



Pathological Gambling and the DSM-V: Potential Impact on Adolescents

By Nancy M. Petry, Ph.D., University of Connecticut Health Center

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the primary classification system for diagnosing psychiatric disorders in the United States, and it is widely used in other countries as well. In the fifth edition of this manual, The American Psychiatric Association

(APA; 1994) is likely to make some modifications to the diagnosis of pathological gambling. Recommendations include altering the section in which it is classified and name of the disorder, reducing the number of criteria needed for a diagnosis, and removing one of the criteria. The rationale for each of these suggested changes is described below, along with potential implications for adolescent gambling treatment and research.

Boudreault, Jacques, & Vitaro, 1999). In addition, there are similarities in presentation of some clinical symptoms of substance use disorders and pathological gambling (Petry, 2006), and treatment approaches for pathological gambling are often based on those developed for substance use disorders (Hodgins et al., 2001; Petry, Ammerman, Bohl, Doersch, Gay, Kadden, et al., 2006; Petry, Weinstock, Morasco, & Ledgerwood, 2009). Moving pathological gambling to the substance use disorders section is likely to improve recognition of this disorder among adolescents receiving treatment for substance use disorders.

The Workgroup has also suggested that the name of the disorder be changed to "disordered gambling." Other terms, including "compulsive gambling" and "problem gambling," were considered. However, the term "compulsive" is commonly applied to disorders associated with anxiety, and "problem gambling" has often been used in the literature to refer to a sub-diagnostic threshold condition and therefore may unintentionally minimize the severity of the disorder. A change in

In the fourth and earlier editions of the DSM, pathological gambling was classified in the "Impulse-Control Disorders Not Elsewhere Classified" section. For the fifth edition, the Substance Use Disorders Workgroup of the APA's DSM committee has made a suggestion to move pathological gambling to the chapter associated with drug and alcohol use disorders. The consistently high rates of comorbidity between substance use disorders and pathological gambling in both adults and adolescents were the driving force behind this suggested change (Petry, Stintson & Grant, 2005; Kessler, Hwang, LaBrie, Petukhova, Sampson, Winters, et al., 2008; Ladoucuer,

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name for the disorder is expected to reduce stigmatization associated with the term “pathological.”

In addition to location and terminology alterations, the Workgroup recommended that one of the ten criteria be eliminated. The least often endorsed of the criteria is the one related to committing illegal acts to gamble such as forgery, fraud, theft or embezzlement (Blanco, Hasin, Petry, Stinson & Grant, 2006; Gerstein, Volberg, Toce, Harwood, Johnson, Buie, et al., 1999; McBride, Adamson, & Shevlin, 2010; Strong & Kahler, 2007). Further, item response theory reveals this criterion adds little to classification accuracy (Grant, unpublished data, 2010).

The final recommendation of the Workgroup is to reduce the number of criteria necessary for a diagnosis from five to four. Adult epidemiological surveys reveal that meeting four criteria improves classification accuracy (Jiménez-Murcia, Stinchfield, Alvarez-Moya, Jaurieta, Bueno, Granero, et al., 2009; Stinchfield, 2003; Stinchfield, Givoni & Frisch, 2005). Hence, the Workgroup recommends that a diagnosis be made when one meets four of nine criteria.

The basis for these changes derived mainly from analyses of criteria endorsement among adult samples, and a number of challenges remain in terms of understanding gambling in adolescents.

At present, no well-validated instrument exists for diagnosing pathological gambling in youth and adolescents, and prevalence rates vary vastly across the different instruments and samples tested (Stinchfield, 2010). Increased attention should be paid to psychometric properties of screening and diagnostic instruments, which in turn could lead to more research related to the suitability of the DSM-V criteria for adolescent gamblers. Few adolescents seek treatment for gambling (Hardoon, Derevensky & Gupta, 2003), and treatment, early intervention, and prevention efforts for this population will benefit from reliable and valid methods of assessment of the disorder. ♦

Can a Poker Star be a True Champion?

Quebecer Jonathan Duhamel hit it big with his November 2010 multi-million dollar WSOP poker win. The university dropout won nearly \$9 million in the tournament. Gambling researchers have expressed concern about the implications of his big win worried that other youth may be inclined to jump on the poker bandwagon in an effort to emulate his successful win. However, Jonathan Duhamel has indicated that he “does not want to glorify anything with his win.” He believes that poker should be played for fun-not money. To his credit, in his post-win press conference, he indicated “I do not recommend that anybody should quit school. I am kind of an exception out there.” Hopefully youth will listen to his “do as I say, not as I do” message. ♦



Development of the Canadian Adolescent Gambling Inventory (CAGI)

By Randy Stinchfield, Ph.D., University of Minnesota and Joel Tremblay, Ph.D., Université du Québec à Trois-Rivières

How do you measure problem gambling in an adolescent? That was the question posed to Stinchfield and Winters in 1989 when we were about to undertake the first youth problem gambling survey in Minnesota. At the time, there was no measure of youth problem gambling available and the SOGS was the prominent measure of adult problem gambling so we revised the SOGS for adolescents and it became known as the SOGS-RA, where RA stands for Revised for Adolescents. However, RA has also been referred to, with tongue in cheek, as “Rough Approximation”. In spite of its flaws, the SOGS-RA has been widely used and there continues to be great interest in measuring youth problem gambling.

Adolescents gamble and some develop problems associated with their gambling. Estimates of the prevalence of adolescent problem gambling range from as low as less than 1% to as high as 21%, and this large range of estimates is largely due to a lack of a standard instrument that we can all agree on using, which results in measurement imprecision. Therefore, an instrument specifically designed to measure adolescent problem gambling severity was needed and deemed a research priority. In 2003, a consortium of Canadian provincial funding organizations directed a five-member research team to

develop a measure of adolescent problem gambling under the auspices of the Canadian Centre on Substance Abuse (CCSA). The five-member research team included Dr. Jamie Wiebe of Ontario, Dr. Harold Wynne of Alberta, Dr. Joel Tremblay of Quebec, Dr. Harvey Skinner of Ontario, and Dr. Randy Stinchfield of Minnesota (Dr. Harvey Skinner was subsequently unable to continue due to his workload).

The CAGI development project proceeded in three phases. The first phase involved a comprehensive review of the literature and the development of a conceptual framework and operational definition, including a critical review of existing instruments. The second phase involved the development of a large item pool and early scale development as well as assessments of reliability and validity on a large school-based adolescent sample. The third phase involved the refinement of scales and tests of the classification accuracy of a diagnostic scale with a clinical sample. The CAGI development process included working with both French and English versions, the two official languages of Canada. This resulted in the CAGI being tested with both French and English speaking adolescents and items were retained that showed evidence of good reliability and validity in both language versions.

The first phase was the starting point and we wanted to develop an adolescent instrument from the ground up, rather than adapt an adult instrument for adolescents. Phase 1 involved an extensive literature review (e.g., gambling, substance abuse and addictions among youth), with a focus on developing our own conceptual framework and operational definition. It also included a critical review of existing instruments, namely the SOGS-RA, DSM-IV-J, DSM-IV-MR-J, and the MAGS. This phase also involved an expert panel and focus groups of adolescents which resulted in a 51-item pool, in both the French and English languages. (See Wiebe, Wynne, Stinchfield & Tremblay, 2005, *Measuring Problem Gambling in Adolescent Populations: Phase I Report* at: http://www.ccsa.ca/2008_CCSA_Documents2/Cagi_phase1_report.pdf).

The second phase involved taking our conceptual framework and the item pool from Phase 1 to create a first draft of the CAGI for pilot testing with 472 students in Manitoba and Quebec. Next, refinements were made based upon pilot testing and a subsequent administration of the CAGI to a larger school-based sample of 2,394 Canadian adolescents in both provinces for the purpose of early scale development and estimates of psychometric properties. We also

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wanted to administer the CAGI to adolescents in treatment for pathological gambling, but after an extensive search across much of Canada, none were found. (See Wiebe, Wynne, Stinchfield & Tremblay, 2007. The Canadian Adolescent Gambling Inventory (CAGI): Phase 2 Final Report at: [http://www.ccsa.ca/2008 CCSA Documents2/CAGI Phase 2 Report-English.pdf](http://www.ccsa.ca/2008_CCSA_Documents2/CAGI_Phase_2_Report-English.pdf)).

The third phase addressed the limitations of Phase 2 which included a lack of adolescents with known gambling problems. Phase 3 recruited a new sample of adolescents from substance abuse treatment programs and youth service centers in Quebec thought to be at higher risk for problem gambling. This phase focused on refining the scoring system, identification of accurate cut scores, and computing classification accuracy indices for the CAGI scales. (See Tremblay, Stinchfield, Wiebe, & Wynne 2010. Canadian Adolescent Gambling Inventory (CAGI): Phase III Final Report at: [http://www.ccsa.ca/2010 CCSA Documents/CAGI_Phase_III_Report_e.pdf](http://www.ccsa.ca/2010_CCSA_Documents/CAGI_Phase_III_Report_e.pdf)).

The CAGI is available at the following website: [http://www.ccsa.ca/2010 CCSA Documents/CAGI_Survey_Instrument_e.pdf](http://www.ccsa.ca/2010_CCSA_Documents/CAGI_Survey_Instrument_e.pdf). It is a 44-item paper-and-pencil questionnaire that can be administered in 20 minutes. The CAGI goes beyond the simple single scale instruments used to assess gambling by measuring the multiple domains of gambling problem severity. It has 20 items that measure gambling frequency using six-point response options and time spent gambling in a typical week on 19 forms of gambling as well as money and items of value lost gambling. The second half of the CAGI includes 24 items that measure five problem gambling domains using four-point response options: (a) gambling problem severity (9 items); (b) psychological consequences (6 items); (c) social consequences (5 items); (d) financial consequences (6 items); and (e) loss of control (4 items). The timeframe of the CAGI inquires about gambling behaviors in the past three months to match an adolescent's focus on recent activities rather than the distant past, particularly since

adolescence is a time of rapid changes and development. An adolescent's behavior of a year ago may not reflect their current behavior at all. The intent of the developers of the CAGI was also to reflect the continuum and the complexity of gambling behavior rather than a dichotomy of existing instruments that measure either presence or absence of problem gambling. The developers also wanted to produce an instrument that would be useful for epidemiological studies as well as for clinical settings. Early estimates of reliability, validity and classification accuracy are satisfactory as reported in the Phase 3 final report.

While the CAGI scales and the scoring system show evidence of good reliability, validity, and classification accuracy, they should be considered initial efforts because they have been based on relatively small samples of Francophone and Anglophone Canadian youth. Additional psychometric research will need to be conducted on larger and more diverse samples of youth before its widespread acceptance. ♦

Michael Walks America

On October 4, 2010 Michael K, started an incredible journey from his home in Seattle. Michael, a recovering compulsive gambler, is walking across the continental United States to raise awareness about compulsive gambling addiction. The Compulsive Gambling Foundation, which provides education, awareness, prevention and assistance to people and family members affected by prob-

lem gambling, has partnered with Michael. While raising awareness about compulsive gambling is Michael's primary goal, he also hopes that his cross-country trek will enable him to raise funds to help compulsive gamblers who want recovery but are unable to finance therapy and treatment. You can follow his journey at: www.michaelwalksamerica.com. ♦

Warning: Improper use of the Internet and Social Media Websites May Be Harmful to Teen Health?

By Renee St. Pierre, M.A. – International Centre for Youth Gambling Problems and High-Risk Behaviors

In 2003, 13-year-old Ryan Patrick Halligan took his own life soon after middle school classmates extended their schoolyard harassment and humiliation about his alleged same-sex sexual orientation and embarrassing private information to online instant messages (Blumenfeld & Cooper, 2010). In 2006, 13-year-old Megan Meier committed suicide when her MySpace teenage boyfriend began posting derogatory statements on her profile such as, “the world would be a better place without you.” It was later

(Narain, 2009). In September of this year, 18-year-old college freshman Tyler Clementi ended his life following the online streaming of his intimate encounter with another man by his college roommate and another classmate (Foderaro, 2010). Although these highly publicized anecdotal cases are considered extreme examples of Internet-based bullying that do not represent the norm, they nevertheless highlight the potentially serious physical and psychological consequences of harassment and intimidation over the Internet.

es on a friend’s page, add comments to pictures friends have posted, or send private messages or IMs to friends (Lenhart, Purcell, Smith, & Zickuhr, 2010). Responsible usage of these electronic technologies can be helpful in promoting healthy adolescent identity development and in forming positive social networks (Cassidy, Jackson, & Brown, 2009; Patchin & Hinduja, 2010). However, the benefits of these technologies have been obscured by their objectionable use to victimize others, a phenomenon termed “cyberbullying”.

At its core, cyberbullying involves using information and communication devices to harass, taunt, denigrate, intimidate, or threaten an individual. Similar to face-to-face bullying, it is a repeated and aggressive behaviour directed at others with the intention to inflict discomfort or harm, but it differs largely in the medium used to carry out the victimizing behaviour (i.e., using computers, mobile phones, or other digital communication devices) (Hinduja & Patchin, 2010). Cyberbullying is also distinguished from face-to-face bullying in that it offers bullies a wider audience, relative anonymity from their victims, and the opportunity to harm those that may be physically stronger than themselves (Kiriakidis & Kavoura, 2010). Further, unlike

The use of information and communication technologies such as text messaging, email, instant messaging (IM) and social network websites by today’s youth has reached exceptional proportions.

discovered that the boyfriend was actually an online alias created by the mother of one of Megan’s former friends to gain information about Megan and use that information to humiliate her for spreading rumours about her daughter (Tokunaga, 2010). In 2009, 15-year-old Megan Gillan killed herself after fellow students used the social networking website Bebo to post malicious messages about her appearance and clothing

Cyberbullying in Youth

The use of information and communication technologies such as text messaging, email, instant messaging (IM) and social network websites by today’s youth has reached exceptional proportions. As of September 2009, approximately two-thirds of American adolescents 12–17 years of age went online daily, with 80% of daily Internet users visiting online social networking websites to post public messag-

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face-to-face bullying, the nature of cyberbullying makes it difficult for perpetrators to evaluate the distress caused by their behaviour since the victim's reactions are generally not observable in cyberspace. Finally, cyberbullying differs from face-to-face bullying in that online victimization can extend outside of the school or neighbourhood environment, and that harmful statements tend to be publically accessible for longer periods of time as posted material is frequently difficult to remove.

According to Feinberg and Robey (2009) and Blumenfeld and Cooper (2010), cyberbullying behaviours generally fall into one or more of the following categories:

- *Flaming*: Use of abrasive or abusive language to initiate online arguments.
- *Harassment*: Repeated sending of harsh, spiteful, oppressive and/or threatening electronic messages.
- *Denigration*: Sending or posting rumours or gossip electronically to damage an individual's reputation or interpersonal relationships.
- *Outing and trickery*: Engaging someone in online communication and deceiving them into revealing sensitive or private information in order to forward that information to others.
- *Exclusion*: Intentional ostracism or exclusion of someone from an online group.

- *Impersonation*: Accessing a person's email or social networking account and pretending to be the person to send embarrassing or malicious material to others.
- *Sexting or happy slapping*: Capturing private behaviours or the deliberate assaulting of an individual on video and transmitting the video to others through a cell phone or website.

As teen use of information and communication technology continues to perpetuate, the prevalence of cyberbullying is expected to increase. A recent meta-synthesis of available research on cyberbullying victimization suggests that, on average, between 20–40% of adolescents report being a victim of some form of cyberbullying (Tokunaga, 2010). Cyberbullying is not restricted by age or by gender; cyber-victimization can emerge anywhere from elementary to college age, and males are just as likely to be targeted as females. While youth are generally cyberbullied because of specific personal attributes such as special needs, ethnicity, appearance and physical or mental disability, there also appears to be a high rate of cyberbullying around issues of sexual orientation and gender identity. A 2007 national survey of 6,210 lesbian, gay, bisexual and transgender (LGBT) students between the ages of 13 and 21 years revealed a high incidence of past-year online harassment (55.4%), with nearly one-fifth of these youth

reporting having experienced cyberbullying often or frequently (Kosciw, Diaz, & Greytak, 2008). This finding is particularly important since adolescent victimization resulting from LGBT sexual identity has been shown to be related to young adult negative psychosocial adjustment (i.e., depression and poor life satisfaction) (Toomey, Ryan, Diaz, Card, & Russell, 2010). Many of these youth, however, do not report these incidences of online harassment since disclosure about the nature of their cyberbullying experiences may increase the risk of having to “come out” with their sexual or gender identities to parents, school officials or others (Blumenfeld & Copper, 2010).

Cyberbullying and Cyberbulicide: An Emerging Concern?

Cyberbullying experiences can lead to a range of negative consequences for the victim, from minor psychological distress and frustration to more severe psychosocial and emotional adjustment problems, depending on the frequency, duration and severity of the malicious behaviours. Victims of cyberbullying often report academic problems, depression, social anxiety and lowered self-esteem in response to their victimization experiences (Tokunaga, 2010). However, results of a recent survey of 2,000 middle school students indicated that cyberbullying victims were nearly twice as likely to report having attempted suicide as those who were not victims (Hinduja & Patchin, 2010).

Further, cyberbullying has been proposed to be linked with incidents of “cyberbullicide” (i.e., suicide directly or indirectly influenced by experiences of online harassment). Although a relatively low incidence phenomenon, cyberbullying experiences coupled with other issues (e.g., offline mistreatment, pre-existing emotional or psychological problems, lack of a stable support structure) have been shown to potentially culminate in youth suicide. The fact that cyberbullying experiences can increase the likelihood of suicidal thoughts or acts suggests the increasing need for students, parents, counsellors and psychologists to help prevent or minimize cyberbullying.

An important step in helping parents and school personnel prevent cyberbullying is to increase awareness about the phenomenon. Educating students about cyberbullying, the dangers and consequences of cyberbullying, and proper responses to cyberbullying is essential. Depending on the severity of the aggressive behaviour, some of the steps students can follow in response to cyberbullying are: a) ignore or block the communications; b) clean up the IM “friends” list to help reduce the number of people that have access to their email address; and c) file a complaint with the website, Internet service provider, or cell phone company about the misuse of the technology for harassment purposes (Feinberg & Robey, 2009). Parents and teachers themselves also need to be educated about the warn-

ing signs of online harassment. The potential warning signs of cyberbullying victimization include: sudden cessation of computer use or Internet activities; increased anxiety, anger or sadness following computer use; discomfort about going to school or being seen in public, and avoidance of talking about online activities (Diamanduros, Downs, & Jenkins, 2008).

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Non-Suicidal Self-Injury: The Basics

By Shannon-Dell MacPhee, Mike Sornberger, and Dr. Nancy Heath, McGill University

What is Non-Suicidal Self-Injury

Today's youth are straying from typical modes of coping with the stresses associated with being an adolescent. They are cutting, burning, and bruising themselves in an attempt to "feel better." Though it may sound contradictory, this is what young people have been reporting, and what has been referred to as non-suicidal self-injury (NSSI). NSSI is defined as purposeful self-inflicted immediate body tissue damage. This behaviour is engaged in without the intent to die, and for reasons that are not socially sanctioned. Contrary to popular belief, NSSI does not include body piercing and tattoos, which are socially sanctioned behaviours. Additionally, it does not include eating disorders or self-poisoning, as these behaviours do not lead to immediate tissue damage (Nixon & Heath, 2009).

Non-Suicidal Self-Injury: Historical and Current Perspectives

NSSI research has a relatively short history. In the 1960s and 1970s, the literature on self-injury focused largely on how the behaviour was used as an antecedent to suicide (Purington & Whitlock, 2004). Subsequently, in the 1980s, researchers began to take note of self-injurious behaviours distinct from any established diagnosis and from suicide (Pattison & Kahan, 1983). At the time, it was largely believed that NSSI

existed solely among those with severe mental illness. It was not until the mid-1990s that researchers and clinicians began to recognize high rates of self-injury among adolescents and young adults in community settings such as schools and universities (Heath et al., 2009; Suyemoto & MacDonald, 1995). Since then, researchers have learned the value of examining NSSI in the general community. This contemporary line of research led to the current definition of NSSI, and to a greater understanding of the reasons why individuals self-injure.

Prevalence

NSSI has been described as the new epidemic among adolescents (Derouin & Bravender, 2004). The onset of NSSI most commonly begins during adolescence, between the ages of 12- 15 years (Rodham & Hawton, 2009). Adolescent NSSI prevalence rates typically range from 14% to 20% (Nixon & Heath, 2009), and young adult community prevalence rates of NSSI are between 12% and 17% (e.g., Heath et al., 2008; Whitlock, Eckenrode, & Silverman, 2006). Studies of high school samples tend to find that females are more likely to have engaged in NSSI in comparison to males (e.g., Laye-Gindhu & Schonert-Reichl, 2005). Studies of college age samples however tend to find no gender differences (e.g., Andover et al., 2010), suggesting the significant role of age in NSSI gender differences.

Why do People Self-Injure?

Data from self-report measures have helped to increase our understanding of why individuals engage in NSSI. Researchers have suggested that NSSI is often preceded by negative emotions, and that these feelings decrease after an NSSI episode (e.g., Suyemoto, 1998). Youth who self-injure often report that they feel a great deal of tension building and then when they self-injure (e.g., cut) they feel a sense of relaxation or calm immediately afterwards. Recently researchers have shown that this pattern of emotion regulation is present even in individuals' very first experience with NSSI (MacPhee et al., 2010). Intuitively, individuals who engage in NSSI are more likely to have emotion regulation difficulties in comparison to those who do not engage in this behaviour (Heath et al., 2008). Moreover, they reportedly use fewer adaptive and more impulsive coping strategies (Haines & Williams, 2003), and have a harder time expressing (Gratz, 2006) and identifying their emotions (Polk & Liss, 2007).

A Growing Field of Research

NSSI research is continuously expanding in breadth and depth. Recent research initiatives include the creation of more sound theoretical models outlining the underlying causes of the behaviour, risk factor identification, and the intersection of technology and NSSI. By increasing knowledge

of NSSI through research, mental health professionals will be more effective in identifying and effectively assisting individuals who engage in this behaviour.

For more information about non-suicidal self-injury please visit the Dr. Heath's research lab website at: <http://www.education.mcgill.ca/heathresearchteam/team.htm>

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Legalizing Web Poker in the U.S.

There is a movement afoot by Senate Majority Leader Harry Reid to legalize Internet poker playing. Indications are that he is in the process of creating a bill that would allow large casino companies to provide online poker while creating a system of state and federal taxation of the proceeds. His efforts are thought to be a form of pay back as he won re-election with the backing of Nevada's biggest gaming operators. While the bill is still in progress, opposition is already mounting.

Internet Gambling on the Rise Among Young Males

According to the recently published National Annenberg Survey of Youth, college age individuals are visiting online gambling sites at a growing rate. Compared to a 2008 study, the monthly rate of Internet gambling site use among college age males increased this year from 4.4% to 16.0%. Dan Romer, director of the Annenberg Adolescent Health Communication Institute feels that "the dramatic increase in use of on-

line gambling by college age males indicates that payment restrictions on such sites are no longer a barrier to young people." The same study also found a sharp rise in high school age gambling among females with sports betting being the most popular gambling activity. In 2008, 9.5% reported engaging in sports betting on a monthly basis while 22% reported participating in this type of activity in 2010.

Poker, Poker and More Poker

The following is email correspondence received by Dr. Jeff Derevensky of the International Centre for Youth Gambling Problems and High-Risk Behaviors. The author, a self-declared poker player, was responding to an article released by the Canadian Press via Yahoo which featured Dr. Derevensky discussing the implications of Jonathan Duhamel's multi-million dollar WSOP poker win in Las Vegas. Here's his testimony:

I am a very, solid player and have finished in 97th place out of over 3000 players at a WSOP event and do well especially at limit poker. I ranked at one point top 300 of over 1 million online players. But I have been taught by people that are exceptional players prior to playing money games and have read many books to the point where I know my hand's odds at any point during the betting process as if it were like breathing and most importantly what my opponent will do most of the time prior to betting.

Without the top calibre tutelage and in-depth study of the game prior to playing, I would have lost a lot of money. But I and especially a select few like Jonathan Duhamel and a few others are probably the exception as we learn that bank roll management skills amongst other rules are above and beyond the most important rule....which most players lack. I never ever play house casino games such as blackjack, roulette, etc.

But even after all this accumulated skill and knowledge, it is still VERY, VERY difficult to make an income at

it and I can't even imagine how someone starting out could do it without going bankrupt first.

After reading the article, I would have to conclude your findings, theories and hypothesis as being absolutely correct. Over 99.5% of the players do not have the discipline, focus, patience and skill to become "professional." I see this over and over again at the table - how emotion not logic causes many to lose their money by the end of the night. I know who will win and who will lose it within 20 minutes and I also know they will not walk away until they lose it all. Very sad really as it happens to many players especially within certain ethnic groups. I would not over exaggerate by saying that gambling is a "disease."

It is probably the only "sport" where someone honestly thinks that overnight after winning a small tournament they consider themselves a "professional poker player." Just because I score a goal against a great goalie doesn't mean I can play in the NHL.

I know of top online poker world professionals that have won over \$500,000 in online tournaments in one year and lose \$130,000 in 2 months playing almost all the events and some cash games during the WSOP. It is not for the faint of heart.

There has also been an online discussion on how many online poker sites have their tournament games "random number generators" programmed for a high rate of set up hands (AA vs. KK or KK vs. QQ etc) to finish a tournament quickly so that the poker site saves money on inter-

net bandwidth costs. For example, Full Tilt refuses to have their random number generator reviewed by a third party for fairness.

There are other things to consider such as online team collusion, bots and advanced poker software and of course those many notorious online bad beats that create this fuel of rage, and now someone will spend whatever it takes to win the money back only to lose it all. It is like an old record player that gets stuck on repeat, it will not change without outside help. People are creatures of habit and poker and other gambling are bad habits.

My strongest advice is that if people have to play I think it should be mandatory at the very minimum especially online to set a low maximum deposit limit for the week or month. If you can't win with lets say a maximum deposit of \$50 a month playing small tournaments and building your bankroll against weaker players, then you are not going to win depositing \$1000 or more playing against the sharks....it's just not going to happen and people are dreaming in Technicolor if they think it will. The game can be fun if you set a reasonable time frame and budget but should walk away early with some money if you are not winning like intended.

"John"

While many teens and young people respect Jonathan Duhamel's significant accomplishment, can they too be successful professional poker players? Jonathan warned youngsters to "keep it a game." Will they listen? ♦

Holiday Campaign 2010

The annual Holiday 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) highlights the risks of giving lottery tickets and scratch cards as holiday gifts to minors.

In past years, more and more North American lottery corporations have joined the campaign which has received growing support since its inception. We are thrilled to announce that a record number of lottery corporations in Canada and the U.S. participated in the 2010 campaign. Another exciting development for this year's campaign is the inception of international support with the Austrian, Mexican, Portuguese and Swedish lotteries joining the campaign. Additionally, NASPL's Responsible Gaming Subcommittee once again endorsed the campaign.

The final participant listing for the 2010 campaign included all of the lotteries listed below as well as the California State Lottery and the Minnesota State Lottery.

The campaign momentum is growing annually. We would like to take this opportunity to thank all of the lottery corporations who have collaborated with us this year and look forward to even greater support for next year's initiative! ♦

The following lottery corporations have joined the 2010 campaign which is endorsed by NASPL's Responsible Gaming Subcommittee

Participants include:

- AB Svenska Spel (Sweden)
- Alberta Gaming and Liquor Commission
- Atlantic Lottery
- Austrian Lotteries
- British Columbia Lottery Corporation
- Connecticut Lottery Corporation
- Indiana (Hoosier) Lottery
- Jogos Santa Casa (Portugal)
- Kansas Lottery
- Kentucky Lottery Corporation
- Loteria Nacional para la Asistencia Publica (Mexico)
- Loto-Québec
- Manitoba Lotteries
- North Carolina Education Lottery
- Nova Scotia Gaming Corporation
- Ontario Lottery and Gaming Corporation
- Rhode Island Lottery
- Saskatchewan Lotteries
- South Dakota Lottery
- Texas Lottery
- Virginia Lottery
- Washington's Lottery
- Wisconsin Lottery

Recent publications and presentations

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Maitland, S., Wiebe, J., Arnett, J., Davey, A., & Derevensky, J. (2010). *Developmental Transitions and the Impact of Gambling in Adolescence and Emerging Adulthood: Establishing the Baseline*. Report prepared for the Ontario Problem Gambling Research Center, Ontario, 89 pp.

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INVITED PRESENTATIONS

Derevensky, J. (2010). Internet gambling: A cause for concern? Invited address presented at the National Center for Responsible Gambling Conference, Las Vegas, November.

Derevensky, J. (2010). Would greater regulation of online gambling help or hurt from a player protection standpoint? Paper presented at the Nova Scotia Responsible Gambling Conference, Halifax, October.

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Derevensky, J., Gupta, R., & Csiernik, R. (2010). Problem gambling: Current knowledge and clinical perspectives. In R. Csiernik & W. Rowe (Eds.). *Responding to the oppression of addiction: Canadian social work perspectives, Second edition*. Toronto: Canadian Scholars' Press, 359-378.

TRAINING

Smart Choices Prevention Program Pennsylvania. December, 2010. ◆

Happy Holidays



Our entire team wishes
you all a very happy
holiday season and all
the best in 2011!



News from the Centre...

Another New Baby!

Congratulations to Neda Faregh and her family on the birth of their new baby daughter Camille. The baby was born on December 4, 2010 weighing 8lbs 13oz. Mother, baby and family are all enjoying their new little addition. ◆



Upcoming Events

- **13th Annual Wisconsin Council on Problem Gambling Statewide Conference**
March 10-11, 2011 - Wisconsin Dells, Wisconsin, USA
- **Nottingham Trent University's International Conference on Gambling Studies**
April 3-5, 2011 - Nottingham, United Kingdom
- **Responsible Gambling Council's Discovery Conference 2011**
April 5-8, 2011 - Ottawa, Ontario, Canada
- **Alberta Gaming Research Institute's Conference 2011: Engaging the Big Questions in Gambling Studies**
April 7-9, 2011 - Banff, Alberta, Canada
- **3rd Pacific Problem Gambling and Addictions Conference 2011**
June 2-3, 2011 - Hong Kong, China

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