On Books

The Best We Have: A Critique of Ladouceur, Sylvain, Boutin, and Doucet's *Understanding and Treating the Pathological Gambler*

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Ladouceur, Sylvain, Boutin, and Doucet (2002) present a readable book on gambling meant for a wide audience. Their coverage includes the history of gambling, the different philosophical orientations of its research and treatment, assessment of pathological gambling, and treatment from the authors' cognitive-behavioral perspective. This book offers practical advice that can be interpreted in behavior-analytic terms, which makes it worthwhile reading for behavior analysts. The book does contain a number of philosophical inconsistencies. However, given that behavior analysis has largely neglected the study of gambling behavior, it is difficult to be overly critical of the book.

Key words: gambling behavior, gambling treatment

On the one hand, one could argue that Ladouceur, Sylvain, Boutin, and Doucet's (2002) book on the study and treatment of pathological gambling is open to criticism on a number of fronts. On the other hand, it might be unwise for a behavior analyst like myself to be overly critical of their effort. It would certainly be difficult to ground criticisms in behavior-analytic research and theory; research and theory on gambling behavior from a behavior-analytic standpoint are largely nonexistent.

That being the case, a behavior analyst who is interested in reading about gambling behavior and its treatment must look to work done by individuals who take other philosophical perspectives. There are numerous reasons for a behavior analyst to be interested in gambling. Such behavior has become increasingly widespread. As of 1999, 48 U.S. states had some form of legal-

ized gambling (MacLin, Dixon, & Hayes, 1999). The number of pathological gamblers has also increased. Some researchers have argued that 1.5%, if not more, of the adult population in North America exhibits pathological gambling behavior (Shaffer, Hall, & Vander Bilt, 1999). Gambling has become such a concern that twice in the past 30 years (1976 and 1996) the United States government has formed national commissions to assess gambling's impact on society.

When looking for literature on gambling, Ladouceur et al.'s (2002) book is certainly a reasonable option. Ladouceur has been a leading contributor to the literature on gambling behavior for nearly 20 years (e.g., Ladouceur & Mayrand, 1984). Furthermore, many of the variables he has investigated would immediately be deemed relevant by those in the field of behavior analysis (e.g., order of stimulus presentation, Ladouceur & Sevigny, 2002; response cost, Jacques, Ladouceur, & Ferland, 2000).

The book is an ambitious undertaking. What Ladouceur et al. attempt is a book on gambling and gambling behavior that will be of use to instructors,

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researchers, practitioners, and laypeople. The result is a readable, 183-page book that contains a little something for everyone, including behavior analysts. As one would expect from a book designed for a wide audience, however, specialists in any one area will find discrepancies and inaccuracies in its coverage.

The tone of the book is set early. The authors state on the first page that "gambling becomes a disease or addiction that manifests itself as an irrepressible impulse to wager money" (p. 1). Behavior analysts rarely subscribe to the disease model of behavior disorders. Therefore, this statement is a somewhat troublesome start. It does, in fact, foreshadow other questionable claims and statements. To their credit, however, the authors do a reasonable job of explaining the rationale behind their statements. The reader is thus allowed to weigh their merits accordingly.

Understanding and Treating the Pathological Gambler is divided into eight chapters and two appendixes. The first chapter is the broadest. It starts with the history of gambling beginning with the ancient Greeks and quickly progresses to modern times. It then covers the myriad games of chance and the different roles they may serve (e.g., entertainment, fund raising for worthy causes). It also introduces the topic of why people gamble, focusing mainly on Langer's (e.g., 1975) "illusion of control." This illusion is one of the main themes of the book, which is basically that gambling behavior is maintained by "active" participation. In behavior-analytic terms, one could potentially conceptualize the "illusion of control" as a failure to discriminate that the behavior required by the game of chance is not instrumental in determining the exact consequence (i.e., winning or losing). Relatedly, one could also conceptualize it as a form of superstitious behavior (Skinner, 1948).

The second chapter covers the different theoretical approaches taken toward studying gambling. It provides

relatively short overviews of the psychoanalytic (e.g., unconscious desires, psychological vulnerability), physiological (e.g., biological predispositions, beta-endorphin release), behavioral (e.g., monetary gain), cognitive (e.g., false beliefs), and cognitive-behavioral (i.e., integrating behavioral and cognitive aspects) approaches to pathological gambling. Ladouceur et al. classify themselves as cognitive-behavioral psychologists. Not surprisingly, then, the overviews in chapter 2 are most favorable to the cognitive-behavioral, cognitive, and behavioral views, in that order.

The third chapter discusses how pathological gambling is assessed. It begins with the criteria for diagnosis found in the *Diagnostic and Statistical Manual of Mental Disorders IV* (American Psychiatric Association, 1994). There are 10 behavioral and cognitive symptoms one could potentially exhibit, and pathological gambling is the diagnosis if the individual exhibits at least five of them. The chapter also discusses the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987), which is probably the most widely used diagnostic tool for identifying problematic gambling behavior. The SOGS is a 20-item survey designed to document the person's gambling history. A score of 3 or 4 is suggestive of problem gambling, 5 or more is indicative of pathological gambling, and 9 or more suggests severe gambling problems. The remainder of the chapter attempts to inform the reader as to how pathological gambling is related to other potential psychological and behavioral disorders (e.g., substance dependence).

In chapter 4, Ladouceur et al. lay the groundwork for the potential treatments that will be suggested later in the book. This chapter covers the cognitive fallacies that the authors claim are the underlying cause of pathological gambling. It addresses negative winning expectancies (i.e., the fact that the rate of return on games of chance is below 100%), independence of turns

(i.e., the idea that the outcome of each gamble is independent of the outcome of the previous ones), and the illusion of control (described above). Within behavior analysis, these topics would largely be considered under the label of rule-governed behavior. Indeed, rule-governed behavior is one of the few topic areas on which one will find behavior-analytic research related to gambling (Dixon, 2000).

Chapters 5 and 6 cover cognitive and behavioral treatments of pathological gamblers, respectively. The cognitive treatments focus on addressing the fallacies presented in chapter 4. In short, the therapist's goal is to bring the person's behavior under the control of the accurate "rules" of gambling. The authors describe several exercises to aid in accomplishing this goal and provide the reader with transcripts from therapy sessions to document the need and success of the exercises. The behavioral treatments focus on training the gambler to identify (and avoid) what behavior analysts will recognize as establishing operations (e.g., Michael, 1993) and discriminative stimuli for gambling. Examples of these include receiving bills, being intoxicated, or being in the vicinity of a casino.

The penultimate chapter is a short one that deals with issues of relapse. It starts with a case study and proceeds with general comments and suggestions on how to prevent relapse or deal with it once it occurs. The final chapter attempts to address some of the difficulties one could potentially encounter when treating a pathological gambler. This chapter draws on the obviously extensive experience of the authors. Two appendixes complete the book. The first provides the reader with the SOGS. The second is the format for a diagnostic clinical interview with a potential pathological gambler.

Although the book introduces the reader to the history of the problem and alludes to the vast amount of research on gambling that has been conducted, it is primarily applied in nature. The naive reader is introduced to the

issues of assessment and diagnosis of pathological gambling, and the experienced reader is supplied with models for therapy and (potentially) avenues for research. For instance, providing the SOGS and an outline for a clinical interview makes the book a handy resource. Furthermore, the excerpts from therapy sessions and the potential exercises provide good examples of rule-governed (or *misgoverned*, as in the case of the illusion of control) behavior, as well as the contingencies that can potentially be employed to modify the client's behavior.

Despite its many positive qualities, the book does suffer in a number of ways. First and perhaps foremost, it contains a number of philosophical inconsistencies. For instance, the authors are inconsistent on whether pathological gambling is a disease or a learned behavior. As noted above, the book immediately informs the reader that gambling is a disease or an addiction. However, the authors then proceed to firmly support a cognitive-behavioral approach to gambling and its treatment. Thus, on the one hand, the authors make claims that a major goal of therapy is long-term abstinence (p. 11), that clients need to recognize that their passion for gambling "makes them different from the occasional gambler" (p. 94), and that relapse becomes an issue once the gambler has "attained complete abstinence from gambling" (p. 139), all of which imply that pathological gambling is a stable trait that therapy will never alter (i.e., a disease). Then, on the other hand, they provide lengthy discussions that are devoted to how the therapist can help (in behavior-analytic terminology) to establish stimulus control over the clients' rule- and contingency-governed behavior through therapy. Such discussions implicitly support the view that pathological gambling is learned. This inconsistency does not diminish the functional value of the book, but does serve as a theoretical distraction.

The authors also oscillate throughout the book on the issue of determin-

ism. Because this issue is commonly addressed in the field of behavior analysis (e.g., see Chiesa, 1998; Moxley, 1998; Palmer, 1998; Schaal, 1998), a behavior analyst will immediately notice its unsteady application. For instance, the authors state "In our opinion, excessive gamblers attain success when they are able to experience the urge to gamble, all the while knowing why *they refuse to give in to it* [italics added] once more" (p. 95), "Consuming alcohol or drugs *can greatly reduce the willpower* [italics added] to resist gambling" (p. 134), and "Realizing the actual consequences of excessive gambling thus requires *a strong dose of determination and renunciation* [italics added] of past ideas and activities" (p. 139). Each of these statements places control over the gambler's behavior in the gambler, a position seemingly at odds with the authors' argument that the therapist can modify the gambler's behavior. Again, this inconsistency does not reduce the utility of the proposed treatments, but it does make one question the rules governing the authors' behavior.

Other minor concerns include the authors' less than strict reliance on empirically collected evidence in the assessment and treatment of gambling behavior. That is, although the authors claim to staunchly support a scientific, empirically based approach to pathological gambling, they are more than willing to let practitioners' judgments guide assessment and treatment. For example, when discussing how assessment interviews should be conducted, they recommend, "At all times, the therapist's clinical judgment should determine the accuracy and weight of 'responses' to these criteria" (p. 41). This type of judgment is assuredly standard practice within the clinical field, but it does little to identify the functional relations between the environment and gambling behavior. Of course, determining such relations would benefit from the use of a functional analysis (e.g., Iwata, Dorsey, Slifer, Bauman, & Richman, 1982/1994), one of the most

powerful tools in the arsenal of behavior analysis. Such analyses have yet to be applied to gambling behavior.

Lastly, the book's potential to prompt behavior change in the reader is diminished by the fact that the entire book is devoid of a single citation. And the absence is complete. That is, the book also has no reference list or bibliography. This fact is disturbing for several reasons. It eliminates the reader's ability to identify and secure articles relevant to his or her own personal interest. It also eliminates the reader's ability to check the authors' sources for accuracy. Given the authors' scholarly histories, this omission is difficult to understand.

Again, however, it is difficult to criticize the book given that it is quite likely the best, and even the most behavior-analytic, gambling book on the market. As noted above, the systematic study and treatment of gambling have yet to occur within behavior analysis. Thus, it is fortunate that Ladouceur et al. promote treatments that can be conceptualized in behavior-analytic terms. In a nutshell, the proposals of Ladouceur et al. can be translated as follows: Pathological gambling emerges because behavior comes under the control of rules that increase the likelihood of gambling (e.g., "you can control the outcome of the game"). Because the contingencies of the game ensure losses with continued play, the increase in gambling ultimately leads to losing. Losing, in turn, helps to erode the reinforcing conditions for other behaviors that could potentially compete with gambling (e.g., the loss of money required to engage in other activities, deterioration of the person's social network, etc.). The lack of alternative sources of reinforcement leads to more gambling, and so on. The proposed treatment is to recondition the individual's behavior so that it is governed by accurate rules, to teach social and problem-solving skills that will bring about and maintain alternative behaviors that compete with gambling, and to train discrimination and avoidance

of establishing operations and discriminative stimuli that may increase the likelihood of gambling behavior (i.e., relapse).

These proposals are behavior-analytically sound. However, behavior analysts might approach treatment differently than Ladouceur et al. do. For instance, in discussing relapse, the authors suggest that recovering gamblers should avoid (or escape from) being in the vicinity of a gambling establishment. Although this advice implicitly recognizes the power of the environment to control behavior, it may not be the best advice. It is possible that such environmental control is, at least partially, respondent in nature. If so, it may be the case that conditioned compensatory responses play a role in the maintenance of pathological gambling, much as they appear to in drug abuse (e.g., see Siegel & Ramos, 2002). For instance, if past gambling has produced pleasurable increases in physiological arousal and the gambling establishments or stimuli found in and around them have reliably preceded such arousal, then their presentation may result in physiological changes in the opposite direction of arousal (i.e., helping to compensate for the upcoming increases in arousal that will occur when gambling). Such changes would potentially set up the situation where gambling behavior is actually negatively reinforced because, by gambling, this opposite physiological state is eliminated. Although it is speculative, the criteria for pathological gambling include withdrawal- and tolerance-like symptoms, suggesting that this description may have credence. Indeed, if such a description were to match reality, then it would be counterproductive to advise the client to avoid gambling establishments. Instead, one would use gambling situations or the stimuli associated with them in a cue-exposure treatment to decrease the conditioned responses that might contribute to problem gambling.

It is also possible that behavior analysts can expand on the treatments

proposed by Ladouceur et al. The authors point out that "Overall, there are no miracle or perfect solutions to any one problem" (p. 136), thus recognizing that each client comes to the situation with a unique personal history and faces unique situations in the course of treatment. The authors proceed to offer some tips on how the client and therapist might face these situations, such as joining Gamblers Anonymous, carrying a picture of a loved one to refer to in difficult situations, trying to plan alternative activities while avoiding periods in which there is little or nothing to do, attempting to engage in new activities, and identifying concrete short- and long-term life goals. These tips resemble those that have been given by behavior analysts over the years as ways to increase self-control (i.e., choosing a larger delayed alternative over a smaller, more immediate one; e.g., Rachlin, 1974), suggesting that behavior analysts who study self-control could potentially make a large contribution to the treatment of gambling behavior.

These tips also implicitly acknowledge that behavior is relative. That is, they identify gambling as choice behavior that is sensitive to alternative sources of reinforcement. Behavior analysts have founded treatments for other problem behaviors based on this idea. For instance, contingency-management interventions (e.g., Higgins & Silverman, 1999; Silverman et al., 2002) have been employed in the treatment of drug abuse. These interventions involve monitoring drug-taking behavior, reinforcement (typically in the form of money) of non-drug-taking behavior, a response-cost contingency associated with relapse, and eventual graduation to naturally occurring alternative reinforcement so that relapse becomes less likely when the intervention is ended. In the treatment of drug abuse, these types of interventions have proven to be quite effective, albeit less than universally successful. Thus, one could speculate that contingency-management interventions may

have some use in the treatment of pathological gambling. At a theoretical level, the success rate should mimic that obtained in treating drug abuse. Practically, however, several obstacles unique to gambling may hinder the use of such interventions. For example, whereas a breath, blood, or urine sample may serve as a reliable indicator of recent drug use, a similarly reliable measure for recent gambling behavior does not exist.

In closing, Ladouceur et al.'s book provides useful and practical information on gambling behavior that can be interpreted in behavior-analytic terms. Furthermore, the book's faults help to identify areas in which behavior analysts could make unique contributions to the gambling literature. In short, until behavior analysts focus their attention on the study and treatment of gambling behavior, this book will, and should, remain recommended reading.

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