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Social service providers' perspectives on casino gambling in older adult clients

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Abstract

There has been an upward trend in gambling, particularly among older adults. With the baby-boomer generation moving toward retirement, this trend is expected to increase. Availability and social acceptability of casinos in the United States are 2 of many precipitating factors for older adults' increased enthusiasm for gambling. Noticeably absent from the literature on casino gambling is the perspective of senior social service providers (SSSPs). The present study used a cross-sectional open-ended questionnaire completed by 88 SSSPs in Washington State. The purpose of this study was to describe the SSSPs' (a) perceptions of older adults' motivations to participate in casino gambling, (b) experience with older adults who have gambling problems, (c) views and knowledge of problem gambling, and (d) perception of the need for training on gambling problems. The most prevalent reasons cited for older adults to patronize casinos were the entertainment of gambling and the desire to win money. The least prevalent reasons included peer pressure, to learn new things, and for a public smoking environment. Many respondents (42.0%) felt that their clients were aware of the risks of casino gambling. However, almost one third (29.5%) reported that their clients were largely unaware of the risks. Almost all of the respondents (85.2%) reported they had not received any training regarding problem gambling. The findings indicate the need to educate SSSPs about the potential positive and negative consequences of casino gambling.

Résumé

On constate une tendance à la hausse du jeu, particulièrement chez les aînés. Vu le nombre de baby-boomers qui se préparent à prendre leur retraite, on s'attend à ce que ce phénomène s'accentue. Aux États-Unis, l'accessibilité et l'acceptabilité sociale des casinos comptent parmi les nombreux facteurs précipitants pouvant

expliquer l'enthousiasme grandissant des personnes âgées à l'égard du jeu. À ce jour, on constate un manque évident de recherches sur le point des prestataires de services sociaux aux aînés (PSSA) sur la fréquentation des casinos. Dans le cadre de notre étude, 88 PSSA ont répondu à un questionnaire transversal à réponses libres. Notre but était de décrire : a) leurs perceptions à l'égard des motivations des personnes âgées qui s'adonnent aux jeux de hasard; b) leur expérience des problèmes de jeu chez les personnes âgées; c) leur connaissance des problèmes de jeu et leur point de vue sur le sujet; d) leur perception des besoins en matière de formation sur les problèmes de jeu. Les raisons les plus souvent citées pour expliquer la fréquentation des casinos par les personnes âgées concernent le divertissement que leur procure le jeu et le désir de gagner de l'argent. Parmi les raisons les moins citées, on compte les pressions de l'entourage, la volonté d'apprendre de nouvelles choses et le fait de pouvoir fumer dans un lieu public. Un grand nombre de répondants (42,0 %) ont estimé que leurs clients sont conscients des risques que comportent les jeux de hasard; toutefois, presque un tiers (29,5 %) ont rapporté que leurs clients en avaient très peu conscience. Presque tous les répondants (85,2 %) ont indiqué qu'ils n'avaient reçu aucune formation en matière de problèmes de jeu. Les résultats permettent de conclure à la nécessité de former les PSSA aux répercussions positives et négatives que peuvent engendrer les jeux de hasard.

Introduction

Over the past several decades, legalized gambling has become a fast-growing recreational activity in the United States. Americans spent more money on gambling ($84.65 billion) than on other activities such as theme parks and movies (Korn, Hurson, & Reynolds, 2005). Legalized gambling is available in all but two states: Utah and Hawaii. A report by the American Gambling Association (1999) indicated that the number of older adults who gambled has more than doubled since 1975, a trend unmatched by any other age group. With the baby-boomer generation moving toward retirement, this trend is expected to increase. The exponential growth in casinos in the United States is one of many precipitating factors influencing older adults' increased enthusiasm for gambling (Zaranek & Lichtenberg, 2008).

Although participation in casino gambling is a popular activity for a large proportion of older adults, it is less clear whether their gambling leads to problems (Hagen, Nixon, & Solowoniuk, 2005). Gambling behaviors may range from an enjoyable and benign form of social entertainment to a progressive disease (Miller, 1996). Some scholars suggest the risk for late-onset problem gambling will increase in older adults with the concomitant rise in their participation in casino gambling. Identified risk factors for late-onset problem gambling in older adults include deteriorating health, cognitive losses, stressors connected with losses, boredom,

isolation from family and friends, and fixed incomes (Hope & Havir, 2002; McNeily & Burke, 2001; Wiebe, 2000). The accessibility, design, and safe environment that the casinos offer is an attractive venue for vulnerable older adults who want to "relieve or escape" life transitions and losses (Lucke & Wallace, 2006; Martin, Lichtenberg, & Templin, 2011; McNeilly & Burke, 2001). Although gambling may be problematic for some older adults, few seek treatment (McNeilly & Burke, 2000). A number of contributory factors have been hypothesized for the underuse of formal services. Older adults may be reticent about disclosing their problems with gambling because of embarrassment, pride, or stigma (McNeilly & Burke, 2000). Some older adults may be unaware of their gambling problems, or they may be in denial about the extent of their gambling problems (Cousins, Moody, & Witcher, 2002; Frisch, Govoni, & Johnson, 2001; Hirsh, 2000). Others might seek help for other related problems before disclosing a gambling problem (McKay, 2005). Finally, older adults may perceive the results of problem gambling as a financial problem, rather than a gambling problem, and may seek help through credit hotlines (McNeilly & Burke, 2002).

The empirical literature on gambling among older adults is primarily in its infancy (Munro, Cox-Bishop, McVey, & Munro, 2003). Most of the scholarship focuses on prevalence rates, correlates of problem or pathological gambling, and motivations for gambling (Bazargan, Bazargan, & Akanda, 2001; Gerstein et al., 1999; Shaffer & Korn, 2002; Welte, Barnes, Wieczorek, Tidwell, & Parker, 2001). Noticeably absent in the literature is the perspective of those service providers most likely to organize trips to casinos or intervene if a senior is experiencing gambling-related problems. Providers include activity directors, senior housing personnel, adult family home operators, assisted living and retirement home staff, and senior center personnel (e.g., directors, staff, and volunteers).

It is vital to know whether the providers and their clientele are informed about the potential negative effects of gambling. Signs of gambling-related problems are not well-known, and most of the general public does not understand that gambling can be addictive. Educating providers and the public is important for several reasons. First, given the popularity of casino gambling, more agencies are coordinating and facilitating trips to casinos once or twice a month with the encouragement and sometimes assistance of casinos themselves. Second, evidence exists that older adults who participate in sponsored trips to casinos are not immune to problem and pathological gambling. Third, findings from studies by Barzagan et al. (2001) and Erickson, Ladd, and Petry (2005) indicate that 10% to 17% of those who participated in organized trips to casinos were problem or pathological gamblers. Additional analyses found that these older adults were more likely to report poorer mental and physical health than were their counterparts. Finally, given that higher rates of problem and pathological gambling are found in geographical locations with numerous gambling opportunities, it is imperative to explore the perspectives of senior social service providers (SSSPs) on older adults and casino gambling.

The purpose of the current study was to (a) describe the perceptions of SSSPs on older adults' motivations to participate in casino gambling, (b) document experience with older adults' gambling problems, (c) describe views and knowledge of problem gambling, and (d) identify the perceived need of SSSPs for training on gambling problems. Through this research, insight into the perspectives of SSSPs on gambling can provide a foundation for interventions to help educate senior service staff and older adults on the risks of gambling and how to avoid problems, as well as to offer support for those who lose control of their gambling.

Method

Participants and Procedure

This study used a cross-sectional survey design that yielded quantitative and qualitative data from social service providers for older adults living in a metropolitan area in Washington State. Information gathered included participant demographics, perceptions of why older adults patronize casinos, experience with older adults with gambling problems, views and knowledge of problem gambling, and perceived need for training on gambling problems.

The target area for the survey has a population of approximately 400,000. Within the area, there are nine casinos, two of which are large resorts. Study participants were recruited from agencies and institutions serving older adults, including adult family homes, long-term care facilities, retirement facilities or homes, and senior centers. To identify organizations for inclusion in the study, we obtained lists of human service providers from the local Area Agency on Aging. Organizations were included in the sample if they provided direct services to adults who are 60 years and older. A total of 150 surveys were sent out to SSPSs and 88 were returned, for a response rate of 58%.

The study received approval from the Washington State Institutional Review Board. The communication to potential respondents included an explanation of the purpose and procedure of the study, an invitation to participate, instructions for completing the questionnaire, the questionnaire, and a self-addressed stamped envelope. A reminder postcard was sent to potential respondents 2 weeks later to solicit and encourage participation. Yes/no (categorically coded as 1, 0) and closed-ended (continuously coded as frequencies and years) question responses were coded and entered into a spreadsheet; commentaries elaborating on yes/no responses were transcribed verbatim into a separate text file.

Instrument

The three-page survey included both closed-ended and open-ended questions. There were nine questions that required yes/no answers and then asked respondents to elaborate on their answers. Additional closed-ended questions included a checklist

of 18 possible reasons that older adults might go to casinos and a rating scale for respondents to indicate how likely (not at all, somewhat, fairly, very, extremely) they felt that the older adults they work with would develop a gambling problem. Reasons for gambling were generated from previous research to include as many potentially positive and negative reasons as possible (Hope & Havir, 2002; Martin et al., 2011; Rowan & Galasso, 2000; Zaranek & Chapleski, 2005). These reasons included the following: like to gamble, spouse or family expect them to gamble, curiosity, to meet new people, the opportunity to socialize, something to do, peer pressure, complimentary benefits (e.g., inexpensive buffets, free transportation, slot monies), opportunities to win money, fun or entertainment, to learn new things, to escape loneliness or loss of a spouse, alcoholic beverages, public smoking environment, a safe environment, to play slot machines or other games of chance, and having a day out away from the residence or senior center. Demographic questions addressed the respondents' age, sex, years of education, and years employed in their present position.

Statistical Analysis

Quantitative data were characterized by using frequencies, percentages, and means with standard deviations to describe respondents and their answers. Some independent sample *t* tests and chi-square analyses were used to compare groups comprising those respondents who were experienced with gambling excursions that targeted older adults and those with no experience. Qualitative data comprising respondents' commentary elaborating on their yes/no responses were content analyzed to illustrate and explain those responses.

Results

Sample Description

Eighty-eight respondents returned usable surveys. Of the 88 respondents, five did not answer demographic questions, but were still included in the analyses because they responded to the rest of the instrument. Most of the remaining 83 respondents were female (84.3%), with a mean age of 48 years ($SD = 12.4$). The mean duration of education was 15 years ($SD = 3.6$) and the mean number of years employed in their present position was 6 years ($SD = 5.7$). Thus, the sample predominantly comprised college-educated, middle-aged women with several years of job experience. Of note, further analyses using demographic characteristics to partition the data revealed no significant differences in participants' responses associated with their demographic characteristics. Thus, all findings are reported for the participants as a whole.

Perceptions of Older Adults' Motivations to Participate in Casino Gambling

On average, respondents checked six reasons that prompted older adults to patronize casinos (mean = 6.0, $SD = 3.00$). The most prevalent reasons cited were

“for fun/entertainment” (78.2%), “like to gamble” (74.7%), “having a day out away from the residence or senior center” (66.7%), “to win money” (62.1%), “it’s something to do” (55.2%), and “for the food” (43.7%). The least prevalent reasons included “peer pressure” (2.2%), “spouse/family expects them to” (5.7), “to learn new things” (9.2) “public smoking environment” (9.2), and “for the alcoholic beverages” (11.5). Of note was that only 18.4% of respondents thought older adults patronized casinos because they were lonely; however, 40.2% cited a desire to socialize as a reason for older adults to go to casinos. Thus, most respondents perceived that, although older adults might have several reasons for going to casinos, those reasons are fairly benign.

In contrast, most respondents (62%) agreed that the older adults they worked with *have the potential to use social excursions to casinos as a way to escape or deal with losses*. Many of the comments for respondents who replied “yes” acknowledged that although the potential existed, it was balanced by the benefits of the excursions and the similarity to other activities that also allow the older adult to escape. For example, one respondent replied, “Yes, if when you refer to escape as a means to get out and do something, I think that most seniors use casino excursions the same way they do trips to the nearby mall. They are there to wander and eat.” Other respondents replied “yes,” but qualified their answer by stating that their facility limited the number of outings or had other resources to help older adults cope with loss. Respondents who replied “no” cited older adults’ lack of financial resources, health problems, infrequency of outings, and use of the outing only for entertainment as reasons that there is no potential for using such excursions to escape. This last explanation is best illustrated by the respondent who wrote, “No, most participants go for entertainment purposes. They take so much money and when it runs out, they are done for the day.” Another said, “No, excursions sponsored by us are few and far between. A habit would be hard.” These comments were consistent with the ratings of their perception of the likelihood that the older adults they worked with might develop a gambling problem, given the proliferation of casinos in the state. This mean rating was 2 (SD = 1.0), a rating anchored by “somewhat.”

Experience With Older Adults’ With Gambling Problems

Two questions addressed whether respondents’ or their coworkers had encountered older adults who might have disordered gambling. A small percentage (15.4%) of the respondents indicated that an older adult had approached them with a concern about gambling, and another small percentage (11.4%) reported that a coworker had approached them with their concerns about an older adult’s gambling. Twenty-one respondents wrote comments in response to the first question. Nine comments justified negative answers, for example: “Consumers have discussed excessive gambling, have not reported they believe it is a concern.” However, nine comments describe the financial consequences of an older adult’s gambling behavior. For example, one respondent reported, “Yes, in the past year a client used his rent

money at the casino and lost it all. He came to us with concerns about losing his housing. Another client has had problems for years…off and on attends gambling anonymous and struggles with financial problems. She's on SSI and can't meet the bills if she gambles." Two comments related that the older adult was concerned about a spouse's gambling, but not their own gambling, such as "in the past, I had a man talk to me about his wife's constant gambling at casinos. He eventually began to go with her—and wait in the restaurant for her to do her thing—with the hope that she would feel pressured to hurry. This worked for a couple of months. Until, she eventually learned to ignore his presence."

Views and Knowledge of Problem Gambling

Respondents reported their older clients' awareness of risks of problems associated with gambling. Many respondents (42.0%) felt their clients were aware of the risks. However, almost one third (29.5%) reported that their clients were largely unaware of the risks associated with casino gambling. Although several reported that cognitive impairments, dementia, or memory problems could account for this lack of awareness, others attributed the lack of awareness to the perception that casino gambling was merely entertainment, for example: "No, I don't believe older adults are aware of the risks. I think many of them view these excursions as simply having a good time." Still others attributed the lack of awareness to the infrequency of excursions or limited resources, which was perceived to minimize the probability of problems developing.

Perceived Need for Training

Most respondents (81.8%) reported that their clients had not received any training regarding possible risks of casino gambling. Only one respondent reported that a client had received training, which was due to a preexisting gambling problem: "One client attends New Horizon's gambler treatment group off and on." However, in responding to the earlier survey question, two other respondents indicated that they informally counseled clients: "I will tell them that they have to watch how much is spent, so they will have money to get through the month and will help then by telling them how much they have to spend—on the day & hope they don't go over budget" and "we do tell them to be careful." Thus, it would seem that clients lack awareness of gambling problems, as well as training opportunities that might increase their awareness of the potential for problem gambling.

Two additional questions assessed the training opportunities available to providers and their interest in having additional opportunities for training. Almost all of the respondents (85.2%) reported they had not received any training regarding problem gambling. However, many respondents (44.3%) were not interested in additional training opportunities. These respondents did not think the training would be relevant to the provision of services to their clients, citing the infrequency of casino excursions, the already close monitoring of their clients by staff and family, or the

perception that their clients have exhibited no problem gambling. One respondent replied, "No, we are a religious organization. We do take residents to gamble for 'fun' on occasion. We serve 425 elders 24 [hours a] day and have no known gambling problems. There is a lot of peer pressure, due to Christian atmosphere, not to drink, gamble, etc. Those who have a problem hide it. I know of several w/substance abuse challenges but no gamblers." About a quarter of the respondents (23.9%) reported some interest in receiving additional training. A few commented that they were interested in specific training such as how to spot problem gambling and what kinds of treatment interventions might be most effective. However, many of those interested in training opportunities characterized their interest as a general openness to training predicated on it being "free" or on the approval of their facility director.

Impact of Demographic Variables

Finally, we explored whether the experience of SSPSs with organized casino gambling excursions might have influenced some of their responses to our questionnaire. Three questions assessed whether the providers' facility had ever coordinated casino excursions; how frequently; and if not, whether they had ever been approached by a casino willing to help coordinate such excursions. Just over one third (35.2%) had coordinated excursions to gambling casinos for their clients. Half of these (54.3%) reported that these excursions were monthly excursions; another 20% reported two or more excursions per month. Only four of the respondents reported being approached by a casino to coordinate such social events. Two of them had experience with such excursions and two had not. Comparing respondents having and not having experience coordinating casino excursions revealed only one significant difference in their responses to the questionnaire: Those having experience cited on average 6.7 reasons ($SD = 2.50$) for older adults to gamble compared with those not having experience, who cited on average of 5.1 reasons ($SD = 3.30$), $t(67) = 2.24$, $p < .05$. No other differences were revealed in their perceptions about problem gambling, perceptions of the need for training, or demographic characteristics. In addition, analyses of data that included those respondents from the single agency revealed the same pattern of results. Thus, there is little empirical evidence that prior experience coordinating casino excursions predicated SSPS responses to the questionnaire.

Discussion

SSSP Perceptions of Older Adults' Motivations to Participate in Casino Gambling

The perceptions of SSSPs about older adults' motivations to gamble were mostly focused on fun, entertainment, and leisure factors. These findings are consistent with other research that has found that casinos offer a forum for entertainment and socialization (Hope & Havir, 2002; Korn & Shaffer, 1999; Martin et al., 2011; Shaffer & Korn, 2002; Vander Bilt, Dodge, Pandav, Shaffer, & Ganguli, 2004; Zaranek & Chapleski, 2005). Participating in casino gambling may provide a sense

of connectedness and socialization, as well as sensory and cognitive stimulation for individuals who are 65 years and older (Desai, Maciejewski, Dausey, Caldarone, & Potenza, 2004). In a similar vein, Vander Bilt and colleagues (2004) found that among a community sample of older adults, those who engaged in recreational casino gambling reported greater social support, better subjective health, and lower depression scores. The authors speculated that casino gambling offers a forum for social support and serves as a positive social outlet for older adults. Moreover, going to the casino could offer a healthy change from the demands of daily life or from social isolation, which could be vital for some older adults. However, Vander Bilt et al. (2004) also found that alcohol use was predictive of gambling activity.

Few SSSPs viewed older adults' casino gambling as problematic, although 11.5% of the SSSPs reported that older adults went to casinos for the alcoholic beverages. Alcohol is associated with gambling behaviors in older adult populations (McCready, Mann, Zhao, & Eves, 2008), including both recreational and problem gamblers. The National Epidemiologic Survey on Alcohol and Related Conditions (N = 10,563) found that, compared with older adults without a history of regular gambling, recreational and problem gamblers had significantly elevated rates of alcohol and tobacco use, and problem gamblers were significantly more likely than older adults without a history of regular gambling to use drugs (Pietrzak, Morasco, Blanco, Grant, & Petry, 2007).

In addition to risk factors associated with alcohol use, a growing body of research suggests that older adults who gamble report higher levels of medical and health problems, mood disorders, anxiety disorders, personality disorders, and family or social problems (Pietrzak, Molina, Ladd, Kerins, & Petry, 2005). These problems persist in older adult populations even after controlling for demographic characteristics and behavioral risk factors such as body mass index, alcohol abuse and dependence, nicotine dependence, and mood and anxiety disorders (Pietrzak et al., 2007).

Experience of SSSPs With Older Adults With Gambling Problems

Most SSSPs reported limited contact with older adults with gambling problems. Gambling-related problems are often not seen or recognized in older adults and few seek treatment (McNeilly & Burke, 2000). Older adults may be reticent about disclosing their problems with gambling because of embarrassment, pride, or stigma (Martin et al., 2011; McNeilly & Burke, 2000). Some older adults may lack the capacity to identify their gambling as a problem, either from lack of awareness, or because they may be in denial about the extent of their gambling problems (Cousins et al., 2002; Frisch et al., 2001; Hirsh, 2000; Martin et al., 2011). Others might seek help for other related problems before disclosing a gambling problem (McKay, 2005). Moreover, older adults may perceive the results of problem gambling as a financial problem, rather than a gambling problem, and seek help through credit hotlines (McNeilly & Burke, 2002).

SSSPs reported, among other reasons, a lack of financial resources as a reason that their clientele is unlikely to have a gambling problem. Although this is a common assumption, gambling disproportionally affects older adults with low incomes, as they are at higher risk of losing the money they need to pay for their basic survival needs (Marshall, 1998, 2000). Older adults may be particularly vulnerable to gambling problems because of issues such as fixed incomes, social isolation, and declining health (Fessler, 1996; Glazer, 1998; Korn & Shaffer, 1999; McNeilly & Burke, 2000).

SSSP Views and Knowledge of Problem Gambling

Almost half of the SSSPs reported that their clients were aware of the risks of problem gambling, whereas almost one third reported that their clients were largely unaware of the risks. However, 85% of the SSSPs reported receiving no training regarding problem gambling, which may make it difficult for them to make that determination, given that they may not be aware of the risk factors of problem gambling.

Some SSSPs expressed concern that older adults view casino trips only as entertainment, which may limit their awareness of potential risks. Other SSSPs mentioned that they occasionally take trips to the casinos for "fun," but because they are a "Christian organization," gambling is looked down upon. On the basis of these comments, it is possible that social service agencies are overemphasizing the fun and entertainment aspects of casinos, while downplaying the potential risks of casinos. This is understandable, especially for agencies that make casino trips with their older adults. Outings labeled as fun and entertaining are much more easily promoted and justified than outings that involve gambling and potential financial losses.

Perceived Need of SSSPs for Training on Gambling Problems

SSSPs reported that 82% of their clientele had not received any training regarding the possible risks of casino gambling, and 85% of SSSPs reported not receiving any training regarding problem gambling. These are likely typical percentages in most senior service agencies, as research and awareness of older adults and gambling problems are just emerging. However, over 44% of the SSSPs were not interested in receiving training regarding problem gambling, and only 24% expressed an interest in receiving training. The high percentage of SSSPs not interested in the training and the low percentage interested in the training is likely linked to the perception that gambling is not a problem with their clientele. In a work atmosphere with ever-increasing time demands and constraints, many workers feel pressured and may feel that they have time to deal with only the most pressing issues perceived. It is apparent that problem gambling is not perceived as a pressing issue by most of the SSSPs in this study. More education, outreach, and bridge building with SSSPs are necessary if future problem gambling training is to be successful.

Limitations

The findings of this study provide an initial profile of SSSPs' (a) perceptions of older adults' motivations to participate in casino gambling, (b) experience with older adults with gambling problems, (c) views and knowledge of problem gambling, and (d) perception of the need for training on gambling problems. However, certain limitations are recognized. First, this study included a random sample of 88 SSSPs who resided in Washington State. Therefore, the findings can be generalized only to this specific population. Second, the random sample was heavily skewed toward college-educated, middle-aged women with several years of job experience. Future studies could improve on these limitations.

Conclusion and Practice Implications

Research findings suggest that gambling is indeed an invisible addiction. Moreover, our data suggest that there is a need to educate SSSPs on the potential positive and negative consequences of casino gambling. Most SSSPs in our study (a) do not see gambling activity as anything more than fun and entertainment for older adults, (b) believe that few older adults encounter problems with their gambling activities, and (c) are not inclined to seek or accept training geared toward addressing gambling-related problems that are not perceived as relevant to their clientele. This runs counter to our research, as well as to the observations of other researchers who have studied large numbers of older adults in casinos (Martin et al., 2011). Older adults have been offered cheap and/or free trips to the casinos and, as a result, casinos are often viewed as the new senior centers.

As other research has suggested, it may be worthwhile for SSSPs to assess the reasons for older adults wanting to go to a casino in order to help them determine how older adults' social needs might be met in alternative ways (Martin et al., 2011). In addition, because the United States has few policies that protect older adults who gamble (Bjelde, Chromy & Pankow, 2008), SSSPs may be able to help older adults who cannot resist problematic gambling through the application of the principles of responsible gambling (Blaszczynski, Ladouceur, & Shaffer, 2004). As primary stakeholders in the area of gambling, SSSPs have a responsibility to protect vulnerable older adults.

Although much more research is needed, it seems clear that a significant number of SSSPs may not be able to recognize problems related to gambling, because problem gambling is an invisible addiction, despite the fact that it has the potential to put older adults at risk of not only mental, physical, and health issues, but also financial disaster (Martin et al., 2011). Services providers may be missing opportunities to provide intervention for older adults at risk of problem gambling. Because heavy gambling continues to be non-normative among older adults, they may try to hide or deny gambling problems (Martin et al., 2011). Older adults may feel hopeless or ashamed about their habits, or they may be unaware that help is available (Martin et al., 2011). For service providers, this research represents an important step toward

understanding the need for training in order to understand the unique issues related to attitudes, behaviors, and motivational factors involved in gambling among older adults. As with any addiction, detection at the earliest possible point is an important key to avoiding or minimizing negative consequences. Hence, our research suggests that social workers and health care providers, as well as SSSPs, must be empowered with training and evidence-based research that will alert them to the presence of gambling addiction among older adults.

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