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Group therapy for pathological gamblers: a cognitive approach

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Abstract

This study evaluated the efficacy of a group cognitive treatment for pathological gambling. Gamblers, meeting DSM-IV criteria for pathological gambling, were randomly assigned to treatment ($N = 34$) or wait-list control ($N = 24$) conditions. Cognitive correction techniques were used first to target gamblers' erroneous perceptions about randomness, and then to address issues of relapse prevention. The dependent measures used were the DSM-IV criteria for pathological gambling, perceived self-efficacy, gamblers' perception of control, desire to gamble, and frequency of gambling. Post-treatment results indicated that 88% of the treated gamblers no longer met the DSM-IV criteria for pathological gambling compared to only 20% in the control group. Similar changes were observed on all outcome measures. Analysis of data from 6-, 12- and 24-month follow-ups revealed maintenance of therapeutic gains. Recommendations for group interventions are discussed, focusing on the cognitive correction of erroneous perceptions toward the notion of randomness.

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1. Group therapy for pathological gamblers: a cognitive approach

Opportunities to gamble have increased in most industrialized countries over the last decade. This trend creates a situation in which more people gamble and more gamblers will develop problems (Jacques, Ladouceur, & Ferland, 2000; Ladouceur & Walker, 1996; Volberg, 1994). Treatment outcome studies need to be conducted to evaluate the efficacy of different interventions and to maximize its effectiveness. Pathological gambling was not allowed any official recognition until 1980 with the publication of the DSM-III (American Psychiatric Association, 1980). Researchers in this field can be seen as pioneers and must cope with the new challenge of provid-

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ing the best available treatment to help pathological gamblers in need of treatment. Current prevalence rates of this disorder vary from 1 to 2% in the United States (Shaffer, Hall, & Vander Bilt, 1997), in different parts of Canada (Ladouceur, 1996), and in Europe (Beconia, 1996).

With such high prevalence estimates of pathological gambling (see Shaffer et al., 1997 for a comprehensive critical review of the North American gambling prevalence literature), there is an urgent need for effective treatments for this increasingly common psychiatric disorder. Although the history of gambling treatment extends over several decades, there is surprisingly a lack of reliable knowledge of what constitutes effective treatment for problem gambling. Gambling treatment research is characterized predominantly by methodological flaws consisting of small samples, uncontrolled interventions, and case studies from which little can be definitively concluded. These studies will not be the subject of the current review. The American Psychological Association has recommended that only empirically validated treatment (EVT) should be included (Chambless & Hollon, 1998). The criteria of EVT are stringent and rigorous. Treatments must first be shown to be efficacious in controlled clinical trials in which patients are randomly assigned to the experimental treatment and to one or more comparison groups. Furthermore, only when a treatment has been found efficacious in a minimum of two studies conducted by two independent teams should the treatment be considered efficacious. If a treatment has been supported by only one study, or, if all of the studies have been conducted by the same team of researchers, it should be labeled as possibly efficacious. The treatment should also be manualized in order to facilitate replication and clinical application. Although these criteria were recently discussed by Chambless and Ollendick (2001), three questions raised by Borkovec and Castonguay (1998) need to be answered when addressing the issue of treatment outcome studies: (1) is the therapy effective? (2) how effective is the therapy?, and (3) which therapy is more effective? Concerning gambling treatment, it is clear that we are still working on answering the first question.

Toneatto, Ladouceur, and Mastrobuono (2002) identified only 13 treatment outcome studies using randomized allocation of pathological gamblers to either treatment or control groups while answering the second question. All studies were conducted using cognitive, behavioral, or cognitive/behavioral models. Within the cognitive context, Ladouceur et al. (2001) showed that cognitive correction of the notion of randomness and chance is a crucial therapeutic intervention for helping pathological gamblers. This treatment, delivered individually, showed that 85% of the patients who completed no longer met the criteria for pathological gambling, and more importantly, the therapeutic gains were maintained at a 12-month follow-up.

Thus, this treatment is effective when administered individually. What would be the impact of this same treatment when subjects are treated in a group? Why opt for a group treatment? To our knowledge, no study of this sort has been conducted among pathological gamblers, yet group treatment has several advantages. In fact, one way to improve the cost-benefits of treatment is to provide it in a group format (Teasdale, Walsh, Lancashire, & Mathews, 1977). Group therapy is used for diverse problems including anxiety disorders, such as obsessive-compulsive disorder (Fals-Stewart, Marks, & Schafer, 1993), panic disorder (Nagy, Krystal, Charney, & Merikangas, 1993), agoraphobia (Mackay & Liddell, 1986), specific phobias (Jerremalm, Jansson, & Ost, 1986), and social phobia (Hope, Heimberg, & Bruch, 1995). Observational learning and group coherence are positive elements of group treatment. Additionally, group therapy is a therapeutic tool frequently used in the treatment of alcoholism, which generally involves different types of programs and approaches (Monras & Gual, 2000). This tendency seems to be emerging in the treatment of pathological gamblers.

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