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The Opinion section has many purposes including being a forum for authors to offer provocative hypotheses, as in this article, that are not supported by science.

–The Editor

Why Don't Adolescent Problem Gamblers Seek Treatment?

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Abstract

Surveys have consistently shown that the prevalence rates for problematic gambling are higher in adolescents than for adults. Given this finding, why is it that so few adolescents, compared to adults, enrol in treatment programs? This paper outlines ten speculative reasons why this situation exists.

The possible reasons why adolescent problem gamblers don't seek treatment include the following:

1. More adolescents deny they have a gambling problem compared to adults, and therefore, fewer of them seek treatment.
2. Adolescents may acknowledge they have a gambling problem but do not want to seek treatment.
3. There are few or no treatment programs available for adolescents.
4. Available treatment programs are not appropriate and/or suitable for adolescents.
5. Adolescent problem gamblers may undergo spontaneous remission and/or mature out of gambling problems, and therefore, may not seek treatment.
6. Adolescent problem gamblers are constantly "bailed out" of trouble by their parents, and therefore, do not get treatment.
7. The negative consequences of adolescent problem gambling are not necessarily unique to gambling and may be attributed either consciously or unconsciously to other behaviours.
8. Adolescent gamblers may lie or distort the truth when they fill out survey questionnaires.
9. Screening instruments for assessing problematic gambling may not be valid for adolescents.
10. Researchers may consciously or unconsciously exaggerate the

adolescent gambling problem to serve their own careers.

All over the world, prevalence surveys of adolescent gambling have shown that a small but significant number of adolescents display signs of problematic gambling. Further to this, surveys consistently show that the prevalence rates for problematic gambling are higher in adolescents than in adults. Given this consistent finding, it raises the interesting paradox of why so few adolescents enrol for treatment programs compared with adults. This short paper speculates and gives 10 reasons why this situation might exist. Each reason is examined briefly in turn before conclusions are reached.

(1) More adolescents deny they have a gambling problem compared to adults, and therefore, fewer of them seek treatment

This proposition seems plausible, but there is no direct empirical evidence to support such a claim. It is well known that many adult gamblers continually deny they have any kind of gambling problem, an observation that has also been noted in adolescents (Griffiths, 1995). However, there is no evidence to indicate or even suggest that adolescents experience denial at a higher rate than adults do.

(2) Adolescents may acknowledge they have a gambling problem but do not want to seek treatment

Again, this is plausible, but there is little empirical evidence to support the claim. However, it has been noted that families of adolescent problem gamblers are often protective —if not overprotective —and try to keep the problem within the family (Griffiths, 1995). Therefore, it may be speculated that seeking formal help may be a last resort option for most adolescent gamblers.

(3) There are few or no treatment programs available for adolescents

It is true that specialized treatment programs for problem gamblers have only really started to emerge in noticeable numbers over the last 10 years, and that they have been confined to a few countries (e.g., USA, Australia, Canada, Spain, The Netherlands). Services specifically for adolescent problem

gamblers appear to be few and far between. It could be argued that this is a "Catch 22" situation: If only a few adolescents turn up for treatment, treatment programs won't be able to provide specialized service, and adolescent problem gamblers cannot turn up for treatment if it does not exist!

(4) Available treatment programs are not appropriate and/or suitable for adolescents

To some extent, this explanation is interlinked with number 3, but is, in fact, different. This explanation points out that there are gambling treatment programs available, but most of the programs are group-oriented (e.g., Gamblers Anonymous, hospital treatment programs, etc.). Adolescents may not want to be integrated into what they perceive to be an adult environment. For instance, there is some evidence from the U.K. that shows that adolescents who turn to Gamblers Anonymous feel they don't fit in and may be alienated by the dominating presence of older males (Griffiths, 1995). Also in the U.K., the majority of adolescent gambling problems concern slot machine playing; however, adult problem gambling is more likely to consist of horseracing and/or casino gambling. Adult problem gamblers, therefore, find it hard to accept gambling problems outside of their own experience and cannot understand why adolescents find slot machines to be problematic (Griffiths, 1995).

(5) Adolescent problem gamblers may undergo spontaneous remission and/or mature out of gambling problems, and therefore, may not seek treatment

There are many accounts in the literature of spontaneous remission of problematic behaviour (e.g., alcohol abuse, heroin abuse, cigarette smoking), and problematic gambling is no exception. Because levels of problem gambling are much higher in adolescents than in adults, and fewer adolescents receive treatment for their gambling problem, it is reasonable to assume that spontaneous remission occurs in most adolescents at some point, or that there is some kind of "maturing out" process. There is a lot of case-study evidence (Griffiths, 1995) highlighting the fact that spontaneous remission occurs in problem adolescent gamblers, and that gambling often ceases because of some kind of new major responsibility (job, marriage, birth of a child, etc.).

(6) Adolescent problem gamblers are constantly "bailed out" of trouble by their parents, and therefore, do not get treatment

Unlike adult problem gamblers who quite often take responsibility for themselves and their families, adolescents have no "real" responsibilities and are usually housed, fed, clothed and generally looked after. If adolescents get into trouble because of their gambling, their families will mostly likely act as a safety net and bail them out. It could be speculated that very few adolescents reach treatment programs because they are constantly "bailed out" by their parents or guardians. In addition, adolescents are typically at a rebellious phase in their lives, and to some extent, society tolerates these undesirable behaviours because in most cases the behaviour subsides over time. The same kinds of behaviours in adults aren't usually tolerated, and so they are treated differently by both family and society in general.

(7) The negative consequences of adolescent problem gambling are not necessarily unique to gambling and may be attributed either consciously or unconsciously to other behaviours

Some adolescents may attribute their undesirable and/or criminal behaviours (e.g., stealing) to other behaviours, such as alcohol abuse or illicit drugs. For instance, in the U.K., some writings (Yeoman & Griffiths, 1996; Griffiths & Sparrow, 1996) have noted that criminal behaviour attributed to a drug problem is probably more likely to result in a lighter sentence than if problematic gambling were the cause. It appears that problematic gambling as a mitigating circumstance is of less importance to judges and juries than, say, drug abuse.

(8) Adolescent gamblers may lie or distort the truth when they fill out survey questionnaires

This is a reasonable enough assumption to make and can be made against anyone who participates in self-report research — not just adolescents. All researchers who utilize self-report methods put as much faith as they can into their data but are

only too aware that other factors may come into play (e.g., social desirability, motivational distortion, etc.) that can either underscore or overplay the situation. In these particular circumstances, it may be that adolescents are more likely to lie than adults, therefore increasing the prevalence rate of problematic gambling. However, it seems unlikely that the large difference in prevalence rates would be due to this factor alone.

(9) Screening instruments for assessing problematic gambling may not be valid for adolescents

Although there are many debates about the effectiveness of screening instruments (e.g., SOGS, DSM-III-R, DSM-IV, GA Twenty Questions) for assessing problematic gambling, it could be the case that many of these question-based screening instruments are not applicable, appropriate and/or valid for assessing adolescent problem gambling. Although there is now a validated junior version of the DSM-IV (DSM-IV-J) (Fisher, 1993), most research assessing problematic gambling in adolescents has used adult screening instruments. It may be that there is little difference between adult and adolescent screening instruments. If there is a difference, the results are most likely to be under-reported as items asking about illegal behaviours, such as fraud or embezzlement, are highly unlikely to be reported by adolescents.

(10) Researchers consciously or unconsciously exaggerate the adolescent gambling problem to serve their own careers

This explanation is somewhat controversial but cannot be ruled out without at least examining the possibility. If this explanation is examined on a logical and practical level, it can be argued that those of us who have careers in the field of problem gambling could potentially have a lot to lose if there were no problems. Therefore, it could be argued that it is in the researcher's interest for problems to be exaggerated. However, there is no empirical evidence that this is the case, and all researchers are aware that their findings will be rigorously scrutinized. It's not in their best long-term interest to make unsubstantiated claims.

Concluding Comments

Although the list may not be exhaustive, it does give the main speculative reasons why adolescent problem gamblers may be under-reported in turning up for treatment. It is likely that no single reason provides more of an explanation than another does. However, there does not seem to be any empirical evidence for at least three of the assertions made (i.e. adolescents denying having a gambling problem, adolescents not wanting to seek treatment, and researchers exaggerating the adolescent gambling problem to serve their own careers). However, just because there is no empirical evidence does not mean that it is not possible.

Of the reasons remaining, some include those that are not unique to adolescents (e.g., invalid screening instruments for measuring problem gambling, lying or distorting by participants on self-report measures, denying having a gambling problem, and not wanting to seek treatment). These may therefore be more unlikely reasons why adolescents do not turn up for treatment compared to the reasons that seem to particularly refer to adolescents only (i.e. spontaneous remission and/or maturing out of adolescent gambling problems, adolescents being constantly "bailed out" by parents, lack of adolescent treatment programs, and inappropriateness of treatment programmes).

What is quite clear is that there is no single assertion in this article that provides a definitive answer to the adolescent gambling treatment paradox. It is most likely the case that many of the plausible explanations interlink to produce the obvious disparities between prevalence rates and enrolling in treatment programs.

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