RESEARCH QUESTIONS
How does the South Oaks Gambling Screen-Revised Adolescent (SOGS-RA) effectively indicate problem gambling compared to the simple self-identified need for help or receipt of help for gambling among the general adolescent population?

PURPOSE
There is currently no “gold standard” for determining rates of problem gambling in adolescents. The Transtheoretical Model of Intentional Behaviour suggests that self-identified need for help or receipt of help for gambling are credible indicators of problem gambling. The current study examined how these indicators related to SOGS-RA problem gambling scores to evaluate the accuracy of the SOGS-RA in determining problem gambling in adolescents.

HYPOTHESIS
None stated.

PARTICIPANTS
Twelve thousand nine hundred ninety students (50% male; average age = 15 years) in grades 7, 9, 10, and 12 in schools across the Atlantic provinces in Canada (i.e., Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island).

PROCEDURE
Participants completed the self-report questionnaires on demographics, substance use, gambling behaviours and help-seeking.

MAIN OUTCOME MEASURES
The Student Drug Use Survey in the Atlantic Provinces (SDUSAP) assessed respondents' demographics, substance use, gambling, and help-seeking. The SOGS-RA was part of the SDUSAP and assessed pathological gambling. Two items in the SDUSAP measured need for, or receipt of, services or help for gambling behaviour.

KEY RESULTS
Twenty eight percent of the participants were non-gamblers, 66% were non-problem gamblers, 3% were at-risk gamblers, and 2% were problem gamblers. In terms of the total sample, 0.6% of the participants reported that they felt they needed for help for gambling in the previous year, and 0.5% reported receiving help for gambling during the last year. Problem gambling scores (i.e., SOGS-RA) were compared against the participants who reported needing help and/or receiving help. A cut-off score of 4 on the SOGS-RA was able to detect approximately 60% of the participants who reported needing and receiving help as well as 96% of the participants who reported not needing or receiving help. Grade in school and problem gambling score predicted whether participants self-identified as needing help for gambling. Grade 7 participants were 11 times more likely to report needing help for gambling compared to grade 12 participants. At-risk and problem gamblers were more likely (6 and 40 times respectively) to report needing help compared to non-problem gamblers.

LIMITATIONS
As there is currently no “gold standard” for determining pathological gambling in adolescents, the accuracy of rates of problem gambling in this sample cannot be verified.

CONCLUSIONS
The present study contributes to the epidemiology of problem gambling in the general adolescent population by providing an estimate of how well the SOGS-RA compares with a practical and theory-based alternative criterion of identifying problem gamblers. Evidence from this study suggests the SOGS-RA is the better assessment tool for detecting PG in adolescents, especially older participants.

KEYWORDS: ROCOSG-RAadolescent gambling, criterion validity, problem gambling

URL:
tandfonline.com/doi/pdf/10.1080/14459795.2014.966131