

Shorter communication

A comparison of individual and group cognitive-behavioural treatment for female pathological gambling

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Abstract

The current study aimed to determine the differential efficacy of a cognitive-behavioural treatment program for female pathological gamblers delivered in individual and group format. Fifty-six female pathological gamblers with electronic gaming machine gambling problems were randomly assigned to the control (waiting list) group or one of the treatment groups (individual or group treatment). Treatment comprised a 12-session program including financial limit setting, alternative activity planning, cognitive correction, problem solving, communication training, relapse prevention, and imaginal desensitisation. Treatment outcome was evaluated with conceptually related measures within the areas of gambling behaviour and psychological functioning. While individual and group treatment formats generally produced comparable outcomes in terms of gambling behaviour and psychological functioning, group treatment failed to produce superior outcomes to the control group in relation to several measures of psychological functioning. Moreover, by the completion of the six-month follow-up, 92% of the gamblers allocated to individual treatment compared with 60% allocated to group treatment no longer satisfied the diagnostic criteria for pathological gambling. These findings suggest that some caution should be employed when delivering cognitive-behavioural treatment in a group format until further research is conducted to establish its efficacy.

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Introduction

Pathological gambling, which is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) as “a persistent and recurrent maladaptive gambling behaviour that disrupts personal, family or vocational pursuits” (American Psychiatric Association (APA), 2000, p. 671), has recently increased in prevalence in most western countries as a result of the expansion of the gambling industries. While pathological gambling is increasingly becoming recognised as a significant public and mental health problem,

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the literature investigating the efficacy of treatment for pathological gambling is relatively new and limited in scope. Although in its infancy, the improved methodology and consistency of findings of treatment outcome literature evaluating cognitive, behavioural, and cognitive-behavioural treatments has led to the generation of cautious service delivery recommendations of these approaches as ‘best practice’ for the treatment of pathological gambling (López Viets & Miller, 1997).

Despite the promising evidence for the effectiveness of cognitive-behavioural treatment for pathological gambling, there is currently little sound research investigating any form of treatment for female pathological gambling. This gender bias has emerged within the context of prevailing cultural views of gambling as a stereotypically masculine activity (Victorian Government Department of Human Services, 2000). However, the significant narrowing of the margin separating the prevalence of pathological gambling among men and women as a result of the liberalisation of electronic gaming machines (e.g., Productivity Commission, 1999) has meant that the population of female pathological gamblers are now clearly under-represented in the treatment outcome literature.

The evaluation of interventions administered in a group format is also severely lagging behind practice. Despite promising evidence that pathological gambling is amenable to intervention administered individually, only a few studies have evaluated the efficacy of group interventions. For example, two studies have compared the differential effectiveness of individual behavioural therapy and group cognitive therapy (Blaszczynski, Maccallum, & Joukhador, 2001; Echeburúa, Báez, & Fernández-Montalvo, 1996). While these studies found that there were no statistically significant differences at one- (Blaszczynski et al., 2001) and six- (Echeburúa et al., 1996) month follow-up evaluations, individual behavioural treatment produced superior outcomes 12 months following treatment (Echeburúa et al., 1996). These two studies, however, are confounded in the specific investigation into the efficacy of group and individual treatment formats as the treatment groups also differed in terms of therapeutic orientation and techniques.

A recent study treated 69 predominantly male pathological gamblers with individual stimulus control and in vivo exposure with response prevention, then assigned the abstinent gamblers to individual relapse prevention, group relapse prevention, and a control group (Echeburúa, Fernández-Montalvo, & Báez, 2000). Individual and group relapse prevention produced equally superior gambling-related and psychopathology outcomes compared with the control group at follow-up evaluations. This study does not, however, provide a direct comparison of individual and group treatment as all pathological gamblers were treated with an individual treatment to produce abstinence before they were allocated to individual and group relapse prevention.

In two separate studies, Ladouceur and colleagues have investigated the efficacy of a cognitive intervention delivered in an individual (Ladouceur et al., 2001) and group (Ladouceur et al., 2003) format. The findings from these studies suggested that while individual and group treatment produced comparable outcomes at the completion of treatment, individual treatment produced superior outcomes at 6- and 12-month follow-up evaluations. Moreover, while post-treatment evaluations revealed that although the weekly gambling frequency, duration, and expenditure for the week prior to treatment completion were significantly reduced for the individual treatment compared with the control group, this was not the case for the group treatment.

Taken together, these findings provide some indication that group treatment of pathological gamblers may be less effective than individual treatment. However, to date, no one study has directly compared the same program conducted in individual and group formats. This comparison is desirable given that treatment conducted in a group setting may have several advantages over treatment conducted on an individual basis (Echeburúa et al., 1996; Ladouceur et al., 2003). For example, group treatment may provide a cost-effective treatment that serves to facilitate a sense of normalisation, establish a sense of group cohesiveness and membership, facilitate mutual acceptance and support, reduce the potential for shame/stigma and lying/self-deception, and establish a sense of structure. It may also serve to promote observational learning, the identification of common problems and solutions, and the development of interpersonal communication skills. Given the potential benefits of group treatment, it is evident that research is required to empirically establish the effectiveness of group treatment for pathological gambling.

The current study therefore aimed to determine the differential efficacy of a cognitive-behavioural treatment program for female pathological gamblers delivered in an individual and group format. Specifically, it was hypothesised that treatment conducted using an individual format would produce superior outcomes than treatment conducted using a group format.

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