

research snapshot

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Increasing effective coping and social support for family members affected by problem gambling

What this research is about

Affected family members (AFMs) are parents, partners, children, and others who are negatively affected by a relative's gambling or substance addiction. Studies show that AFMs often suffer from financial effects, such as debts and having to take on extra jobs or sell personal items. AFMs also suffer from depression, as well as emotional and physical problems related to stress such as headaches and high blood pressure. Children living with a parent with addiction problems may be neglected and are more likely to have emotional and learning problems.

According to the stress-strain-coping (SSCS) model, AFMs experience stress because of their relative's addiction problems. This puts them at risk of experiencing strain in the forms of poor physical and mental health. Effective coping and social support can help them deal with their difficult life circumstances. Studies using the SSCS model suggest that AFMs have common experiences including high stress, poor physical and mental health, and difficulties getting good quality support. There are few programs that help AFMs dealing with gambling. One program, called the 5-Step Method, has shown promises for substance and gambling addictions.

This study compared the experiences of adult AFMs affected by gambling to the experiences of AFMs affected by substance addiction. The researchers also investigated whether the 5-Step Method helped AFMs cope with having a gambling relative.

What the researchers did

The researchers asked AFMs attending a problem gambling treatment clinic in England to fill out a Short Questionnaire for Family Members Affected by

What you need to know

This study investigated the experiences of affected family members (AFMs) impacted by a relative's gambling. Participants were attendees of a problem gambling treatment clinic in England. They completed a 5-Step workbook to explore their experiences and ways of coping and social support. They were also offered monthly educational support groups. AFMs with a closer relationship to their gambling relative reported more stressful impact and poorer physical and mental health, particularly wives and those living in the same household. AFMs affected by a relative's gambling experienced similar levels of stress and poor health as AFMs affected by a relative's substance addiction. The 5-step workbook and support groups improved the participants' health and wellbeing. More research is needed to understand what specific actions and support services AFMs find most helpful when learning how to cope with a gambling relative.

Addiction (SQFM-AA). This questionnaire assessed their experiences, including: the extent of stressful impact (worrying behaviour and active disturbance such as quarrels); physical and mental health; ways in which they coped with the relative's gambling; and social support they received. Coping included the use of Engaged-Emotional coping (e.g., arguing about gambling), Engaged-Assertive coping (e.g., talking about what could be done), Tolerant-Inactive coping (e.g., making excuses or covering up for the relative), and Withdrawal-Independent coping (e.g., withdrawing from the relative or the situation). The researchers also collected demographic information.

Participants then completed the 5-Step workbook. The workbook allowed them to describe their experiences and explore ways of coping and social support. In addition, they were offered monthly educational support groups tailored to their needs, such as financial management and couples counselling. Participants were followed-up between three to six months after the intervention. At that time, they completed the SQFM-AA again.

The researchers compared the experiences of the participants to the experiences of AFMs affected by substance addiction. Information about AFMs affected by substance addiction was obtained from previous studies that had used the 5-step method.

What the researchers found

Most AFMs were female who were affected by a male gambler. Almost half of AFMs were wives or female partners, and about a quarter were mothers. AFMs who had a closer relationship with their gambling relatives, such as wives and those living in the same household, suffered from more stressful impact and poorer physical and mental health than other AFMs.

The levels of stressful impact and symptoms of strain felt by the participants were similar to those felt by AFMs affected by a relative's substance addiction. However, compared to AFMs affected by substance addiction, AFMs affected by gambling were less likely to give their relative money when knowing their relative would spend it on their addiction.

The levels of stress and strain experienced by the participants decreased at follow-up. They were better able to cope with their relative's gambling, and less likely to use Engaged-Emotional or Tolerant-Inactive coping. These two forms of coping had been found to be ineffective in previous research. Participants also reported that they received more social support from formal source. Change in the stressful impact of worrying behaviour and engaged emotional coping appeared to have an important effect on participants' well-being at follow-up.

How you can use this research

Gambling treatment providers could use this study to develop programs that better support AFMs with a gambling relative. More problem gambling services specifically designed for AFMs could be established. More research is needed to understand what specific actions and support services AFMs find most helpful when learning how to cope with a gambling relative.

About the researchers

Jim Orford is affiliated with the School of Psychology at the University of Birmingham, United Kingdom. **Jenny Cousins** was with the National Problem Gambling Clinic in London, United Kingdom, at the time of this study. **Neil Smith** and **Henrietta Bowden-Jones** are with the National Problem Gambling Clinic in London, United Kingdom. For more information, please contact Jim Orford at j.f.orford@bham.ac.uk.

Citation

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