Op-Ed/Editorials – Cognitive-behavioral therapy for pathological gamblers

March 14, 2007

The theme of the 2006 Institute for Research on Pathological Gambling and Related Disorders annual conference on gambling addiction was Lost in Translation? The Challenge of Turning Good Research into Best Practice. During the next few weeks, The BASIS is pleased to present a series of editorials from some of the faculty members of that conference. In this week's editorial, Dr. Nancy Petry discusses cognitive-behavioral therapy for pathological gamblers.

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Few controlled studies have evaluated the efficacy of psychotherapies for pathological gambling, but Gamblers Anonymous and cognitive-behavioral therapies are two interventions commonly applied. In the first federally funded clinical research study investigating treatments for pathological gambling, Petry et al. (2006) randomly assigned 231 pathological gamblers to: referral to Gamblers Anonymous (GA) alone, GA referral plus a cognitive-behavioral workbook, or GA referral plus 8 sessions of individual cognitive-behavioral therapy. Gambling and related problems were assessed at baseline, one month later, post-treatment, and at 6- and 12-month follow-ups.

On average, participants were about 45 years of age, over 40% were women, and almost half were married. Most were employed full-time, with an average education of 14 years and an annual income of $40,000, ranging from $0 to over $200,000 per year. Participants gambled on multiple forms, with about 40% indicating that slot machines was their primary form of problem gambling, followed by cards (about 18%), and scratch/ lottery tickets and sports betting (about 10% each). Most had severe problems with gambling, with an average of 7 criteria for pathological gambling endorsed from the Diagnostic and Statistical Manual of Mental Disorders. There were no baseline demographic differences

between participants assigned to the three treatment conditions.

In the month before treatment, participants wagered an average of 14 days and spent about $1,200 gambling. Although all groups, on average, decreased gambling during the treatment period, those receiving cognitive-behavioral therapy reduced days and amounts gambled more than those in the GA referral condition. For example, days gambled decreased to about 8 in the GA referral condition and to less than 5 in the individual cognitive-behavioral therapy condition. Some beneficial effects of the cognitive-behavioral therapy were maintained throughout the one-year follow-up period. Further, individually delivered cognitive-behavioral therapy improved some outcomes compared to the cognitive-behavioral workbook condition, with most effects being related to the number of therapy sessions or workbook exercises completed. These data suggest the efficacy of this cognitive-behavioral therapy approach in treating gamblers.

A follow-up study, again supported by the National Institute on Health, is currently underway to further examine the efficacy of this approach. An additional 210 pathological gamblers are being randomized to one of three conditions: cognitive-behavioral therapy, cognitive-behavioral therapy plus contingency management in which participants earn gift certificates for completing homework assignments associated with the cognitive-behavioral therapy, or a psychoeducational treatment approach. In this study, all participants receive individual therapy, free of charge, for 8 weeks. Effects of the interventions will be evaluated for up to two years following treatment.

In summary, we showed that cognitive-behavioral treatment does improve outcomes of pathological gamblers who seek treatment. Our results also highlight that many gamblers who seek treatment do quite well with respect to decreasing their gambling with only minimal interventions.

Future research will need to determine which individuals are more likely to need more extensive treatments, and which do well with only minimal interventions. One possibility along this regard relates to motivation to change; that is, gamblers with greater motivation seem to be more likely to achieve gambling abstinence (Petry, 2005). Visit our website at www.gamblingtreatment.net to learn more about our studies.

What do you think? Comments on this article can be addressed to Nancy Petry.

References

Petry, N.M., et al. (2006). Cognitive-behavioral therapy for pathological gamblers. Journal of Consulting and Clinical Psychology, 74, 555-567.

Petry, N.M. (2005). Stages of change in treatment-seeking pathological gamblers. Journal of Consulting and Clinical Psychology, 73, 312-322.