggers.” Gambling is often triggered by places, people, events, times, and emotions.

List **places** where you are likely to gamble:

List **people** with whom you are likely to gamble:

List **times or days** when you are likely to gamble:

List **activities** that make it likely that you will gamble:

List people or places where you are likely to talk about gambling activities:

Feelings and emotions can also trigger gambling. Are you likely to gamble when (check all that apply):

- __You’ve had a tense or bad day?
- __You are anxious or worried?
- __You feel you’ve been taken advantage of?
- __You are bored?
- __You are in a social situation?
- __You feel bad about yourself or guilty?
- __You are depressed?
- __You want to feel energized or “high?”
- __You are angry?
- __You feel you deserve better than what you are getting?
- __You feel trapped or controlled?

List other feelings that trigger gambling for you:
Not all situations, feelings and people trigger gambling. It is important that you recognize when you are unlikely to gamble.

List the places where you are unlikely to gamble or think about gambling:

List the people with whom you are unlikely to gamble or talk with about gambling:

List the times or days when you are unlikely to gamble or think about gambling:

List the activities that you engage in when you are unlikely to gamble or think about gambling:

You should try to spend time in places where, and with people whom, you are least likely to gamble or think or talk about gambling. List some of these places where and people with whom you should spend more time.

You should avoid those people and places where you are most likely to gamble, to talk about gambling or think about gambling. Below, indicate places where and people whom you should avoid, at least in the near future, when you are learning to cut down or stop your gambling.
5. Reducing cue exposure

This next section will help you better understand when and why you gamble, so that you can learn to stop your gambling better.

**INVENTORY OF GAMBLING SITUATIONS**

Listed below are a number of situations or events in which some people gamble.

Read each item carefully, and answer in terms of your own gambling over the past year.

If you “NEVER” gambled in that situation, circle “1”
If you “RARELY” gambled or thought about gambling in that situation, circle “2”
If you “FREQUENTLY” gambled or thought about gambling in that situation, circle “3”
If you “ALMOST ALWAYS” gambled or thought about gambling in that situation, circle “4”

<table>
<thead>
<tr>
<th>OVER THE PAST YEAR I GAMBLED OR THOUGHT ABOUT GAMBLING</th>
<th>Never</th>
<th>Rarely</th>
<th>Frequently</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I had an argument with a friend.</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
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<td></td>
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<tr>
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<td>4</td>
</tr>
<tr>
<td>2. When I felt tense or nervous.</td>
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<td></td>
<td></td>
<td>1</td>
</tr>
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<tr>
<td></td>
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<td>4</td>
</tr>
<tr>
<td>3. When someone criticized me.</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
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<td></td>
<td></td>
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<tr>
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<td>4</td>
</tr>
<tr>
<td>4. When I would have trouble sleeping.</td>
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<td></td>
<td>1</td>
</tr>
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<td></td>
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<td></td>
<td>4</td>
</tr>
<tr>
<td>5. When I wanted to win big to show others.</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
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<td></td>
<td></td>
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<td>4</td>
</tr>
<tr>
<td>6. When other people around me made me tense.</td>
<td></td>
<td></td>
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<td>1</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>7. When I would be out with friends and they would want to gamble.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
8. When I felt I was on a “lucky streak.”
   1 2 3
4

9. When I felt that I had let myself down.
   1 2 3
4

10. When other people treated me unfairly.
    1 2 3
4

11. When I would remember how great gambling was.
    1 2 3
4

12. When I felt confident and relaxed.
    1 2 3
4

13. When I would convince myself that I was a new person
    now and could control my gambling.
    1 2 3
4

OVER THE PAST YEAR I GAMBULED OR THOUGHT ABOUT GAMBLING

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. When I would pass by a convenience store, the OTB,
    the casino, or somewhere where I used to gamble.
    1 2 3
4

15. When I felt the only way I could pay my debts
    was to win big.
    1 2 3
4

16. When I would be out with friends “on the
    town” and wanted to increase my enjoyment.
    1 2 3
4

17. When I would unexpectedly find some old
    gambling items (old ticket stubs, etc.)
    1 2 3
4

18. When other people didn’t seem to like me.
    1 2 3
4

19. When I felt anxious.
    1 2 3
4

20. When I would wonder about my self-control over
    gambling and would feel like making a bet to try it out.
    1 2 3
4

21. When other people interfered with my plans.
    1 2 3
4
22. When everything was going well in my life. 1 2 3
23. When I was with friends and they were gambling. 1 2 3
24. When I would start thinking about all the money I owe. 1 2 3
25. When I was afraid that things weren’t working out. 1 2 3
26. When I felt satisfied with something I had done. 1 2 3
27. When I felt lucky. 1 2 3
28. When I wanted to celebrate. 1 2 3
29. When I was angry at the way things turned out. 1 2 3
30. When I would feel under a lot of pressure from family members at home. 1 2 3
31. When something good would happen and I would feel like celebrating. 1 2 3

OVER THE PAST YEAR I GAMBOLED OR THOUGHT ABOUT GAMBLING

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. When I would start to think that just one bet would cause no harm.</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. When I felt confused about what I should do.</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. When I would meet a friend and s/he would suggest that we gamble, buy a ticket, go to the casino, etc.</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. When I was not getting along with others at work.</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
36. When I would feel that nothing was going right for me, so that it was about time that I should win at gambling. 1 2 3
37. When I would suddenly have an urge to gamble. 1 2 3
38. When I wanted to prove to myself that I could gamble a little without going overboard. 1 2 3
39. When there were fights at home. 1 2 3
40. When there were problems with people at work. 1 2 3
41. When I would be relaxed and wanted to have a good time. 1 2 3
42. When my stomach felt like it was tied in knots. 1 2 3
43. When I wanted to be around people. 1 2 3
44. When I would hear about someone winning big. 1 2 3
45. When I would see an advertisement about gambling. 1 2 3
46. When I had access to money. 1 2 3
47. When I would unexpectedly find or receive some money. 1 2 3
48. When it was payday 1 2 3
49. List any other situations, not included above, in which you gambled:
From the above list, pick the top three reasons why you gamble most often:

1.
2.
3.

Now, think about ways that you can handle these situations without gambling. For example, if you often gamble when you have access to money, you could limit your access to money by never having more cash than you need for the day and not bringing your credit cards or check book with you. An even more extreme example that many people with gambling problems find useful is to turn over all their finances to their spouse or another trusted person. That way, money will not be a trigger for them to gamble.

For your top reasons for gambling, think of some ways you can better manage each situation without gambling.

(The computer then puts up….

One event that often leads to your gambling is _______________. List as many ways as you can think of to handle that situation without gambling.

Another event that often leads to your gambling is _______________. How might you handle this situation without gambling. List as many possibilities as you can think of.

You also often gamble in response to _______________. What are some other possibilities for dealing with this event?

Remember that the next time you encounter these events, you have ways to handling them without gambling.

If you are having a hard time coming up with ways to manage these situations, you can learn more about coping responses in the next several sections.
6. Coping with thoughts and urges to gamble

Thoughts about gambling, and urges or cravings to gamble, are normal among people giving up gambling.

Thoughts about gambling can be triggered by things in your environment (hearing the sports on the news), your emotions and feelings (feeling lucky or stressed), or physical sensations (anxiety, tightness in your stomach, sweaty palms).

However, these thoughts are usually time-limited. They usually peak in a few minutes, and then go away. They will become less frequent and less intense as you learn how to cope with them. The easiest ways to deal with cravings and urges are to try to **avoid them**.

When thoughts about gambling do occur, however, you must find a way to cope with them. List some ways you have handled your thoughts or cravings about gambling so far:

1. ____________________________________________________
2. ____________________________________________________
3. ____________________________________________________
4. ____________________________________________________

Other ways to cope with thoughts about gambling are to:

(1) **Get involved in some distracting activity.** Reading, going to a movie, and exercising are some good examples of distracting activities. Once you get interested in something else, you’ll find that your thoughts about gambling lessen and even go away.

List some activities you can do when you have thoughts or urges to gamble:

1. ____________________________________________________
2. ____________________________________________________
3. ____________________________________________________
4. ____________________________________________________

(2) **Talk it through!** Talk to friends or family about craving when it does occur. Talking can help relieve the feeling, and can restore honesty in your relationship.

List some people with whom you can talk to about your gambling:

1. ____________________________________________________
2. ____________________________________________________
3. ____________________________________________________
4. ____________________________________________________

(3) **Challenge and change your thoughts!** When experiencing a craving, many people have a tendency to remember only the positive effects of gambling, and they often forget the negative consequences. Therefore, when experiencing craving, many people find it helpful to remind themselves of the negative consequences of gambling and the benefits of not gambling. This way, you can remind yourself that you really won’t feel better if you make “just one bet,” and that you stand to lose a lot by gambling. Remember all
those reasons you listed for NOT gambling?

<table>
<thead>
<tr>
<th>Negative consequences of gambling</th>
<th>Positive consequences of NOT gambling</th>
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</thead>
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</table>

Some other ways to challenge and change your thoughts are described below.

a) Pinpoint what about an urge makes you feel uncomfortable. For example, think about some of the most intensive thoughts or desires to gamble that you’ve ever had.

What are your most intense thoughts of gambling like? ____________________________

b) Think about the last time you experienced that strong thought or urge above. Where were you and with whom?

c) Describe how you were feeling at the time?

d) What did you say to yourself then?

e) What could you have done instead?

The next time you experience a craving or an urge to gambling,

i. Recognize that it’s a urge

ii. Think about a distracting activity

iii. Call a friend

iv. Remember the bad things about gambling

v. Write down all the things you have to gain by NOT gambling
7. Increasing alternative activities

Many times when gambling becomes a regular part of someone's lifestyle, they either stop doing many other activities that they used to enjoy, or they never start or develop any regular recreational activities. For example, many compulsive gamblers used to play sports, workout or exercise, go on hikes, go out to the movies, and visit friends and relatives. As gambling increases, it takes the place of many of these other activities.

List below some activities that you used to do more, before gambling became such an important part of your life:

===========================================

===========================================

===========================================

===========================================

Think of some other activities that maybe you’ve never tried but thought might be fun to do. Try to include activities that are free to do, as well as some that may cost money.

===========================================

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Now think of some activities you can do alone, as well as some that are better done with other people.

<table>
<thead>
<tr>
<th>Activities I can do alone</th>
<th>Activities I can do with others</th>
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Some activities are best planned in advance, like going away for a weekend, joining a new club, or painting a house. Other activities can be done on the spur of the moment, like taking a walk, going to a movie, or doing a crossword puzzle. Below, list some activities of both types that you have done in the past or would like to do again at some point in the future.

Activities that usually require planning

Activities that can be done on the spur of the moment

Planned activities are good to do during your high-risk times, or times when you used to often gambling, like on the weekends or on payday. Below, list your high-risk gambling times and activities you can plan to do on those times instead.
Whenever you experience a craving or an urge to gamble, it is a good idea to have a couple spontaneous activities available to counteract that gambling thought. For example, if you suddenly feel an urge to gamble when you drive by a convenience store where you often bought lottery tickets, instead of stopping in the store, you can head toward the gym and work out.

A balanced lifestyle is important when you are trying to stop gambling. Keeping engaged in other fun and rewarding activities will help decrease urges for gambling. And, doing other activities will help you live a balanced and healthy life.
8. Changing irrational thoughts

Many gamblers experience irrational thoughts about gambling. For example, some gamblers may have a special slot machine, carry a luck charm, or bet on a specific number.

Gamblers may feel lucky, special, or desperate to win, and these thoughts may lead to urges to gamble. These thoughts may also drive continued gambling once one starts.

What are some thoughts you have about gambling that you know deep in your heart are not true?

Example: “I knew that I would have to win if I stayed at that machine just a little longer.”

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Below are some types of beliefs you may have when you are gambling.

**Overestimating chances of winning**

Gamblers often believe that they have a system, or a way of beating the odds. Some examples of overly confident thoughts are listed below. Check those that you have experienced, and also list your own thoughts that may show overconfidence in your ability to win at gambling.

- Gambling is a way to win money.
- I have a system that improves my chances of winning.
- I am smarter than most people, so I can win at gambling.
- I can double my money in no time.

Others: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Many gamblers do not have accurate knowledge of the odds of winning at gambling. The chances of winning $1 million in a lottery, for example, are only 1/13,000,000. These chances are much lower than being struck by lightning (1/2,000,000)! Gamblers often realize that the house wins in the long run, but they feel that they still can beat these odds. They feel that someone has to win, and they may be the one. They may feel they have special knowledge or skill, such that they can improve their odds of being one of the lucky ones.

In reality, anyone who gambles enough is bound to lose in the long run, because gambling is designed to have a negative overall rate of return. The rate of this return may vary by game, but the overall rate of return to the gamblers is always negative. For example, the lottery pays out only xx% of what it takes in, and slot machines pay out 96%. The more you play, the more likely you are to lose.

Selective memories

Many gamblers can easily recall their gambling wins, but they forget or minimize their many gambling losses. Some examples of selective recall are shown below. Check those that apply to you, and also write in your own unique thoughts like these that make you want to start or keep gambling.

☐ I win more often than I lose when I gamble.
☐ I always win on the third of the month.
☐ I am more likely to win when I wear a blue shirt.
☐ My cousin’s wife won a million dollars on the lottery. That means, I can too.
Others: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The reason that you remember your wins (and other people’s big wins) is because they are unusual and make a big impact on your memory. There’s nothing sensation or memorable about all your other cousins and their wives who buy lottery tickets, but who never win. You selectively remember the people who won big.
Similarly, when you think about wanting to gamble, you remember the few times you pulled the lever and 100’s of quarters rolled out. You don’t think about the thousands of times pulled the lever and nothing rolled out.

**Predicting wins and explaining away losses**

Some gamblers feel that one win may signal another larger win. In other words, if they just won $100 in a card hand or on the slot machines, then they may think they are on a lucky streak and another even larger win may be due. Then, they keep playing. List below any thoughts you have about your abilities to predict wins.

Examples:

- If I win $2 on a scratch card, that $2 needs to be re-invested, because the next card is likely to have a big payout.
- If I got 3 Aces in the last hand, I was close to a win. Next hand, I have to bet really big.
- If I got a near win on a slot machine, I want to bet even bigger next time.

Others: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Not only do wins or near wins seem to drive more gambling, but so do losses. Many gamblers feel that a series of losses means that a win is near. Examples of these types of thoughts are shown below.

- The machine in the corner hasn’t paid out all night, so it is due a big win.
- I’ve already put $600 in this machine—it is time for it to pay out.
- I’ve had bad luck all season, so I’m due a big win on the Superbowl.
- I only lost today because that woman took the machine I wanted to play on tonight.

Others: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
The fact is that neither wins nor losses can predict subsequent wins or losses. Each bet is an independent event, and what preceded it has no impact on the next outcome. A machine that recently paid off is just as likely to pay off again as one that has not paid out all night. Similarly, in roulette or dice games, it doesn’t matter that the number 18 hasn’t come up for a long time or that a 7 hasn’t been rolled in over an hour. Each spin on the roulette wheel has a 1 in 37 chance, and each roll of a die roll has a 1 in 6 chance.

**Illusion of Control**

Finally, many gamblers feel that they can somehow control the outcomes of gambling. They may think that they can predict the machine that is likely to pay off, or select a lottery ticket that has a better chance of winning. In fact, games are designed to make you think you can control the outcomes. You pull the lever under the impression that the speed at which you pull may impact where it stops, or you select your favorite number or a “lucky” type of scratch cards, thinking that your choice has some influence on the outcomes.

Below, check the illusions of control you feel, and list some others.

- I like to select which slot machine I play, because I try to predict which one will pay off.
- If I deal the cards, I feel I have a better chance of winning.
- I prefer a specific type of scratch ticket.
- I sometimes see or feel lucky numbers that I bet on.

Others: __________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

In reality, not you, nor anyone else, has any control over the outcomes of gambling events. By selecting the numbers 1, 17, 28, and 46 in the lottery offers you no advantage over a random selection of numbers. The way the cards are shuffled or the dice are tossed does not influence the outcomes of the games either.
You listed the following thoughts or illusions about gambling. Now, indicate why you know they are false.

<table>
<thead>
<tr>
<th>Thought or deception</th>
<th>Why it isn’t rationale or correct</th>
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Consider the last time you experienced one of these thoughts or deceptions about gambling. What happened before that thought, and what was the outcome. Finally, describe what was wrong about your thought or self-deception, and indicate a more rationale response to it.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Thought or self-deception</th>
<th>Outcome</th>
<th>More rationale reaction to the situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: found $10 unexpectedly in my pocket</td>
<td>It’s my lucky day.</td>
<td>Bought 10 scratch tickets. Won $5, but lost that as well.</td>
<td>Finding $10 was good, but it didn’t mean I was lucky. Could have spent the money on lunch.</td>
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The next time you feel one of these thoughts or self-deceptions, remember what is wrong with it, and what you can do instead of gambling more in response to these feelings.
9. Reducing financial stress

Many gamblers experience financial consequences from their gambling. Often, they may feel overwhelmed by debts, and the only way out appears to be to win at gambling. However, it is important to remember that gambling is not a way to repay debts. Gambling will only serve to worsen the situation.

Taking an active approach to your financial situation is important. An active approach will help relieve financial pressures, that are often triggers for relapse.

The first step in this process is to determine your monthly income.

Income:

- Salary or wages
- Tips or commission (monthly average)
- Disability pension or insurance
- Child support or alimony
- Pension/retirement benefits
- Unemployment benefits
- Welfare payments
- Food stamps
- Social security
- Investment income
- Other

*Computer calculates* Total income:
The next step involves calculating your total monthly expenses

- Rent/mortgage
- Home maintenance/repair
- Utilities (gas, electric, oil)
- Telephone
- Groceries
- Car payment
- Car insurance
- Gas
- Other transportation
- Clothing (average)
- Meals out (average)
- Child care
- School expenses
- Medical expenses
- Life/medical insurance
- Property taxes
- Cable television
- Other

*Computer calculates expenses.* Total expenses:_________

*If expenses are higher than income, the computer will ask the person to revise either or both.*

*Once the expenses are less than the income, the computer will say...*

Now you know your average monthly income and expenses. You will need to have a clear idea of what you owe, both gambling and non-gambling related.
What is owed:

Bank loans (do not include mortgage)
Credit cards (detail if multiple)
Student loans
Car loans
Stores
Unpaid medical or health bills
Unpaid taxes
Unpaid utilities bills etc.
Loans from family and friend (detail)

Identify the financial issues you are most concerned about:

Example: I am concerned about losing my house and car because of unpaid debts.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Because gambling can have devastating financial consequences, you may need to come up with ways to increase your income and/or decrease your expenses prior to determining the best ways to pay off debts.

Ways to increase my income:

Example: get a second job on Saturdays. Estimated new income increases $320/month

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Ways to reduce expenses**

Example: eliminate cable TV, trade in new car for an older one, reduce clothing costs and meals out to $20/month.

________________________________________________________

________________________________________________________

________________________________________________________

Have the expenses list re-appear with a new column (original expenses, and revised expenses).

Computer will say, “You have an estimated extra $___/month that you can apply toward repayment of your debts.”

Have the debt chart come back up, with a new column (total owed, monthly repayment).

Now, consider how best to allocate your $_____/month toward your debts. Put more toward those debts that are causing you the most anxiety. If possible, it is a good idea to put some money (if even $10/month) toward all your debts so that you re-build the trust of your creditors and they see you making progress.

<table>
<thead>
<tr>
<th></th>
<th>Total owed</th>
<th>Monthly payment</th>
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<tr>
<td>Bank loans (do not include mortgage)</td>
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<td></td>
</tr>
<tr>
<td>Credit cards (detail if multiple)</td>
<td></td>
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<tr>
<td>Student loans</td>
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<tr>
<td>Car loans</td>
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<tr>
<td>Stores</td>
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<tr>
<td>Unpaid medical or health bills</td>
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<tr>
<td>Unpaid taxes</td>
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<tr>
<td>Unpaid utilities bills etc.</td>
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</tbody>
</table>
If they can’t get monthly expenses to be less than monthly income, then the computer tells them to:

Seek professional financial advice if:

- You can’t decide what to do and have little or no money left to repay debts after covering basic living expenses
- You are more than 3 months late with payments
- Creditors are threatening you or repeatedly calling you
- You are considering bankruptcy

No matter how bad your financial situation is, consumer credit services can help you!

Some other tips for helping you manage your finances and reduce your risk for relapse to gambling are shown below. Check off strategies that are relevant to you or that you may consider trying.

- Cancel your credit cards.
- Cancel your ATM card.
- Make sure your salary is automatically deposited in your check account.
- Remove overdraft protection, so that you can’t take our more money than you have.
- Eliminate your checking and bank accounts completely.
- Only bring the amount of cash you absolutely need each day ($5 for lunch).
- Tell your family and friends to NEVER lend you money.
- Sign a contract with your friends and family that they will NEVER lend you money.
- Keep a daily record of all your income and spending, for close budgeting.
- Share your budgeting record, including all receipts, with a trusted friend or partner to help you keep on track.
- Have a partner or trusted friend or family member manage all your finances.
- Attend GA and sign up for a pressure relief session.
- Visit a consumer credit information center.
10. Reducing relapse

Finally, take some time to think about your life and what you would like to accomplish in the future. What things would you like to change about yourself? Examples: I want to pay off my debts and be more responsible. I want to learn to better control my anger. I want to have better relationships with my children.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

How do you envision your life without gambling in relationship to accomplishing the goals above?
Example. If I start paying off my debts, I will feel more responsible. If I can learn to handle my anger better, I won’t gamble so much when I’m angry, and then I’ll have more money to pay off my debts. If I start paying off my debts, my children will see I’m being more responsible.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What are some potential obstacles to your achieving the goals you described for yourself above?
Example: If I get laid off, I’m going to be in really bad financial shape, and I might be tempted to start gambling again. If my daughter still won’t speak with me even after I try to pay her back, I may feel I have no reason to stop gambling.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What are some ways that you can think of now to manage those obstacles, if they occur? What are some other ways you can handle life problems, other than by gambling?
Example: If I get laid off, I will immediately start looking for other work. Even taking a menial job would be better than not working, because if I don’t work I will have too much time on my hands. If my daughter remains distant with me, I will not get angry; I will keep paying her back for the money I borrowed even if she doesn’t appreciate it. If I don’t get angry with her, eventually she will forgive me.
Making major life changes is a complex process. But, by accepting responsibility and taking small steps to achieving goals, you will be well on your way.

Problem gamblers may not always realize that gambling can be used to hide their real problems. Gambling becomes automatic and an easy way of dealing with problems. By knowing what you really want, and keeping focused on making those changes, you will be well on your way to having a happy and fulfilling life without gambling.

No matter how well you have done reducing or eliminating your gambling, you have to expect that problems will reoccur from time to time. If you do slip, remember that a slip doesn’t mean failure! A slip can instead have a very positive influence on your long-term goals. Remember all your achievements, and learn from your mistakes. You can learn from slips by recognizing your triggers and risky situations. Identify more appropriate ways of handling those triggers in the future, and learn how to stop gambling quicker if you do start.

Below, describe a strong urge you had for gambling, an actual slip that occurred, or a slip that you can imagine happening to you in the future.

Example: Bought 10 scratch tickets at the convenience store on the way home.

________________________________________________________________________

What were the thoughts or events that preceded that thought or event?
Example: Was distracted, had a bad day at work. Wasn’t even thinking about gambling until I already had the tickets in my hand.

________________________________________________________________________

What can you do to prevent gambling from happening next time if you experience a similar event or feelings?
Example: Bring only enough money for gas. Buy gas only from stores that don’t sell tickets. Think about other ways of relaxing when I have a bad day at work.

________________________________________________________________________

Congratulations!

You have made major steps in tackling your problems with gambling. If you need more help, you can contact…….
Appendix G

Extra Credit Survey

Thank You!
The following information is required for you to receive extra credit:

Please enter your name:

________________________________________
Appendix H

Sample Discussion Questions for the Focus Group

1. What did you like about the treatment protocol?
2. What did you not like?
3. Did you find the treatment protocol user friendly? Why or why not?
4. Which important and/or critical topics did you notice were addressed?
5. Which were not addressed and should have been?
6. Do you feel that this treatment modality is a reasonable substitute for traditional, face-to-face therapy? Why or why not?
7. Would you recommend this treatment protocol to a friend or family member who had a gambling problem?
Appendix I

Informed Consent

Informed Consent

Project Title: Gambling by College Students: Personality Characteristics and Acceptability of Internet-Based Treatment

Investigator: Andrew E. Cameron, BA, Doctoral Fellow
Co-Investigator: Karen K. Saules, PhD, Associate Professor

**Purpose of the Study:** The purpose of this research study is to find out how frequent is Pathological Gambling among college students and what characteristics Pathological Gamblers have.

**Procedure:** The principal investigator or a research assistant will explain the study to you, answer any questions you may have, and witness your signature to this consent form. You must be at least 18 years old and a currently enrolled EMU student to take part in this study.

The questionnaire will be conducted online and will take approximately 30 minutes. You will be asked to indicate your age, sex, and similar information and to answer questions about your behavior and characteristics. Upon completion of the questionnaire, you will be directed to a website where you will enter your extra-credit information. This information will be given to your instructor before the end of the semester.

In addition, by completing the questionnaire, you may be eligible to participate in an additional study. This study will take place during the Winter 2006 semester.

**Confidentiality:** All questionnaire responses will remain confidential and will only be seen by the primary investigator and members of the research team. Information you provide will not, and can not be used for any purpose other than research. In addition, emails will be sent individually and your email address will not be shared with anyone outside of the research team.

**Expected Risks:** There are no foreseeable risks to you by completing this survey, as all results will be seen only by members of the research team. But if taking the questionnaire leads you to want to talk with a counselor, please contact the Snow Health Center at (734) 487-1122. Services at the Snow health Center are provided for free to any EMU student. You may also seek low-cost services at the EMU Psychology Clinic. Their phone number is (734) 487-4987.

**Expected Benefits:** You learn about scientific research and your help will contribute to our knowledge about addictions. Perhaps you will learn about yourself also. Further, you may receive extra-credit in accordance with the guidelines established by your psychology-course professor.
Voluntary Participation: Participation in this study is voluntary. You may choose not to participate. If you do decide to participate, you can change your mind at any time and withdraw from the study without negative consequences.

Use of Research Results: No names or individually identifying information will be shared. Results are about the whole group of participants only, and these may be presented at research meetings and conferences, in scientific publications, and as part of a master’s thesis being conducted by the principal investigator.

Future Questions: If you have any questions concerning your participation in this study now or in the future, you can contact the principal investigator, Andrew Cameron, at (734)-487-1622 or via e-mail at acameron@emich.edu.

Human Subjects Review Board: This research has been approved by the EMU Psychology Department Human Subjects Review Board. If you have any questions about the approval process, you may contact Dr. Karen Saules, Psychology Department Human Subjects Review Committee Chair at (734) 487-4988 or ksaules@emich.edu.

Consent to Participate: I have read or had read to me all of the above information about this research study, including the research procedures, possible risks, side effects, and the likelihood of any benefit to me. The content and meaning of this information has been explained and I
understand. All my questions, at this time, have been answered. I hereby consent and do voluntarily offer to follow the study requirements and take part in the study.

PRINT NAME: _____________________________________________________________

PRINT EMAIL ADDRESS: _________________________________________________

PRINT COURSE NAME AND INSTRUCTOR: _________________________________

________________________________________________________________________

________________________________________________________________________

Participant (your signature)          Date
Appendix J
Introduction to the focus group

Hello and welcome to the EMU Psychology Clinic. Each of you were brought here because you indicated that you have some experience with gambling. Today you will be evaluating a new treatment for gambling addictions. This treatment was developed by Nancy Petry of the University of Connecticut School of Medicine and we have adapted it for use over the Internet. This treatment has been very successful in its original form, but has not been used over the computer yet. Your feedback today will help us to decide whether a computer-directed version of the original treatment would be useful.

Before we get started, I’ll need everyone to fill out an informed consent form. Please read over the form and ask any questions that you may have.

+++ pause for informed consent and questions. +++

This focus group will take no more than two or three hours, after which you will receive $25. After this introduction, I will demonstrate a new, Internet-hosted treatment for Pathological Gambling. There are ten different sections of the treatment, which I will explain now. Please feel free to take notes on the paper provided so that you remember which modules sounded interesting. I will also be available during the hour if you have any questions and you will be provided with a handout that includes an explanation of the modules and instructions for navigating the treatment.

The first module is a self-assessment of gambling problems and is very similar to a questionnaire that you filled out previously. It will ask about how you gamble, how much you spend, and if you borrowed money for gambling. If you were to answer all of the items, the computer would calculate your score and give you feedback about the degree to which gambling may be a problem for you.

The second module is designed to develop your motivation and will ask questions such as “what are all of the benefits of gambling? What are all of the negatives?” The computer will also ask you to list the good things that would happen in your life if you were to stop gambling.

The third module is designed to develop your self-observation skills. The computer will ask you to enter your biggest gambling wins and losses, your age when you started gambling, your feelings about gambling, and so on. Also, a calendar will appear and you will be asked to enter in the days and amounts that you gambled over the past month. The computer will then add up the amounts.

The fourth module is designed to help you identify the things that trigger you to gamble. The computer will ask you to list the times, places, moods, feelings, and other people that are around when you gamble. This module will also ask you to list people, places or situations that make it more difficult to gamble.
The fifth module is also designed to help you gain an awareness of when and why you gamble. This section contains a lot of questions that will help you identify the exact feelings that are present when you gamble. The computer will automatically score your responses. In addition, you will also be asked to list activities that you can do that will take the place of gambling. For example, if the response to one of the questions indicated that you like to gamble because you like being around people, an alternative activity might be to go to a party, or do something else that is social.

The sixth module is designed to teach you strategies to cope with the thoughts and urges to gamble. The computer will prompt you to list alternative activities or people you can talk you when you have the urge to gamble. In addition, the computer will ask you to list the negative consequences of gambling and the positive consequences of NOT gambling.

The seventh module is designed to help you identify alternative activities and the appropriate times to do them. For example, the computer will ask you to list things that you can do on payday, when you are alone, or when you experience an urge to gamble. It will also ask you to list activities that require planning, and activities that can be done on the spur of the moment.

The eighth module is designed to help you change irrational thoughts that are related to gambling. For example, the computer will help you challenge thoughts such as “I’ve been losing all night, I’m due for a win.” This module will also explain how wins, or near wins, help to maintain bad gambling behavior by creating an illusion of control.

The ninth module is designed to help you reduce the financial stress caused by gambling. This section will ask you to enter in your monthly income and monthly expenses. It will also ask you to list ways to increase income and decrease expenses. This module will also help you make a plan to set aside money to repay debts.

The tenth and final section is aimed at teaching strategies for preventing a relapse back into bad gambling habits. It will ask you list potential obstacles that may get in your way of stopping gambling and possible strategies to overcome these obstacles. It will also teach you that a small lapse does not mean that you have failed. Just remember the great progress that you have already made and get back on track.

This information is also on the handout that I will give you, so don’t worry about remembering everything.

Now I’ll project the website onto the screen and show how each module works. Are there any questions so far?
Appendix K

Focus Group Consent Form

Informed Consent

Project Title: Gambling by College Students: Personality Characteristics and Acceptability of Internet-Based Treatment – Focus Group

Investigator: Andrew E. Cameron, BA- Doctoral Fellow
Co-Investigator: Karen K. Saules, PhD, Associate Professor

Purpose of the Study: The purpose of this research study is to gain feedback about people’s impressions of an Internet-directed treatment program for Pathological Gambling.

Procedure: The principal investigator or a research assistant will explain the study to you, answer any questions you may have, and witness your signature to this consent form. You must be at least 18 years old and a currently enrolled EMU student to take part in this study.

The focus group procedure will include informed consent, an introduction to the protocol, one-hour of exposure to the treatment, and a discussion session. The entire process will take less than two hours. You will be paid $25 at the end of the focus group, as well as be provided with food and drinks throughout.

This focus group will be audio taped. If you are uncomfortable with your feedback being recorded, you may write your comments on the form provided and refrain from participating in the discussion.

Confidentiality: All information gathered during the focus group will remain confidential and anonymous. Only first names will be used during the discussion. In addition, any information gathered will only be used for research purposes. All audio tapes will be destroyed at the conclusion of the study.

Expected Risks: There are no foreseeable risks to you by participating, as all information will be seen only by members of the research team. But if taking the questionnaire leads you to want to talk with a counselor, please contact the Snow Health Center at (734) 487-1122. Services at the Snow health Center are provided for free to any EMU student. You may also seek low-cost services at the EMU Psychology Clinic. Their phone number is (734) 487-4987.

Expected Benefits: All participants may receive educational benefits concerning the nature of psychological research and treatment. In addition, participants will each receive $25 for participation.
Voluntary Participation: Participation in this study is voluntary. You may choose not to participate. If you do decide to participate, you can change your mind at any time and withdraw from the study without negative consequences. However, you will not be paid unless you complete all activities during the focus group to the best of your ability.

Use of Research Results: No names or individually identifying information will be shared. Results are about the whole group of participants only, and these may be presented at research meetings and conferences, in scientific publications, and as part of a master’s thesis being conducted by the principal investigator.

Future Questions: If you have any questions concerning your participation in this study now or in the future, you can contact the principal investigator, Andrew Cameron, at (734)-487-1622 or via e-mail at acameron@emich.edu.

Human Subjects Review Board: This research has been approved by the EMU Psychology Department Human Subjects Review Board. If you have any questions about the approval process, you may contact Dr. Karen Saules, Psychology Department Human Subjects Review Committee Chair at (734) 487-4988 or ksaules@emich.edu.
**Consent to Participate:** I have read or had read to me all of the above information about this research study, including the research procedures, possible risks, side effects, and the likelihood of any benefit to me. The content and meaning of this information has been explained and I understand. All my questions, at this time, have been answered. I hereby consent and do voluntarily offer to follow the study requirements and take part in the study.

PRINT NAME: ________________________________

__________________________________________
Participant (your signature) Date

Appendix L

Focus Group Handout
The first module is a self-assessment of gambling problems and is very similar to a questionnaire that you filled out previously. It will ask about how you gamble, how much you spend, and if you borrowed money for gambling. If you were to answer all of the items, the computer would calculate your score and give you feedback about the severity of your gambling problem.

The second module is designed to develop your motivation and will ask questions such as “what are all of the benefits of gambling? What are all of the negatives?” The computer will also ask you to list the good things that would happen in your life if you were to stop gambling.

The third module is designed to develop your self-observation skills. The computer will ask you to enter your biggest gambling wins and losses, your age when you started gambling, your feelings about gambling, and so on. Also, a calendar will appear and you will be asked to enter in the days and amounts that you gambled over the past month. The computer will then add up the amounts.

The fourth module is designed to help you identify the things that trigger you to gamble. The computer will ask you to list the times, places, moods, feelings, and other people that are around when you gamble. This module will also ask you to list people, places or situations that make it more difficult to gamble.

The fifth module is also designed to help you gain an awareness of when and why you gamble. This section contains a lot of questions that will help you identify the exact feelings that are present when you gamble. The computer will automatically score your responses. In addition, you will also be asked to list activities that you can do that will take the place of gambling. For example, if the response to one of the questions indicated that you like to gamble because you like being around people, an alternative activity might be to go to a party, or do something else that is social.

The sixth module is designed to teach you strategies to cope with the thoughts and urges to gamble. The computer will prompt you to list alternative activities or people you can talk you when you have the urge to gamble. In addition, the computer will ask you to list the negative consequences of gambling and the positive consequences of NOT gambling.

The seventh module is designed to help you identify alternative activities and the appropriate times to do them. For example, the computer will ask you to list things that you can do on payday, when you are alone, or when you experience an urge to gamble. It will also ask you to list activities that require planning, and activities that can be done on the spur of the moment.

The eighth module is designed to help you change irrational thoughts that are related to gambling. For example, the computer will help you challenge thoughts such as “I’ve been losing all night, I’m due for a win.” This module will also explain how wins, or near wins, help to maintain bad gambling behavior by creating an illusion of control.

The ninth module is designed to help you reduce the financial stress caused by gambling. This section will ask you to enter in your monthly income and monthly expenses. It will also ask you
to list ways to increase income and decrease expenses. This module will also help you make a plan to set aside money to repay debts.

The tenth and final section is aimed at teaching strategies for preventing a relapse back into bad gambling habits. It will ask you list potential obstacles that may get in your way of stopping gambling and possible strategies to overcome these obstacles. It will also teach you that a small lapse does not mean that you have failed. Just remember the great progress that you have already made and get back on track.

Appendix M

Informed Consent for the In-class Presentation

Informed Consent
Project Title: Pathological Gambling by College Students: Personality Characteristics and Acceptability of Internet-Based Treatment – Class Presentation

Investigator: Andrew E. Cameron, BA, Doctoral Fellow
Co-Investigator: Karen K. Saules, PhD, Associate Professor

Purpose of the Study: The purpose of this research study is to gain feedback about the perceptions of an Internet-directed treatment protocol for Pathological Gambling.

Procedure: The principal investigator or a research assistant will explain the study to you, answer any questions you may have, and witness your signature to this consent form. You must be at least 18 years old and a currently enrolled EMU student to take part in this study.

The focus group procedure will include informed consent, a short questionnaire, an introduction and demonstration of a treatment protocol, and a debriefing session. The entire process will take less than one hour. You may receive extra credit for your participation, which is at the discretion of your instructor.

Confidentiality: All information gathered during the focus group will remain confidential and anonymous.

Expected Risks: There are no foreseeable risks to you by participating, as all results will be seen only by members of the research team. In the unlikely event of psychological distress arising from participation, EMU students may seek services at the Snow Health Center (734) 487-1122, or may contact the EMU Psychology Clinic at (734) 487-4987.

Expected Benefits: All participants may receive educational benefits concerning the nature of psychological research and treatment and may also be eligible for extra credit in their course.

Voluntary Participation: Participation in this study is voluntary. You may choose not to participate. If you do decide to participate, you can change your mind at any time and withdraw from the study without negative consequences.

Use of Research Results: Results will be presented in aggregate form only. No names or individually identifying information will be revealed. Results may be presented at research meetings and conferences, in scientific publications, and as part of a master’s thesis being conducted by the principal investigator.

Future Questions: If you have any questions concerning your participation in this study now or in the future, you can contact the principal investigator, Andrew Cameron, at (734)-487-1622 or via e-mail at acameron@emich.edu.

Human Subjects Review Board: This research has been approved by the EMU Psychology Department Human Subjects Review Board. If you have any questions about the approval process, you may contact Dr. Karen Saules, Psychology Department Human Subjects Review Committee Chair at (734) 487-4988 or ksaules@emich.edu.
Consent to Participate: I have read or had read to me all of the above information about this research study, including the research procedures, possible risks, side effects, and the likelihood of any benefit to me. The content and meaning of this information has been explained and I understand. All my questions, at this time, have been answered. I hereby consent and do voluntarily offer to follow the study requirements and take part in the study.
Appendix N

Gambling Treatment Website
Gambling is all around us, and most people place a bet from time to time. Some people, however, gamble to such a degree that it causes problem for them. It is not always easy to determine who had a gambling problem and who does not. Some people may gamble often, but rarely spend more than they can afford. Others may gamble only occasionally, but wager more than they intended to.

If interested in getting treatment for your gambling problem, please LOGIN!
Locate a therapist

- [www.mgweb.org](http://www.mgweb.org)

Locate a meeting

- [Gamblers Anonymous](http://www.gamblersanonymous.org)

National Helpline

- 1-800-522-4700
Welcome test
Click on the links to start
## Cognitive Behavioral Treatment for Problem Gambling

### First Module

One way to determine whether or not you are at risk for developing gambling problems is to take an inventory of your own gambling.

Check one box for each of the forms of gambling described below. How often have you:

<table>
<thead>
<tr>
<th>Never in my lifetime</th>
<th>At least once in my life, but not in the past year</th>
<th>1-10 times in the past year</th>
<th>About monthly in the past year</th>
<th>About weekly in the past year</th>
<th>Daily or most days in the past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Played cards for money (including casino black jack)</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b. Bet on horses, dogs or other animals in off-track betting, at the track or with bookie</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>c. Bet on sports pari-mutuel, cards, or with a bookie</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>d. Played dice games (including crap, poker, or other dice games)</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>e. Played scratch tickets or pull tabs</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

Now for each type of gambling, indicate how much you spent on a typical day when you gambled that way in the past year:

<table>
<thead>
<tr>
<th>0-100 (or no gambling of this type in the past year)</th>
<th>$1-$5</th>
<th>$1-$50</th>
<th>$51-$500</th>
<th>$510-$500</th>
<th>Over $500</th>
</tr>
</thead>
</table>
### Cognitive Behavioral Treatment for Problem Gambling

#### Modules

<table>
<thead>
<tr>
<th>Module</th>
<th>$0 (no gambling of this type in the past year)</th>
<th>$1-$10 usually wagered</th>
<th>$11-$50 usually wagered</th>
<th>$51-$100 usually wagered</th>
<th>$101-$500 usually wagered</th>
<th>Over $500 usually wagered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self-assessment of gambling problems</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Developing motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Developing self-determination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Identifying triggers of gambling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Reducing negative thoughts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Coping with thoughts and urges in gambling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Increasing positive activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Changing emotional thoughts</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9. Reducing stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Reducing relapse</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Layout

- Subok
- Clear
First Module

Your most common form(s) of gambling in terms of frequency:
1. Played cards for money (including casino blackjack)

You have wagered an estimate of $200 in the past year. If you do not agree with this, then please go back and change your selections and click 'submit' button again. If you agree with this, then click 'Next' to continue.

Next

South Oaks Gambling Screen (SOGS)

1. When you gambled in the past year, how often did you go back another day to win back money you lost?
   - Never
   - Less than half the time
   - Most of the time
   - Everytime I lost

2. In the past year, did you claim to be winning money gambling when you were actually losing?
   - No
   - Yes

3. Do you feel you had a problem with gambling in the past year?
   - No
   - Yes now

4. In the past year, did you gamble more than you intended to?
   - No
   - Yes

5. Have people criticized your gambling in the past year?
   - No
   - Yes

6. Have you felt guilty about the way you gambled or what happened to you while gambling in the past year?
   - No
   - Yes

7. In the past year, have you ever felt like you would like to stop gambling but didn't think you could?
   - No
   - Yes

8. In the past year, have you hidden betting slips, lottery tickets, gambling money, or other signs of gambling from your spouse, children, or other important people in your life?
   - No
   - Yes

9. In the past year, have you gotten into any arguments about money that have centered on your gambling?
   - No
   - Yes

10. In the past year, have you borrowed from someone and not paid them back?
## COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

### AIDODULES

<table>
<thead>
<tr>
<th>AIDODULES</th>
<th>AIDODULES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self-assessment of gambling problems</td>
<td>2. Developing motivation</td>
</tr>
<tr>
<td>3. Developing self-observation</td>
<td>4. Identifying triggers of gambling</td>
</tr>
<tr>
<td>5. Reducing urges of gambling</td>
<td>6. Reducing stress</td>
</tr>
<tr>
<td>7. Reducing urges of gambling</td>
<td>8. Reducing anxiety</td>
</tr>
<tr>
<td>9. Reducing urges of gambling</td>
<td>10. Reducing urges of gambling</td>
</tr>
<tr>
<td>11. Reducing urges of gambling</td>
<td>12. Reducing urges of gambling</td>
</tr>
</tbody>
</table>

### AIDODULES

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<thead>
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<tr>
<td>7. Reducing urges of gambling</td>
<td>8. Reducing anxiety</td>
</tr>
<tr>
<td>9. Reducing urges of gambling</td>
<td>10. Reducing urges of gambling</td>
</tr>
<tr>
<td>11. Reducing urges of gambling</td>
<td>12. Reducing urges of gambling</td>
</tr>
</tbody>
</table>

---

Your SOG score is **8**

You might be having moderate to severe gambling problems.

You might want to explore some of the additional modules.

This is the end of module 1, please continue onto module 2.

*Thank you for your participation.*
As many as 1 in 20 adults in the United States have some degree of a gambling problem. The problem can range from very mild to moderate or severe. Based on the information you provided in Section 1, the computer generated a category for you. You may agree or disagree with the feedback. So that you can learn more about your gambling, let's explore some of the reasons why you gamble:

**What are the benefits you get from gambling? In other words, list what it is that you like about gambling. Think about as many reasons as you can for why you gamble.**

1. Play games with my friends
2. Enjoy the thrill of winning a big hand
3. None
4. None
5. None
6. None
7. None
8. None
9. None
10. None

Now, think about some of the negative gambling reasons for you. Again, list as many reasons as you can think of related to the bad effects of gambling:

1. I have financial problems related to gambling (credit card debt, owe money to friends or relatives).
2. I sometimes use money meant for other things (entertainment, savings, rent or food) so that I can gamble.
3. I sometimes borrow money from others so that I can gamble, and I may have a hard time paying them back.

Believe it or not, there are a lot of things that can result from gambling. Put a check by each one that you have experienced, even if it has only happened a couple of times.

- People sometimes tease me about my gambling.
- People sometimes criticize my gambling.
- I no longer participate in other social or recreational activities because of my gambling.
- I have work problems due to gambling (I think about gambling at work, reduce my productivity, skip work).
- I have experienced a lot because of gambling.
- I have some financial problems related to gambling (credit card debt, owe money to friends or relatives).
- People sometimes get angry with me about gambling or money I spent gambling.
- I have lost contact with friends or relatives because of my gambling.
- I have done something against the law because of my gambling.
- I have some psychological or emotional feelings due to gambling (irritability, worry, depression).
- Sometimes feel guilty about my gambling.
These are the things you like about gambling:

1. Enjoy playing cards with my friends.
2. I enjoy the thrill of winning big.

These are the bad effects of gambling according to you:

1. I have some financial problems related to gambling (credit card debt, owe money to friends or relatives).
2. I have some financial problems related to gambling (loss of money, owe money to friends or relatives).
3. My family would be happier with me.
4. I would have more money to pay bills.

This is the end of Module 2; please continue onto Module 3...

---

Third Module

First let's explore your personal history of gambling:

Think about how old you were when you were first introduced to gambling by an informal source or a game of cards or sports or bingo with family members or friends or the purchase of a lottery ticket.

At what age did you place your first bet? 12 years.

What was your family's attitude toward gambling? Did either of your parents gamble, and did they ever talk with you about gambling? Did they teach you to gamble, or gamble with you? Yes.

What was your biggest win in gambling? $200. How old were you when you won this amount? 18 years.

Now, think about when you started gambling fairly regularly, say a couple of times a month or so.

How old were you when you started regular gambling? 19 years.

Some people go many years with regular, or even sporadic, gambling before they develop a problem with gambling. What age were you when you first began thinking you might have a problem with gambling or wished you weren't gambling quite so much? 25 years.

Have you ever sought treatment for gambling? In other words, have you ever seen a therapist, psychologist, social worker, doctor, psychiatrist, rabbi, or any other professional to talk about your gambling? Yes.

Have you ever gone to Gamblers Anonymous? Yes

No
### COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

<table>
<thead>
<tr>
<th>MODULES</th>
<th>Questions</th>
</tr>
</thead>
</table>
| 1. Self assessment of gambling problems | How did it affect your gambling over the past several months?  
| | Oh yeah, I gambled a lot trying to win again. |
| 2. Developing motivation | You first started questioning your gambling when you were 26 years old. What else was going on in your life at that time?  
| | I was unemployed. |
| 3. Developing self observation | In what ways were those other events associated with your gambling?  
| | I had a lot of time for gambling. |
| 4. Identifying triggers of gambling | You first thought about getting help for gambling when you were 26 years old.  
| | Why did you seek help at that time?  
| | I was running out of money. |
| 5. Reducing urge | What were you hoping to get from treatment?  
| | I wanted to stop gambling so much. |
| 6. Coping with thoughts and urges to gamble | What were your experiences with GA or treatment?  
| | I did not like it. |
| 7. Increasing alternate activities |  
| |  
| 8. Changing emotional thoughts |  
| |  
| 9. Reducing financial stress |  
| |  
| 10. Reducing relapse |  
| |  

<table>
<thead>
<tr>
<th>COMPLETED</th>
<th>Questions</th>
</tr>
</thead>
</table>
| 1. Self assessment of gambling problems | How long did you attend?  
| | 2 years |
| 2. Developing motivation | What did you learn from it?  
| | nothing much |
| 3. Developing self observation | What else was going on in your life when you were 26 years old?  
| | I was having trouble finding another job. |
| 4. Identifying triggers of gambling | How was that associated with your treatment experience?  
| | I could not afford gas to get to meetings. |
| 5. Reducing urge | How was that associated with your gambling?  
| | not going to meetings made it harder to resist gambling. |
| 6. Coping with thoughts and urges to gamble | If you stopped attending treatment or GA, why did you do so?  
| | I could not attend regularly. |
| 7. Increasing alternate activities |  
| |  
| 8. Changing emotional thoughts |  
| |  
| 9. Reducing financial stress |  
| |  
| 10. Reducing relapse |  
| |  

<table>
<thead>
<tr>
<th>LOGOUT</th>
<th></th>
</tr>
</thead>
</table>
In retrospect, do you think you would have been better off continuing with treatment or GA for a longer time, or seeking treatment earlier?

Yes, definitely.

Right now, how do you feel about receiving treatment for gambling?

- Not at all interested
- Somewhat interested
- Moderately interested
- Very interested
- I am getting treatment now

If you are interested in receiving gambling treatment with a counselor, see [www.selfhelp.org](http://www.selfhelp.org) for information about gambling treatment services.

Right now, how do you feel about your gambling?

- I am comfortable with how much I gamble
- I am gambling a little more than I'd like
- I am gambling quite a lot more than I want to be
Third Module Summary

Your memory of when you first started gambling:
It was great. I got a lottery ticket for Christmas and won.

Your family's attitude toward gambling influenced your initial gambling by:
They were supportive and encouraged me to scratch off all the tickets I could.

The events that were going on in your life when you first started gambling regularly:
I was in high school.

How did these events influence your gambling:
I had a lot of free time and no responsibilities.

When you had your first biggest gambling win, you felt:
Fantastic. I was on top of the world.

The way it affected your gambling over the next several months:
Oh yeah, I gambled a lot trying to win again.

Events in your life when you first started questioning your gambling:
I was unemployed.

The way these events were associated with your gambling:
I had a lot of free time.

You sought help for your gambling because:
I was running out of money.
COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

MODULES
1. Self-assessment of gambling problems
2. Developing motivation
3. Developing self-observation
4. Identifying triggers of gambling
5. Avoiding triggers
6. Coping with thoughts and urges to gamble
7. Increasing alternative activities
8. Reducing negative emotions
9. Reducing relapse

CONTINUE

COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

MODULES
1. Self-assessment of gambling problems
2. Developing motivation
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4. Identifying triggers of gambling
5. Avoiding triggers
6. Coping with thoughts and urges to gamble
7. Increasing alternative activities
8. Reducing negative emotions
9. Reducing relapse

You spend: $0
Total number of days you gambled: 0

Let's see how much you are gambling now. In the calendar below, please enter an amount in the textbox and click the date on every day that you placed a bet, be it a $1 lottery ticket, a bingo game, a $0.25 in a slot machine, or a trip to the casino.

October 2006

<table>
<thead>
<tr>
<th>Su</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
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<td>29</td>
<td>30</td>
<td>31</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

You spend: $0
Total number of days you gambled: 0
Third Module Summary

The number of days you gambled in the past 3 months: 0

You spent $0

You thought it was less than you had gambled recently.

In retrospect, you wish you had gambled this much in the past 3 months: $5

This is the end of Module 3. Please move on to Module 4. In the next several exercises, you can learn more about how and why you gamble, and ways to reduce or stop gambling.

Fourth Module

Certain situations are more likely to be associated with gambling than other situations. Situations that are associated with gambling are called "triggers." Gambling is often triggered by places, people, events, times, and emotions.

List places where you are likely to gamble:

1. At the casino
2. At a friends house for poker night
3. At the bookstore
4. 
5. None

List people with whom you are likely to gamble:

1. Jack
2. Friends
3. Coworkers
4. That weird guy
5. None

List times or days when you are likely to gamble:

1. Monday
COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

MODULES

1. Self-assessment of gambling problems
2. Developing motivation
3. Developing self-observation
4. Identifying triggers of gambling
5. Reducing urges
6. Coping with thoughts and urges to gamble
7. Increasing alternate activities
8. Changing emotional thoughts
9. Reducing financial stress
10. Reducing stress

GAMBLE

1. no day
2. rare day
3. helpers
4. in the evening
5. Never

List activities that make it likely that you will gamble:
1. Boating
2. going to the casino
3. playing cards
4. watching sports
5. Never

List people or places where you are likely to talk about gambling activities:
1. other
2. family
3. Never
4. Never
5. Never

Feelings and emotions can also trigger gambling. Are you likely to gamble when:

- You've had a tense or bad day?
- You are anxious or worried?
- You feel you've been taken advantage of?
- You are bored?
- You are in a social situation?
- You feel bad about yourself or guilty?
- You feel depressed?
- You want to feel energized or "high"?
- You get angry?
- You feel you deserve better than what you are getting?
- You feel trapped or controlled?

List other feelings that trigger gambling for you:
1. I do not know
2. Never
3. Never
4. Never
5. Never

Not all situations, feelings and people trigger gambling. It is important that you recognize when you are unlikely to gamble.
Not all situations, feelings, and people trigger gambling. It is important that you recognize when you are unlikely to gamble.

List the places where you are unlikely to gamble or think about gambling:
1. Home
2. Parents' house
3. More
4. More
5. More

List the people with whom you are unlikely to gamble or talk about gambling:
1. Significant other
2. Parents
3. More
4. More
5. More

List the times or days when you are unlikely to gamble or think about gambling:
1. Somewhere
COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

**Moodles**

<table>
<thead>
<tr>
<th>Places</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Significant other</td>
</tr>
<tr>
<td>Men</td>
<td>Men</td>
</tr>
<tr>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Men</td>
<td>Men</td>
</tr>
<tr>
<td>Women</td>
<td>Men</td>
</tr>
</tbody>
</table>

You should avoid these people and places where you are most likely to gamble, to talk about gambling or think about gambling.

Below, indicate places where and people whom you should avoid, at least in the near future, when you are learning to cut down or stop your gambling.

<table>
<thead>
<tr>
<th>Places</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casino</td>
<td>Anyone</td>
</tr>
<tr>
<td>Bowling alley</td>
<td>Anyone</td>
</tr>
<tr>
<td>Other night away</td>
<td>Other caves</td>
</tr>
<tr>
<td>Men</td>
<td>Men</td>
</tr>
<tr>
<td>Women</td>
<td>Men</td>
</tr>
</tbody>
</table>

Fourth Module Summary

The places where you are likely to gamble:
- At the casino
- At a friend's house for poker night
- At the Rec.

The people with whom you are likely to gamble:
- Jack
- Friends
- Coworkers
- Other guards

These are the times or days you are likely to gamble:
- Monday
- Tuesday
- Friday
- In the evening

The activities that make it likely that you will gamble:
- Bowling
- Going to the casino
- Playing cards
COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

MODULES
1. Self assessment of gambling problems
2. Developing motivation
3. Developing self observation
4. Identifying triggers of gambling
5. Reducing use of
6. Coping with thoughts and urges to gamble
7. Increasing alternative activities
8. Changing emotional thoughts
9. Reducing financial risks
10. Reducing relapse

LOGOUT

The people or places where you are likely to talk about gambling activities:
- Jack
- Friends

You are likely to gamble when:
- You are anxious or worried
- You are in a social situation
- I do not know

The place where you are unlikely to gamble:
- Home
- Parent's house

The people with whom you are unlikely to gamble:
- Significant other
- Parents

The times or days when you are unlikely to gamble:
- Morning

The times or days when you are likely to gamble:
- Night

The activities you engage in when you are likely to gamble:
- Fishing
- Sitting on the beach

Places where and people whom you should spend more time

<table>
<thead>
<tr>
<th>Places</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Significant other</td>
</tr>
</tbody>
</table>

Places where and people whom you should avoid

<table>
<thead>
<tr>
<th>Places</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casino</td>
<td>Anyone</td>
</tr>
<tr>
<td>Bowling alley</td>
<td>Anyone</td>
</tr>
<tr>
<td>Poker night anywhere</td>
<td>Other poker people</td>
</tr>
</tbody>
</table>

This is the end of module 4, please continue to module 5...
Fifth Module

This section will help you understand when and why you gamble, so that you can learn to stop your gambling better.

INVENTORY OF GAMBLING SITUATIONS

Listed below are a number of situations or events in which some people gamble.

Read each item carefully, and answer in terms of your own gambling over the past year.

If you "NEVER" gambled in that situation, click under 'Never'.

If you "RARELY" gambled or thought about gambling in that situation, click under 'Rarely'.

If you "FREQUENTLY" gambled or thought about gambling in that situation, click under 'Frequently'.

If you "ALMOST ALWAYS" gambled or thought about gambling in that situation, click under 'Always'.

OVER THE PAST YEAR I GAMBLED OR THOUGHT ABOUT GAMBLING:

<table>
<thead>
<tr>
<th>Item</th>
<th>Never</th>
<th>Rarely</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I had an argument with a friend.</td>
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<tr>
<td>2. When I felt tense or nervous.</td>
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<tr>
<td>3. When I felt lonely or anxious.</td>
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<td>4. When I would have trouble sleeping.</td>
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<td>5. When I wanted to win big to show others.</td>
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<tr>
<td>6. When other people around me made me jealous.</td>
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<tr>
<td>7. When I would be out with friends and they would want to gamble.</td>
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<tr>
<td>8. When I felt I was on a lucky streak.</td>
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<td>9. When I felt that I had let myself down.</td>
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<td>10. When other people treated me unfairly.</td>
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<tr>
<td>11. When I would remember how great gambling was.</td>
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<tr>
<td>12. When I felt confident and relaxed.</td>
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<tr>
<td>MODULES</td>
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<tr>
<td>Self-assessment of gambling problems</td>
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<tr>
<td>Developing motivation</td>
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<tr>
<td>Developing self-observation</td>
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</tr>
<tr>
<td>Identifying triggers of gambling</td>
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<tr>
<td>Reducing urges</td>
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<tr>
<td>Coping with thoughts and urges to gamble</td>
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<td></td>
</tr>
<tr>
<td>Increasing alternative activities</td>
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<tr>
<td>Changing irrational thoughts</td>
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<tr>
<td>Reducing internal stress</td>
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<tr>
<td>Relieving release</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Never</th>
<th>Rarely</th>
<th>Frequently</th>
<th>Always</th>
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</thead>
<tbody>
<tr>
<td>10. When I felt confident and relaxed.</td>
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<tr>
<td>11. When I was a new person now and could control my gambling</td>
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<tr>
<td>14. When I would pass by a convenience store, the casino, the diner, or</td>
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<tr>
<td>15. When I felt the only way I could pay my debts was to win big.</td>
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<tr>
<td>16. When I would be out with</td>
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<tr>
<td>friends &quot;on the town&quot; and wanted to increase my enjoyment.</td>
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<tr>
<td>17. When I would unexpectedly find some old gambling items/old ticket stubs etc.</td>
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<tr>
<td>18. When other people didn't seem to like me.</td>
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<tr>
<td>19. When I felt anxious.</td>
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<tr>
<td>20. When I would wonder about my self control over gambling and would feel like making a bet to try it out.</td>
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</tr>
<tr>
<td>21. When other people interfered with my plans.</td>
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<tr>
<td>22. When I would start thinking about the money I could.</td>
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</tbody>
</table>
Cognitive Behavioral Treatment for Problem Gambling

**MODULES**

1. Self-awareness of gambling
2. Developing motivation
3. Developing self-observation
4. Identifying triggers of gambling
5. Reducing urge to gamble
6. Coping with thoughts and urges to gamble
7. Increasing alternate activities
8. Changing emotional thoughts
9. Reducing financial risks
10. Reducing relapse

**LOOPS**

1. When I would feel like celebrating.
2. When I would start to think that just one bet would cause no harm.
3. When I felt confused about what I should do.
4. When I would meet a friend and s/he would suggest that we gamble, buy a ticket, go to the casino, etc.
5. When I was not getting along with others at work.
6. When I would feel that nothing was going right for me, so that it was about time that I should win at gambling.
7. When I would suddenly have an urge to gamble.
8. When I wanted to prove to myself that I could gamble a little without going overboard.
9. When there were fights at home.
10. When there were problems with people at work.
11. When I would be relaxed and wanted to have a good time.
### The reasons why you gamble are below. Pick the top three reasons why you gamble most often:

1. When I had an argument with a friend.
2. When other people interfered with my plans.
3. When I was with friends and they were gambling.
4. When I was scared that things weren’t working out.
5. When I would unexpectedly find or receive some money.

### The three reasons why you gamble most often are:

1. When I had an argument with a friend.
2. When other people interfered with my plans.
3. When I was with friends and they were gambling.

Now, think about ways that you can handle these situations without gambling. For example, if you often gamble when you have access to money, you could limit your access to money by not carrying more cash than you need for the day and not bringing your credit cards or checkbook with you. An even more extreme example that many people with gambling problems find useful is turning over all their finances to their spouse or another trusted person. That way, money will not be a trigger for them to gamble.

For your top reasons for gambling, think of some ways you can better manage each situation without gambling.

One event that often leads to your gambling is “1. When I had an argument with a friend.” List as many ways as you can think of to handle that situation without gambling:

1. 
2. 
3. 
4. 
5. 

Another event that often leads to your gambling is “21. When other people interfered with my plans.” How might you handle this situation without gambling. List as many possibilities as you can think of:

1.
Another event that often leads to your gambling is “21. When other people interfere with my plans.” How might you handle this situation without gambling? List as many possibilities as you can think of.

1. 
2. 
3. 
4. 
5. 

You also often gamble in response to “22. When I was with friends and they were gambling.” What are some other possibilities for dealing with this event?

1. 
2. 
3. 
4. 
5. 

Remember that the next time you encounter these events, you have ways to handle them without gambling.

If you are having a hard time coming up with ways to manage these situations, you can learn more about coping responses in the next several sections.

Fifth Module Summary

Remember that the next time you encounter these events, you have ways to handle them without gambling.

If you are having a hard time coming up with ways to manage these situations, you can learn more about coping responses in the next several sections.

This is the end of module 5, please continue to module 6...
Sixth Module

Thoughts about gambling, and urges or cravings to gamble, are normal among people giving up gambling. However, these thoughts are usually not time-limited. They usually peak in a few minutes, and then go away. They will become less frequent and less intense as you learn how to cope with them. The easiest ways to deal with cravings and urges are to try not to give in.

When thoughts about gambling do occur, however, you must find a way to cope with them. List some ways you have handled your thoughts or cravings about gambling so far:

1. gave in
2. walked away
3. gambled just a little bit
4. None

Other ways to cope with thoughts about gambling are to:

(1) Get involved in some distracting activity. Reading, going to a movie, or exercising are some good examples of distracting activities. Once you get interested in something else, you'll find that your thoughts about gambling lessen and even go away.

List some activities you can do when you have thoughts or urges to gamble:

- Go fishing
- Go for a walk
- Talk to a friend
- None

(2) Talk it through. Talk to friends or family about craving when it does occur. Talking can help relieve the feeling, and can restore honesty in your relationship.

List some people with whom you can talk to about your gambling:

- Significant other
- My friends
- N/A

(3) Challenge and change your thoughts. When experiencing a craving, many people have a tendency to remember only the positive effects of gambling, and they often forget the negative consequences. Therefore, when experiencing cravings, many people find it helpful to remind themselves of the negative consequences of gambling and the benefits of not gambling. This way, you can remind yourself that you really won’t feel better if you make “just one bet,” and that you stand to lose a lot by gambling.

Remember all these reasons you listed for NOT gambling?
to help list by gambling.

Remember all those reasons you listed for NOT gambling?

<table>
<thead>
<tr>
<th>Negative consequences of gambling</th>
<th>Positive consequences of NOT gambling</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will lose a lot of money</td>
<td>I will have extra money</td>
</tr>
<tr>
<td>I feel like I could use for other things</td>
<td>I feel extra time for myself and family.</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

Some other ways to challenge and change your thoughts are described below.

a) Pinpoint what about an urge makes you feel uncomfortable. For example, think about some of the most intense thoughts or desires to gamble that you’ve ever had.

What are your most intense thoughts of gambling like?

b) Think about the last time you experienced that strong thought or urge. Where were you and with whom?

c) Describe how you were feeling at the time?

1. I was at the losing alley and so...

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
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</tbody>
</table>

2. I could lose, even though this is...

c) What could you have done instead?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

3. I could have resisted the urge to...

The next time you experience a craving or an urge to gambling,

1. Recognize that it's a urge
2. Think about a distracting activity
3. Call a friend
4. Remember the bad things about gambling
5. Write down all the things you have to gain by NOT gambling

The next time you experience a craving or an urge to gambling,
SIXTH MODULE SUMMARY

Some ways you have handled your thoughts or cravings about gambling so far:

- I gave in; I rationalized
- I gambled just a little bit

Some activities you can do when you have thoughts or urges to gamble:

- Go fishing
- Go for a walk
- Talk to a friend

Some people with whom you can talk about your gambling:

- My significant other
- My friend

<table>
<thead>
<tr>
<th>Negative consequences of gambling</th>
<th>Positive consequences of NOT gambling</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will lose a lot of money</td>
<td>I will have extra money</td>
</tr>
<tr>
<td>I will lose time I could use for other things</td>
<td>I will have extra time for myself and family</td>
</tr>
</tbody>
</table>

- a) Your most intense thought of gambling: Horrible tension in my stomach

- b) the last time you had an urge, you were with: I was at the bowling alley and wanted to bet

- c) You were feeling: tense

- d) You said to yourself: I could lose, even though this feels like a sure thing

- e) You could have done instead: I could have resisted the urge and just had fun bowling

The next time you experience a craving or an urge to gambling:

1. Recognize that it’s a urge
2. Think about a distracting activity
3. Call a friend
4. Remember the bad things about gambling
5. Write down all the things you will gain by NOT gambling
Seventh Module

Many times when gambling becomes a regular part of someone’s lifestyle, they either stop doing many other activities that they used to enjoy, or they never start or develop any other recreational activities. For example, many compulsive gamblers used to play sports, go to the gym, go on hikes, go out to the movies, and visit friends and relatives. As gambling increases, it takes the place of many of these other activities.

List below some activities that you used to do more before gambling became such an important part of your life:

1. Dancing
2. Fishing
3. None
4. None

Think of some other activities that you’ve never tried but thought might be fun to do. Try to include activities that are free to do, as well as some that may cost money.

1. Hiking
2. Tennis
3. None
4. None

Now think of some activities you can do alone, as well as some that are better done with other people.

<table>
<thead>
<tr>
<th>Activities I can do alone</th>
<th>Activities I can do with others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running</td>
<td>Hiking</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
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</tbody>
</table>

Some activities are best planned in advance, like going away for a weekend, joining a new club, or painting a house. Other activities can be done on the spur of the moment, like taking a walk, going to a movie, or doing a crossword puzzle. Below, list some activities of both types that you have done in the past or would like to do again at some point in the future.

**Activities that usually require planning**

1. Going away for the weekend
2. None
3. None
4. None

**Activities that can be done on the spur of the moment**

1. Watching a movie
2. Doing a crossword puzzle
3. None
COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

1. Problem solving
2. Cognitive restructuring
3. Mindfulness techniques
4. Relapse prevention

High-risk time | Example: payday | Alternate activity
---|---|---
payday | Payday | Payday
Self-report | None | None
Coping with thoughts and urges | None | None
Increasing alternative activities | None | None
Changing emotional thoughts | None | None
Reducing stress | None | None

Whenever you experience a craving or an urge to gamble, it is a good idea to have a couple spontaneous activities available to counteract that gambling urge. For example, if you suddenly feel an urge to gamble when you drive by a convenience store where you often bought lottery tickets, instead of stopping in the store, you can head toward the gym and work out.

When do you experience cravings or urges? | Alternate activity
---|---
when I have money | go to spa
Self-report | None | None
Coping with thoughts and urges | None | None
Increasing alternative activities | None | None
Changing emotional thoughts | None | None
Reducing stress | None | None

A balanced lifestyle is important when you are trying to stop gambling. Keeping engaged in other fun and rewarding activities will help decrease urges for gambling. And, doing other activities will help you live a balanced and healthy life.
Seventh Module Summary

Some activities that you used to do more, before gambling became such an important part of your life:
- dancing
- fishing

Some other activities that you’ve never tried but thought might be fun to do:
- hiking
- tennis

Activities I can do alone:
- running
- hiking

Activities that usually require planning:
- going away for the weekend

Activities that can be done on the spur of the moment:
- walking for exercise
- renting a movie

A balanced lifestyle is important when you are trying to stop gambling. Keeping engaged in other fun and rewarding activities will help decrease urges for gambling. And, doing other activities will help you live a balanced and healthy life.
Eighth Module

Many gamblers experience irrational thoughts about gambling. For example, some gamblers may have a special slot machine, carry a lucky charm, or bet on a specific number. Gamblers may feel lucky, special, or desperate to win, and these thoughts may lead to negative outcomes. These thoughts may also drive compulsive gambling.

What are some thoughts you have about gambling that you know deep in your heart are not true?

Example: “I know that I would have to win if I stayed at that machine just a little longer.”

1. I can have a lucky streak.
2. I can.
3. I won.
4. I can.
5. I won.

Below are some types of beliefs you may have when you are gambling.

Overestimating chances of winning

Gamblers often believe that they have a system, or a way of beating the odds. Some examples of overly confident thoughts are listed below. Check those that you have experienced, and also list your own thoughts that may show overconfidence in your ability to win at gambling.

- Gambling is a way to win money.
- I have a system that improves my chances of winning.

Many gamblers do not have accurate knowledge of the odds of winning at gambling. The chances of winning $1 million in a lottery, for example, are only 1 in 148,000,000. These chances are much lower than being struck by lightning (1 in 3,000,000,000).

Gamblers often realize that the house wins in the long run, but they feel that they still can beat the odds. They feel that someone has to win, and they may be the one. They may feel they have special knowledge or skill, such that they can improve their odds of being one of the lucky ones.

In reality, anyone who gambles enough is bound to lose in the long run, because gambling is designed to have a negative overall rate of return. The rate of this return may vary by game, but the overall rate of return to the gamblers is always negative. For example, the lottery pays out only 50% of what it takes in, and slot machines pay out 95%. The more you play, the more likely you are to lose.

Selective memories

Many gamblers can easily recall their gambling wins, but they forget or minimize their many gambling losses. Some examples of selective recall are shown below. Check those that apply to you, and also write in your own unique thoughts.
Many gamblers can easily recall their gambling wins, but they forget or minimize their many gambling losses. Some examples of selective recall are shown below. Check those that apply to you, and also write in your own unique thoughts like these that make you want to start or keep gambling.

1. I win more often than I lose when I gamble.
2. I always win on the third try.
3. I am more likely to win when I wear a blue shirt.
4. My cousin’s wife won a million dollars on the lottery. That means, I can too.

Others:
1. None
2. None
3. None
4. None

The reason that you remember your wins (and other people’s big wins) so easily, and forget or minimize your losses is because they are unusual and make a big impact on your memory. There’s nothing emotional or memorable about all your other losses or the times you lose lottery tickets, but when you win, you selectively remember the people who won big.

Similarly, when you think about wanting to gamble, you remember the few times you pulled the lever and 100¢ or quarters rolled out. You don’t think about all the thousands of times you pulled the lever and nothing rolled out.

Predicting wins and explaining away losses
Some gamblers feel that one win may signal another larger win. In other words, if they just won $100 in a card game or on the slot machines, then they may think that some other luck streak and another even larger win may be due. Then, they keep playing. List below any thoughts you have about your abilities to predict wins.

- I win more often than I lose when I gamble.
- I always win on the third try.
- I am more likely to win when I wear a blue shirt.
- My cousin’s wife won a million dollars on the lottery. That means, I can too.

Others:
1. None
2. None
3. None
4. None

The fact is that neither wins nor losses can predict subsequent wins or losses. Each bet is an independent event, and what
The fact is that neither wins nor losses can predict subsequent wins or losses. Each bet is an independent event, and what has preceded it has no impact on the next outcome. A machine that recently paid off is just as likely to pay off again as one that has not paid off at all. Similarly, in roulette or dice games, it doesn’t matter that the number 17 hasn’t come up for a long time or that X has been rolled in over a long time. Each spin or each roll has a 1 in 37 chance, not each roll of a die roll has a 1 in 6 chance.

**Illusion of Control**

Finally, many gamblers feel that they can somehow control the outcome of gambling. They may think that they can predict the machine that is likely to pay off, or select a lottery ticket that has a better chance of winning. In fact, games are designed to make you think you can control the outcomes. You pull the lever under the impression that the speed at which you pull any impact where it stops, or you select your favorite number or a “lucky” type of scratch ticket, thinking that your choice has some influence on the outcome.

**Below, check the illusions of control you feel, and list some others.**

- I like to select which slot machine I play, because I try to predict which one will pay off.
- I deal the cards; I feel I have a better chance of winning.
- I prefer a specific type of scratch ticket.
- I sometimes see or feel lucky numbers that I bet on.

**Others:**

1. My lucky shirt guarantees victory.
2. Name
3. Name
4. Name

**In reality, you, nor anyone else, have any control over the outcomes of gambling events. By selecting the numbers 1, 17, 28, and 46 in the lottery offers you no advantage over a random selection of numbers. The way the cards are shuffled or the dice are tossed does not influence the outcomes of the games either.**

**You listed the following thoughts or illusions about gambling. Now, indicate why you know they are false.**

<table>
<thead>
<tr>
<th>Thought or Illusion</th>
<th>Reason It Isn’t Rational or Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like to select which slot machine I play, because I try to predict which one will pay off.</td>
<td>This machine has the same odds.</td>
</tr>
<tr>
<td>I like to select which slot machine I play, because I try to predict which one will pay off.</td>
<td>Does not come when dealt.</td>
</tr>
<tr>
<td>I prefer a specific type of scratch ticket.</td>
<td>Scratch tickets have odds the same as above.</td>
</tr>
<tr>
<td>I deal the cards; I feel I have a better chance of winning.</td>
<td>Same.</td>
</tr>
<tr>
<td>I sometimes see or feel lucky numbers that I bet on.</td>
<td>There is no such thing as a lucky number.</td>
</tr>
</tbody>
</table>
### Cognitive Behavioral Treatment for Problem Gambling

**Modules**

- Self-assessment of gambling problems
- Developing motivation
- Developing self-observation
- Identifying thoughts of gambling
- Reducing negative thoughts
- Increasing mental activity
- Changing emotional thoughts
- Reducing negative thoughts

---

<table>
<thead>
<tr>
<th>Situation</th>
<th>Thought or self-deception</th>
<th>Outcome</th>
<th>More rational reaction to the situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpected $10</td>
<td>I'm lucky today</td>
<td>I won $10, but lost that</td>
<td>Money didn't mean I was lucky. Could have spent the money on clothes.</td>
</tr>
<tr>
<td><em>on the street</em></td>
<td></td>
<td>you too!</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The next time you feel one of these thoughts or self-deceptions, remember what is wrong with it, and what you can do instead of gambling more in response to these feelings.

---

### Copyright

Some thoughts you have about gambling that you know deep in your heart are not true:

- I was on a lucky streak.
- Gambling is a way to win money.
- I can double my money in no time.
- Visiting makes me happy.
- I'm more likely to win when I wear a blue shirt.
- The illusions of control you feel.

My lucky shirt guarantees victory.

---

Thought or deception

- I'd like to select which slot machine I play, because I try to predict which one will pay off.
- I'd like to select which slot machine I play, because I try to predict which one will pay off.
- I'd like to select which slot machine I play, because I try to predict which one will pay off.
- I'd like to select which slot machine I play, because I try to predict which one will pay off.
- I'd like to select which slot machine I play, because I try to predict which one will pay off.

---

Why it isn't rational or correct:

- Each machine has the same odds of winning. It does not matter who wins.
- All scratch tickets have odds that I cannot control.
- Even if I win, there is a lucky number.
The illusions of control you feel

My lucky shirt guarantees victory

Thought or deception
I like to select which slot machine I play, because I try to predict which one will pay off.

If I deal the cards, I feel I have a better chance of winning.

I prefer a specific type of scratch ticket.

I like to select which slot machine I play, because I try to predict which one will pay off.

If I deal the cards, I feel I have a better chance of winning.

I sometimes see or feel lucky numbers that I bet on.

My lucky shirt guarantees victory

Why it isn’t rational or correct
Each machine has the same odds of winning. It does not matter who deals. All scratch tickets have odds that I cannot control.

Time above

Conclusion.

There is no such thing as a lucky number.

My lucky shirt guarantees victory.

The next time you feel one of these thoughts or self-deceptions, remember what is wrong with it, and what you can do instead of gambling more in response to these feelings.

Eight Module

Many gamblers experience financial consequences from their gambling. Often, they may feel overwhelmed by debts, and the only way out appears to be to stop gambling.

However, it is important to remember that gambling is not a way to repay debts. Gambling will only serve to worsen the situation.

Taking an active approach to your financial situation is important. An active approach will help relieve financial pressures, that are often trigger for relapse.

The first step in this process is to determine your monthly income.

Income:

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary or wages</td>
<td>$5000</td>
</tr>
<tr>
<td>Tips or commission (monthly average)</td>
<td>0</td>
</tr>
<tr>
<td>Disability pensions or insurance</td>
<td>0</td>
</tr>
<tr>
<td>Child support or alimony</td>
<td>0</td>
</tr>
<tr>
<td>Pension or retirement benefits</td>
<td>0</td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td>0</td>
</tr>
<tr>
<td>Welfare payments</td>
<td>0</td>
</tr>
<tr>
<td>Food stamps</td>
<td>0</td>
</tr>
<tr>
<td>Social security</td>
<td>0</td>
</tr>
</tbody>
</table>
The next step involves calculating your total monthly expenses.

### Expenses:

- **Rent or mortgage**: $600
- **Car payment**: $150
- **Car insurance**: $200
- **Gas**: $50
- **Other transportation**: $0
- **Clothing (Average)**: $10
- **Medical expenses**: $0
- **Life medical insurance**: $0
- **Other**: $0
- **Child care**: $0
- **School expenses**: $12
- **Child care**: $0
- **Property taxes**: $0
- **Cable television**: $30
- **Other**: $0
- **Utilities (gas, electric, etc.)**: $50
- **Telephone**: $20
- **Groceries**: $140
- **Home maintenance/repairs**: $0
- **Other**:

Total Expenses: $1,552

Now you know your average monthly income and expenses. You will need to have a clear idea of what you owe, both gambling and non-gambling related.

### What to avoid:

- **Bank loans (do not include mortgage)**: $500
- **Credit card (details if multiple)**: $400
- **Student loans**: $15,000
- **Car loans**: $0

### Income:

- **Food stamps**: $0
- **Social security**: $0
- **Investment income**: $54
- **Other**: $0

Calculate Total Income: $554
### COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

#### Modules

- Identifying triggers of gambling
- Developing coping strategies
- Identifying thoughts associated with gambling
- Coping with financial stress
- Reducing stress
- Reducing relapse

#### Modules

<table>
<thead>
<tr>
<th>Identifying triggers of gambling</th>
<th>1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car loan</td>
<td>0</td>
</tr>
<tr>
<td>Store</td>
<td>0</td>
</tr>
<tr>
<td>Unpaid medical or health bill</td>
<td>0</td>
</tr>
<tr>
<td>Unpaid tax</td>
<td>0</td>
</tr>
<tr>
<td>Unpaid utilities bills etc.</td>
<td>0</td>
</tr>
<tr>
<td>Loans from family and friends</td>
<td>0</td>
</tr>
</tbody>
</table>

**Identify the financial issues you are most concerned about:**

- Example: I am concerned about losing my home and car because of unpaid debts.

**Ways to increase my income:**

- Example: got a second job on Saturdays. Estimated new income increased $20/month.

**Ways to reduce expenses:**

- Example: eliminated cable TV, trade in new car for an older car, reduce clothing expenditures cut to $20/month.

**Review Expenses:**

<table>
<thead>
<tr>
<th>Original expenses</th>
<th>Revised expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/mortgage</td>
<td>900</td>
</tr>
<tr>
<td>House maintenance</td>
<td>0</td>
</tr>
<tr>
<td>Utilities (gas, elec, etc.)</td>
<td>50</td>
</tr>
<tr>
<td>Telephone</td>
<td>20</td>
</tr>
<tr>
<td>Groceries</td>
<td>150</td>
</tr>
<tr>
<td>Car payment</td>
<td>150</td>
</tr>
<tr>
<td>Car insurance</td>
<td>2400</td>
</tr>
<tr>
<td>Gas</td>
<td>50</td>
</tr>
<tr>
<td>Other transportation</td>
<td>0</td>
</tr>
<tr>
<td>Category</td>
<td>Amount</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Gas</td>
<td>20</td>
</tr>
<tr>
<td>Other transportation</td>
<td>0</td>
</tr>
<tr>
<td>Clothing (average)</td>
<td>10</td>
</tr>
<tr>
<td>Meals out (average)</td>
<td>20</td>
</tr>
<tr>
<td>Child care</td>
<td>0</td>
</tr>
<tr>
<td>School expenses</td>
<td>12</td>
</tr>
<tr>
<td>Medical expenses</td>
<td>0</td>
</tr>
<tr>
<td>Life medical insurance</td>
<td>0</td>
</tr>
<tr>
<td>Property taxes</td>
<td>0</td>
</tr>
<tr>
<td>Cable television</td>
<td>30</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

Total expense: $2222
Total refund expense: $220

You have an estimated extra $144 a month that you can apply toward repayment of your debts.

Now consider how best to allocate your $144 a month towards your debts. Prioritize those debts that are causing you the most anxiety. If possible, it's a good idea to put some money (even $10 a month) toward all your debts so that you re-build the trust of your creditors and also see you making progress.

<table>
<thead>
<tr>
<th>Total owed</th>
<th>Monthly payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank loans (do not include mortgage)</td>
<td>300</td>
</tr>
</tbody>
</table>

Some other tips for helping you manage your finances and reduce your risk for relapse to gambling are shown below. Check off strategies that are relevant to you or that you may consider trying.

- Cancel your credit cards.
- Cancel your ATM card.
- Make sure your salary is automatically deposited into your checking account.
- Remove overdraft protection, so that you can't take out more money than you have.
- Eliminate your checking and bank accounts completely.
- Only keep the amount of cash you absolutely need each day ($5 for lunch).
- Tell your family and friends to NEVER lend you money.
- Sign a contract with your friends and family that they will NEVER lend you money.
- Keep a daily record of all your income and spending, for close budgeting.
- Share your budgeting record, including all receipts, with a trusted friend or partner to help you keep on track.

LOGOUT
Some other tips for helping you manage your finances and reduce your risk for relapse to gambling are shown below. Check off strategies that are relevant to you or that you may consider trying.

- Cancel your credit cards.
- Cancel your ATM card.
- Make sure your salary is automatically deposited in your checking account.
- Remove overdraft protection, so that you can't take out more money than you have.
- Eliminate your checking and bank accounts completely.
- Only bring the amount of cash you absolutely need each day (50 for lunch).
- Tell your family and friends to NEVER lend you money.
- Sign a contract with your friends and family that they will NEVER lend you money.
- Keep a daily record of all your income and spending for closer budgeting.
- Share your budgeting record, including all receipts, with a trusted friend or partner to help you keep on track.
- Have a partner or trusted friend or family member manage all your finances.
- Attend GA and sign up for a pressure relief session.
- Visit a consumer credit information center.

Seek professional financial advice if:
- You can't decide what to do and have little or no money left to repay debts after covering basic living expenses.
- You are more than 3 months late with payments.
- Creditors are threatening you or repeatedly calling you.
- You are considering bankruptcy.

Ninth Module Summary

The financial issues you are most concerned about are:

1. I need to stop paying off my student loans.
2. Ways to increase your income:
   - I could get a better paying job.
3. Ways to reduce expense:
   - I could cut down on entertainment costs.
   - I could cancel cable TV.
   - I could cut the heat down.

Your monthly total income is: 5,114
Your monthly expenses are: 3,292
Your revised monthly expenses are: 3,990
You have an estimated extra 2,444/month that you can apply toward repayments of your debts.
This is how you plan to allocate the extra 2,444 dollars.
COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

MODULES

1. Self assessment of gambling problem
2. Developing motivation
3. Identifying triggers of gambling
4. Reducing cravings
5. Coping with thoughts and urges to gamble
6. Changing emotions
7. Reducing financial stress
8. Making financial decisions
9. Long-term goals

<table>
<thead>
<tr>
<th>Strategies that are relevant to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only bring the amount of cash you absolutely need each day ($5 for lunch).</td>
</tr>
<tr>
<td>Tell your family and friends to NEVER lend you money.</td>
</tr>
<tr>
<td>Sign a contract with your friends and family that they will NEVER lend you money.</td>
</tr>
</tbody>
</table>

Seek professional financial advice if:
- You can’t decide what to do and have little or no money left to repay debts after covering basic living expenses.
- You are more than 3 months late with payments.
- Creditors are threatening you or repeatedly calling you.
- You are considering bankruptcy.

COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

Tenth Module

Finally, take some time to think about your life and what you would like to accomplish in the future. What things would you like to change about yourself?

Example: I want to pay off my debts and be more responsible. I want to learn to better control my anger. I want to have better relationships with my children.

1. I would like to spend more time
2. No
3. None

How do you envision your life without gambling in relation to accomplishing the goals above?

Example: If I start paying off my debts, I will feel more responsible. If I can control my anger better, I won’t gamble so much when I’m angry, and then I’ll have more money to pay off my debts. If I start paying off my debts, my children will see me being more responsible.

1. If good combination, I would have
2. None
3. None

What are some potential obstacles to you achieving the goals you described for yourself above?

Example: If I get laid off, I’m going to be in a really bad financial shape, and I might be tempted to start gambling again. If my doctor still won’t work with me even after I pay her back, I may feel I have no choice to stop gambling.
COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

MOTIVATION
1. Self-assessment of gambling problems
2. Developing motivation
3. Developing self-observation
4. Identifying triggers of gambling
5. Reducing cues exposure
6. Coping with thoughts and urges to gamble
7. Increasing alternative activities
8. Changing emotional thoughts
9. Reducing financial stress
10. Reducing relapse

OUTPUT

Example: If I get paid off, I'm going to be in a really bad financial shape, and I might be tempted to start gambling again. If my daughter still won't speak to me even after I try to pay her back, I may feel I have no reason to stop gambling.

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gambling gets in the way</td>
</tr>
<tr>
<td>If my family gets angry with me</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

What are some ways that you can think of now to manage these obstacles, if they occur? What are some other ways you can handle life problems, other than by gambling?

Example: If I get paid off, I will immediately start looking for work. Even taking a minimal job would be better than not working, because if I don't work I will have too much time on my hands. If my daughter still won't speak to me, I will not get angry. I will keep paying her back for the money I borrowed even if she doesn't appreciate it. If I don't get angry with her, eventually she will forgive me.

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can apologize and try to make amends</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

Making major life changes is a complex process. But, by accepting responsibility and taking small steps to achieving goals, you will be well on your way.

Problem gamblers may not always realize that gambling can be used to hide their real problems. Gambling becomes automatic and an easy way of dealing with problems. By involving what you really want, and keeping focused on making those changes, you will be well on your way to having a happy and fulfilling life without gambling.

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
</table>

automatic and an easy way of dealing with problems. By knowing what you really want, and keeping focused on making those changes, you will be well on your way to having a happy and fulfilling life without gambling.

No matter how well you have done reducing or eliminating your gambling, you have to expect that problems will recur from time to time. If you do slip, remember that a slip doesn't mean failure. A slip can instead have a very positive influence on your long-term goals. Remember all your achievements, and learn from your mistakes. You can learn from slips by recognizing your triggers and risky situations. Identify more appropriate ways of handling these triggers in the future, and learn how to stop gambling quicker if you do start.

Below, describe a strong urge you had for gambling, an actual slip that occurred, or a slip that you can imagine happening to you in the future.

Example: Bought 10 scratch tickets at the convenience store on the way home.

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had extra money and there was</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

What were the thoughts or events that preceded that thought or event?

Example: Was distracted, had a bad day at work. Wasn't even thinking about gambling until I already had the tickets in my hand.

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can make more money</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>
COGNITIVE BEHAVIORAL TREATMENT FOR PROBLEM GAMBLING

MODULES
1. Self-assessment of gambling problems
2. Developing motivation
3. Identifying triggers of gambling
4. Reducing cues
5. Coping with thoughts and urges to gamble
6. Learning alternate activities
7. Changing emotional thoughts
8. Reducing financial stress
9. Reducing shame

LOGOUT

What were the thoughts or events that preceded this thought or event?
Example: Was distracted, had a bad day at work. Wasn’t even thinking about gambling until I already had the tickets in my hand.

I can make more money
None
None

What can you do to prevent gambling from happening next time if you experience a similar event or feelings?
Example: Being only enough money for gas. Buy gas only from stores that don’t sell tickets. Think about other ways of relaxing when I have a bad day at work.

I can tell myself a bird in the
None
None

Congratulations
You have made major steps in tackling your problems with gambling.
If you need more help, you can contact www.npgwb.org.

Save & View Summary  Clear

Tenth Module Summary

Things you would like to change about yourself?
I would like to spend more time with my family

How do you envision your life without gambling in relationship to accomplishing the goals above?
If I gambled less, I would have more time and money

Some potential obstacles to your achieving the goals you described for yourself above:
Gambling gets in the way
My family gets angry with me, I do not want to spend time with them.

Some ways that you can think of new to manage those obstacles
I can apologize and try to make things right with them

A strong urge you had for gambling, an actual slip that occurred, or a slip that you can imagine happening to you in the future.
Had extra money and there was a 2 for 1 deal on scratch tickets

The thoughts or events that preceded that thought or event
I can make more money.
Some potential obstacles to your achieving the goals you described for yourself above:

Gambling gets in the way.
If my family gets angry with me, I do not want to spend time with them.

Some ways that you can think of now to manage these obstacles:

I can apologize and try to make things right with them.

A strong urge you had for gambling, an actual slip that occurred, or a slip that you can imagine happening to you in the future.

Had extra money and there was a 2 for 1 deal on scratch tickets.

The thought or event that preceded the thought or event

I can make more money.

What you can do to prevent gambling from happening next time if you experience a similar event or feelings:

I can tell myself that a bird in the hand is better than two in the bush.

Congratulations,
You have made major steps in tackling your problems with gambling.
If you need more help, you can contact www.npgweb.org.
APPENDIX O

Transcribed Qualitative Data from All Focus Groups

Participants A-O participated in the initial groups and were recruited from an undergraduate Abnormal Psychology course. Participants P-V participated in the final focus group and were recruited from a campus-sponsored poker tournament. Responses have been lightly edited for spelling and grammar, but the fundamental content has not been altered. SOGS scores are in parenthesis after each participant’s response.

1. **What did you like about the website?**
   a. I liked the lists of therapists & meetings/helpline. I like the estimated wager feature, & how it asks what do you think is bad about it. (7)
   b. Easy read/handling. Reasons why one would gamble. Interesting links about this issue, and ways to resolve this issue. (0)
   c. Easy access, very detailed. Gives Sources to further seek help. (2)
   d. It’s pretty easy to find what you need. It looks like it covers all the bases. (1).
   e. It’s a nice website. I think it could be very useful. I liked the checklist also, and you can submit it to get a summary. (0)
   f. The website seems to help people with their problem and it lists good sources to go to if you have a gambling problem. (0)
   g. I liked how in-depth it went with the questionnaires and I also like how it gives you an overview at the end of the modules. (1)
   h. It seemed easy to use and straightforward. The contacts page to find GA and such. (0)
   i. It assesses how much of a potential compulsive gambler a person may be. It is very detailed about giving explanations. (2)
   j. It was very informational. (0)
   k. That is had links to GA & counseling centers in Michigan. That it followed the same progression of actual treatment except it was on a computer. (1)
   l. The module that keeps track of when and how much you gamble. Confidentiality of a self-help type website seems more likely for people to use. (0)
   m. I liked the actual activities you can do to find out how much of a problem you have. The resources (i.e. list of meetings, hotlines, etc.). Also, the “budget” you can put together regarding your income – good for anyone – even non-gamblers. (0)
   n. Easy to use. (0)
   o. You can do it by yourself without having to spill your life events to a person. It goes over many of the situations that a gambler may encounter. I also really liked the expense calculator. (0).
   p. That you were able to save dn go back. The budget technique was good because people can see how much they spend. (1)
   q. The budget overview seemed effective. Saving the information halfway through. (0)
r. The step-by-step process. The resource links. The calendar that records how much you spend. (3).
s. Ability to save progress. Lot more detail than I expected. (5)
t. Easy to use. Provided a lot of information. (1)
u. Like the question seemed really detailed. (0)
v. It was very detailed, but very simple. (0)

2. What did you not like about the website? In particular, was there anything that may be difficult for people to understand?
a. How each treatment is 1 hour long & the whole things is just really long in general. Some of the choices of the questions should be more specific. (7)
b. Kind of plain, no eye appeal. Could have had real life stories/example from actual people with this problem. (survival & success stories). (0)
c. Seems impersonal, too easy to walk away from or stop. Too long! (2)
d. If I’m a serious gambler, I would really need to be motivated to want to look at this website, not get bored and think about gambling. (1)
e. The color is kind of bring (needs more color & possibly a bigger font). Cool 😊 (0).
f. Nothing entered (0)
g. It might have been just a little too long – could get “boring” and make someone not want to finish. (1)
h. The 1-5’s in the 5th module seemed tedious. (0)
i. Entering in the amounts in module 8 might get confusing if submitting and not paying attention. (2)
j. No, everything was understandable. (0)
k. It seemed like it took a long time and some people don’t like to sit at a computer answering questions for that long. (1)
l. There should be a different, more self explanatory name rather than “modules.” (0)
m. No, I thought it was relatively easy to use. (0)
n. Wasn’t that clear about its reliability to actually work once questionnaire had been completed. (0)
o. No, it seems pretty user friendly. People might use this and think they’re cured… There’s no real incentive for them to stop, but it might help them realize their problem to seek further help. (0)
p. The coding seemed to be a little flawed such as you can’t use conjunctions. (1)
q. Schedule? No intro or rationale. (0)
r. The color scheme, pictures, layout if so boring compared to websites online gamblers are used to; if you spiff up the site, maybe there will be more interest! (3)
s. More detail about the assessment section on the homepage. (5)
t. Takes a long time. Conjunctions (1)
u. It seemed really long. It’s a little plain. Not really appealing to the eye. (0)
v. I wasn’t sure if it was to tell you you have a problem or to treat the problem. (0)
3. Did you find the website user friendly? Why or why not?
   a. I don’t like the layout at all, & the colors are really ugly. It’s pretty user-friendly, I just think it needs a better design. (7)
   b. Yes, because it was an easy read/handle. (0)
   c. The website was very user friendly. (2)
   d. Yes, the website was very user friendly. It covers the bases & it is very easy to comprehend. (1)
   e. Yes, because it was a bunch of different things a gambler could relate to to help himself. Yes I liked how some of the modules you could enter info in and get results out of it. (0)
   f. No Response Provided. (0)
   g. It seemed pretty easy and user friendly. It gives you step-by-step instruction to go by and start and continue the website. (1)
   h. Yes, it wasn’t hard to follow. (0)
   i. Everything is self explanatory so that is definitely a good thing. It does not let you skip anything which is good for the recovery process. (2)
   j. Yes, because there was a link at the end that offered other information. (0)
   k. Yes, it seemed very straight-forward and something that people with limited computer skill/experience could use. (1)
   l. Yes, easy to run through and understand what each was about. (0)
   m. Very. It would be very useful, yet confidential to someone with a problem. (0)
   n. Yes, very simple. It did not overcomplicate its process. (0)
   o. Mostly self-explanatory – I’m sure a person who doesn’t really know about computers can use it. (0)
   p. Yes, but there could be some more pictures. The navigation works pretty well. (1)
   q. Yes, but it could be more lively. Easy to navigate. (0)
   r. Yeah, I wish there was more personality – more person, less technology. (3)
   s. Yes, it is very straightforward and easy to use and navigate. (5)
   t. No Response Provided. (1)
   u. Yes. It seemed easy to navigate. No when doing the logging, add more information. (0)
   v. The information was, and it was easy to understand, but it was very bland looking. The modules really help to keep things in order. (0)

4. Which important and/or critical topics did you notice were addressed?
   a. The positives of gambling vs. the negatives. The amount of money you gamble away. (7)
   b. That there were gambling anonymous sites where one could go to fix their problems; helpful. (0)
   c. Addressing, admitting the problem, showing the problematic behaviors.(2)
   d. Recognizing you have a gambling problem? When do you feel most compelled to do it? (1)
e. Gambler’s Anonymous number and some of the sessions you could go to that were up to date. I liked how you could keep track of how much you gambled away for the month(s). (0)
f. When it breaks down each month of what you spend gambling. Talked about which places you shouldn’t go. I liked that section because it helps the person realize that they shouldn’t go to those places. (0)
g. The gambling anonymous website and the website given with all therapists in Michigan if you needed to talk to someone in person. (1)
h. Who to talk to, how to identify the toll it takes. It seems to make a person be reflective and put things in perspective. (0)
i. What was the background story for why they may have started gambling. Where it might be difficult for them to talk about gambling or gamble with. (2)
j. Challenge & change your thoughts. Thoughts about gambling. (0)
k. That it addressed who you were with when you gambled most. (1)
l. Assessing yourself. Treatment options. Money managing help. 😊 (0)
m. Different kinds of gambling, “unhealthy” thoughts about gambling. How often you gamble and how much. (0)

n. The 5th module that is designed to gain awareness. (0)
o. Making people realize that they do have a problem if they’re spending so much time thinking about it. The three month map showing how much they really spend, if they remembered. (0).

p. Motivational topics were key. The amount of money spent. (1)
q. Challenging their view on winning vs. losing. Motivation. (0)
r. Money lost on gambling. How it affects someone’s loved ones. It’d be cool if after taking all of the info I put in if on the next page, my info was applied in a summary of what typically happens to get me to gamble rather than giving me the info back as a list – a summary, short story may help me to realize my habits more. (3)
s. No Response Provided. (5)
t. Actual amount of money spent. (1)
u. Spending money – over an amount of time. How it effects others that are around you. (0)
v. How much you were spending on gambling. The people who affected your gambling positively and negatively. (0)

5. Which important and/or critical topics were not addressed and should have been?
   a. How does gambling affect the people you love? How much time do you spend trying to improve your skills – have a time estimate generator. (7)
b. Nothing, pretty concise. Except maybe real life stories for others to relate to. (0)
c. N/A
d. It actually looks really thorough. None that I can think of. (1)
e. I wouldn’t know because I’m not an excessive gambler. But, I believe everything mentioned would be helpful. Accuracy is excellent! (0)
f. N/A (0)
g. N/A (1)
h. Perhaps I missed it, but I noticed that there should be more effective tips on how to treat the problem. (0)
i. Has gambling caused any trauma? (2)
j. None (0)
k. How accessible gambling is to the gambler (is there a casino, race track, etc., in their area?) and ways to stay away. (1)
l. Can’t think of anything. Maybe there could be some sort of testimonies from real people as motivation? (0)
m. Perhaps put up “the twelve steps” similar to that of NA, AA. (0)
n. Other problems that could be going on in one’s life to create gambling as an outlet. (0)
o. To have people reflect on the module they just finished, have a paragraph about how they should take time and reflect on their responses and how they can start to change before continuing on with the other modules. How they should reflect on their responses. How the person should not sit down and do all the modules at once. (0)
p. No Response Provided (1)
q. More examples of people who were successful in the program. (0)
r. Could you have testimonials to make this more impacting and personal? Not just for people who went on the site, but people talking about how hard it is to deal with a gambling problem. (3)
s. No Response Provided. (5)
t. No Response Provided. (1)
u. The people around you that are effected by your habits; Is your gambling affecting others? (0)
v. Maybe input from someone close to you, so it won’t be based on your socially acceptable answers. (0)

6. Do you feel that this treatment approach is a reasonable substitute for traditional, face-to-face therapy? Why or why not?
   a. Not really. I’m skeptical of “online” treatment. I think you have to get real treatment – there’s no person telling you/helping you. (7)
b. I think this site is tactful because it’s kind of like a journal in a way that one could pay attention to their habits & spending without having to share. Maybe one wouldn’t be so honest with another person, but they can be honest with themselves on this site. (0)
c. Yes and no. I feel like it’s a good start but too easy to walk away from but does offer a less humiliating way to address his/her problem. (2)
d. No I don’t feel it’s a reasonable substitute because it’s too easy to just walk away from it. It’s not like a person is sitting in front of you pushing or coaxing you to be truthful to yourself & really breaking down the issues. (1)
e. Yes because it is very private. But I think face to face would be better because you’ll have interactions and motivation. (0)
f. N/A (0)
g. It could be, but I feel as though someone with a problem would rather talk to someone face-to-face instead of to a computer. (1)

h. No, it is a good start, but it’s an artificial facsimile. It is good for identification & tips but not as treatment. (0)

i. For a person who does not want people knowing they have a problem, this may work best for them. Overall, it’s a substitution for traditional therapy, but the effectiveness will be unclear. (2)

j. Yes because it makes the person who has a gambling addiction see what is wrong. (0)

k. For some people who are self-motivated and know they need to stop gambling because it’s a problem, it could work for. Some people it wouldn’t work because they are still not sure they have a problem and it would be more effective for a person to tell you rather than a computer. (1)

l. Probably, it gives many options for any situations/scenarios. It probably depends on the person and what they need/want. (0)

m. Well, I believe actual face-to-face would be best. This would be good for someone who would not yet be comfortable talking to a professional about it. (0)

n. No, a computer can not ask follow-up questions like a therapist can. (0)

o. I wouldn’t say substitute, but it’s a good start to help them realize their problems. (0)

p. I think it does a good job but it is difficult to substitute for face to face. (1)

q. Yes, but for moderate problems. (0)

r. I feel like these questions are not to scale with the internal talk of a gambler. Could you use a “real gambler” to modify the questions so that they’re more realistic and useful? These questions are not very realistic. It could be paired with face-to-face therapy with the use of a journal aspect. No, people need people, not computers. (3)

s. Yes. It’s more economical and less time consuming. It may not be enough treatment for someone who has an extreme problem. (5)

t. Face-to-face therapy is much more effective because of commitment. (1)

u. I think it is. But, it just depends on how bad you want the help. Probably not an effect with people that have severe problems. (0)

v. It depends on the severity of your addiction. Also, usually when you do have an addiction, confronting your problem aloud is best. (0)

7. **Would you recommend this treatment protocol to a friend of family member who had a gambling problem? Why or why not?**
   a. Maybe to begin with. I think this is a stepping stone to admitting your problem is real, and actually getting treatment. (7)
   b. Yes, because of the above statements (6b). It would be good for them to recognize their problem/habits on their own.
   c. Yes but only if it is in addition to a therapy program. (2)
   d. Yes if it wasn’t severe. If it was a severe problem I would recommend face-to-face. (1)
   e. No, it takes some time that I’m sure they’re not willing to participate in. (0)
f. Yes, I would because the protocol really helps them understand their problem, and the places they can go or things they can do to help stop gambling. (0)
g. I would recommend this to someone who didn’t want to talk to a therapist just so they could see what they were doing to themselves; then maybe after they would go to someone for help. (1)
h. Yes, but only preliminarily. I would have them go to a GA meeting or therapist for full treatment. (0)
i. If they don’t want to see someone for treatment, I would recommend it. (2)
j. Yes, most definitely! My relatives would need it. (0)
k. Yes, it’s cheaper than therapy sessions and if someone had a gambling problem they probably don’t have a lot of extra money. Yes, some people are embarrassed to admit their problems to others and through this there is no embarrassment. (1)
l. Yes, because if someone really wants help, they need to do it on their own – this way they can and it seems to be very thorough.
m. Yes, I would definitely recommend the site to anyone who I suspected had a problem. It would be very helpful. (0)
n. No, it would take more than a website to cure an addition to gambling. (0)
o. No, because I don’t know of any that do. But if they did, I definitely would! (0)
p. Yes at least as a start and if it doesn’t work, then face-to-face. (1)
q. Yes, it could be effective. (0)
r. Only when paired with therapy unless they were a mild gambler. This website makes me want to gamble! It’s like how the DARE drug prevention program in grade school made me want to do drugs. (3)
s. No Response Provided. (5)
t. No Response Provided. (1)
u. Yes depending on how severe their gambling problem is. (0)
v. It depends on that person’s personality and the severity of their gambling problem. (0)