RESEARCH QUESTION(S)
What factors predict relapse and dropout among people in treatment for pathological gambling?

WHAT IS THIS RESEARCH ABOUT?
Overall, cognitive-behavioural therapy is an effective treatment for pathological gambling. However, some people in therapy for pathological gambling will relapse and/or drop out of treatment. This study used a large sample to identify predictors of relapse and dropout among people in outpatient treatment for pathological gambling.

WHAT WERE THE KEY FINDINGS?
Relapse during the 6-month treatment period was predicted by being single, spending less weekly money on gambling at the start of the study, and having a personality high in harm avoidance. During the 6-month follow-up period, relapse was predicted by being single, spending less weekly money on gambling at the start of the study, and being an active gambler at the start of the study. During the treatment periods, dropping out was predicted by being young, single, and having a novelty-seeking personality. Within this study, 14% of participants relapsed, and 28% dropped out of some or all of the treatment. Most relapses occurred during the 6-month treatment period.

WHO CAN USE THIS RESEARCH?
Physicians and gambling treatment providers can use these key findings to identify groups who are less likely to successfully complete pathological gambling treatment.

HOW WAS THE STUDY DONE?
Participants in this study were 556 people (92% male, average age = 44 years) referred to outpatient treatment after being diagnosed with pathological gambling. At the beginning of treatment, participants completed a semi-structured interview, which included questions about gambling behaviour, personality traits, clinical details (psychiatric issues, substance use, and family history with gambling), and socio-demographic information. Outpatient cognitive behavioural therapy lasted for 6 months of weekly or biweekly sessions, followed by 6 months of monthly follow up sessions, and 21 months of longer-term follow-up. At each treatment and follow-up session, the therapist tracked attendance and any recent gambling behaviour. Relapse was defined as gambling after beginning treatment, and dropping out was defined as missing 3 or more therapy sessions without notice.

WHAT WERE THE LIMITATIONS?
These results may not be comparable to results from studies using other definitions of “relapse” and “drop-out”. Female problem gamblers were under-represented in the sample, and so these results may not apply to the entire population of pathological gamblers seeking treatment.

KEYWORDS: homelessness, gambling problems, identity, social work practices, help-seeking

URL:
http://www.tandfonline.com/doi/full/10.1080/0312407X.2012.689309#abstract