

A Perspective on Problem Gambling Treatment: Issues and Challenges

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Researchers face several challenges in conducting gambling treatment research. These include the impact of monetary incentives to participate, difficulty in subject recruitment, treatment ambivalence, heterogeneity of gambling behaviors among treatment samples, the role of natural recovery, the impact of intractable financial pressures, and the specification of adequate process and outcome measures. Each challenge is defined and potential resolutions suggested.

KEY WORDS: problem gambling; treatment; outcomes; process.

Investigators conducting gambling treatment research face several challenges that can represent serious threats to the successful completion of a study. Many of these issues are common to addiction treatment in general while others appear to be more relevant to the study of problem gambling (Toneatto & Ladouceur, 2003). The issues defined below reflect the experience of the author in the conduct of several gambling treatment studies but by no means represent an exhaustive list of these issues. By raising awareness of these issues the goal is to stimulate other investigators interested in this area of treatment research to improve treatment research designs and hence the quality of the data.

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THE ROLE OF MONETARY INCENTIVES

It is increasingly common to offer subjects some compensation for their participation in a treatment study, usually in the form of gift certificates. Such compensation may be intended to offset the cost of traveling to treatment (e.g., cost of parking), payment to complete research forms that are of primary relevance to the investigator rather than critical in the client's treatment, or as an incentive to attend follow-up assessments. Such compensation can increase the internal validity of the study by increase rates of treatment retention and completion. However, an unintended outcome of making such compensation available has been a trend for subjects who inquire about treatment to refuse to participate if they judge the compensation to be inadequate. Thus, the offering of compensation becomes another variable that may affect the decision of subjects to enter treatment. For example, subjects may be motivated by the prospect of receiving payment, rather than a genuine intention to modify their gambling behavior.

Consequently, studies that offer compensation may be limiting the external validity of their findings since in the naturalistic treatment environment, there would not likely be any compensation. Our own clinical impression is that offering no compensation, beyond possibly the cost of transit or parking, would severely curtail recruitment rates and represent a serious obstacle to the timely completion of the research.

RECRUITMENT OF TREATMENT SUBJECTS

Difficulty in recruiting problem gamblers in a timely fashion can ultimately sabotage the successful completion of a study. Typically our research has relied on newspapers as a means of subject recruitment. Yet, such ads often bring in very few subjects given the estimates of the prevalence rates of problem gambling (Shaffer, Hall, & Van der Bilt, 1997). We have varied the content and terminology of advertisement, in some cases avoiding the term "problem" and using "concern" or "too much"; in other cases we have avoiding the term "gambling" and used specific types of games (e.g., slot machines). None of our efforts have been consistently effective and as a result,

recruitment rates remain unpredictable. In addition to the characteristics of the ad itself, it is also possible that there are a host of other variables that may impact on the decision to respond to ads such as the lack of motivation to address their gambling, a preference to avoid hospital-based treatments, inconvenience of traveling long distances to treatment, and difficulty in recognizing the problematic nature of their own gambling behavior. We have responded to some of these potential problems by offering to assess and treat in the community (e.g., the subject's home or workplace).

SEVERE AMBIVALENCE ABOUT ENTERING TREATMENT

Once a subject has been successfully recruited, there is a high probability that they will not complete the entire course of treatment. The decision to enter treatment is not always made with very high commitment. It is not uncommon for subjects to repeatedly re-schedule assessments, cancel assessment, fail to attend assessments or drop-out soon after the assessment. In our work, we encounter a disproportionate number of subjects who complete the baseline assessment and never return for treatment, for example. While our treatments tend to be very brief (e.g., six sessions) in keeping with the trend for a preference for shorter treatments, in many cases subjects attend fewer sessions. Ambivalence is also quite pervasive in the sense that considerable attachment to gambling behavior remains throughout treatment despite realizing the negative consequences of their gambling. It is rare for us to work with clients who do not hold some positive valence towards an activity that has also caused considerable suffering for the subject and their significant others. Such ambivalence can remain impervious to treatment and may present an obstacle to the delivery of the experimental treatment.

HETEROGENEITY OF GAMBLING

Many treatment studies, including ours, continue to recruit all kinds of gamblers into treatment. Since it is likely that different types of gambling are associated with unique populations, demographics, psychologies, etc., treating them as a homogenous population may

be introducing a very high degree of outcome variability that is adversely affecting the development of effective treatments. While there are increasing number of studies focusing on just one type of gambling (e.g., slot machines; Echeburua, Fernandez-Montalvo, & Baez, 2000), most studies include a diverse array of problem gambling behaviors. Investigators should assess the effect of including very different types of gambling types on the evaluation of a treatment that may not be appropriate for every type of gambling.

ROLE OF NATURAL RECOVERY

It is quite well-known that untreated recovery is common to all addictive behaviors. A similar process appears to be highly likely in problem gamblers as well (Hodgins, & el-Guebaly, 2000). Subjects who enter our studies and show significant clinical change may not be responding solely to the administered treatment, *per se*, but rather making a concerted effort to reduce their gambling behavior using their own problem-solving skills. What portion of clinical change that we observe can be attributable to the formal treatment rather than natural recovery processes? The inclusion of no-treatment, assessment or waiting list control groups which could evaluate this factor is often not feasible. One possible approach to this issue is to take advantage of the natural recovery process and encourage subjects to reduce their gambling behavior as much as possible prior to actually commencing formal treatment. This is comparable to the placebo wash-out phase employed in medication studies and eliminate behavior change attributable to non-specific factors.

PRESENCE OF SERIOUS OR INTRACTABLE FINANCIAL CRISES

Many of the subjects entering treatment have incurred financial burdens so extreme that there may be no reasonable expectation of repayment or satisfactory resolution. Unlike the chemical addictions, where cessation can reasonable be expected to lead to improvement in most areas of functioning, the cessation of gambling may be only the beginning of the process of coping with serious financial problems. It is entirely possible that in many cases financial burdens may

endure several years or longer and be shared with significant others. What is the effect of this gambling-specific negative consequence on treatment outcomes? Most treatments are geared to modifying the gambling behavior and helping the subject with the consequences that are within their control. However, the financial repercussions of the gambling problem may be beyond what psychological treatments can reasonably impact upon. Yet, such long-term debt may severely impact the long-term functioning of the client, lead to drop-out and relapse, contribute to ambivalence, and be a risk-factor for depression and suicide. Creative solutions for the problem of intractable financial problems may need to be developed to prevent this variable from interfering with efforts to evaluate the effects of gambling treatment.

PROCESS AND OUTCOME MEASURES

The majority of gambling treatment studies have tended to focus on measuring changes in gambling behavior (e.g., frequency, amount wagered, rates of abstinence). Of course, these are key variables in evaluating treatments and will always be required. Investigators may also wish to consider measuring variables mediating changes in gambling behavior as well. These may include measures related to the specific treatment being administered (e.g., measures of cognitive change following a cognitive intervention) or related to a conceptual model of problem gambling (e.g., impulse control, urges, cognitive distortion). Since it can be reasonably expected that effective treatments for problem gambling will eventually emerge, the measurement of variables that will help determine for whom and under what conditions specific gambling treatments are most effective will be particularly important. These process variables will ultimately define the factors that will lead to innovative treatments and effective treatment matching.

CONCLUSION

The issues and challenges identified and briefly discussed above represent just a few of the those that the author has faced in

developing treatments for problem gambling. By increasing awareness of these issues and stimulating discussion with other researchers specializing in the treatment of problem gambling rapid advances will be made in the treatment of this growing clinical problem.

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