



Why Don't Problem Gamblers Seek Treatment? A Few Possible Reasons

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"If you build it, they will come..." were the prophetic words whispered on the wind to Ray Kinsella (Kevin Costner) in the movie *Field of Dreams*, encouraging Ray to build a baseball diamond in his corn field. He built it, and they came. The past several decades have seen a similar state of affairs in the world of problem gambling with the meteoric rise in the number of gambling venues and corresponding increase in the rates of gambling disorder. Many states and provinces have answered by establishing publically funded outpatient treatment programs, and jurisdictions have started or greatly developed their own responsible/problem gambling councils. So, we built it. Are they coming?

Clearly, the consequences of problem gambling are abundant. Gambling disorder is associated with multiple harms including financial losses, debt, bankruptcy, criminal behavior, family conflict, domestic violence, family neglect, occupational impairment, co-occurring mental health and addiction issues, and elevated gambling-related suicide risk. Nevertheless,

Suurvali et al., 2009). In a sample of problem gamblers recruited from the community, for example, we found that only 16% had ever sought problem gambling treatment (Lister, Milosevic, & Ledgerwood, 2015a). By contrast, 59% had sought treatment for co-occurring mental health problems.

The question remains, why do so few problem gamblers seek treatment? Few studies have attempted to grapple with this issue. Below we discuss some of the possible reasons why few problem gamblers seek help from gambling-specific programs. We explore the possibility of an interaction between three interconnected reasons for avoiding treatment: treatment barriers, the use of gambling as "self-medication" for coping with other mental health problems, and lack of motivation to change.

Reason 1: Treatment Barriers

An easy answer is that there are things that get in the way of problem gamblers seeking treatment. There are many environmental, social and attitudinal factors that can make it difficult to attend. In a recently published article, we found that several treatment barriers distinguished between problem gambling helpline callers who eventually went on to start treatment and those who did not (Khayyat-Abuaita, et al., 2015). These included lack of treatment availability, stigma around gambling, and uncertainty about what happens in treatment. Others have found that individual-focused barriers such as shame and embarrassment, privacy concerns and denial (Hodgins & El-Guebaly, 2000; Pulford et al., 2009), and environmental factors such as knowledge about and accessibility to treatment, past satisfaction with treatment services, anticipated cost of treatment, and family factors (Pulford et al., 2009; Suurvali et al, 2009; Evans & Delfabbro, 2005) make it much less likely that problem gamblers will seek out help.

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numerous studies have consistently demonstrated that a very small proportion of problem gamblers ever seek treatment for that disorder, with rates ranging from about 1 to 3 of every 10 gamblers (Slutske, 2006;

Reason 2: Coping with Co-occurring Psychiatric Disorders

Another potential reason problem gamblers are unlikely to seek treatment is that they don't view their gambling behavior as their primary problem. Many people with a gambling disorder may (knowingly or unknowingly) use gambling as a strategy to help cope with co-occurring psychiatric symptoms. In our studies, we found that 87% of problem/pathological gamblers reported at least one other lifetime co-occurring psychiatric disorder (e.g., major depression, alcohol use disorder). These co-occurring disorders typically cause distress, which may make gambling a particularly appealing strategy to offset or distract from painful emotions. We have found that problem gamblers with co-occurring depressive disorders (major depression, dysthymia) are more likely to have personality styles that make interpersonal relationships challenging via social isolation and alienation. Those problem gamblers with co-occurring depression also reported being more motivated to gamble as a means of coping with these painful emotions (Lister et al., 2015a). In a related study, we found that 1 in 5 problem gamblers were afflicted with post-traumatic stress disorder (PTSD), and were also more likely to report higher motivations to use gambling to cope with negative emotions (Ledgerwood & Milosevic, 2015). Indeed, there is evidence that a majority of problem gamblers in treatment have experienced a major trauma at some time (Ledgerwood & Petry, 2006). Further, problem gamblers with co-occurring alcohol use disorders (approximately 60% of problem gamblers) may be especially unlikely to view treatment for their gambling as beneficial. We found that problem gamblers with co-occurring alcohol dependence were likely to have another substance/drug dependence disorder, and their personality styles were characterized by impaired control (making responsible gambling unlikely), resistance to authority (limiting their interest in directed or abstinence-based approaches), and low levels of positive emotion (hopeless about their futures) (Lister, Milosevic, & Ledgerwood, 2015b). These findings show that problem gamblers with co-occurring alcohol problems are especially challenged when trying to break free from the rewarding processes of gambling (e.g., gamblers are typically motivated by the excitement, escape and social connections that gambling can bring). Finding motivation to start problem gambling treatment likely represents a last-ditch option only undertaken when the consequences of gambling and addictive behavior outweigh the benefits.

Reason 3: Challenges to Identity and Resistance to Change

A third reason that problem gamblers may resist (or lack motivation to initiate) treatment may be the overwhelming changes required to their views of themselves and their identity. Typically, treatments address changes to the problem gambler's thoughts and behaviors related to gambling. However, many problem gamblers build their lives around going to the casino and making bets as the gambling environment can be fun, exciting, and offers the potential to win money (Lee, Chae, Lee, & Kim, 2007). Problem gamblers also report that gambling is one of the activities where they feel the most comfortable and alive (Lister, Wohl, & Davis, 2015; Sanger, 2003). These type of rewarding outcomes and feelings may be especially challenging for the problem gambler to give up or change, and many may remain in denial even as consequences (e.g., financial, occupational, interpersonal) and distress (e.g., anxiety, irritability, hopelessness) associated with their gambling continue to worsen (Custer, 1984). The problem gambler who seeks treatment in some respects has to acknowledge that he or she has a gambling problem, which will likely be very hard to admit, and may make the gambler feel regret about all the wasted time, money, and personal losses (e.g., job loss, divorce) he/she has suffered as a result (Kim et al., 2014). In sum, gambling represents a multi-faceted form of identity to many problem gamblers, and seeking treatment will ultimately require (in addition to changing gambling thoughts and behaviors) problem gamblers to change how they define themselves (i.e., create a new identity), and to find new behaviors and activities that they enjoy and feel are in harmony with the new self they are creating in their recovery process.

Conclusion

We have an infrastructure to treat problem gamblers, and in many cases treatment is free to clients. However, as of yet, relatively few of potential clientele have been drawn to these resources. That is to say, we have built it, but they have not come (at least most of them haven't). To improve the appeal of problem gambling treatment, it is essential that all stakeholders (clinicians, programs, funders, people in recovery, etc.) act as agents for reaching out to problem gamblers to provide education about the benefits of treatment. Furthermore, the field would benefit from: improved screening and referral efforts (at substance abuse/mental health clinics) for gambling; increased public education regarding gambling as an addiction/

mental health problem; treatment that integrates focus on co-occurring disorders and gambling disorder; and treatment that cultivates change motivation by addressing the important role that gambling often represents for people with gambling disorder.

Decades of community care and clinical trial research show that treatments for problem gambling are effective. It is important that we understand that reluctance to seek treatment for a gambling disorder is likely due to a complex constellation of factors that include the interrelation between external barriers, difficulty coping with co-occurring symptoms and the deeper inter- and intra-personal roles that gambling plays in the problem gambler's life. We have built it, but our structure can surely be improved by paying attention to the reasons problem gamblers resist joining us out on the playing field.

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New Directions in the Psychology and Neuroscience of Gambling

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Why do so many people gamble when they are aware of 'house edge' and the long-term inevitability of losing money? Are some forms of gambling more addictive than others, and if so, what psychological properties underlie this abuse potential? Among groups of regular gamblers, why are some individuals able to control their spending while others escalate into disordered play? These are just some of the key questions that drive our research at the Centre for Gambling Research at the University of British Columbia (UBC), a new research unit in the Department of Psychology, which opened in the summer 2014. The Centre was established by a \$2 million investment from the British Columbia Lottery Corporation and the British Columbia government, and our dual objectives are to reduce the harms that are associated with problem gambling and enhance evidence-based public policy decisions concerning gambling. One of the other major goals of the Centre is to invigorate gambling research in a province that historically has not taken a lead in this area, but where world class institutes exist in addictions research, cognitive psychology, public health and behavioral economics, which we will leverage to drive significant advances in the science of gambling.

Before moving to Vancouver to take up my post as the Director of this new Centre, I co-directed the Laboratory for Affect, Risk and Gambling Experiments at the University of Cambridge in the UK. The research focus at the new UBC Centre is somewhat similar to our program in Cambridge. At UBC we study the psychology and the neuroscience of gambling behavior using a variety of different methods including behavioral analysis and neuropsychology, functional brain imaging, pharmacological challenge, and investigation of patients with brain injury. Our research in the UK involved a series of projects in people experiencing gambling problems, in collaboration with Henrietta Bowden Jones at the National Problem Gambling Clinic in the UK. This work was funded by the Medical Research Council as part of their Addictions initiative, and involved neurocognitive testing (Michalcsuk et al., 2011), PET imaging of different neurotransmitter systems including dopamine (Clark et al., 2012b), and functional MRI. We also worked for many years on the role of game features (structural characteristics)

in eliciting psychological distortions, with our group having conducted the first neuroimaging experiments drawing attention to the effects of slot machine near-misses (Clark et al., 2009).

These lines of inquiry also form the two main lines of work at the UBC Centre. In June 2015, we began recruiting individuals experiencing gambling problems from the Greater Vancouver area for the first study of its kind in British Columbia. In this ongoing project, we are looking at bodily awareness in problem gamblers, and also using some tasks from behavioural economics to characterize the use of probability as well as gain and loss-related information by problem gamblers. There is additional information, including contact details for participation, on our website www.cgr.psych.ubc.ca/research/participate/

We also continue to work to understand gambling games themselves - how these games act on the gamblers' decision-making, and how they impact a person's vulnerabilities to developing gambling problems, such as high trait impulsivity. Much of this research is directed at modern Electronic Gambling Machines (EGMs), which we regard to be one of the more harmful and 'addictive' forms of gambling (Murch & Clark, 2015). Our ability to study these games has been advanced considerably by the design of our 'Casino Lab', which houses four EGMs in a controlled, semi-naturalistic environment. Our participants play the machines using real money, and the wins or losses during their sessions are reflected in a financial bonus on completion.

These experiments have required a considerable amount of optimization over the past year, as these commercial machines that have previously seen service in British Columbia casinos do not generate a convenient 'output file' from each play session similar to a computerized psychological test. Instead, we need to rely upon physiological monitoring equipment, where 'skin conductance levels' (sweating from the fingertips) and cardiac activity (Clark et al., 2012a) are recorded. This equipment also receives webcam footage from the EGM monitor (to time-stamp jackpot wins and bonus rounds) as well as USB inputs whenever the participant presses the "spin" button.

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One of the current projects in our Casino Lab is to test a recent hypothesis from the Massachusetts Institute of Technology (MIT) cultural anthropologist Natasha Dow-Schull (Dow-Schull, 2012) that regular EGM gamblers are motivated to play not by the visceral thrill of winning (or wagering money) but in order to achieve an escape from reality, that one might call 'immersion' or the 'Machine Zone'. This is an intriguing idea, not least due to the empirical challenge of measuring a fragile state that many behavioural probes will immediately disengage the player from ("Are you immersed in the game right now?" - "Well I was"). It is interesting to speculate whether some players may enter this state more easily than others, and whether this ability might contribute to disordered gambling vulnerability, specifically in relation to slot machines. Another project is looking at how amateur and more experienced players make use of the stopper button on modern slot machines (a classic illusion of control device (Ladouceur & Sévigny, 2005)). We have even run some experiments looking at the relationships between gambling and alcohol consumption - this is actually an important issue for policy, as the availability of alcoholic beverages within gambling facilities is a recurrent point of debate for new casino developments.

As an academic, I was aware that moving universities can hinder the research process, but nonetheless I have been pleased with the progress that we have

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made in the first year at the UBC Centre. This has been helped enormously by our new recruits, Stephanie Chu, Spencer Murch and Caylee-Britt Goshko, as well as some visiting researchers from my former lab in Cambridge: Juliette Tobias-Webb and Tilman Lesch. In September 2015, I began teaching a new undergraduate course titled Gambling and Decision Making to third-year psychology students. Very few universities offer a full-semester course on gambling behavior, and our course is purposefully inter-disciplinary, drawing on material from addictions science, judgment, decision-making, cognitive neuroscience and public policy.

The first year has also been a timely reminder that research should be fun. We have regular film sessions in the lab where we review classic movies on gambling, and blog afterwards about the films' portrayal of problem gambling and responsible gambling. Rounders, 21, Owing Mahowny and others have come under the spotlight and we are always happy to receive film recommendations for this series. The bustling gambling field within Canada also ensures a busy conference schedule with many opportunities for sharing our results. If you would like to learn more about our research, whether as a participant, potential graduate student, or simply for interest, please visit our website at www.cgr.psych.ubc.ca or you can follow us on Twitter @CGR_UBC or @LukeClark01.

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The Annual Holiday Campaign



The Holiday season is approaching quickly, and once again the widely endorsed annual Holiday Lottery Campaign is underway. This annual campaign, a collaborative initiative of the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University and the National Council on Problem Gambling (NCPG), encourages lottery corporations in North America and around the world to share the message that when gifting lottery tickets, it is important to keep the recipient's age in mind. Momentum and participation in this NASPL and European Lotteries endorsed Holiday Lottery Campaign is growing steadily and participation is free.

Studies show a growing number of high school students reportedly receive one or more lottery tickets or scratch cards as gifts. Additionally, research shows that the majority of adolescents gamble at least occasionally, and that lottery products may be a gateway to problem gambling. Youth gambling has been shown to be linked to other risk-taking and addictive behaviors such as smoking, drinking and drug use.

Last year, 37 lottery organizations world wide formally participated in this initiative. We are continuing to expand our collaborative efforts to promote responsible gambling. This year, we have produced industry-specific materials that will help lottery corporations spread the message including a playcenter insert. The playcenter insert

has been designed to publicize this initiative and lottery corporations are encouraged to use it in their retail locations. The insert was designed to facilitate rapid and easy lottery corporation customization. A space is provided on the insert enabling lotteries to add their corporate logo prior to printing. We also encourage lottery corporations to develop their own materials and responsible gambling initiatives based on the Holiday Campaign theme.

As of November 12, 2015, the following lotteries have joined the 2015 Holiday Campaign:

United States

Arizona Lottery, California Lottery, Connecticut Lottery Corporation, DC Lottery and Charitable Games, The Georgia Lottery Corporation, Hoosier Lottery (Indiana), Kentucky Lottery, Maryland State Lottery and Gaming, Massachusetts State Lottery Commission, Michigan Lottery, Minnesota Lottery, Missouri Lottery, New York Lottery, North Carolina Education Lottery, Ohio Lottery, Oklahoma Lottery, Pennsylvania Lottery, Oregon Lottery, South Dakota Lottery, Tennessee Lottery, Texas Lottery, Virginia Lottery

Canada

Alberta Gaming and Liquor Commission, Atlantic Lottery, British Columbia Lottery Corporation, Loto-Quebec, Manitoba Liquor & Lotteries, Nova Scotia Gaming Corporation, Ontario Lottery and Gaming Corporation, Saskatchewan Lotteries

International

Austrian Lotteries, AB Svenska Spel (Sweden), Hrvatska Lutrija d.o.o. (Croatia)

News Briefs...

“Jackpocket” App Released

A new app, Jackpocket, released in September allows players in New York State to purchase lottery tickets from their phone. The app is the brain child of Pete Sullivan whose father’s lottery ticket buying often caused Pete to be late for his own sporting practice events. Sullivan thought it would be ideal if people could have the convenience of purchasing lottery tickets from their phone. The app was more than two years in development and launched in September in New York. Once players purchase tickets using their credit card from a cell phone, a Jackpocket employee purchases the actual tickets from a lottery vendor. The tickets are then scanned, a picture of the actual ticket is emailed to the player, and the ticket is securely stored. The app is free to use and all winnings for a ticket are paid to the player. The app notifies players of a win and if less than \$600 is won, the monies are deposited to the player’s Jackpocket account which can then be used to purchase more tickets or the funds are transferred to the player’s own bank account. If the ticket wins more than \$600, the ticket is securely delivered to the player. There is a \$100 daily cap on lottery ticket purchases. Currently, the app is only available in New York State but the developers are hoping to expand sales into other states. Jackpocket is not a lottery retailer. Rather it is a service that purchases and stores lottery tickets for players. The service reportedly sold \$15,000 in tickets on its first day.

Play at the Pump

The California lottery has initiated lottery tickets gas pump purchasing at select locations in Sacramento and Los Angeles. This is an expansion of the existing “Play at the Pump” program that has been operational for about a year in other California jurisdictions such as Rosedale. “Play at the Pump” enables players to purchase up to 20 Quick Pick lottery tickets when paying with debit or credit cards at the pump. By offering this service at the pump, the lottery is able to market tickets to a segment of customers who never enter the gas station store. The system is expedient. Before pumping gas, players swipe their debit/credit card, choose the game and how many Quick Picks they want to buy. There is a \$1 flat fee per transaction and players are limited to spending \$50 a week on “Play at the Pump” tickets. Players must also verify that they are 18 years old by entering a driver’s license or state-issued ID number. This ticketless system issues a gas pump receipt detailing the player’s lottery ticket numbers. An optional feature enables players to receive a text message with a link to their numbers. Some store owners report an increase in store income since Play at the Pump has been introduced.

Post Doctoral Position Available

An immediate opening for a post-doctoral fellow focused upon studying youth risk-taking behaviors is available. A doctorate degree in developmental, clinical, school/applied, social, experimental or health psychology, addictions research, or related field is required. Fluency in French is an asset. An understanding of addictions is beneficial but not required. The candidate must have skills in statistical analyses and research methodology, and experience in using SPSS and/or SAS for data analyses. The successful candidate should be highly motivated, have strong library research skills, experience in academic writing, strong analytic skills, and be able to conduct field-based research projects independently. We are searching for someone who is independent, yet who enjoys working in a collaborative environment. We are offering either a one-year or two-year position. Salary is commensurate with other post-doctoral positions. The successful candidate will work in the area of youth risk-taking behaviors and will become an active member of the International Centre for Youth Gambling Problems and High-Risk Behaviors. He/she will be responsible to the director of the centre and will work closely with the research faculty, other post-doctoral candidates and graduate students. Responsibilities will include developing and conducting field-based research studies, analysis of data, manuscript writing, assistance with grant writing, and literature searches. The candidate will also contribute toward the development, production, and distribution of a quarterly publication. Opportunity to present at national and international conferences is offered and the candidate is expected to publish in peer reviewed journals.

Please e-mail or mail letter of application, curriculum vitae and three reference letters to:

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Recent Publications and Presentations

REFEREED PUBLICATIONS

Derevensky, J. & Gilbeau, L. (2015). Adolescent gambling: Twenty-five years of research. *Canadian Journal of Addiction/Le Journal Canadien d'Addiction*, 6, 4-12.

Martins, S., Hedden, S., Goldweber, A., Storr, C., Derevensky, J., Stinchfield, R., Ialongo, N., & Petras, H. (in press). Childhood aggressive behavior and late adolescent gambling problems: Is there an association? *Journal of Clinical Child and Adolescent Psychology*.

St-Pierre, R., Temcheff, C. & Derevensky, J. (in press). Adolescent gambling and problem gambling: Examination of an extended Theory of Planned Behaviour. *International Gambling Studies*.

St-Pierre, R. & Derevensky, J. (in press). Youth gambling behavior: Novel approaches to prevention and intervention. *Current Addiction Reports*.

St-Pierre, R., Temcheff, C. & Derevensky, J. (in press). Theory of Planned Behavior in school-based adolescent problem gambling prevention: A conceptual framework. *The Journal of Primary Prevention*.

BOOK CHAPTERS

Derevensky, J. (2015). Youth gambling problems. In Y. Kaminer (Ed.), *Youth substance abuse and co-occurring disorders*. Washington, D.C.: American Psychiatric Press, 307-336.

Derevensky, J., Csiernik, R. & St-Pierre, R. (in press). Problem gambling: Current knowledge, clinical perspectives and concerns. In R. Csiernik & W. S. Rowe (Eds.), *Responding to the oppression of addiction: Canadian social work perspectives, Third Edition*. Toronto: Canadian Scholars Press.

Marchica, L. & Derevensky, J. (in press). Prevention of impulse control disorders. In J. Grant & M. Potenza (Eds.), *Oxford handbook of impulse control disorders*. New York: Oxford University Press.

Yau, Y., Derevensky, J. & Potenza, M. (2015). Pathological preoccupation with the Internet. In Y. Kaminer (Ed.), *Youth substance abuse and co-occurring disorders*. Washington, D.C.: American Psychiatric Press, 337-350.

CONFERENCE PRESENTATIONS

Russell, A., Gainsbury, S., Hing, N., Delfabbro, P., King, D., Blaszczynski, A. & Derevensky, J. (2015). *How does the use of social media by gambling operators relate to gambling behaviour and problem gambling?* Paper to be presented at the 25th National Association of Gambling Studies, Adelaide, Australia, November.

Deans, E., Thomas, S., Daube, M. & Derevensky, J. (2015). *Creating symbolic cultures of consumption: An analysis of the content of sports wagering advertisements in Australia*. Poster presented at the 3rd Population Health Congress, Hobart, Australia, September.

Pitt, H., Thomas, S., Daube, M. & Derevensky, J. (2015). *Analysis of marketing appeal strategies for children in sports betting advertising*. Poster presented at the 3rd Population Health Congress, Hobart, Australia, September.

Kim, A., Hollingshead, S., Wohl, M. & Derevensky, J. (2015). *A new reduction strategy for disordered gamblers: The potential benefits of social casino games*. Poster presented at the annual Discovery Conference, Toronto, April.

INVITED PRESENTATIONS

Derevensky, J. (2015). *Why are we concerned about adolescent online gambling?* Invited address presented at the 2015 International Great Scholar Forum, Seoul, Korea, August.

Derevensky, J. (2015). *Problem gambling, where do we start: Thoughts from a national perspective*. Invited address presented at the Ohio Problem Gambling Services Strategic Planning Forum, Bowling Green, Ohio, November.

Derevensky, J. (2015). *Problem gambling is an important public health issue*. Invited address presented at the Northwest Ohio Gambling Summit, Bowling Green, Ohio, November.

Derevensky, J. (2015). *Youth gambling: Myths, realities and lessons learned*. Invited keynote address presented at the Northwest Ohio Gambling Summit, Bowling Green, Ohio, November.

News from the Centre... Upcoming Events

Congratulations to Dr. Renee St-Pierre....



We are pleased to announce that Renee St-Pierre successfully defended her doctoral dissertation entitled: *Negative Anticipated Emotions and the Theory of Planned Behaviour in Adolescent Gambling Behaviours and Problem Gambling Prevention*. We wish her tremendous luck in her future endeavors.

Welcome to...



We welcome Yaxi Zhao to our Centre team. Yaxi is a Master's student in the Human Development Program at McGill University. She completed her B.Sc. in Psychology in 2015 at Sun Yat-sen University, China. She was a research trainee at McGill University during the summer of

2014, focusing on Passion and Optimal Functioning. Her current research interests include college policies for high-risk behaviors, cultural difference in people's high-risk behaviors and relevant policies, and the potential mechanisms behind high-risk behaviors.

Collaborative Research with Harvard

Our Centre is actively engaged in a collaborative research project with Harvard's Division on Addiction concerning college gambling policies.

Dr. Derevensky Quoted in New York Times

Dr. Derevensky was recently interviewed in the New York Times "Cash Drops and Keystrokes: The Dark Reality of Sports Betting and Daily Fantasy Games" story.

Thank You to Amaya Inc.

We would like to thank Amaya Inc. for their generous research support.

- **CSA / Mise sur Toi: Issues of Substance Conference**
November 16-18, 2015
Montréal, Québec
- **NAGS Conference: More than Just a Game**
November 25-27, 2015
Adelaide, Australia
- **BCLC's New Horizons in Responsible Gambling**
February 1-3, 2016
Vancouver, B.C.
- **International Gambling Conference**
February 10-12, 2016
Auckland, New Zealand



YGI Newsletter

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