

Factor Analysis of Barriers to Treatment for Problem Gambling

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### Abstract

Attitudes toward problem gambling treatment were investigated in a telephone survey of 1,203 persons in Central Queensland Australia (598 women and 605 men, mean age=45.8 years). Survey items were compiled from existing substance abuse questionnaires (Center on Alcoholism, Substance Abuse and Addictions, 1995; Sobell et al., 1991). An exploratory factor analysis identified five potential barriers to treatment, including: availability, stigma, cost, uncertainty, and avoidance. Relative to those with few problems, respondents who had numerous gambling problems were more concerned about treatment costs, and the availability and effectiveness of treatment. In addition to the above concerns, older persons more often negatively judged the treatment seeker. In contrast, educated respondents had generally more positive attitudes towards problem gamblers and treatment seeking.

There is a relative paucity of research in the area of barriers to treatment for problem gambling. One notable exception is a recent article by Hodgins and El-Guebaly (2000). The authors adopted a checklist of items from the substance abuse literature (Sobell, Sobell & Toneatto, 1991) and used it to examining barriers to treatment among a sample of 106 problem gamblers recruited through media advertisements. The most highly endorsed factor for not seeking treatment by both resolved and active gamblers was a desire to handle the problem on their own (82%). Other factors that were judged at least moderately important included: embarrassment/pride (50%), no problem/no help needed (50%), ignorance of treatment availability (55%), unable to share problems (49%), and stigma (53%).

This present study used a telephone survey to explore attitudes in the general population that might prevent a person from seeking treatment for a gambling problem.

### *Methods*

Central Queenslanders aged 18 and over (598 women and 605 men, mean age= 45.8 years) completed a random digit dialed phone survey. Respondents within a household were chosen at random. Survey items were compiled from existing substance abuse questionnaires (Center on Alcoholism, Substance Abuse and Addictions, 1995; Sobell et al., 1991). Items were reworded for administration in a survey geared to the general population, and to address problem gambling rather than substance abuse (see Table 1). Post administration, items were factor analyzed using principal components analysis and varimax rotation.

Table 1

*Questionnaire: Barriers to Treatment for Problem Gambling*

Question	Mean <sup>a</sup>	SD	Factor <sup>b</sup>	loading
1. There is no convenient place to get treatment for problem gambling in my community	3.27	1.10	Availability	.65
2. Most people would have to take time off work to treat a gambling problem	3.08	1.17	Availability	.63
3. The average person can't afford treatment for a gambling problem	3.32	1.20	Availability/ Cost	.60/ .25
4. Treatment facilities for problem gambling are likely to be in unsafe neighborhoods	3.85	0.96	Availability	.55
5. Treatment for a gambling problem probably does not work	3.55	0.93	Availability	.48
6. I would be embarrassed if a family member needed help with a gambling problem	4.07	1.22	Stigma	.69
7. People with a gambling problem lack self control	2.32	1.24	Stigma	.59

Question	Mean <sup>a</sup>	SD	Factor <sup>b</sup>	loading
8. I would not want to be friends with someone who had a gambling problem	4.27	1.00	Stigma	.55
9. Problem gambling treatment is only for persons with serious difficulties	3.86	1.15	Stigma	.40
10. A person who seeks treatment for a gambling problem may put their job in danger	3.00	1.33	Stigma	.34
11. I don't like talking about my personal life with other people	3.06	1.29	Factor ??? <sup>c</sup>	.89
12. I hate being asked personal questions	3.12	1.23	Factor ??? <sup>c</sup>	.88
13. The cost of gambling treatments aren't covered by private health funds	2.81	0.80	Cost	.75
14. Medicare doesn't cover treatment for gambling problems	2.76	0.79	Cost	.74
15. I have no idea what happens in problem gambling treatment	1.88	1.11	Uncertainty	.75

Question	Mean <sup>a</sup>	SD	Factor <sup>b</sup>	loading
16. I know about gambling treatment options available in my community <sup>a</sup>	3.27	1.32	Uncertainty	-.72
17. I would never discourage someone from seeking treatment for a gambling problem <sup>a</sup>	1.43	0.99	Avoidance	.74
18. I admire the courage of people who seek treatment for a gambling problem <sup>a</sup>	1.29	0.71	Avoidance	.67
19. There is no reason to be afraid of what happens in problem gambling treatment <sup>a</sup>	2.13	1.03	Avoidance	.29

<sup>a</sup>Each item was answered on a scale of 1 to 5, (1) Strongly agree, (2) Slightly agree, (3) Neither agree nor disagree (4) Slightly disagree, (5) Strongly disagree. The means shown are not reverse-scored.

<sup>b</sup>The highest loading factor(s) for each item are shown.

<sup>c</sup>This Factor has no clear interpretation.

### *Results: Interpretable Factors*

Six factors had eigenvalues above 1. One of the 6 factors was not interpretable, because none of the identifying items mentioned problem gambling specifically, but

rather a general fear of sharing personal information. Five interpretable factors<sup>1</sup> included: availability, stigma, cost, uncertainty, and avoidance. The availability factor underscored items concerning reservations about treatment availability and effectiveness (11.1% of variance). The stigma factor placed blame on the problem gambler (8.8% of variance). The cost factor included items taping concerns about the monetary costs of treatment (7.7% of variance). The uncertainty factor reflected a lack of knowledge about treatment availability and methods (6.9% of variance). Finally, the avoidance factor represented attitudes toward seeking treatment (6.7% of variance).

*Results: Correlates*

Factor scores were correlated with marks from a measure of pathological gambling, the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987; items 4, 5, 7, 8, 10 and 14 only), as well as age, gender and education variables (see Table 2). Persons who scored higher on the abridged SOGS were more likely to endorse the availability and cost factors. Older persons were additionally more likely to endorse the stigma factor. Generally, persons with higher levels of education reported lower endorsement of all factors, with the exception of the avoidance factor – which showed no significant difference. Men approved more items indicating stigma and avoidance than women.

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<sup>1</sup> A scree test suggested a smaller 2 factor solution. Five factors were interpreted because the pattern of correlations with demographic variables suggested the utility of a larger factor solution.

Table 2

*Correlates of Barriers to Treatment for Problem Gambling*

Factor	SOGS <sup>a</sup>	Age	Gender <sup>b</sup>	Education <sup>c</sup>
1. Availability	.15*	.11**	-.05	-.08**
2. Stigma	.08	.23**	-.10**	-.14**
3. Cost	.16*	.06*	-.05	-.11**
4. Uncertainty	.00	.01	.02	-.08**
5. Avoidance	-.07	-.01	-.11**	.02
N	255	1197	1203	1197

\*  $p < .01$

\*\*  $p < .001$

<sup>a</sup>South Oaks Gambling Screen. Due to survey size limitations, only items 4, 5, 7, 8, 10 and 14 were asked. Calculations exclude persons who scored 0 (no gambling problems).

<sup>b</sup>Gender: (1) male (2) female.

<sup>c</sup>Highest education attempted: (1) None (2) Pre-school (3) Primary (4) Secondary (5) Technical (6) Higher Education

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*Conclusion*

Factors of availability, stigma, cost, uncertainty, and avoidance characterized general population attitudes towards problem gambling treatment in Central Queensland. Persons with greater gambling difficulties were more concerned with the



availability, cost and effectiveness of treatment. Future research will focus on whether these factors predict treatment seeking behavior.

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## References

- Hodgins, D. C., & El-Guebaly, N. (2000). Natural and treatment-assisted recovery from gambling problems: A comparison of resolved and active gamblers. *Addiction*, 95(5), 777-789.
- Lesieur, H. R., & Blume, S. B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *Journal of Psychiatry*, 144(9), 1184-1188.
- Center on Alcoholism, Substance Abuse and Addictions (1995, October). CASAA *Barriers Questionnaire (1.0A)*. Retrieved January 14, 2002, from the World Wide Web: <http://casaa.unm.edu/inst/inst.html>
- Sobell, L. C., Sobell, M. B., & Toneatto, T. (1991). Recovery from alcohol problems without treatment. In N. Heather, W. R. Miller & J. Greeley (Eds.), *Self-control and the addictive behaviours* (Vol. 1, pp. 198-242). Botany, Australia: Maxwell Macmillan.