Addictive Behaviors 46 (2015) 86–93

Contents lists available at ScienceDirect

Addictive Behaviors

journal homepage: www.elsevier.com/locate/addictbeh

Problem gambling and internalising symptoms: A longitudinal analysis of common and specific social environmental protective factors☆

Kirsty E. Scholes-Balog [a,b,*], Sheryl A. Hemphill [a,b,c,d,f], John W. Toumbourou [d,g], Nicki A. Dowling [c,e,h]

[a] Learning Sciences Institute Australia, Australian Catholic University, 115 Victoria Pde, Fitzroy, Victoria, Australia
[b] School of Psychology, Australian Catholic University, 115 Victoria Pde, Fitzroy, Victoria, Australia
[c] School of Psychology, Deakin University, 221 Burwood Hwy, Burwood, Victoria, Australia
[d] Centre for Adolescent Health, Murdoch Childrens Research Institute, 2 Gatehouse St, Parkville, Victoria, Australia
[e] School of Psychological Sciences, Monash University, Wellington Rd, Clayton, Victoria, Australia
[f] Department of Paediatrics, University of Melbourne, Parkville, Victoria, Australia
[g] Prevention Sciences, School of Psychology and Research Centre for Social and Early Emotional Development, Deakin University, 1 Gheringhap St, Geelong, Victoria, Australia
[h] Melbourne Graduate School of Education, University of Melbourne, Parkville, Victoria, Australia

HIGHLIGHTS

- No common protective factors for internalising symptoms and problem gambling
- Community, family and peer factors protective of internalising symptoms
- No statistically significant protective factors for problem gambling
- Focus on separate factors to protect against each condition and tackle comorbidity

ARTICLE INFO

Available online 20 March 2015

Keywords:
Problem gambling
Internalising symptoms
Depression
Protective factors
Longitudinal

ABSTRACT

Introduction: Comorbidity between problem gambling and internalising disorders (anxiety and depression) has long been recognised. However, it is not clear how these relationships develop, and what factors can foster resilience to both conditions. The current study draws on longitudinal cohort data to investigate: 1) the cross-sectional and longitudinal relationships between problem gambling and internalising symptoms; 2) whether there are common and/or specific social environmental factors protective against both internalising symptoms and problem gambling in young adulthood; and 3) interactive protective factors (i.e., those that moderate the relationship between problem gambling and internalising symptoms).
Methods: A sample of 2248 young adults (55% female) completed a survey in 2010 (T1) and 2012 (T2) which assessed problem gambling (measured via two items based on established measures), internalising symptoms, and social environmental protective factors.
Results: A positive cross-sectional relationship between problem gambling and internalising symptoms was found; however, there was no statistically significant longitudinal relationship between the two conditions. Protective factors for internalising symptoms were observed within the domains of the community, family and peer group; however, there were no statistically significant protective factors identified for problem gambling.
Conclusions: These findings demonstrate that the social environmental protective factors for adult internalising symptoms assessed in the present study are poor longitudinal predictors of young adult problem gambling. Given the lack of common protective factors, it may be necessary to focus on separate factors to protect against each condition, if we are to address the comorbidity between problem gambling and internalising symptoms.
© 2015 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

☆ Acknowledgements: The authors wish to thank the participants and study staff for their valuable contributions.
* Corresponding author at: Learning Sciences Institute Australia, Australian Catholic University, Level 2, 115 Victoria Pde, Fitzroy, Victoria 3065, Australia. Tel.: +61 3 9953 3117.
E-mail addresses: kirsty.balog@acu.edu.au (K.E. Scholes-Balog), sheryl.hemphill@acu.edu.au (S.A. Hemphill), john.toumbourou@deakin.edu.au (J.W. Toumbourou), nicki.dowling@deakin.edu.au (N.A. Dowling).

http://dx.doi.org/10.1016/j.addbeh.2015.03.011
0306-4603/© 2015 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

1. Introduction

Gambling is a significant public health problem in many countries, with an estimated 0.5% to 7.6% of the adult population experiencing gambling disorders worldwide (average rate across all countries of 2.3%) (Williams, Volberg, & Stevens, 2012). 'Problem gambling' generally refers to gambling behaviours that cause social, financial and/or psychological harms to individuals, and their family, friends or society (Delfabbro, 2012; Ferris & Wynne, 2001; Neal, Delfabbro, & O'Neil, 2005). This term is intended to encompass a continuum of severity that includes the diagnostic classification of pathological or disordered gambling.

Comorbidity between problem gambling and internalising disorders such as depression and anxiety has long been recognised (Dowling et al., in press-b; Lorains, Cowlishaw, & Thomas, 2011). An estimated 37.9% of problem or pathological gamblers have a comorbid mood disorder, and 37.4% have a comorbid anxiety disorder (Lorains et al., 2011). Problem gamblers who suffer depression or anxiety are at increased risk for suicide (Blaszczynski & Farrell, 1998; Petry & Kiluk, 2002). Depression has also been shown to influence treatment outcomes among problem gamblers (Smith et al., 2011). Therefore, preventing and addressing internalising symptoms among problem gamblers may improve treatment outcomes (Smith et al., 2011).

Much of the research assessing the relationship between internalising disorders and problem gambling is cross-sectional in design (Dussault, Brendgen, Vitaro, Wanner, & Tremblay, 2011). Therefore, the direction of this relationship is unclear. A recent longitudinal study found that the escalation of gambling problems and depressive symptoms from adolescence into adulthood could be explained by a mutual direct link between the two disorders (Dussault et al., 2011). Depressive symptoms may precede the development of gambling problems when gambling is used as a way to regulate negative aversive emotional states, to achieve distraction from personal problems, and to fight a state of apathy (Blaszczynski & Nower, 2002; Christensen, Jackson, Dowling, Volberg, & Thomas, 2014; Francis, Dowling, Jackson, Christensen, & Wardle, 2014). On the other hand, social isolation, money problems, repeated unsuccessful efforts to chase losses, feelings of guilt and legal problems, that may all result from gambling problems, may also trigger depressive symptoms in problem gamblers (Dussault et al., 2011). Given the comorbid and possibly reciprocal relationship between problem gambling and internalising symptoms such as anxiety and depression, it is of utmost importance to understand what factors protect against the development or escalation of both conditions.

Ecological models of human development acknowledge the interconnected relationship that exists between an individual and their environment, and the multiple interacting contexts in which behaviours occur (Bronfenbrenner, 1993). Increasingly, it is recognised that the development of problem behaviours can be better understood when considering the ecological system in which development occurs. While there are a growing number of prospective longitudinal studies investigating the role of socio-demographics and gambling behaviours on the onset and/or cessation of gambling problems (e.g., Bili, Stone, Marden, & Yeung, 2014; Fröberg et al., 2014), there remains a paucity of prospective longitudinal research on modifiable behavioural and social environmental factors that play a role in the development (risk factors), or protect against the development (protective factors), of problem gambling and gambling-related harms (Scholes-Balog, Hemphill, Dowling, & Toumbourou, 2014; Shead, Derevensky, & Gupta, 2010). Longitudinal research is needed to identify factors that are present before gambling problems, and harms, emerge. Such research would provide valuable knowledge about how gambling problems develop, and the factors that can foster resilience to gambling problems and gambling-related harms (Abbott & Clarke, 2007).

The majority of problem gambling literature to date focuses on risk factors (e.g., Dowling, Suomi, et al., in press; Dowling et al., in press-a, in press-b). Efforts to prevent tobacco, alcohol, and illicit substance use have focused on not only decreasing risk factors, but also increasing protective factors (Brounstein, Zweig, & Gardner, 1999). The success of these initiatives in preventing problem behaviours emphasises the importance of designing prevention approaches for problem gambling and related harms which enhance resiliency.

1.1. The current study

The current study sought to utilise longitudinal data to achieve three goals: 1) investigate the cross-sectional and longitudinal relationships between problem gambling and internalising symptoms (specifically, anxiety and depressive symptoms); 2) investigate common and specific social environmental risk-based factors that are protective against internalising symptoms and problem gambling in young adulthood; and 3) investigate interactive protective factors (i.e., those that buffer or moderate the relationship between problem gambling and internalising symptoms). Protective factors within the community, family, and peer/individual domains measured during young adulthood will be examined as prospective predictors of both internalising symptoms and problem gambling two years later. Protective factors will be measured with an adapted version of the *Communities that Care* (CTC) youth survey. The CTC framework is based on the Social Development Model (SDM), a model used to explain the origins and development of delinquent behaviour among children and adolescents (Catalano & Hawkins, 1996). The SDM is based on the premise that youth adopt the beliefs and behavioural patterns of their social environment — including family, peers, school and neighbourhood. As such, this model hypothesises that if the social environment is characterised by factors that promote prosocial attachment, then an individual will assume a prosocial orientation, whereas if the social environment promotes antisocial attachment, the individual will engage in problem behaviour (Catalano & Hawkins, 1996). The protective factors measured in the CTC survey provide an overview of many of the modifiable social and attitudinal influences that shape the development of youth behaviour.

Consistent with previous research (Dussault et al., 2011), it was hypothesised firstly that both internalising symptoms and problem gambling would predict each other two years later. Given the comorbid relationship between internalising symptoms and problem gambling, and the similarity in adolescent predictors of internalising symptoms and problem gambling reported in the literature (e.g., Bond, Toumbourou, Thomas, Catalano, & Patton, 2005; Dussault et al., 2011; Scholes-Balog et al., 2014), it was hypothesised secondly that both problem gambling and internalising symptoms would share common protective factors within the family domain (i.e., family concord). Identification of shared risk and protective factors for problem gambling and other problem behaviours and/or disorders, such as internalising symptoms, has been noted as an important step for future research to inform prevention policies and programmes (Abbott & Clarke, 2007).

2. Methods

2.1. Participants

The sample comprised young adults from Victoria, Australia, who were part of the International Youth Development Study (IYDS); an ongoing bi-national longitudinal study investigating the development of healthy and problem behaviours among young people in Victoria, Australia, and Washington State, United States. Original recruitment for the Australian arm of the IYDS occurred in 2002, with 2884 Victorian students completing the first survey. Sampling for the IYDS, which was designed to yield a state-representative sample of students

Download English Version:

https://daneshyari.com/en/article/7260781

Download Persian Version:

https://daneshyari.com/article/7260781

Daneshyari.com