

Chapter 9

A Treatment Approach for Adolescents with Gambling Problems

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As indicated in previous chapters, it is not uncommon for an adolescent to be participating in one form of gambling or another, be it the lottery, card playing for money, sports wagering, or gambling on electronic gambling devices. The results of the National Research Council's (NRC) (1999) review of empirical studies suggest that 85% of adolescents (the median of all studies) report having gambled during their lifetime, with 73% of adolescents (median value) reporting gambling in the past year. This raises serious mental health and public policy concerns (Derevensky, Gupta, Messerlian & Gillespie, in this volume; NRC, 1999).

Meta-analyses (Shaffer & Hall, 1996) and a review of more recent studies (see Jacobs, in this volume) confirm that between 4–8% of youth are experiencing very serious gambling-related problems, with another 10–15% at-risk for the development of a gambling dependency. More recent debates have raised the question as to the accuracy of prevalence rates of problem gambling amongst youth. Some have recently argued that our current instruments and screens are not accurately assessing pathological gambling amongst adolescents but are over-estimating the prevalence rates (i.e., Ladouceur et al., 2000; Jacques & Ladouceur, 2003). Yet, in a comprehensive discussion of the arguments, Derevensky, Gupta and Winters (2003) and Derevensky and Gupta (in this volume) suggest that many of the assertions raised have little merit. Nevertheless, while this debate plays itself out in the research community and

the search for the *gold standard* instrument continues, it remains clear that a small but identifiable number of youth actually develop serious gambling-related problems. While the need for treatment of youth who gamble problematically is evident, little progress has been made in understanding the treatment needs of this population, a conclusion also reached by the NRC (1999) review. Treatment studies reported in the literature have generally been case studies with small sample sizes (Knapp & Lech, 1987; Murray, 1993; Wildman, 1997) and have been criticized for not being subjected to rigorous scientific standards (Blaszczynski & Silove, 1995; Nathan, 2001; National Gambling Impact Study Commission, 1999; NRC, 1999).

A critical review of treatment issues pertaining to pathological gambling highlights the stringent and rigorous criteria that treatment outcome studies must meet in order to be considered an *Empirically Validated Treatment* (EVT) approach (Toneatto & Ladouceur, 2003) or falling within the parameters of *Best Practices*. Both models base their criteria upon recommendations put forward by the American Psychological Association (Kazdin, 2001), SAMSHA and CSAT. Along with replicability of findings, randomization of patients to an experimental group, the inclusion of a matched control group, and the use of sufficiently large enough samples are viewed as the minimum requirements necessary to validate effective treatment paradigms. Unfortunately, the treatment of adolescent pathological gamblers has not yet evolved to the point that treatment evaluation studies have met the criteria for EVT or Best Practices.

There are several reasons to explain why more stringent criteria, scientifically validated methodological procedures, and experimental analyses concerning the efficacy of treatment programs for youth have not been implemented. Primarily, these reasons include the fact that there exist very few treatment programs prepared to include young gamblers amongst their clientele and few underage problem gamblers actually present themselves for treatment in centers with trained personnel. This small number of young people seeking treatment in any given centre results in the difficulty of obtaining matched control groups. Matched controls are even more difficult to obtain when considering that young gamblers often present with a significant number and variety of secondary psychological disorders. Another obstacle to treatment program evaluation is that treatment approaches may vary within a center and may be dependent upon the gamblers specific profile, developmental level, or therapist's training orientation. Given the lack of empirically based treatment in the field of pathological gambling, this therapy issue is relatively new compared to existing treatment models for youth with other addictions and mental health disorders. There nevertheless remains a growing interest in identifying effective treatment strategies to help minimize youth gambling problems.