A number of reviews of the efficacy of psychological treatment for problem gambling have been conducted. These considered the effectiveness of:

- **Cognitive Therapy**: Aims to identify dysfunctional thoughts that maintain the desire to gamble or promote gambling behaviours. These are modified or corrected through cognitive restructuring techniques.
- **Behavioural Therapy**: Based on classical and operant principles of learning. This aims to reduce arousal and excitement associated with gambling. Behavioural therapies may include aversion therapy, systematic desensitisation, in vivo exposure and imaginal relaxation.
- **Cognitive Behavioural Therapy**: Combines elements of both cognitive and behavioural interventions. It involves identifying dysfunctional thoughts and modifying these through cognitive restructuring and behavioural methods for reducing arousal associated with gambling (Anderson, 2011; Pallesen, 2005).

Compared to no treatment, cognitive, behavioural and cognitive-behavioural therapy have been shown to be effective in reducing the severity of pathological gambling, reducing gambling behaviours (Gooding & Tarrier, 2009), or achieving abstinence from gambling (Oakley & Browne, 2004), both in the short term (immediately post treatment) and the long term (up to 24 months post treatment; Gooding & Tarrier, 2009; Oakley & Browne, 2004; Pallesen, 2005).

Cognitive and Behavioural therapies have been found to be effective regardless of preferred type of gambling, suggesting an underlying mechanism behind reasons for gambling (Gooding & Tarrier, 2009).

The evidence base for treatment of problem gambling remains limited. Despite the research reporting positive outcomes for treatment, these results should be interpreted with caution, as there are some methodological flaws that should be addressed with future research. Some of the randomized controlled outcome studies: did not meet all of the fundamental requirements for an RCT (Link to commonly used research terminology document); used inconsistent definitions of problem or pathological gambling and the objective of the treatment interventions; mainly focuses on dichotomous outcomes such as abstinence vs. non-abstinence, ignoring aspects such as reduced frequency or urges; and did not include drop out’s from treatment in their data hence inflating the efficacy of the treatment (Blaszczynski, 2005).

A Cochrane review of the efficacy of Motivational Interviewing, Motivational Enhancement Therapy and Brief Interventions in the treatment of problem gambling is currently underway. When the findings are released we will make this information available.