RESEARCH QUESTIONS
Is the Gambling Refusal Self-Efficacy Questionnaire a valid and reliable tool for measuring perceived self-efficacy in refusing to gamble?

PURPOSE
Self-efficacy is the belief in one’s capabilities to organise and execute the courses of actions required to produce given attainments. This study examined the reliability and validity of a newly developed Gambling Refusal Self-Efficacy Questionnaire in a sample of the pathological gamblers (PGs) and non-pathological gamblers (non-PGs).

PARTICIPANTS
The sample included 297 individuals over the age of 18. Of these, 90 were non-pathological community gamblers (40% males; average age = 42 years), 100 were non-pathological student gamblers (26% males; average age = 23 years), and 107 PGs (61% males; average age = 45 years) who had volunteered to participate in a Cognitive Behavioural Therapy program.

PROCEDURE
All participants completed self-report questionnaires of problem gambling, gambling thoughts and urges, symptoms of stress, anxiety and depression, generalized self-efficacy and gambling related self-efficacy. The PGs completed the questionnaires prior to starting treatment with those remaining on the waitlist (n = 18) completing the questionnaires again 6 weeks later and a portion of those completing treatment (n = 53) completed the Gambling Refusal Self-Efficacy Questionnaire post-treatment. The student sample completed the questionnaires in classrooms, and the community sample completed the questionnaire at home.

MAIN OUTCOME MEASURES
The SOGS assessed problem gambling. The Gambling-Related Cognitions Scale assessed distorted gambling-related beliefs. Gambling Urge Scale assessed gambling-related urges. The Depression Anxiety and Stress Scales (DASS-21) assessed the affective states of depression, anxiety and stress. General Self-Efficacy Inventory assessed generalised self-efficacy expectations. The Gambling Refusal Self-Efficacy Questionnaire (GRSEQ), a 31 item self-report questionnaire, assessed perceived self-efficacy in refusing to gamble. It assessed five domains: situations associated with gambling (e.g., other people gambling), thoughts associated with gambling (e.g., remembering wins), the influence of ingesting substances on gambling behaviour (e.g., consuming alcohol), negative emotions associated with gambling (e.g., feeling sad or distressed) and positive emotions associated with gambling (e.g., feeling excited).

KEY RESULTS
Test-retest reliability of the scale. The consistency of the GRSEQ over time (6 weeks) was found to be low. Validity. Criterion validity (i.e., ability to predict outcome). Greater gambling problems were associated with lower gambling-related self-efficacy suggesting the GRSEQ can predict problem gambling outcomes. Divergent validity (i.e., extent to which measure differs from measures a different constructs). The GRSEQ was found to have good divergent validity given that higher gambling-related self-efficacy was associated with fewer gambling-related cognitive errors, fewer gambling-related urges, and fewer symptoms of depression, anxiety and stress. Convergent validity (i.e., similarity to related measures). Greater gambling-related self-efficacy was associated with greater generalized self-efficacy suggesting that the GSREQ demonstrates good convergent validity. Construct validity (i.e., measures what intended to measure). Differences between the PGs and non-PGs were found on all of the gambling-related self-efficacy subscales suggesting that the GRSEQ demonstrates good construct validity. PGs were more likely to report having low gambling-related self-efficacy than the non-PGs. Discriminant validity (i.e., ability to differentiate between groups). The gambling-related self-efficacy scores correctly classified 92% of non-PGs and 89% of PGs. Pre- to post-treatment
comparison. Significant increases were found from pre- to post-treatment on three of the gambling-related self-efficacy subscales: situations/thoughts; positive emotions; and negative emotions.

LIMITATIONS
Some of the analyses were limited by a small sample size. There were significant differences between the community, student and PG samples with regards to gender, marital status, annual income education, employment and religion.

CONCLUSIONS
The results presented in this study indicate that the GRSEQ provides a useful measure of gambling refusal self-efficacy in normal and clinical populations. Furthermore, the GRSEQ represents a potentially valuable tool for the clinical assessment and treatment of pathological gambling. Although these results are encouraging, limitations of the current study and directions for future research are evident. In particular, it would be useful to further examine the stability of GRSEQ factors and total score as well as its temporal stability in a larger sample that includes a higher number of PGs.

KEYWORDS: assessment, gambling, problem gambling reliability, validity self-efficacy

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