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## Best Possible Odds: Contemporary Treatment Strategies for Gambling Disorders

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*By William G. McCown and Linda L. Chamberlain (2000). New York: John Wiley & Sons, Inc., 260 pages, hardcover. Price: \$55.00 (US). ISBN: 0-47118-969-3*

Pathological gambling is a serious non-chemical addiction that, until recently, was a secondary concern for practitioners who treat individuals with chemical addictions. McCown and Chamberlain's *Best Possible Odds* makes an important mark by synthesizing research knowledge and clinical experience about the destructive path of excessive gambling and provides an overview of the treatment approaches that they have used effectively in their clinical practice. The text presents information about the history, characteristics, etiology, maintenance and treatment of pathological gambling. Although it has shortcomings, some of which are editorial (e.g., the index section in the review copy was upside down), it is a useful text for those with little or no experience working with pathological gamblers.

The authors take clear positions on the nature of gambling and the treatment of

excessive gambling as a non-pharmacological addiction, which they relate to other persistent, repetitive behavioral problems, such as workaholism. They state that one of the book's goals "is to encourage flexible and eclectic treatment approaches, with the eventual hope of determining what works best and for whom" (p. 104). Thus, if using a psychoanalytic technique in combination with a behavioral approach works, then it is valuable to use them in tandem. McCown and Chamberlain clearly state that the focus of treatment is best placed on behavior change, and I fully agree. Although emotions and cognitions play a role in pathological gambling, focusing on behavior as the dependent variable makes sense given that its negative consequences emerge from the motor acts of gambling. Significantly, they propose abstinence as a goal, believing that other non-harmful behaviors can be substituted to produce the elation associated with gambling. Finally, they state that much of their writing about treatment is based solely on clinical experience.

In Chapter 2, McCown and Chamberlain cover the major paradigms that describe problem and pathological gambling. They emphasize Custer's classic model illustrating the stages that lead to pathological gambling. This model is useful, particularly for the novice clinician, in understanding the typical maladaptive patterns of behavior emitted at different times in the life of gamblers. Within the chapter, lucid evaluations of Gamblers Anonymous and the disease model are also presented. The authors deserve praise for their thoughtful commentary about the cyclical, explanatory nature of the medical model.

Chapter 3 contains information about the phenomenology of gambling. At the outset, the authors compare alcohol abuse and gambling disorders in the DSM-IV, which I found informative. The term "addictive gambler" is used to describe a person with a more serious problem than a "problem gambler." In addition, the authors use the term "compulsive gambling," as opposed to "pathological gambling." Moreover, much of this chapter focuses on Custer's subtypes of gamblers. Although interesting, these are not the standard terms currently used in the field and the inconsistent terminology may confuse novice practitioners. The standard subtypes of gamblers used today are non-gambler, social gambler, problem gambler and pathological gambler.

When discussing the etiology and maintenance of gambling (Chapter 4), McCown and Chamberlain suggest that the Zeigarnik effect may underlie persistent gambling. Specifically, they hypothesize that when a gambler plays to win but ends up losing, it constitutes unfinished business. Therefore, the gambler is highly motivated to return and complete the task. This intriguing concept has not often been attached to excessive gambling and may be valuable in explaining the possible causes of behavioral persistence.

The second half of the book focuses on treatment modalities. The authors lean

strongly toward a clinical experience approach as opposed to a research-based one. McCown and Chamberlain state that their focus is based on the assumption that few published studies have supported any modality by showing clear treatment efficacy. This statement is a bit too harsh, as some treatment studies have shown efficacy in reducing gambling ([Sylvain, Ladouceur & Boisvert, 1997](#)). It would also have been valuable to include some of the step-by-step treatment approaches published by clinical researchers. In addition, advice about addressing touchy subjects with gamblers, such as family and personal finances, would have been an added bonus for the novice practitioner. Nevertheless, these are minor points and the book gives some good insights into methods for treating pathological gamblers.

On a positive note, the authors provide a valuable clinical, experiential perspective on the treatment of gamblers. They also discuss measuring techniques to evaluate the behavior of gamblers. Chapter 5 covers the Gamblers Anonymous model, an inpatient model and an Internet self-help approach, which are important services. However, they fail to tell readers specifically how to gain access to them (i.e., Web addresses, telephone numbers, etc.). Chapter 6 presents a multiphasic model of outpatient treatment that describes the therapy process with gamblers. This chapter would certainly be helpful for new clinicians interested in disordered gambling.

Strategies to enhance treatment effectiveness are given in Chapter 7, but the authors note that these techniques are “adjuncts” to abstinence-based treatments (p. 136). They briefly cover social skills training, relapse prevention and covert sensitization. Although presented as adjuncts, it would have been valuable to present more detailed descriptions of these powerful behavior therapy techniques.

The authors offer a thorough description of the assessment tools used in the gambling treatment literature and practice. McCown and Chamberlain discuss the South Oaks Gambling Screen as well as other measurement tools for different age groups and for families of gamblers. The authors nicely go beyond the standard assessment tools and discuss the benefits of more general tools (e.g., Minnesota Multiphasic Personality Inventory, Thematic Apperception Test). In addition, they present a clear psychological case report completed for a problem gambler.

The authors boldly move the field forward when they discuss Chaos Theory as it might apply to pathological gambling. To my knowledge, Chaos Theory has not been examined within the realm of gambling and they are to be commended for this presentation.

The authors' disposition toward family therapy as a treatment modality is clear and there is a separate chapter on this approach. Most clinicians with experience working with gamblers would agree that integrating the family into treatment is

essential. Although two family-based approaches are presented, I would have liked to see more about the specifics of treating the family.

McCown and Chamberlain present some of the classic theories regarding the development and maintenance of problem gambling, and use their clinical wisdom to provide insight into the treatment of excessive gambling. Their discussions of topics such as the Zeigarnik effect and Chaos Theory are worthy of note for the advanced practitioner. For the novice, many real and interesting case examples are presented, which drive home many of the points being made. Although it has some limitations, *Best Possible Odds: Contemporary Treatment Strategies for Gambling Disorders* is a solid resource that lays down a foundation for clinicians new to the treatment of pathological gambling.

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Sylvain, C., Ladouceur, R., Boisvert, J., (1997). Cognitive and behavioral treatment of pathological gambling: A controlled study. *Journal of Consulting & Clinical Psychology*, 65 (5), 727-732.

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- Book review