

The development of a survey instrument for the problem gambling workforce

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PURPOSE OF STUDY

The overarching purpose of this survey is to facilitate understanding of the training-related needs of the U.S. problem gambling treatment workforce for empirically supported assessment and treatment strategies. The survey asks respondents about attitudes, work history, educational history, training needs, and work experience as substance abuse professionals (i.e., clinical supervisors, executive directors, and line staff).

SIGNIFICANCE

1. The problem gambling workforce is relatively new and unknown, and only a few states have adopted standards for professionals' problem gambling practice.
2. Scientists need to relate better to the workforce to improve and broaden the scope of their research efforts.
3. The workforce is likely to be receptive to incorporating research into practice, since gambling research and treatment comprise a relatively new field, and methodologically sound research on the diagnosis and treatment of pathological gambling has only recently become the norm.
4. A deeper understanding of the nature and needs of the workforce must precede any successful effort to transfer research findings to practitioners.

METHODS

Development of a survey questionnaire

The research team based their development of a survey questionnaire for use with problem gambling professionals on questionnaires with substance abuse treatment professionals, such as those developed by the North West Frontier, Mountain West, and Prairieland ATTCs, as well as instruments developed by Forman and colleagues (2001, 2002), and McCarthy and colleagues (2007). These well-established workforce development survey instruments were integrated and accommodated for assumed problem gambling workforce issues. A team of national and international experts reviewed the draft of this instrument and made a number of corrections and suggestions which were then incorporated into the instrument.

Pilot study

A pilot study was conducted in Missouri. Twenty-five problem gambling professionals were solicited for participation in this pilot study. Response rate was 40%. After the participants signed the *Information Summary and Consent Document*, they completed a draft of the structured problem gambling workforce survey and also completed open ended questions about the experience of completing the survey, completeness of the survey questions, questions about possible gaps and limitations of the questionnaire and requests for suggestions to the research team. Each participant received a \$25.00 gift certificate for participating in the pilot study. After a second revision, our expert panelists were again asked to provide feedback on the revised questionnaire used in the pilot study.

Based on the results of the pilot study we revised the instrument again, reducing its length in hopes that doing so would improve the completion rate. Accordingly, the revised survey instrument asks for demographic information, and about experience within the field, certification, training received, openness to adopting evidence-based practices, agency policies, beliefs about problem gambling and problem gambling treatment, and instruments used in assessment of clients.

Second step in the development of the survey instrument

The revised survey instrument will be used to conduct a national survey of the problem gambling treatment workforce. In order to recruit participants, email addresses of problem gambling treatment providers have been collected by participating Addiction Technology Transfer Centers (ATTCs). Participating ATTCs include: *Central East ATTC* (DE, MD, NJ), *Great Lakes ATTC* (IL, IN, MI, OH), *Gulf Coast ATTC* (TX, LA, NM), *Mid-America ATTC* (KS, NE, OK), *Mid-Atlantic ATTC* (KY, TN, VA, WV), *Mountain West ATTC* (CO, ID, MT, NV, UT, WY), *New England ATTC* (CT, MA, ME, RI, NH, VT), *North East ATTC* (NY, PA), *Pacific Southwest ATTC* (AZ, CA), *Prairieland ATTC* (IA, MN, ND, SD, WI), and *Southern Coast ATTC* (AL, FL, MS). States participating in the survey are shown in Figure 1.

Future development

The project is in the midst of collecting data across the country. Once data collection is complete, an expert panel consisting of ATTC directors and internationally recognized gambling researchers will convene in order to develop a set of recommendations that will enable the development of an evidence-based treatment education curriculum based upon our study findings.

The aim of this study is:

1. Describe the characteristics of the problem gambling workforce.
2. Describe the level of competence and skills of the problem gambling workforce in using empirically supported assessment and treatment strategies.

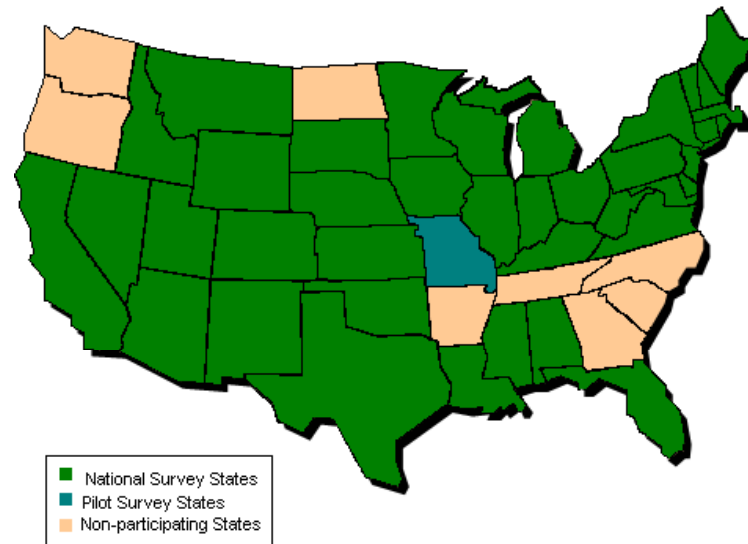


Figure 1

SURVEY QUESTIONS

1. Demographic information is gathered in order to describe the gambling workforce. These questions include state worked in, age, gender, ethnicity/race, and level of education.
2. Work Experience information is gathered in order to establish the experience level of the gambling workforce. These questions include where counseling career began, types of counseling done prior to entering gambling treatment field, years of experience working with problem gamblers, and current problem gambling caseload.
3. Training Received information is gathered in order to determine what kind of training would be most beneficial to offer the gambling workforce. These questions include completion of college level courses in research, evaluation, and mental health counseling; formats in which training has been received for various treatments; preferred formats for continuing education training; and areas in which more training is desired.
4. Treatment Opinions are assessed in order to better understand the current relevant attitudes of the gambling treatment workforce. These questions include disease status of pathological gambling, the role of compliance in treatment continuation, techniques which should be used more widely, efficacy of various treatments, use of medications in treatment, and acceptability of controlled or reduced gambling as a treatment goal.
5. Openness to Use of Evidence Based Practices (EBPs) information is gathered to better understand how to disseminate EBPs to the gambling workforce. These questions include agency subscriptions to peer-reviewed journals, agency use of research findings to determine treatment/prevention practices or policies, sources used to address treatment questions; and ability to understand and apply research reported in peer-reviewed journals.

INTRODUCTION

The number of gambling venues in the continental US is increasing rapidly. It is anticipated that, with this continuing increase in access to gambling venues, there will be an increase in the number of individuals experiencing problem gambling as well, and hence an increase in the need for increased treatment opportunities for problem gamblers. As victims of an impulse control disorder, individuals with problem gambling often have co-occurring mental health and substance use disorders, which they more readily report than they do their problem gambling. These increases demand effective, evidence-based responses from the prevention and treatment community. However, little is known about the professional workforce charged with preventing and treating problem gambling (Clark, 2005).

A complete understanding of the providers' demographic characteristics, professional qualifications, training needs, and readiness to adopt evidence-based practices is essential in order to develop and deliver relevant training to support and improve their important work (Clark, 2005; Problem Gambling Foundation of New Zealand, 2003). A fundamental understanding of the composition and needs of the workforce will also provide critical information to researchers by describing current treatment paradigms and conditions. This information will lay the foundation for research-practice collaborations that will eventually advance the science of treatment in the US (Rawson & Branch, 2002).

The **Four Treatments** named in the survey instrument:

1. Motivational interviewing
2. Cognitive-behavioral therapy
3. Family-couples therapy
4. 12-step approach: Gamblers Anonymous

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