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As the number of clinical interventions for pathological gambling grows, so does the need for proper evaluation of treatment effectiveness. Many researchers advocate the practice of evidence-based psychotherapy (Chambless & Ollendick, 2001). However, it might surprise readers to learn that a debate exists within the clinical and research community as to whether using evidence-based methods is an appropriate goal for practicing clinicians. This WAGER reports on a review by Chambless and Ollendick (2001), that summarized evidence, criticisms, and responses pertaining to the classification of empirically validated treatments and the dissemination of such classifications. The WAGER focuses on common criticisms of schemes to classify experimental efficacy studies and the responses to these criticisms.

Empirically validated treatments (EVTs) are therapeutic approaches that have been experimentally tested for efficacy. Chambless and Ollendick (2001) suggested that proponents of the classification of experimental tests commonly group them into three categories: (1) well-established (e.g., "at least two rigorous randomized controlled trials (RCTs) showing superiority over placebo control"), (2) probably efficacious (e.g., "at least one RCT in which the treatment proved superior to the control condition"), and (3) promising (e.g. "low level of evidence"). Groupings are expected to benefit therapists by highlighting the amount and type of evidence that support claims of treatment efficacy. Table 1 summarizes the criticisms of categorization schemes for treatment outcome evidence and responses to these criticisms.

Table 1

Empirically Validated Treatment: Summary of Criticisms and Responses (Chambless & Ollendick, 2001)

Criticism	Response
The identification and categorization of EVTs should be ignored because it is largely the work of a small group of biased individuals in APA Division 12.	By 2001, at least 8 different research groups independently created evaluation definitions by which empirical studies of therapy are categorized.
Quantitative research (RCTs) is not appropriate for the evaluation of psychotherapy.	This criticism results from a divergence of opinion about research practices; this criticism cannot be addressed based on existing evidence.
EVT categorization results are based on manual-guided therapy and consequently will result in decrements in the quality of psychotherapy in typical treatment settings that tailor the intervention to the patient.	No evidence was found that "manual-trained" therapists are less effective than those trained without manuals. However, some research has found that standardization of treatment by EVTs was equal to or superior to patient-specific therapy.
The efficacy of EVTs is not different for the different types of psychotherapy – so EVT categorizations are unnecessary.	Efficacy differences have been found for a number of disorders including, anxiety disorders and childhood depression.1
EVT categorization will not generalize to clinical practice.	Evidence suggests the alternative, that is, EVTs are effective in clinical settings.

Although this debate is far from over, and the criticisms and responses both have some merit, it is important that researchers continue to evaluate the impact and efficacy of treatment programs. Otherwise, practitioners and researchers run the risk of determining efficacy according to anecdotal evidence. It is also important for clinicians to be aware of scientific evidence and treatment-outcome research so they can minimize treatment risks and maximize its benefits for each patient seeking treatment. Gambling is a young field and the assumptions associated with the application of treatment, many of which were designed for other addictive behaviors, require careful evaluation.

Notes

1 Researchers commonly acknowledge that all types of therapy benefit from common treatment effects. Common effects result from the following sources of influence: (1) the extra-therapeutic attributes that clients bring with them to treatment (e.g., education, family support, etc.); (2) relationship factors displayed by the treatment provider (e.g., empathy, caring, warmth, etc.); and (3) the hope, expectancies and placebo effects often associated with the start of treatment (Hubble, Duncan, & Miller, 1999). The criticism that all treatments are equally efficacious, might not take into consideration the difference between common and treatment specific effects. Empirical investigation can measure the effect added by the specific treatment to the non-specific common effect.

References

Chambless, D. L. & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. Annual Review of Psychology, 52, 685-716.

Hubble, M. L., Duncan, B. L., & Miller, S. D. (1999). The heart & soul of change: What works in therapy. Washington, DC: American Psychological Association.

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