

California State University, San Bernardino
CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2007

An assessment of the gambling behavior of older adults in a senior center setting

Debra Fay Johnson

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Social Work Commons](#)

Recommended Citation

Johnson, Debra Fay, "An assessment of the gambling behavior of older adults in a senior center setting" (2007). *Theses Digitization Project*. 3073.
<https://scholarworks.lib.csusb.edu/etd-project/3073>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

AN ASSESSMENT OF THE GAMBLING BEHAVIOR OF
OLDER ADULTS IN A SENIOR CENTER SETTING

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Debra Fay Johnson

June 2007


AN ASSESSMENT OF THE GAMBLING BEHAVIOR OF
OLDER ADULTS IN A SENIOR CENTER SETTING

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Debra Fay Johnson


June 2007

Approved by:




Dr. Teresa Morris, Faculty Supervisor
Social Work

5-15-07
Date



Teresa Denham, Senior Services Director,
Janet Goeske Senior Center



Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

This is a positivist research study. The aim of this study was to assess the impact of gambling on older adults in a senior center setting. Fifty-two (52) individuals 60 years of age or older participated in this research study. The Canadian Problem Gambling Severity Index Scale (PGSI) was used to assess for problem gambling.

Gambling behaviors were evaluated using descriptive frequencies and chi-square test. Chi-square analysis did not result in any significant findings to support the hypotheses, but significant trends were found between independent and dependent variables. The findings indicated that participants between the ages of 60-70, women, widows and those who had incomes of less than \$2,000 a month were at the highest risk for gambling problems. A limitation of this study was its small sample size. The researcher recommended that directors of senior centers increase the awareness of older adults by providing gambling literature and sponsoring gambling awareness days and for social workers to become more knowledgeable about the gambling behavior of older adults so they can assess, evaluate, and intervene when working

with older adults who have gambling problems or problems related to their gambling behavior.

ACKNOWLEDGMENTS

It is with great appreciation that I thank Dr. Morris and Dr. Davis for their unrelenting guidance and support throughout the development of this research project.

Also, I thank the sponsor and participants for being so welcoming and allowing me to conduct the study at your facility. This project would not have been possible without you.

It is also with much appreciation that I thank my family and friends for their immeasurable support and encouragement throughout the course of my studies. God bless every one of you. "Keep up the good work."

DEDICATION

To my children, Messiah, Michelle, Makayla, Davy,
Dewewaveon, and Messiah Jr. May all your dreams come
true. I Love You.

Mom

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	v
LIST OF TABLES	ix
CHAPTER ONE: ASSESSMENT	
Introduction	1
Research Focus and/or Question	2
Paradigm and Rationale for Chosen Paradigm	3
Literature Review	5
Introduction	5
Gambling as a Social Activity	5
Risk Factors for Problem Gambling	8
Problem Gambling	11
Theories Guiding Conceptualization	13
Activity and Continuity Theories	13
Addiction Theory	16
The Three Phases of Gambling Addiction	16
Potential Contribution of Study to Micro and/or Macro Social Work Practice	18
Summary	19
CHAPTER TWO: ENGAGEMENT	
Introduction	21
Research Site and Study Participants	21
Engagement Strategies for Each Stage of Study	22

Self Preparation	23
Diversity Issues	23
Ethical Issues	24
Political Issues	25
Summary	26
CHAPTER THREE: IMPLEMENTATION	
Introduction	27
Definitions of Gambling	27
Data Gathering	28
Study Design	28
Data Collection Methods	30
Selection of Participants	32
Summary	35
CHAPTER FOUR: EVALUATION	
Introduction	37
Purpose of Study	37
Results	38
Univariate Analysis	38
Bivariate Analysis	40
Discussion	44
Univariate Analysis	44
Bivariate Analysis	45
Implications of Findings for Micro and/or Macro Practice	46

Limitations	48
Summary	49
CHAPTER FIVE: TERMINATION AND FOLLOW UP	
Introduction	50
Communicating Findings to Study Site and Study Participants	50
Summary	51
APPENDIX A: INFORMED CONSENT	52
APPENDIX B: DATA COLLECTION INSTRUMENT(S)	54
APPENDIX C: DEBRIEFING STATEMENT	60
REFERENCES	62

LIST OF TABLES


Table 1. Demographics	34
Table 2. Gambling Activities	38
Table 3. Responses for Problem Gambling Severity Index Scale	40
Table 4. Bivariate Analysis and Testing of Hypotheses	43

CHAPTER ONE

ASSESSMENT

Introduction

The gambling industry has become a huge business over the past decade (Marshall and Wynne, 2003; Stitt, Giacomassi & Nichols, 2003; McKay, 2005). The economic benefits to communities include increased tax revenue, additional tourist dollars, and better employment opportunities while gambling opportunities are on the increase and the evidence for social problems related to gambling behavior is increasing (Marshall & Wynne, 2003; The Indiana Family and Social Services Administration, 1998). Moreover, the Indiana Family and Social Administration (1998) report that as gambling opportunities are becoming a more acceptable form of entertainment, there is a concern that a growing number of older adults will be participating in gambling activities and experiencing problems associated with their gambling.



Research Focus and/or Question

The aim of this study was to assess the gambling behavior of older adults in a senior center setting. The questions and hypotheses were:

- 1.) What is the impact of age on the gambling behavior of older adults?

Hypothesis 1. A majority of older adults attending a senior center will be at-risk gamblers.

- 2.) What is the impact of gender on the gambling behavior of older adults?

Hypothesis 2. Men will be more likely to be problem gamblers than women.

- 3.) What is the impact of marital status on the gambling behavior of older adults?

Hypothesis 3. Single adults will be more likely to be problem gamblers than married adults.

- 4.) What is the impact of income on the gambling behavior of older adults?

Hypothesis 4. Older adults with lower incomes will be more likely to be at-risk gamblers than those with higher incomes.

Paradigm and Rationale for Chosen Paradigm

This is a positivist study using a descriptive quantitative methodology. The positivist worldview "assumes that an objective reality exist outside of personal experience that has demonstrable and immutable laws and mechanisms" (Morris, 2006, p. 3). According to Morris (2006) the positivist researcher "assumes that it is possible and essential for the inquirer to adopt a distant, non-interactive posture" (p. 3). Furthermore, Morris (2005) reports that the positivist approach to research "dictates that questions and hypotheses about causes and correlations be stated in advance of data collection and that they be subject to testing in controlled conditions" (p. 11). A positivist approach was used because quantitative methods are the most appropriate methods for assessing correlational relationships.

This was also the most appropriate paradigm to use because the questions guiding the study and the hypothesis were stated in advance and then subjected to manipulation by the researcher for empirical falsification. Self-administered surveys were also used

to collect the data which is another method common to a positivist study.

According to Neuman and Kreuger (2003) "descriptive studies begin with a well defined subject matter and research is conducted to explain it accurately" (p. 22). The result of a descriptive study is a detailed picture of the subject matter. Furthermore, basic research advances fundamental knowledge about the social world and asks the question "Why do things change?" (p. 22). The aim of this study was to evaluate the gambling behavior of older adults in a senior center setting.

This study is of significance because as opportunities to gamble are becoming more available and accessible, older adults are participating in gambling activities for leisure and recreational benefits. This phenomenon is of concern because older adults may be at risk for problems related to gambling that they may not be able to recover from. Furthermore, senior center directors and social workers need to know how to assess, evaluate and intervene with older adults who may have gambling problems or problems related to their gambling behavior.

Literature Review

Introduction

This section discusses the literature on the gambling behavior of older adults as a social activity and an addiction. Additionally, it discusses the theories used to conceptualize the gambling behaviors of older adults. Finally, it discusses the potential contribution this study may make to micro and macro social work practice.

Gambling as a Social Activity

Researchers Nixon, Solowoniuk, Hagen, Robert and Williams (2005) note that older retired adults are participating in legalized gambling activities for entertainment and socialization. They also reported that these gambling behaviors have caught the attention of the media. They state that casinos specifically market to older adults. To market to this specific population casinos offer them inexpensive day trips and incentives such as free lunch, money and gifts. These authors found that casinos recognize that repeated visits by lower income players such as the retired or elderly are the mainstays of gambling because this provides a continuing influx of revenue for the casinos.

In addition, Munro (2003) notes that casinos offer customers free incentives so that when the older adults have spent the casinos money they will then spend their own money. Additionally, casinos and other gambling facilities are designed to create distinctive atmospheres and pleasurable settings. Also, casinos are often part of hotels, leisure facilities, and malls which are perceived as safe places to go.

Senior centers make gambling activities available such as bingo, poker, and daytrips to casinos to help older adults who visit the senior centers to have something to do during the day. For instance, following the widespread increase of gambling opportunities, McNeilly and Burke (2001) examined the importance of gambling as a social activity among adults 65 and older who lived in Nebraska. The questionnaire consisted of a list of possible social activities available to older adults in the local area and semi-structured interviews of two former activity directors. In addition, information was obtained from activity directors from 50 organizations, which represented 6,957 older adults. The study found that among 11 typical types of social activities such as shopping, going out for lunch or

dinner, theaters and church, gambling was found to be the most highly attended activity. Additionally, activity directors reported that 16% of older adults participated in trips to a gambling casino on a monthly basis or greater and out of all day trip types of social activities, going to a casino was the most popular. The researchers concluded that casino gambling may have replaced other types of day trips due to its availability, access and newness.

Ladd, Molina, Kerins, and Petry (2003) examined the gambling behaviors of older adults in two social contexts, one that involved gambling at bingo sites and another one that does not provide bingo. They recruited 492 adults aged 65 and older from bingo sites and senior centers expecting to find differential rates of gambling problems between individuals recruited at the two different types of sites. Of the 492 participants included in the study, 73% were from senior centers, some providing bingo games, but none awarding cash prizes. The researchers noted that regardless of the recruitment site, adults in the study had significant rates of pathological gambling (4.7%) with the participants who were recruited from bingo sites as having greater

gambling problems than those recruited from senior centers.

Hope and Havir (2002) explored and described the gambling behavior of a convenience sample of older adults in Minnesota. In their study, 146 questionnaires were completed and 22 in-person interviews were conducted. These researchers found that most of the older people who went to casinos viewed gambling as entertainment. The participants reported that the greatest advantage of casinos was the social control, safe atmosphere, good food and a place to go by themselves without feeling conspicuous because they were not married. The opportunity for coupons and other incentives to finance their trips without spending their own money was a motivational factor.

Risk Factors for Problem Gambling

The research focusing on the gambling behavior of older adults suggests that older adults are social gamblers and they do not go to casinos regularly (Stitt, Giacomassi, & Nichols, 2003; McKay, 2005). Although this could be factual, researchers Nixon, Solowoniuk, Hagen, and Williams (2005) have identified the following risk factors related to older adults experiencing gambling

problems: psychological problems, financial risks and social dysfunction.

In an attempt to compare knowledge about the dynamics of age and gambling, Stitt, Giacomassi, and Nichols (2002) conducted a study on the gambling behavior of older and younger adults in a community that had recently allowed casinos to open. The researchers gathered information about the gambling behavior of 2,768 adults through computer generated telephone interviews. Of the respondents, 677 were over the age of 63. This study found that over half of the respondents admitted that whenever they attended a casino they spent more money than they had planned. Furthermore, older adults went to casinos more often than younger adults. Although gambling-related problems are thought to be less common among older adults than in younger adults (McKay, 2005), this may not be the case; older adults commonly have less contact with friends and family than younger adults. Therefore, gambling-related problems are less likely to be noticed in older adults if, in fact, this is the situation.

Although much of the literature on gambling suggests that the risk of problem gambling is much lower among

older adults than younger adults, Wiebe (2002) reported older adult gamblers may experience more psychological difficulties than younger adults, such as anxiety and depression and stress related physical illnesses such as hypertension and heart disease. One explanation might be that these older adults experienced these symptoms before they had gambling problems.

It should be noted that the gambling behavior of older adults cannot only become a problem for them but for others around them if they may be experiencing loneliness, social isolation, depression or the death of a loved one. Gambling can then become an activity that helps deal with boredom or escaping loneliness. For instance, Nixon, Solowoniuk, Hagen, and Williams, (2005) wanted to understand older adults' experiences of problem gambling. A narrative method of interviewing was used because the researchers wanted the participants to give an account of their natural experience. The study identified 11 problem-pathological gamblers. Although several of the themes arising from the interviews with older gamblers were similar to patterns previously identified with younger gamblers, several distinct patterns emerged. For example, gambling appeared to

provide some older gamblers with an opportunity to break away and escape from traditional roles. Additionally, gambling provided "a way for seniors to isolate themselves when they felt depressed or solitary" (p. 8). Furthermore they went to extreme measures to continue their gambling while hiding it. Hiding gambling activities from family members can indicate that older adults are not eating properly or paying their bills and this could eventually lead directly to sickness or having to depend on relatives to provide for essential needs. The older adult may also be accumulating debt through the use of credit cards.

Problem Gambling

According to Ladd et al. (2003) "prevalence surveys suggest that at least 2.5 million adults in North America (1.9%) suffer from pathological gambling and that approximately 5.3 million adults (3.9%) are problem gamblers in that they experience some gambling-related difficulties but not to the extent of pathological gamblers" (p. 172). The following studies provide some insight into the differences between problem and pathological gambling among older adults. The research

indicates that problem and pathological may be particularly disturbing among older adults.

The National Gambling Impact Study Commission (1999) recruited active older adults from community settings. The differences between problem and pathological gamblers versus non-problem gamblers were evaluated using a chi-square test for categorical data. Among all participants (492) nearly 6% (29) were classified as problem gamblers and 4.7% (23) were classified as pathological gamblers. The participants who were classified as problem and pathological gamblers were younger and more likely to be male. In spite of the recruitment site, older adults in this study exhibited clinically significant rates of pathological gambling. As a result, it was concluded that active older adults recruited from community settings show evidence of higher rates of problem and pathological gambling compared to national samples of older adult gamblers.

Weibe (2002) noted that gambling was a fairly common activity among adults 60 years and older in Manitoba, Canada. There were 900 participants in this study. This researcher used a cross-sectional design and the SOG was used to measure gambling behavior. The study found that

1.6% of participants were gambling at problem levels, and 1.2% were gambling at a probable pathological level.

Pietrzak and Petry (2005) examined the relationship between severity of gambling problems and psychosocial functioning in older adult gamblers. They recruited 31, 60 or older participants from 8 senior centers, 5 bingo sites, and 3 outpatient medical clinics in Connecticut. This study used the SOGS gambling scale to compare current older adult problem gamblers and pathological gamblers with respect to demographics and severity of gambling, psychiatric, and social problems. The findings of this study identified 21 pathological gamblers and 10 problem gamblers. It was concluded that brief gambling screening should take place in senior centers and bingo sites to help identify individuals who have or who may be at risk for developing a gambling disorder.

Theories Guiding Conceptualization

Activity and Continuity Theories

Two theories underpin this study. One relates more to the background of gambling behavior and the other focuses on gambling as an addiction. Both activity theory and continuity theory can to some degree explain

important aspects of why active older adults need to engage in social and recreational activities such as gambling. Moreover, activity theory and continuity theory both argue that staying active is a very important characteristic to aging successfully.

According to Hooyman and Kiyak (1999) activity theory assumes that successful aging means being as active as possible and adapting to new roles. People will be more satisfied with aging if they are able to maintain mid-life activities and roles. According to Hooyman and Kiyak (1999) this theoretical approach "attempts to answer how individuals adjust to age related changes; such as retirement, poor health, and role loss" (p. 232). Successful aging also involves perceived control over the environment and a sense of self-efficacy. Addiction studies reveal that some older adult problematic gamblers perceive they are in control while gambling. They can choose how much and how long to play and when to quit. According to Zaranek and Chapleski (2005) the more active and involved older adults are, the more likely they will be satisfied with their lives. Consistent with our society's values, many older adults have adapted this perspective and believe it helps them to maintain

satisfaction (Hooyman & Kiyak, 1999). Furthermore, Zaranek and Chapleski (2005) state that improved incomes and health and new attitudes toward aging account for more active recreation and new leisure activity pursuits.

According to Hooyman and Kiyak (1999) continuity theory assumes that individuals should substitute comparable types of roles for lost ones; individuality and values should remain consistent with age and individuals should maintain typical ways of adapting to the environment rather than meeting the requirements to the norm. These authors argue that as people age they should replace similar types of roles for lost ones, and continue to sustain typical ways of adapting to the environment, in order to maintain inner emotional stability as well as outward stability of social behavior and circumstances. Compared to people of other ages, older adults need to socialize and sustain significant relationships with other people. Therefore, after retirement they may attend casinos to replace and sustain lost roles, fill their time and build social relationships with other people. Gambling as a recreational and leisure activity can offer new sources of personal meaning for each individual.

Addiction Theory

According to Booker (2006) addiction was a concept that was only applied to drug and alcohol dependence. These were considered to be out of the addicts' control because of a person's physical dependence on the substance. He reports that "behaviors which are repetitive and toward which people exhibit loss of control but which do not involve drugs, such as gambling, are currently being reclassified as addictions by some areas of psychology" (¶. 1).

In addition, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), (2000) describes pathological gambling as an impulse control disorder and describes 10 criteria to guide diagnoses, ranging from preoccupation, tolerance, and loss of control relating to gambling behavior. People may gamble more during times of stress and depression.

The Three Phases of Gambling Addiction

A typology of the pathological gambler has been developed by Robert Custer who identified pathological gambling as a progression of three phases: The winning phase, the losing phase and the desperation phase. Custer describes the pathological gambler's gambling behavior as

a progression from being exciting for the gambler in the beginning stages, which leads to a pattern of chasing losses resulting in the gambler having to bet more amounts of money to undo a loss or a succession of losses. When the gambling behavior becomes out of control they may become hopeless which could lead to an emotional breakdown (Illinois Institute for Addiction Recovery, 2005).

In sum, continuity theory proposes that in order for older adults to maintain emotional stability after retirement they should continue to maintain their usual ways of adapting to the environment. Activity theory proposes that in order for older adults to age successfully it is important for them to stay as active as possible. Legalized gambling is a newer activity that older adults are participating in for entertainment and socialization. As a result of engaging in this activity older adults are able to meet new people and stay active which helps them to maintain their emotional stability. However, in contrast to the benefits that older adults receive from participating in gambling activities, psychologists and researchers have discovered that gambling can be as addictive as drugs or alcohol which

can lead to gambling problems or problems related to gambling that the older adult may not be able to recover from.

Potential Contribution of Study to Micro and/or Macro Social Work Practice

Although much of the literature suggests that gambling problems among older adults are low compared to younger adults, this finding can be misleading. Particularly, because older adults are heavily targeted by casinos and they experience lifestyle changes due to retirement with increased time and opportunity to gamble. Additionally, older adults are at a higher risk for financial and psychological problems than younger adults.

The findings of this study will help social workers to better appreciate the challenges that older adults encounter as a result of participating in gambling activities. This study will further provide social workers with information that will help them to educate, assess, evaluate, and intervene with older adults who have gambling problems.

This study can also be of value to administrators and directors of senior centers. Directors can help raise awareness about gambling problems by providing literature

and placing posters in visible places with the numbers of hotlines and agencies that can be contacted for older adults who may be concerned about their gambling behavior and want to seek help.

Summary

This chapter focused on the literature related to gambling and older adults. With legalized gambling becoming a much more acceptable and available activity for older adults, and as there is an expected increase in the older aged population as the "Baby Boomers" start to retire, it is expected that problem gambling will increase as well. Thus, the gambling behavior of older adults may seem like it is a harmless activity, but the downside is that participating in gambling activities can become out of control, consequentially leading to problem gambling and problems related to gambling.

In addition, many researchers have identified older adults as having fewer problems with gambling than younger adults, but this may not be the case. Older adults have a lot of free time. They also have experienced many significant losses and may be experiencing social isolation and loneliness as a direct

result of these losses. Thus, the gambling behavior can progress to serious financial and psychological problems which they may not be able to recover from.

CHAPTER TWO

ENGAGEMENT

Introduction

This chapter describes the engagement strategies for each stage of the study. In addition, the research site, the study participants, the steps the researcher took in preparation for conducting the study, the diversity and ethical issues, and the political issues of a positivist research study are discussed.

Research Site and Study Participants

This research study was conducted at a senior center which is located in Riverside, California. Riverside County has a total population of 1,545,387; 195,964 or 7.9 percent of this population is 65 years or older (U.S. Census Bureau, 2000). The senior center is a non-residential facility that provides social and educational activities for adults who are 50 years of age and older. Some of the services provided by the senior center include:

- Exercise classes: walking, Tai Chi, Yoga, arthritis exercises and dance classes.

- Legal consultation, health insurance advising and income tax assistance.
- Health screening: blood and hearing checks.
- Arts, crafts, bingo, painting, and sewing.
- Clubs and groups: bridge, reading, chess, monthly excursions.
- Educational classes: computer, Spanish, music.
- Self help groups: co-dependence, weight watchers.

Engagement Strategies for Each Stage of Study

Engagement of the research site consisted of contacting the research sponsor by e-mail first to inform her of the possibility of conducting a study at the senior center. The e-mail described the details of the study, the importance of doing a study of this type and introduced the researcher and her university affiliation. Next the researcher telephoned the sponsor to set up a time and date that would be convenient to meet to discuss the pragmatics of the research design and its implementation requirements. After the meeting, a written agreement to gather data and use the site was negotiated.

In order to draw participants for the study, fliers describing the criteria for participation, the focus of the study, and the time and date of the study were posted at the research site. This study was conducted on Monday, May 13, 2006 at the senior center facility from 10:00 a.m. to 4:00 p.m.

Self Preparation

Self preparation included preparation of the questionnaire, informed consent and the debriefing statement. The researcher also studied literature about the characteristics of older adults and related literature pertinent to gambling and gambling problems within this population. The researcher also familiarized herself with the characteristics of the research site.

Diversity Issues

Age, ethnicity, socioeconomic status, intimidation, and the vulnerability of being taken advantage of were factors taken into consideration while conducting the research study. These issues were considered important while conducting the study because the literature suggests that older adults are stigmatized by the larger society. Therefore, the researcher was careful not to be rigidly influenced by what was heard or read about older

adults, remained open to forming her own impressions, was willing to challenge any stigmatizing labels imposed on older adults and behaved respectfully and courteously to each individual.

Ethical Issues

The ethical issues for positivist research methodologies are related to the protection of human subjects. Decisions should be based on moral values and competency values. Confidentiality and anonymity was maintained throughout the entire research process. Personal names were not included in the completed questionnaires.

An informed consent was attached to the front of the survey (see Appendix A). It described the purpose, risks and benefits associated with participation in the study. Participants were instructed to remove and sign the consent before beginning the survey. The researcher provided a debriefing statement to each participant indicating who to contact for additional information or questions about the results of the survey and where they could receive counseling if they felt any distress or discomfort as a result of taking the survey.

Political Issues

Conducting a gambling study in a senior center posed many political issues for the researcher and also for the sponsors. One issue was that the clients and facilitators did not view gambling to be a problem. A majority of older adults view gambling as a means of having control over the choices they make. They also view gambling as a way to have fun.

Similarly, facilitators may also view gambling as a fun activity that they provide to consumers as a form of needed socialization. They may also view it as a means of attracting clients to the facility who may not participate in the regular activities the center offers. Furthermore, they may have concerns about funding and may thus have felt as though a gambling study could lead to difficulties when funding programs.

Additionally, the participants or the facilitators of the senior center may have not wanted to be identified as having a gambling problem. They may have set limits and parameters for the study. The sponsors may have wanted to include some questions that are of interest to them. This may have led the researcher to modify or include some more questions on the questionnaire to suit

the interests of the study's sponsors. To lessen some of the anticipated difficulties of conducting this study, the researcher discussed the details and objectives of the study with the study sponsor before conducting the data collection process.

Summary

This chapter discussed the strategies the researcher used to engage the research site. The study was conducted at a senior center in Riverside, California, which is a non-residential facility that provides social, recreational and educational activities for adults who are 50 years of age and over. This study was conducted on Monday, May 13, 2006 at the senior center facility from 9:00 a.m. to 4:00 p.m. The study was carried out in an ethical and courteous manner and confidentiality was stressed throughout the entire research process.

CHAPTER THREE

IMPLEMENTATION

Introduction

In this chapter, the methods used for gathering the data are described. The Canadian Problem Gambling Severity Index scale (CPGI), which was used to gather data to test the hypotheses is explained. The selection and demographics of the study participants, phases of data collection, data recording methods used, survey instrument and the procedures used to gather the data are all described.

Definitions of Gambling

The use of different category labels (e.g. non-problem, at risk, problem, pathological, compulsive) has made it difficult to compare prevalence studies. This study uses the Canadian Problem Gambling Severity Index Scale (CPGI), as its methodological framework; consequently, the gambler sub-types are labeled (non-problem, at-risk and problem gambler).

The CPGI, used to screen for problem gamblers in this study, defines problem gambling as "gambling behavior that creates negative consequences for the

gambler, others in his or her social network, or the community" (Marshall & Wynne, 2003, p. 5).

Data Gathering

Study Design

The aim of this study was to assess the gambling behavior of older adults in a senior center setting. The questions and hypotheses were:

- 1.) What is the impact of age on the gambling behavior of older adults?

Hypothesis 1. A majority of older adults attending a senior center will be at-risk gamblers.

- 2.) What is the impact of gender on the gambling behavior of older adults?

Hypothesis 2. Men will be more likely to be problem gamblers than women.

- 3.) What is the impact of marital status on the gambling behavior of older adults?

Hypothesis 3. Single older adults will be more likely to be problem gamblers than married older adults.

- 4.) What is the impact of income on the gambling behavior of older adults?

Hypothesis 4. Older adults with lower incomes will be more likely to be at-risk gamblers than those with higher incomes.

As noted in Chapter two these questions addressed the research focus of the study. In addition to items that addressed the questions above, the survey included two questions about the study participants' gambling activities: (1) Have you gambled at a casino within the past 12 months? and (2) Do you participate in any social/recreational activities? It also includes seven demographic questions (See Appendix B): gender, marital status, health, educational level, monthly income and racial background.

Before responding to the CPSI, all participants completed a consent form which stated (1) The purpose of the study as studying problem gambling in older adults and the factors that put them at risk (2) assured the anonymity of the responses, and (3) informed them of their right to withdraw from the study at any time (See Appendix A). The participants were then given the CPGS questionnaire which consists of a demographic survey and scales to examine problem gambling (see Appendix B). After the participants completed the questionnaire, it

was placed in an envelope and kept in a locked box. Participants were then debriefed (see Appendix C) and given referrals and telephone numbers to contact if they encountered any negative reactions or stress due to the interview. As an incentive, the study participants were given five dollars upon completion of the survey procedure.

Data Collection Methods

The instrument used to gather data was the Canadian Problem Gambling Index (CPSI) (see Appendix B). The CPSI consists of two parts. The first part of the CPSI examines eighteen variables in four domains. The second part of the CPSI is the Problem Gambling Severity Index (PGSI). "This part assesses two areas of problem gambling: (1) Problem gambling behavior and (2) the consequences of that behavior for the individual and others" (Wynne, 2003, p. 4). For the purposes of this study, only the PGSI portion of the instrument was administered.

"The CPSI instrument resulted from (1) A review and synthesis of the most current gambling research available, and (2) expert opinion from gambling researchers, and (3) it draws on the measures that have

been used in the past for many of its key elements”
(Wynne, 2003, p. 5).

According to Wynne (2003), “the expert consensus was that the five problem gambling screen items “problem gambling behavior” and four “adverse consequence” items appeared to measure both the construct and operational definition of “problem gambling” (p. 5). Reliability of the instrument was shown to be good, with a coefficient alpha of 0.84. Test-retest analysis produced an acceptable correlation of 0.78. Validity was tested a number of ways. Face-content validity was addressed through continual feedback from numerous gambling experts. A test of criterion validity was achieved by comparing the CPGI to DSM-IV and the SOGS. It was found that the CPGI was highly correlated with these two measures (0.83). Construct validity was demonstrated by expected correlations between CPGI scores and money spent on gambling, gambling frequency, and number of adverse consequences reported.

The PGSI screen has nine items, which include:

- (1) loss of control
- (2) motivation for gambling
- (3) escalating to maintain excitement
- (4) feeling one might have a problem with gambling
- (5) betting more than

one can afford (6) feeling guilty (7) being criticized by others (8) harm to health and (9) financial difficulties to one's household. Most of the items are adapted from the South Oaks Gambling screen (SOGS) or the DSM-IV. The exceptions are harm to health and financial difficulties to one's household, which are original to the CPGS.

Each of the nine items is scored between 0 and 3 with 0 being "never" and 3 being "almost always". Responses are scored for problem gambling. Responses and scoring are as follows 1 for each "sometimes," 2 for each "most of the time," and 3 for each "almost always." A score of between 0 and 27 points is possible.

There are four classification categories based on the following cut-points for PGSI scores:

- 0 = non-problem gambler
- 1-2 = low risk gambler
- 3-7 = moderate risk gambler
- 8+ = problem gambler

Selection of Participants

The participants for this study were drawn from a convenience sample of older adults visiting a senior center (N = 52). The sample is approximately one-third of

the older adults who visited the senior center on the day the researcher conducted the study. The senior center is located in Riverside, California. The researcher asked participants who were interested in taking part in the study if they had gambled at a senior center or casino in the past 12 months and if they were 60 years of age or older. If they met these requirements, they were invited to participate in the study. All the individuals who participated in this study did so voluntarily. Older adults for this study are defined as individuals who are 60 years of age or older. There were no exclusions based on gender, religion, ethnicity, socio-economic status or physical impairment. As an incentive for participating each study participant was given five dollars upon completion of survey procedure.

The following table provides information on the sample in terms of gender, age, marital status, level of education, and ethnicity (see Table 1).

Table 1. Demographics

<i>Variable</i>	N	(%)
Gender (N = 52)		
Women	34	65.4
Men	18	34.6
Age (N = 52)		
60-65 years old	11	21.2
66-70 years old	11	21.2
71 years old or older	30	57.7
Marital Status (N = 52)		
Single	9	15.4
Married	12	23.1
Widowed	21	40.4
Divorced/Separated	11	21.1
Highest Education (N = 52)		
Some High School	5	9.6
High School Graduate	15	28.8
Some College/Technical	21	40.4
College Graduate	11	21.2
Ethnicity (N = 52)		
Native American	4	7.7
African American	6	11.5
Hispanic/Latino	9	17.3
Asian American/Pacific Islander	2	3.8
White/Caucasian	31	69.8
Income (N = 51)		
Less than \$2,000 a month	26	50.0
Over \$2,000 a month	25	48.1
Missing N = 1		

There were 52 participants in this study, 34 (65.4) were female and 18 (34.6%) were male. There were more women participants than there were males. Eleven (21.2%) were 60-65, 11 (21.2%) were 66-70 years old and the

largest number of participants 30 (57.7%) were 71 years or older. Five (9.6%) had some high school, 15 (28.8%) were high school graduates, 21 (40.4%) had some college or technical education, and 11 (21.2%) were college graduates. Nine (15.4%) were single, 12 (23.1%) were married, the largest number of participants were widowed 21 (40.4%), and 11 (21.1%) were divorced or separated. Four (7.7%) were Native American, 6 (11.5%) were African American, 9 (17.3%) were Hispanic/Latino, 2 (3.8%) were Asian American/pacific Islander and 31 (69.8%) were White/Caucasian the largest number of respondents. Twenty-six participants (50.0%) had incomes less than \$2,000 a month and 25 (48.1%) had incomes over \$2,000 month. One participant did not report his or her income.

Summary

This chapter described the implementation process. There were 52 participants in this study who were recruited from a senior center setting in Riverside, California. The participants filled out a self-report questionnaire which was analyzed by the researcher using SPSS computer software. The instrument used to gather

data was the second part of the CPSI, the Problem Gambling Severity Index (PGSI).

CHAPTER FOUR

EVALUATION

Introduction

This chapter discusses the results of the analysis. In addition, the implications of the findings for senior centers, social workers, and further research are discussed. Finally, the limitations of the study are addressed.

Purpose of Study

Gambling behaviors were evaluated using frequencies and chi-square tests. In this way the relationships between gambling sub-types (non-gambler, at-risk, and problem gambling) and age, gender, marital status and income were identified.

After an initial analysis of the data, the researcher decided to collapse the variables gambling and marital status. The variable (gambling) was collapsed and then recategorized into three PGSI subtypes (i.e. non-problem gamblers, at-risk gambler and problem gambler). The researcher then collapsed the variable (marital status) into 3 categories (i.e. single, married and widowed). Chi-square tests were then performed on the

relationship between the variables gambling and age, gender, marital status and income.

Results

Univariate Analysis

Gambling Activities. Questions 7 and 8 asked the participants about their gambling and social activities (see Table 2). Overall, a majority of participants (80.0%) had visited a casino within the past 12 months. The most popular gambling activities were bingo (40.4%), cards (13.5%), and poker (3.8%).

Table 2. Gambling Activities

<i>Question</i> <i>N = 52</i>	<i>Frequency</i>	
	<i>n</i>	<i>(%)</i>
Have you gambled at a casino with the past 12 months?		
Yes	42	80.8
No	10	19.2
Do you participate in any social/recreational activities?		
Bingo	21	40.4
Poker	2	3.8
Cards	7	13.5

Gambling Behavior. Questions 9 through 17 asked the participants for information specifically about gambling behavior (see Table 3). Sixteen (30.8%) of the

participants stated they sometimes bet more than they could afford. Four (7.7%) of the participants stated that gambling sometimes caused financial problems. One fourth of the participants 13 (25.0%) stated that they felt guilty about their gambling behavior. Four (7.7%) participants' stated health, stress and anxiety problems sometimes resulted directly from their gambling behavior. Five (9.6%) sometimes felt as though they have a problem with gambling. Ten (19.2%) of participants have sometimes felt the need to gamble more money. Five (9.6%) participants have sometimes returned back the next day to gamble. None of the participants have borrowed money to gamble within the past year. Five (9.6) have been criticized for their gambling behavior. This study identified 26 (50.0%) non-problem gamblers, 24 (46.2%) at risk- gamblers and 2 (3.8%) problem gamblers.

Table 3. Responses for Problem Gambling Severity Index Scale

<i>Variable</i>	Never	Sometimes	Most of the Time	Almost Always	Refused
<i>N = 52</i>	n (%)	n (%)	n (%)	n (%)	n (%)
How often have you bet more than you could afford?	35 (67.3)	16 (30.8)		1 (1.9)	
How often have you needed to gamble more money?	41 (78.8)	10 (19.2)			1 (1.9)
How often have you returned back next day?	45 (86.5)	5 (9.6)	1 (1.9)	1 (1.9)	
How often have you borrowed money?	52 (100)				
How often have you felt you have a problem?	47 (90.4)	5 (9.6)			
How often have people criticized you?		46 (88.5)	5 (9.6)		1 (1.9)
How often have you felt guilty?		68 (73.1)	13 (25.0)		1 (1.9)
How often have you had health problems, stress and anxiety?	48 (92.3)	4 (7.7)			
How often has gambling caused financial problem?	48 (92.3)	4 (7.7)			

Bivariate Analysis

Data were analyzed to address the following research questions and hypotheses (see Table 4).

- 1.) What is the impact of age on the gambling behavior of older adults?

Hypothesis 1. A majority of older adults attending a senior center will be at-risk gamblers.

There was no significant relationship between gambling and age because the significance level between

gambling and age did not allow rejection of the null hypothesis (see Table 4). The Person Chi-square significance level was 2.533. Chi-square analysis revealed 5 (6.9%) 60-65 year old adults as non-problem gamblers, 6 (11.5%) at-risk gamblers; 4 (7.7%) 66-70 year old non-problem gamblers, 6 (11.5%) at-risk gamblers, 1 (1.9%) problem gambler; and 17 (32.7%) 71years of age and older adults were non-problem gamblers, 12 (23.1%) at-risk gamblers and 1 (1.9%) problem gambler.

2.) What is the impact of gender on the gambling behavior of older adults?

Hypothesis 2. Men will be more likely to be problem gamblers than women.

There was no significant relationship between gambling and gender, because the significance level did not allow rejection of the null hypothesis. The Pearson Chi-square significance level was .536. The proportion of males with gambling problems is not significantly different from the proportion of female problem gamblers. Ten (19.2%) of the males were non-gamblers, 8 (15.4%) were at-risk gamblers, and there were no male problem gamblers. While 16 (30.8%) of females were non-gamblers,

16 (30.8%) were at-risk gamblers and 2 (3.8%) were problem gamblers.

3.) What is the impact of marital status on the gambling behavior of older adults?

Hypothesis 3. Single adults will be more likely to be problem gamblers than married adults.

There was no significant relationship between gambling and marital status, because the significance level did not reject the null hypothesis. The Person Chi-square significance level was 4.924. Results identified 5 (11.4%) single adults as non-problem gamblers, 5 (11.4%) at-risk problem gamblers, 1 (2.3%) problem gambler; 9 (20.5%) married adult non-problem gamblers 3 (6.8%) at-risk gamblers; 8 (18.2%) widowed adult non-problem gamblers, 12 (27.3%) at-risk gamblers, and 1 (2.3%) problem gambler.

4.) What is the impact of income on the gambling behavior of older adults?

Hypothesis 4. Older adults with lower incomes will be more likely to be at risk for problem gambling than those with higher incomes.

There was no significant relationship between gambling and income because the significance level

between gambling and age did not allow rejection of null hypothesis. The Person Chi-square significance level was 1.246. Chi-square results revealed 9 (17.3%) non-problem gamblers, 15 (28.0%) at-risk gamblers and 2 (3.8%) problem gamblers who had incomes less than \$2,000 a month; while 16 (30.8%) and 9 (17.3) participants had incomes over \$2,000 a month.

Table 4. Bivariate Analysis and Testing of Hypotheses

<i>Variable</i>	<i>Non-Problem Gambler N = 26</i>		<i>At-Risk Gambler N = 24</i>		<i>Problem Gambler N = 2</i>	
	<i>n</i>	<i>(%)</i>	<i>n</i>	<i>(%)</i>	<i>n</i>	<i>(%)</i>
<i>Age*</i>						
60-65	5	9.6	6	11.5		
66-70	4	7.7	6	11.5	1	1.9
71 - over	17	32.7	12	23.1	1	1.9
<i>Gender**</i>						
Men	10	19.2	8	15.4		
Women	16	30.8	16	30.8	2	3.8
<i>Marital*** Status</i>						
Single	9	17.3	9	17.3	1	1.9
Married	9	17.3	3	5.8		
Widowed	8	15.4	12	23.1	1	1.9
<i>Income****</i>						
Less than \$2000	9	17.3	15	28.8	2	3.8
More than \$2000	16	30.8	9	17.3		
Missing N = 1						

* $X^2(4, N = 52) = 2.533, p < .32.$

** $X^2(2, N = 52) = 1.246, p < .536.$

*** $X^2(4, N = 52) = 4.924, p < .295.$

**** $X^2(4, N = 52) = 6.481, p < .166.$

Discussion

Univariate Analysis

This study assessed the gambling behavior of older adults in a senior center setting. Although eighty percent of the sample had visited a gambling casino within the past 12 months and forty percent played bingo, only a small number of participants indicated that they experienced any stress, guilt, or income difficulties in association to their gambling behavior. Furthermore twenty-five percent of participants reported that their gambling behavior has sometimes caused them to feel guilty. Although research has indicated that feeling guilty about gambling can lead to stress and anxiety, it appears that participants in this study visited casinos and participated in the gambling activities at the senior center with little adverse affects.

While not related to the researcher question, many study participants were widows. This is an important finding for this study. As a result of getting older, many older adults have experienced many significant losses over their lifetime (such as the lost of loved ones, jobs and status). Senior centers are places where older adults can meet new people, get out for the day,

join in group activities, teach classes and receive and offer support to others. Activity theories claim that older adults involvement in outside activities help them to have happier and more meaningful lives, which is extremely empowering for them.

Bivariate Analysis

There were four proposed hypotheses for this study. Variables considered to impact gambling behavior were age, gender, marital status, and income level. Although no significant relationships were found between independent and dependent variables, important trends were found.

The first hypothesis stated that a majority of older adults attending a senior center will be at risk gamblers. Although this hypothesis was not supported, 46% of older adults were at risk for problem gambling. Those who were between the ages of 60 and 70 were at the highest risk for problem gambling. A majority of older adults did not have any problems with gambling.

The second hypothesis stated that men will be more likely to be problem gamblers than women. Although males and females are equally likely to be at risk for problem gambling, women were at a slightly higher risk of

becoming problem gamblers. Recent researchers have identified men to have more problem gambling behavior.

The third hypothesis states that single adults will be more likely to be problem gamblers than married adults. Widows were at the highest risk for problem gambling, in contrast to married participants who were at the lowest risk for problem gambling. The lower rates of gambling among married participants may be attributed to the companionship they provide for one another or to a higher level of income.

The fourth hypothesis stated that older adults with lower incomes are more likely to be at risk gamblers than those with higher incomes. Those in the lowest income category (less than \$2,000 per month) are at the highest risk for problem gambling. Half of the participants had incomes of less than \$2,000 per month and of this percent, 29% were at-risk for problem gambling.

Implications of Findings for Micro and/or Macro Practice

The study's findings emphasize the need for a greater awareness of the impact that gambling may have on older adults. Although only two adults in the sample were problem gamblers, twenty-four participants were at risk

gamblers and vulnerable to developing a gambling problem. While these numbers may seem insignificant at the time, this should not be taken lightly since (1) older adults are heavily targeted by casinos (2) they are participating in gambling activities now more than ever before and (3) there is an expected increase in the older aged population as the "Baby Boomers" start to retire.

It is recommended that directors of senior centers gain knowledge about the gambling behavior of older adults and to help to raise the awareness of the risk involved in gambling by providing gambling literature for consumers and to support gambling awareness days at the senior center. Older adults who are concerned about their gambling behavior need to be educated about the risks involved in gambling and know where they can receive help.

In addition, it is recommended that social workers gain knowledge about the gambling behavior of older adults so they will be able to educate, assess, evaluate, and intervene with older adults who may present to social service agencies with a gambling problem or problems related to their gambling behavior.

Furthermore, it is recommended that researchers conduct studies in senior center settings on the causes, correlates, prevention and intervention of problem gambling in older adults in relationship to the variables gender, age, marital status, and income to guide the development of new programs and policies.

Limitations

A number of limitations of this study are noted. The results of the analysis could have been because the sample size was not large enough or the fact that more women participated in this study than men. The finding that more women were at a slightly higher risk for problem gambling than men is of significance because this could be the beginning of a new trend that researchers need to observe.

Additionally, the study was conducted in only one setting, and it restricted recruitment to individuals visiting a senior center. These individuals may not be representative of older adults in the general population as they may represent a relatively active and healthy sample of older adults.

The rates of at-risk gambling behavior in this study may be associated with the region and geographic location in which data were collected. Adults living in or around California have access to a variety of legalized gambling activities such as lotteries, casinos, and bingo. Therefore, the higher rates of at-risk gambling behavior may be associated with gambling opportunities. Furthermore, this study does not address the issue of pathological gambling. Pathological gambling amongst older adults is beyond the scope of this study.

Summary

The findings of this study did not reveal any significant relationships between the variables gender, age, marital status, and income. Although no significant relationships were found between independent and dependent variables, important trends were found. The study's findings indicate that older adults who are women, widows, younger (between the ages of 60-70 years old), and have incomes less than \$2000 per month were at the highest risk for developing problems related to gambling or becoming problem gamblers.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter discusses the steps the researcher took regarding communicating the finding of the study to the sponsor and terminating the research study with the research site and the study participants.

Communicating Findings to Study Site and Study Participants

After the study data was collected, a thank you letter was sent to the sponsors of the study. In addition, the researcher met with the Activities Director of the senior center on February 12, 2007 to communicate the findings of the study. The sponsor was given a copy of the finding in report form. The study participants were informed that a report of the findings of the study will be available in the Pfau Library at California State University, San Bernardino in September 2007. Additionally, key elements of the project were displayed in poster form which was presented June 2007. The study participants and sponsor were invited to attend the

poster day. There are no other plans to engage the study participants or the study site.

Summary

This chapter discussed the plans the researcher implemented to terminate the study with the research site and the study participants. This is a positivist study; therefore there are no plans to engage the study participants after the study has been concluded.

APPENDIX A
INFORMED CONSENT

Informed Consent Form

Study of Gambling among Older Adults

The study in which you are about to participate is designed to examine risk factors for problematic gambling among older adults. This study is being conducted by Debra Johnson an MSW student at California State University, San Bernardino under the supervision of Dr. Tom Davis, PROFESSOR OF SOCIAL WORK, at California State University. This study has been approved by the Department of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino.

In this study you will be asked to fill out a questionnaire that should take about 15 to 20 minutes to complete. All of your responses will be held in the strictest of confidence by the researchers. Your name will not be reported with your responses. All data will be reported in group form only. You may receive the group results of this study upon completion.

Your participation in this study is totally voluntary and anonymous. If you decide to participate, you are free not to answer any questions and withdraw your consent at any time during this study without penalty. When you have completed the questionnaire, you will receive a debriefing statement describing the study in more detail. In order to ensure the validity of the study, we ask that you not discuss this study with other participants. It is hoped that the results of this study will help social workers to better appreciate the risks that older adults face with gambling.

If you have any questions or concerns about this study, please feel free to contact Professors Tom Davis or Teresa Morris at (909) 880-5501.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here _____

Today's date _____

APPENDIX B
DATA COLLECTION INSTRUMENT(S)

Questionnaire

Please circle a number

1. Gender
Male----- 1
Female----- 2

2. Can you tell me how old you are?
60-65 years old ----- 1
66-70 years old ----- 2
71 years old or over----- 3

3. What is your marital status?
Single ----- 1
Married ----- 2
Widowed ----- 3
Divorced----- 4
Separated ----- 5

4. What is your educational level?
Some High school ----- 1
High school graduate ---- 2
Some College/technical - 3
College graduate ----- 4

5. What is your approximate level of monthly income?
Less than \$2,000 ----- 1
Over \$2,000----- 2

6. What is your racial background?

Native American ----- 1

African American ----- 2

Hispanic/Latino ----- 3

Asian American/Pacific Islander ----- 4

White/Caucasian ----- 5

Other (specify) _____ ----- 6

7. Have you gambled at a casino within the past 12 months?

Yes ----- 1

No ----- 2

8. Do you participate in any social activities?

Yes ----- 1

No ----- 2

If, yes what other social activities do you participate in (list up to three)?

Please circle a number for each of the following questions.

9. Thinking about the past 12 months, how often have you bet more than you could really afford to lose? Would you say?

Never ----- 1

Sometimes ----- 2

Most of the time----- 3

Almost always----- 4

10. Thinking about the past 12 months, how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?

Never ----- 1

Sometimes ----- 2

Most of the time----- 3

Almost always----- 4

11. Thinking about the past 12 months, how often have you gone back another day to try to win back the money you lost?

Never ----- 1

Sometimes ----- 2

Most of the time----- 3

Almost always----- 4

12. Thinking about the past 12 months, how often have you borrowed money or sold anything to get money to gamble?

Never ----- 1

Sometimes ----- 2

Most of the time----- 3

Almost always----- 4

13. Thinking about the past 12 months, how often have you felt tht you might have a problem with gambling?

Never ----- 1

Sometimes ----- 2

Most of the time----- 3

Almost always----- 4

14. Thinking about the past 12 months, how often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

Never ----- 1

Sometimes ----- 2

Most of the time----- 3

Almost always----- 4

15. Thinking about the past 12 months, how often have you felt guilty about the way you gamble, or what happens when you gamble?

Never ----- 1

Sometimes ----- 2

Most of the time----- 3

Almost always----- 4

16. Thinking about the past 12 months, how often has your gambling caused you any health problems, including stress or anxiety?

Never ----- 1

Sometimes ----- 2

Most of the time----- 3

Almost always----- 4

17. Thinking about the past 12 months, how often has your gambling caused any financial problems for you or your household?

Never ----- 1

Sometimes ----- 2

Most of the time----- 3

Almost always----- 4

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

Study of Gambling among Older Adults

You have participated in a research study by Debra Johnson, a graduate student in the Masters of Social Work Program at California State University, San Bernardino, which examined the risk factors of problematic gambling among older adults. It is hoped that the results of this study will help social workers to better appreciate the risks that older adults face with gambling. All data included in this study will be reported in group form only. A copy of the results of this study will be in the Pfau Library, California State University of San Bernardino, in June of 2007.

If in answering any of the questions in this study you feel distressed or uncomfortable please do not hesitate to call the **U.S. Gambling Hotline 1-800-522-4700**. Thank you for your participation in this study.

REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders (4th ed.)*. Washington, DC: American Psychiatric Association.
- Booker, S. L. The Usefulness of General Theories of Addiction. Retrieved September 9, 2006, from Monster Job Search Web Site: <http://www.angelfire.com/in/ambre/paper01/html>
- Family and Social Services Administration. (1998). *Indiana Problem Gambling Prevention Plan*. Retrieved February 5, 2006, from Mental Health Services Web Site: <http://www.state.in.us/fssa/servicemental/gambling/>
- Hooyman, N., & Kiyak, H. A. (1999). *Chapter 8: Social Theories of Aging*. In Hooyman, N., & Kiyak, H. A. (5thed. pp. 229-234). *Social Gerontology: A Multidisciplinary Perspective*. Needham Heights, MA: Allyn and Bacon.
- Hope, J., & Havir, L. (2002). You bet they're having fun! Older Americans and casino gambling. *Journal of Aging Studies*, 16(2002), 177-197.
- Illinois Institute for Addiction Recovery. (2005). *The Custer Three Phases Model*. Retrieved from Proctor Hospital Web Site: <http://www.addictionrecov.org>
- Ladd, G. T., Molina, C. A., Kerins, G. J., & Petry, N. M. (2003). Gambling participation and problems among older adults. University of Connecticut, 172-177.
- Marshall, K., & Wynne, H. (2003). Fighting the odds. *Perspectives*, 5-13.
- McKay, C. (2005). Double jeopardy: Older women and problem gambling. *Professional Advanced Services, Inc.*, 3(2), 35-53.
- McNeilly, D. P., & Burke, W. J. (2001). Gambling as a social activity of older adults. *International Journal of Aging & Human Development*, 52(1), 19-28.

- Morris, T. (2006). *Research Methods for Four Alternative Paradigms: A Generalist Approach to Building Social Work Knowledge*. Thousand Oaks: Sage.
- Munro, B. (2003). *Seniors who Gamble: A Summary Review of the Literature*: The Alberta Gaming Research Institute.
- National Gambling Impact Study Commission (1999). Final Report. www.agisc.gov. 12-37.
- Neuman, L. W., & Kreuger, L. W. (2003). *Dimensions of Social work Research*. In L. Neuman & L. Kreuger (Eds.), *Social Work Research Methods* (1st ed., pp. 20-22). Boston: Allyn and Bacon.
- Nixon, G., Solowoniuk, J., Hagen, G., & Williams, R. J. (2005). "Double Trouble": The lived experience of problem and pathological gambling in later life. *Journal of Gambling Issues*, 14, 1-21.
- Pietrzak, R. H., & Petry, N. M. (2005). Severity of gambling problems and psychosocial functioning in older adults. *Journal of Geriatric Psychiatry and Neurology*, 19, 106-119.
- Stitt, B. G., Giacompassi, D., & Nichols, M. (2003). Gambling among older adults: A comparative analysis. *Experimental Aging Research*, 29, 189-203.
- U.S. Census Bureau, 2000). (2004). U.S. Interim Projections by Age, Sex, Race, Hispanic Origin. Retrieved October 20, 2005 from the World Wide Web: <http://www.census.gov/ipc/www/usinterimproj>
- Wynne, H. J. (2003). *Introducing the Canadian problem gambling index*. Edmonton: Wynne Resources.
- Wiebe, J. (2002). *Prevalence of gambling and problem gambling among older adults in Manitoba*. Winnipeg, MA: Addictions Foundation of Manitoba.

Zaraneck, R. R., & Chapleski, E. E. (2005). Casino gambling among urban elders: Just another social activity. *Journals of Gerontology Series B: Psychological Sciences & social Sciences*, 60B, S74-S81.