RESEARCH QUESTIONS
Is the Gambling Abstinence Self-efficacy Scale (GASS) a valid (accurate) and reliable (consistent) measurement tool?

PURPOSE
An assumption that underlies models of problem gambling treatment is that self-efficacy mediates the change in gambling behaviour. Self-efficacy is the degree to which an individual believes that she or he can enact the required behaviours to cope effectively in a situation. It is thought to mediate behaviour change by influencing information processing, motivation and effort. For example, problem gamblers trying to quit who are confident in their ability to resist relapse will have a lower risk of relapse because they will engage in more effective coping behaviour and persist longer in these coping efforts. There is currently no validated measure of self-efficacy relating to gambling. The purpose of this study was to analyze the consistency and accuracy of a brief measure of gambling abstinence self-efficacy (GASS).

PARTICIPANTS
One hundred and one pathological gamblers who recently quit gambling (female = 36; male = 65) of ages ranging from 19 to 77 with an average age of 39.

PROCEDURE
Participants completed a one and a half hour interview in which, among other measures, the GASS was administered.

MAIN OUTCOME MEASURES
The GASS contains 24 items which ask participants how confident they are in their ability to resist gambling in specific situations. The South Oaks Gambling Screen (SOGS), which assesses lifetime gambling-related difficulties, was used as a descriptive measure of gambling severity. The Structured Clinical Interview for the DSM-IV (SCID) is a structured interview that was used to examine the frequency and intensity of DSM-IV symptoms of pathological gambling.

KEY RESULTS
Structure and internal reliability. Questions on the GASS fit into four groups relating to winning/external situations, negative emotions, positive mood/testing/urges, and social factors. Items within the GASS demonstrated high internal reliability, meaning that participants responded similarly on similar items.

Concurrent validity. The GASS total and subscale scores did not vary according to gender, education, co-occurring mood disorder, or treatment involvement. Older and less severe problem gamblers had greater overall abstinence self-efficacy. Regarding the relationship between self-ratings of confidence and GASS scores, greater confidence in the next month and year was significantly associated with all GASS total and subscale scores. Confidence in the next week was significantly associated with the total GASS score and two of the four subscales. Thus, the GASS has good concurrent validity — it seems to accurately measure self-efficacy and not other factors.

Predictive validity. Overall, GASS scores accurately predicted the number of days participants gambled, particularly for participants who were not currently undergoing treatment.

Retest reliability. The GASS was re-administered to some participants (N = 35) two to three weeks after the initial administration. Participants scored similarly on the GASS at both times, indicating that GASS scores are consistent over time (i.e., the GASS has good to excellent retest reliability).

LIMITATIONS
The GASS assesses confidence in abstaining from gambling as opposed to moderating or controlling gambling and this sample was comprised of individuals who had a goal of quitting. In the future it may be useful to include an alternative set of rating instructions in order to measure self-efficacy for individuals who want to moderate (rather than quit) their gambling. The sample size is considered small for this type of study.

CONCLUSIONS
Although replication of the findings in this study with other (larger) samples of pathological gamblers would need to be provided, results provided preliminary support for the reliability and validity of the GASS. This would seem to suggest that the GASS has promise as a psychometrically sound measure of self-efficacy.

KEYWORDS: pathological gambling, self-efficacy, reliability, validity, treatment outcomes

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