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# Equipping School Psychologists to Address Another Risky Behavior

## The Case for Understanding Youth Problem Gambling

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**Abstract:** School psychologists are assuming an increasingly important role in ensuring youth have the mental and emotional health to succeed academically. Although considerable attention has been paid to a number of adolescent high-risk behaviors including drug and alcohol use, cigarette smoking, and sexually transmitted diseases, little attention has been paid to youth gambling behaviors. Youth problem gambling has been largely overlooked as a mental and public health issue although it can result in serious mental health consequences and impede students' academic success. The current state of knowledge regarding adolescent gambling is presented. Prevention and intervention initiatives that are accessible to school psychologists are outlined, and the challenges to school psychologists in implementing youth problem gambling prevention programs are discussed.

**Résumé:** Les psychologues scolaires assument un rôle toujours plus important auprès de leurs élèves, soit celui de veiller à ce que tous aient accès aux outils leur permettant de bénéficier d'une santé mentale et émotionnelle leur assurant la meilleure réussite scolaire possible. Bien que plusieurs comportements à risque aient fait l'objet d'une attention particulière au cours de la dernière décennie, notamment la consommation abusive de drogues, d'alcool et de tabac, de même que les échanges sexuels non protégés, très peu d'attention a été vouée aux comportements de jeu des adolescents. À titre de problématique de santé mentale et de santé publique, la participation des jeunes aux jeux d'argent n'a pas reçu sa juste part d'attention. De plus, ses conséquences graves sur la santé mentale des élèves et sur la mise en péril leur réussite scolaire ont été sous estimées. Cet article aborde, dans un premier temps, l'état actuel des connaissances sur la participation des jeunes aux jeux d'argent. Des initiatives en intervention et en prévention du jeu problématique, mises à la disposition des psychologues scolaires, sont par la suite présentées. Enfin, les défis posés par la mise en place d'initiatives semblables pour les psychologues scolaires sont discutés.

**Keywords:** *intervention; mental health; prevention; school; youth gambling*

Given that the school system has become the primary source of mental health service for most children (Burns et al., 1995; Costello et al., 1996), school psychologists are in a unique position to fulfill the role of *educational environment specialist* (Hoagwood, 2003). As such, school psychologists have become acutely aware of the multiple demands and processes involved in successful student learning, and the need to address physical, behavioral, emotional, and social factors that hinder an individual's emotional well-being.

The need for school psychologists to become aware of and equipped with the tools to address a multitude of risky and addictive adolescent behaviors is clear. Although school psychologists are cognizant of the negative consequences associated with a number of observed risky behaviors including, among others, substance and alcohol abuse, risky sexual behavior, smoking, and eating disorders, gambling problems among youth have often gone unnoticed. Gambling problems have been generally thought to be an adult problem. Yet there is a growing body of research that has revealed that gambling (wagering money to win money) and excessive, uncontrolled gambling is a growing problem among adolescents with serious mental health, social, personal, financial, and academic consequences (Derevensky & Gupta, 2004b; Jacobs, 2004). The goal of this article is to provide an overview of our current knowledge of youth problem gambling for the purpose of equipping school psychologists to help identify, prevent, and provide suggestions concerning treatment of youth experiencing serious gambling problems. The underlying assumption of this article is best conceptualized by Adelman and Taylor (1998, 2003a, 2003b) who have strongly advocated that mental health issues (depression, drug abuse, alcohol abuse, etc.) are not only problematic in and of themselves, but also present a significant barrier to learning and academic progress and need to be directly addressed.

## **School Psychologists' Expanding Role in Helping Students With Learning and Mental Health Problems**

With the increasing acceptance that mental health and successful learning are inseparable, the field of school psychology has begun to expand its role to include initiatives aimed at helping students become mentally and emotionally healthy—often viewed as a prerequisite to student learning. This expanded role is supported by a recent move toward establishing a comprehensive integration of human services (Adelman & Taylor, 1998; Reschly, 2000).

Whether within full-service schools (those offering onsite medical, mental health, and social services to students and their families) or more traditional arrangements, as the education system and school psychology shifts its emphasis toward a public health view of school psychological services (e.g., Hoagwood & Johnson, 2003; Strein, Hoagwood, & Cohn, 2003), it becomes more apparent that school psychologists are in a unique position to be “specialists in the transactions among educational, social, and

organizational environments and children's mental health and educational development" (Hoagwood, 2003, p. 95), equipped with the knowledge and tools necessary to address various issues affecting student learning.

The school psychology literature is replete with empirical studies and reviews focused on issues such as substance abuse, violence, delinquency, suicide, smoking, and risky sexual activity (e.g., Hornik, 2003; Johnston, 2003; Romer, 2003). Efforts aimed at preventing tobacco, alcohol, and drug use among youth are widespread and have existed for many years. Although early prevention efforts were largely not theory driven, had ill-defined target populations, and lacked specification of outcome measurement variables, more recent science-based programs such as the Center for Substance Abuse and Prevention Eight Model Programs are based on the scientific evidence of their effectiveness and are currently being applied. Furthermore, The Center for Substance Abuse Prevention (Gardner & Bounstein, 2001) outlined a number of strategies that can be combined in the development of school, family, and community prevention programs that target multiple areas (community, family, school, and peer associations) that affect youth functioning.

### **Youth Gambling: Widespread Availability and Accessibility**

Once viewed as a primarily adult activity, gambling has become a popular form of recreation for adolescents. In North America, most jurisdictions have explicit legislative statutes prohibiting children and adolescents from state-sponsored or regulated forms of gambling. However, their resourcefulness enables many youths to engage in regulated (e.g., lottery, machine, casino, Internet) and nonregulated (e.g., card games, peer sports wagering, etc.) forms of gambling, as reflected in prevalence rate studies. Furthermore, there is research suggesting that there are more adolescents gambling than engaging in either alcoholic use, drug use, or smoking on an occasional or even regular, weekly basis (Gupta & Derevensky, 1998a). Wagering behaviors of adolescents are often dependent on the local availability of games, the geographical proximity of gaming locations, the child's gender, type of game (gambling is more popular among males than females; males prefer sports wagering whereas females report engaging in bingo more often), age (older adolescents are more likely to engage in machine and casino playing as it remains easier to enter these venues), and cultural and/or ethnic background (see Chevalier, Deguire, Gupta, & Derevensky, 2003; Desani, Maciejewski, Pantaloni, & Potenza, 2005; Stinchfield, 2000; Volberg, 1998).

Gambling currently holds widespread social acceptance in our society as a form of entertainment and has become a substantial means of generating government revenue. In addition, schools and community groups commonly host bingo and casino nights as fund-raising activities to help sponsor youth sports teams and extracurricular activities. The proliferation of televised poker tournaments, celebrity poker, gambling-related television shows, and movies as well as advertisements of Internet

gambling sites on the Web is particularly appealing to adolescents. Notwithstanding the availability of gambling opportunities, the most popular games that emerge repeatedly among youth include cards, dice, and board games; games of personal skill with peers; sports betting (primarily with peers but also through lottery outlets [where permissible] and/or with a bookmaker); bingo; and lottery purchases (primarily scratch cards; Derevensky, Gupta, & Magoon, 2004; Jacobs, 2004).

Gambling is generally perceived to be an innocuous, harmless activity. Early gambling behaviors often begins with parents in the child's home, with few children and adolescents fearing getting caught gambling by their parents (Gupta & Derevensky, 2000). Most parents, educators, and the public in general remain largely unaware of the negative mental health, personal, social, legal, and educational consequences of excessive youth gambling (see Derevensky & Gupta, 2004a, 2004b) or are disinterested in spending time on preventing youth problem gambling (Ladouceur, Ferland, Cote, & Vitaro, 2004).

### **Conceptualizing Youth Gambling and Problem Gambling**

Gambling behavior may best be conceptualized on a continuum ranging from social and recreational gambling, to problem gambling (at-risk gambling), to pathological gambling (National Research Council [NRC], 1999). Although most adults and youth gamble in a responsible, controlled manner and few exhibit serious gambling-related problems, an identifiable number of individuals do experience serious problems. It is alarming to note that adolescents experience a rapid movement from social gambling to problem gambling (Derevensky & Gupta, 2004b; Gupta & Derevensky, 2004).

Pathological gambling, in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*; American Psychiatric Association, 1994), is characterized by a continuous or periodic loss of control over gambling, a preoccupation with gambling, and obtaining money to support one's gambling activities, irrational thinking regarding gambling, and a continuation of gambling despite adverse consequences. Pathological gambling, for adults and youth, is a progressive disorder involving chasing losses and is a behavior frequently used to escape or reduce stress and painful events.

### **Prevalence of Youth Gambling and Problem Gambling**

Trends suggest that adolescent gambling involvement across North America is increasing (Jacobs, 2000, 2004). Between 39% and 92% of youth report having gambled during their lifetime (Gupta & Derevensky, 1998a; NRC, 1999; Shaffer & Hall, 2001), with another 22% to 35% gambling for money once a week or more (Gupta & Derevensky, 1998a). The estimated prevalence of pathological and/or compulsive gambling is currently 4% to 8% among adolescents younger than age 18 years, and another 10% to 15% of youth gamble excessively and are at risk (exhibiting a number of gambling-related problems but not reaching criterion for pathological gambling) for

a severe gambling problem (Derevensky & Gupta, 2000b; Hardoon & Derevensky, 2002; Shaffer & Hall, 2001). Their rates are considerably higher than adult problem gambling (currently between 1% and 3%; NRC, 1999).

## Correlates of Youth Problem Gambling

Research indicates that the primary reasons youth gamble, similar to adults, include enjoyment, excitement, and the desire to make money (Derevensky & Gupta, 2004b). Problem and pathological gamblers also gamble to escape multiple familial, personal, interpersonal, and school-related problems; to alleviate depression; cope with loneliness; relax; to promote social interaction (Gupta & Derevensky, 1998a, 2004); experience similar symptoms to chemical dependency including an inability to stop or control their behavior, depression, mood swings; and a denial of a any gambling problem (Derevensky, Gupta, & Winters, 2003).

Adolescents who gamble excessively and experience serious gambling-related problems have been identified using a number of screening instruments including the revised version of the *Diagnostic and Statistical Manual* criteria for youth (DSM-IV-MR-J; Fisher, 2000), the South Oaks Gambling Screen–Revised for Adolescents (SOGS-RA; Winters, Stinchfield, & Fulkerson, 1993), and the Massachusetts Adolescent Gambling Screen (MAGS; Shaffer, Labrie, Scanlan, & Cummings, 1994). Research using the *DSM-IV-MR-J* revealed that 91% of adolescent and young adult pathological gamblers reported a preoccupation with gambling; 85% indicated chasing their losses; 70% admitted lying to family members, peers, and friends about their gambling behavior; 61% described gambling as a way of escaping problems; 61% used their lunch money and/or allowance for gambling; 61% became tense and restless when trying to reduce their gambling; 57% reported spending increasing amounts of money gambling; 52% indicated gambling as a way of escaping problems; 27% reported missing school (more than five times) to gamble in the past year; 24% stole money from a family member to gamble without his or her knowledge; 24% sought help for serious financial concerns resulting from their gambling; 21% developed familial problems resulting from their gambling behavior; and 12% reported having stolen money from outside the family to gamble (Derevensky & Gupta, 2000a).

Efforts to understand the economic, social, and psychological correlates of youth gambling have been increasing. Comprehensive reviews summarizing empirical findings (e.g., Derevensky & Gupta, 2004a, 2004b; Gupta & Derevensky, 2000; Hardoon & Derevensky, 2002) suggest an overall consensus that:

- Gambling is more popular among males than females, with more males exhibiting pathological gambling behaviors.
- Adolescent prevalence rates of problem gamblers are higher than those reported by adults. Although there is some controversy in the literature regarding this conclusion, there is ample empirical research supporting this finding given our current definition of *pathological gambling* and the screening instruments used for assessment.

- Among adolescents there is a rapid movement from social (non-problematic) gambler to problem gambler.
- Adolescent problem gamblers report initiating gambling at an early age (approximately 10 years) as compared with peers who report gambling but have few gambling-related problems.
- Youth pathological gamblers are greater risk takers (than the average adolescent) in general, and on gambling tasks in particular.
- Research data and clinical testimony suggest that adolescent pathological gamblers have lower self-esteem.
- Adolescent problem gamblers report greater depressive symptomatology and increased anxiety.
- Adolescent problem gamblers score higher on dissociative scales.
- Adolescents between ages 14 and 17 years with serious gambling problems remain at heightened risk for suicide ideation and suicide attempts.
- Adolescents with gambling problems have poor general coping skills and report more daily hassles and major traumatic life events.
- A high proportion of youth with gambling problems report having a learning disability, poor academic performance, and more behavior disorders, as well as indicate poor family connectedness and low perceived social support.
- Personality traits reveal adolescent pathological gamblers are more excitable, extroverted, anxious, tend to have difficulty conforming to societal norms, and experience difficulties with self-discipline.
- Adolescents with severe gambling problems exhibit higher scores on measures of state and trait anxiety and are more impulsive.
- For adolescents with severe gambling problems quality, long-lasting friendships and relationships are often lost and replaced by gambling associates.
- Adolescent problem gamblers remain at increased risk for the development of multiple addictions.
- Like adults, children and adolescents often have a positive attitude toward gambling and fail to completely understand the risks or odds associated with gambling.
- Only a small percentage of individuals scoring in the pathological gambling range on multiple screening instruments perceive themselves as having a gambling problem, with few seeking psychological assistance to stop gambling.

## Consequences of Youth Problem Gambling

The immediate negative consequences and costs associated with problem gambling include increased delinquency and criminal behavior, disruption of familial and peer relationships, increased mental health disorders, and decreased academic performance (Derevensky & Gupta, 2004b; Desai et al., 2006; Magoon, Gupta, & Derevensky, 2005). These youth are greater risk takers and are at increased risk for the development of multiple addictions (Vitaro, Brendgen, Ladouceur, & Tremblay, 2001; Wanner, Vitaro, Ladouceur, Brendgen, & Tremblay, 2006; Winters & Anderson, 2000), suicide ideation and suicide attempts (Feigelman, Gorman, & Lesieur, 2006; Nower, Gupta, Blaszczynski, & Derevensky, 2004).

## **Prevention Initiatives Available to School Psychologists**

The movement toward service integration signals new efforts to improve education by means of establishing an environment (prevention being a natural part of the school curriculum and reflected in the school infrastructure, practices, and climate) that will prevent mental health issues, including youth problem gambling. Advocacy and resource support for this role is growing within school psychology. For example, the University of California, Los Angeles Center for Mental Health in Schools (CMHS) provides a vast online base of technical tools to help the practitioner with the process of establishing the infrastructure necessary to support a shared agenda for mental health in education (School Mental Health Project, <http://smhp.psych.ucla.edu>). School psychologists are also assisted by a growing number of accessible online resources (e.g., the University of Maryland Center for School Mental Health Assistance, <http://csmha.umaryland.edu>; The Center for Health and Health Care in Schools [2002]; The National Center for Chronic Disease Prevention and Health Promotion's Making Health Academic Program, [www2.edc.org/MakingHealthAcademic/](http://www2.edc.org/MakingHealthAcademic/); and the National Assembly of School-Based Health Care, [www.nasbhc.org/](http://www.nasbhc.org/)).

## **School-Based Prevention Programs for Youth Problem Gambling**

It is now generally acknowledged that it is crucial for prevention programs to be science based and empirically validated and that those which target high-risk behaviors need to focus on decreasing risk factors while increasing protective factors. A substantial amount of youth gambling theory and empirical research has focused on delineating specific risk factors for youth problem gambling (e.g., paternal pathological gambling, accessibility to gambling venues, persistent problem behaviors, and early-onset of gambling experiences between age 9 to 10 years), as well as identifying those risk factors common to youth problem gambling and a number of other high-risk behaviors (for a comprehensive review, see Dickson, Derevensky, & Gupta, 2002). As school psychologists assess for individual and psychosocial risk factors, it would be valuable to keep these risk factors in the fore and screen youth for gambling behaviors, making appropriate referrals when necessary.

## **Gambling-Specific Programs for Universal Target Groups**

A number of universal prevention programs for youth problem gambling currently exist (for a comprehensive list of programs, refer to Derevensky, Gupta, Dickson, & Deguire, 2001; Dickson et al., 2002). Of those that are being implemented, however, many have no science-based principles, and only a few have been systematically evaluated. School psychologists are therefore encouraged to examine outcome research when selecting programs for their school. There are a number of online resources



available to school psychologists regarding the dissemination of youth problem gambling prevention programming and research as well as information about social policy changes and treatment. The International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University, *YouthBet.net* (an online public health toolkit of interventions), *Wannabet.net* (an online magazine for youth concerned about gambling, published by the North American Training Institute), and the Alberta Alcohol and Drug Abuse Commission's Web site ([www.zoot2.com](http://www.zoot2.com)) are examples of online resources for school psychologists. It is also hoped that youth gambling prevention initiatives will soon be added to various prevention material registries.

### **Positive Youth Development Programs**

Apart from gambling-specific youth prevention curricula, youth mental health and responsible gambling behaviors are likely to benefit from broad interventions such as those characterized as positive youth development programs. Prevention strategies that target risk factors focus on teaching functional information (e.g., substance-specific information), examining perceptions of risk and harmfulness, investigating short-term social consequences, and correcting misperceptions. Alternatively, resilience-focused prevention strategies consist of instilling values and building personal and social competence, and achieving developmental stage-related tasks. It is likely that instilling values to youth such as responsible gambling behavior (e.g., limiting time and expenditures, not engaging in illegal behaviors) will have the most significant effects on preventing problem gambling. Catalano, Berglund, Ryan, Lonczak, and Hawkins (2002) reviewed positive youth development programs and concluded that there is considerable empirical evidence that increasing positive youth developmental programs are likely to prevent problem behavior. Positive changes included interpersonal skills, cognitive competencies, quality of peer and adult behaviors, and significant overall improvements in multiple high-risk behaviors. It would benefit school psychologists to consider these programs as indirect means of bringing about a positive mental health check-up in their school population.

### **Future Directions**

It has been advocated that prevention initiatives should move toward designing prevention strategies that target multiple risk behaviors, based on theoretical and empirical evidence of common risk and protective factors across adolescent risky behaviors (Costello, Erkanli, Federman, & Angold, 1999; Galambos & Tilton-Weaver, 1998; Jessor, 1998) including problem gambling (Dickson et al., 2002). By decreasing or buffering the impact of risk factors while increasing the presence or bolstering the strength of protective factors that predict multiple problem behaviors, prevention initiatives are likely to have a greater impact on youth's long-term development rather than merely focusing on those factors that predict a single negative behavioral outcome. For

example, to address the issue that youth with serious gambling problems appear to have more substance abuse problems (Duhig, Maciejewski, Desai, Krishnan-Sarin, & Potenza, 2007; Wanner et al., 2006), prevention programs could employ harm-reduction strategies that encourage students to avoid gambling when drinking, because of the loss of inhibitions that may lead to increased gambling and amounts wagered (Messerlian, Derevensky, & Gupta, 2005). Presently, however, multiple risk-behavior prevention efforts have not yet integrated gambling into their programs and outcome evaluations, and despite mounting evidence for doing so, the benefits and limitations need to be carefully considered (for an examination of this issue, see Dickson, Derevensky, & Gupta, 2004).

### **Screening, Referral, and Support**

Despite the difficulty of identifying youth who may be struggling with a gambling problem (largely because of lack of any substance or clear physical symptoms), school psychologists will best be able to intervene by exploring a collaborative relationship with community mental health agencies and using an established referral system. Accessible tools for screening youth with possible gambling problems include the *DSM-IV-MRJ*, *SOGS-RA*, or the *MAGS*. Particularly when youth present with alcohol abuse, professionals should seriously consider screening for gambling problems. School psychologists can also help youth by being aware of the impact that parental problem gambling has on the family and the support materials available for spouses and children (e.g., *What about me too?* Lutheran Social Program Services of North Dakota available at <http://www.lssnd.org/htmls/publications.asp>).

School psychologists can bring about a preventive environment in schools by conveying knowledge to teachers through training workshops specifically designed to provide teachers with the action steps required to integrate issues such as problem gambling prevention into their daily curriculum and classroom climate (such a training workshop has been developed by Derevensky & Gupta, 2004c, 2005). Teachers need the knowledge and skills to perceive their students' mental health needs, how to connect students to specialized resources, how to build student resilience (e.g., equip students with media literacy skills), and how to challenge students' attitudes and behaviors by infusing curricula with preventive mental health, gambling, and substance use content. As such, school psychologists are likely to empower teachers and other school personnel to take part in reducing youth problem gambling, with the ultimate goal of promoting positive mental health and enhancing student learning.

### **Linking Community-School-Home Interventions**

Knowledge of local community gambling resources will facilitate school psychologists' efforts to coordinate prevention efforts between the community, school, and home.

For example, matching prevention curricula in the school with public health campaigns and the mutual nonsupport for youth gambling between schools and communities (e.g., not supporting “casino nights” to fund-raise) will help reduce environmental risk factors and youth’s positive attitudes toward gambling. Community resources for youth problem gambling are becoming more widespread, and most communities in North America have a network of support for problem gamblers and their families (e.g., Gam-Anon). School–community efforts are also being forged with the goal of preventing youth problem gambling. For example, the YMCA Youth Gambling Project, funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long-Term Care, is an example of coordinating community-school resources. YMCA agencies across the Province of Ontario provide awareness and educational workshops for parents, teachers, and other professionals and make referrals to treatment resources, whereas schools have the opportunity to utilize corresponding curriculum support packages (<http://www.ymcatoronto.org/en/who-we-work-with/educators/gambling/index.html>).

### **Treating Youth with Gambling Problems**

School psychologists also need to be aware of the general approaches to treating youth problem gambling to educate youth and other professionals and to make appropriate referrals. There is considerable empirical support suggesting that gambling involves a complex and dynamic interaction between ecological, psycho-physiological, developmental, cognitive, and behavioral components and that problem gamblers are not a homogenous group (see a review by Toneatto & Ladouceur, 2003). Accordingly, adolescent problem gamblers exhibit evidence of abnormal physiological resting states, report significantly greater emotional distress and anxiety, have increased levels of dissociation when gambling, have poor coping and adaptive skills, and are more likely to have higher rates of comorbidity with other addictive behaviors. Given these assumptions, Gupta and Derevensky (2004) contend that a dynamic interactive approach needs to take into account the multiplicity of interacting factors into a treatment paradigm for youth experiencing significant gambling problems. As such, the authors concluded that treating gambling problems in isolation of other social, physiological, developmental, cognitive, and emotional difficulties consuming the adolescent may lead to short-term success but likely relapse. A promising approach known as the pathways model to treating youth gamblers has been advocated by Nower and Blaszczynski (2004). They suggested that a multifaceted constellation of risk and protective factors differentially influences adolescents who otherwise display similar phenomenological features and patterns following alternative and distinct pathways toward a gambling disorder.

Research on the effectiveness of treatment of adolescent pathological gamblers is limited and in the early stages. Further research into the efficacy of alternative treatment models for youth problem gamblers is necessary before recommendations for

best practices can be reliably established. It may well be that some of the previously established treatment models for other mental health disorders and addictive behaviors can be applied to youth with gambling problems given the significant overlap in risk factors. Like other mental health problems, they may require further refinement. Nevertheless, Abbott, Volberg, Bellringer, and Reith (2004) reviewed treatment outcome studies and concluded that it appears that individuals who have received treatment for a myriad of mental health problems and addictions generally do better than those who did not receive any formal treatment. From the available literature they went on to conclude that, "irrespective of the particular type of therapy, most clients who show initial improvement maintain it, albeit that probability of relapse increases with time" (p. 138).

### **Barriers in Implementing Youth Problem Gambling Initiatives**

Apart from challenges of educational reform and the redefinition of the school psychologists' role, implementing youth problem gambling prevention initiatives in schools is difficult because of the inherent nature of youth problem gambling. Youth problem gamblers are not typically perceived as hitting the same "rock bottom" that typifies and motivates the adult problem gambler to seek treatment. Adolescent problem gamblers do not generally suffer a loss of jobs, homes, or families, and the difficulty in identifying them makes them an especially vulnerable, high-risk group (NRC, 1999). The lack of awareness of youth gambling as a serious mental health issue remains a significant hindrance, as is the broad exposure to gambling activities youth have in their homes (in contrast to more conservative family standards regarding smoking, alcohol, and drug use) and lack of parental teaching regarding "responsible gambling." Finally, school psychologists face the challenge of how to effectively reach youth who are not motivated to behave responsibly. A promising technique for interviewing in youth prevention programs is motivational interviewing (MI; Miller & Rollnick, 1991), with preliminary positive findings of effectiveness for high-risk youth (Masterman & Kelly, 2003). Motivational interviewing should likely be considered for the broad range of adolescent high-risk behaviors, and school psychologists would benefit from becoming equipped in the skills of motivational interviewing.

Research in youth problem gambling is still in its infancy compared with other high-risk behaviors and mental health issues. Youth gambling has become normalized in our society; it no longer has a negative connotation. Unlike substance and alcohol abuse the signs of problem gambling often go unnoticed. Yet the consequences of those with excessive gambling problems are often debilitating and have short-term and long-term negative consequences affecting all aspects of the individual's life. School psychologists are well advised to be aware of this growing problem and to see themselves as both educational resource specialists and as critical gateways of screening, referral, and support.

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