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Social workers' gambling knowledge and experience in gambling treatment

What this research is about

Problem gambling is a growing public health concern. Social workers are well-positioned to identify people who are experiencing early symptoms before they develop gambling disorder. But social workers often do not have the training to identify symptoms of problem gambling. The absence of training and education limits the ability and confidence of social workers to initiate gambling prevention and intervention efforts.

Previous research has found that mental health professionals see gambling as a low priority compared to other disorders. Studies have also found that primary care and mental health providers do not have much knowledge about the diagnosis, assessment, and management of gambling. But clinicians who are trained in problem gambling counselling have more knowledge about gambling in the context of mental illness. They also have more positive attitudes about responding to gambling issues and confidence in screening for gambling problems.

The purpose of this study was to understand the current state of gambling-related knowledge among social workers. Specifically, the researchers aimed to: 1) investigate the nature and extent of social workers' knowledge about gambling, gambling-related behaviour, and clinical symptoms; 2) evaluate how demographic factors and personal gambling behaviour relate to overall knowledge; and 3) identify the factors that influence the level of knowledge among social workers.

What the researchers did

The researchers invited social workers in the USA to complete an online survey. They emailed the survey

What you need to know

Social workers are well-positioned to identify people who are experiencing gambling problems before they develop gambling disorder. But social workers often do not have the training or knowledge to do so effectively. This study examined the current state of gambling-related knowledge of social workers. The researchers surveyed 1,777 social workers, who were primarily licensed in the State of New Jersey, USA. Social workers were asked 23 knowledge questions about gambling, gambling disorder, and associated symptoms. On average, participants answered less than half of the knowledge questions correctly. Participants who had practiced in the field of social work for 8 to 15 years, were employed in substance use treatment facilities or universities, and/or had training in gambling treatment answered more questions correctly.

to social workers over 18 years of age who had attended continuing education courses in social work over the last 10 years at a large public university.

A total of 1,777 clinical social workers answered the survey. Most of the participants were women (88.8%) and practiced in New Jersey (90.1%). More than half of the social workers had been in the profession for 15 or more years (55.2%), and 23.7% had practiced for 8 to 15 years. Participants mostly worked in mental health agencies (17.3%), private practices (16.7%), or elementary and secondary schools (15.6%). Some participants worked in university settings (3.8%) or substance use treatment facilities (2.9%).

The online survey had 23 knowledge questions, including 14 multiple choice and 9 true/false questions. These questions were designed to evaluate social workers' prior gambling training and knowledge of gambling, gambling disorder, and associated behaviours. Some questions asked social workers about their own gambling and if they thought those activities were gambling. Social workers' answers to these 23 questions were graded as correct or incorrect. The Brief Biosocial Gambling Screen (BBGS) was also used to assess problem gambling symptoms.

What the researchers found

On average, participants answered less than half of the knowledge questions correctly. Most participants did not know the current diagnostic classification for a gambling disorder. About 72% believed gambling disorder was listed as an impulse control disorder in the DSM-5. Participants had limited knowledge about the clinical screening tools for gambling. Only 2% of participants could name a common screening tool. About 21% of participants had previous training in gambling counselling.

Most social workers were unaware of important facts about gambling or had viewpoints that were outdated for clinical practice. For example, only 28% of participants knew that young adults had the highest rates of problem gambling. About 76% of participants believed anyone aged 18 and older could bet on sports. The legal age is 21 years for some states.

About 77% of participants gambled. Lottery and raffle tickets were the most common gambling activities. Most participants (71%) gambled less than once a month. More than 4% of those who gambled experienced at least one problem gambling symptom.

Participants had more knowledge about gambling and gambling treatment if they had worked as a social worker for 8 to 15 years, were employed in substance use treatment facilities or universities, and/or had training in gambling treatment. Participants who were aware of their own gambling behaviour also had more knowledge. In contrast, participants who gambled frequently and reported a gambling problem had less knowledge.

About one-third of participants (35%) who had not received training for gambling counselling expressed interest in doing so. Participants who were interested in training tended to have higher knowledge about gambling. They were also more likely to gamble frequently and to report a gambling problem.

How you can use this research

The findings can be used to inform education and training opportunities for social workers with respect to problem gambling screening and treatment.

About the researchers

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