RESEARCH QUESTIONS
Is controlled gambling (i.e., a reduction in gambling activities in terms of frequency, time, and money spent, so that the activities related to gambling do not cause damaging consequences for the gamblers or their environment) a reasonable and viable goal for treatment? If so, who would benefit from such an intervention and what characteristics can predict successful outcomes?

PURPOSE
Although some researchers have argued against abstinence as the only acceptable gambling treatment goal and that regaining control over gambling behaviour appears to be possible for some pathological gamblers, abstinence is still considered by most to be the only gambling intervention treatment goal. The primary goal of this study was to verify whether controlled gambling was a viable treatment goal for pathological gamblers.

HYPOTHESIS
Controlled gambling would be a viable goal for pathological gamblers.

PARTICIPANTS
Participants were 89 gamblers (48% males; average age = 52 years) recruited through newspaper and radio advertisements, health care professionals, and letters to gambling treatment centres in three Canadian cities (Ottawa-Gatineau, Quebec City, and Montreal). To be included in the study, individuals had to have a primary diagnosis of pathological gambling (PG), and be seeking treatment aimed at controlled gambling.

PROCEDURE
Screening. Potential participants were informed about the procedure of the study and told that the targeted goal was controlled gambling. Potential participants were also told that they could switch to the goal of abstinence at any time. Potential participants completed the South Oaks Gambling Screen (SOGS), a socio-demographic questionnaire, and a brief inventory about their psychological and medical history. Those who scored ≥ 5 on the SOGS, and who showed no exclusion criteria were invited to meet with a therapist for a more in-depth assessment. Of 124 participants invited to take part in a semi-structured intake interview 89 individuals met inclusion criteria and agreed to participate. Treatment and assessment. All participants underwent the same procedure: telephone screening, pre-treatment assessment, treatment, post-treatment assessment and 6- and 12-month follow-ups. Eight licensed therapists administered the treatment. Treatment was administered on an individual basis for 12 weekly sessions lasting 60 minutes each (additional sessions were provided if necessary).

MAIN OUTCOME MEASURES
DSM-IV criteria for PG were assessed via a clinical interview. Frequency of gambling was assessed via questions regarding number of gambling sessions, number of hours spent gambling, and total amount spent on gambling during the previous week. Self-efficacy perception was assessed via a scale that measured the extent to which participants believed that they could refrain from gambling excessively in given situations. Level of subjective harm experienced by participants (without reference to levels of expenditure or nature of the harm) was assessed via the Sydney and Laval Gambling Scale. Consequences of the gambling problem and severity were assessed via a scale that examined the degree to which gambling problems directly affected different areas of life.

KEY RESULTS
Before treatment, all participants had a score of 5 or higher (out of 10) on the DSM-IV criteria. Participants who completed the treatment received an average of 14 weekly sessions. Of the 89 participants only 61 completed treatment and only 21 of those kept the initial goal of controlled gambling during the 12 weeks of treatment, and 40 shifted to abstinence at least once during treatment (after 6 sessions, on average). In addition, 39%, 40%, and 32% had a goal
of abstinence at the post-treatment, 6-, and 12-month follow-ups, respectively. Using the intent-to-treat procedure (i.e., all participants, even those who prematurely quit treatment after the completion of at least one session, were included in the analyses), 63% had a score of 4 or less (out of 10) on the DSM-IV criteria at the end of treatment. That proportion was 56% and 51% at the 6- and 12-month follow-ups. When only those who completed the treatment were examined, the proportions increased to 92%, 80%, and 71% at post-treatment, 6-, and 12-month follow-ups, respectively. Significant improvements were found on the majority of measures at post-treatment and the therapeutic gains were maintained at the 6- and 12-month follow-ups. Few variables were identified to predict who would benefit from control rather than abstinence. The sample size was not large enough to identify the characteristics which could predict success with a controlled gambling objective.

**LIMITATIONS**

First, the study lacked a control group which prohibits determination of the effect of time (versus treatment) in reducing gambling behaviours. Second, the sample size was not large enough to identify the characteristics which could predict success with a controlled gambling objective. The fact that 40% of the participants shifted to abstinence left the final sample of controlled gambling with a sample size that was about half of what was expected.

**CONCLUSIONS**

The results offer preliminary support for the feasibility of a controlled gambling objective and open a new door of possibility to therapists offering treatment for PG. Also, the follow-up assessment held 12-months after the end of the treatment program indicated that progress was maintained over time.

**KEYWORDS:** pathological gambling, gambling, controlled gambling, treatment

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Is control a viable goal in the treatment of pathological gambling.