RESEARCH QUESTIONS
Are selected demographic, gambling, and psychosocial characteristics associated with treatment attrition and outcome for female pathological gamblers? Is treatment failure related to gambling characteristics at the completion of treatment for female pathological gamblers?

PURPOSE
This exploratory study examined client factors (i.e., demographic, gambling and psychosocial) that influence attrition and outcome in the treatment of female pathological gambling.

HYPOTHESIS
Treatment attrition and failure would be associated with demographics: younger age, being unmarried or cohabitating, living alone, unemployment, and lower education; gambling behaviours (i.e., higher pre-treatment gambling: frequency, expenditure, and problem severity, as well as shorter problem duration, shorter periods of abstinence prior to treatment, and lower rates of previous treatment experience); and psychological functioning (i.e., pre-treatment: depression, anxiety, and substance abuse). Further, treatment failure would be related to gambling characteristics (i.e., frequency and expenditure) at the completion of treatment.

PARTICIPANTS
Participants were 77 female pathological gamblers (average age = 46 years), recruited from the general community via advertisements and radio announcements, who preferred EGM gambling, met DSM-IV-TR criteria for pathological gambling, and agreed to attend an outpatient cognitive-behavioural treatment (CBT) research trial.

PROCEDURE
Participants were interviewed individually using a semi-structured clinical interview and completed self-report measures of demographic, gambling and psychosocial characteristics. Following assessment each participant was randomly assigned to either the control (i.e., no treatment) group or one of two CBT groups (12 weekly individual or group therapy sessions). Only data from the treatment groups are included in the present study. The treatment program involved participants selecting either abstinence (i.e., no use of EGMs) or controlled gambling (i.e., a one hour gaming session per week with an individually tailored spending amount between $10-$50 Aus; approx. $9-$44 CDN). Participants were then contacted 6-months following treatment to assess gambling behaviours.

MAIN OUTCOME MEASURES
An author-complied questionnaire assessed demographic and gambling characteristics. The Beck Depression Inventory-II (BDI-II) assessed depression, the State-Trait Anxiety Inventory (STAI) assessed anxiety, and the MMPI-II Addiction Acknowledgement Scale (AAS) assessed substance use.

KEY RESULTS
Of the 77 participants only 62 completed treatment and only 57 completed the 6-month follow-up. For the purposes of comparison, participants were classified into groups (abstinence/controlled gambling and uncontrolled gambling) according to their EGM behaviour in the month preceding the 6-month follow-up evaluation. Controlled gambling was defined as spending no more than $20 Aus (approx. $18 CDN) per week and spending no more than intended at any one session. The gambling behaviour of participants that did not meet criteria for abstinence or controlled gambling was classified as uncontrolled. Overall, 32 participants were classified as abstinent or controlled. Contrary to the hypotheses, treatment dropouts and completers did not differ on any client factor (i.e., demographics, gambling and psychosocial). Abstinent/controlled gamblers only differed from uncontrolled gamblers on pre-treatment gambling expenditure and post-treatment gambling frequency such that uncontrolled gamblers spent more money during the 2 weeks prior to treatment and gambled more frequently during the month prior to follow-up than abstinent/controlled gamblers.
LIMITATIONS
The results may not generalize to males. The sample sizes of the treatment groups were small, so replication with larger groups is needed. Evaluation of treatment outcome at a longer follow-up period is also desirable. The sample was not comprised of treatment seeking individuals and the authors did not assess readiness to change or reasons for discontinuing treatment. Comparisons were not made to control participants.

CONCLUSIONS
Although the study failed to identify which female pathological gamblers are most at risk for prematurely termination of CBT, it did suggest that female pathological gamblers who report more severe gambling behaviour prior to treatment are at an increased risk for treatment failure 6 months following treatment. Clinicians may respond to the above indicators of higher risk of treatment failure by placing more emphasis on relapse prevention approaches in pathological gambling intervention.

KEYWORDS: pathological gambling, treatment, female, dropout, attrition, Australia, demographic

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