

CASE STUDY OF PATHOLOGICAL GAMBLING

Beth is a 39-year-old secretary working in a large accounting firm. She is married but her six-year relationship with her husband is becoming increasingly distant as he is preoccupied with his busy legal practice. On one occasion, she was invited out to lunch at the local club to celebrate the office typist's birthday. The group decided to play the poker machines and she won a \$500 jackpot. Over the following weeks, she attended the club with her colleagues for lunch but then tended to return for an hour or two after work to relax. She loved the excitement and prospect of winning. Gambling also distracted her from her unhappiness and helped her to avoid coming home to an empty house. She began steadily losing more on the machines and decided to play more in an attempt to regain some of her losses. Several times after a run of losses, she promised herself she would stop. However, during work she was preoccupied with thoughts of playing, and each lunchtime and after work experienced an uncontrollable urge that led her to play the machines. She began making excuses and lying to her husband to explain her shortage of money and constant need to borrow from him. The couple began to have arguments over their financial situation.

In desperation, she began taking small amounts of money intermittently from the firm's petty cash to gamble after work, returning it from winnings the following day. She did this successfully about five times but then lost the money she had taken. She increased the frequency and amount taken from petty cash in an attempt to win a large jackpot and return the firm's money. She became increasingly depressed and started to consume increasing amounts of alcohol. The marital conflict escalated as she returned home late from work, at times under the influence of alcohol. Her husband accused her of having an affair and the marriage deteriorated.

On returning to work after an absence due to illness, she was called into the chief accountant's office and confronted with a charge of having embezzled over \$25,000 from petty cash. She did not realise the extent of the theft she had perpetrated.

Beth was referred to a clinical psychologist for treatment of her depression and high risk for suicide in the aftermath of her termination from work, and having to disclose her problems to her husband and her parents. Once her risk of suicide had reduced, she commenced a course of cognitive behaviour therapy designed to reduce her gambling behaviour. This was

supplemented by marital therapy aimed at reducing her loneliness, which acted as precipitant for her gambling episodes. At an assessment one year after she completed treatment she had ceased gambling and the couple's relationship was improving but still strained over financial pressures. Her husband had borrowed money from his parents to repay the amount stolen and was resentful of this. She was charged by the police, convicted, and given a three-year good behaviour bond. Given her criminal conviction, she had difficulty obtaining work.