

# knowledge snapshot



## Acceptance and commitment therapy for gambling disorder and PTSD in veterans

### What this article is about

Post-traumatic Stress Disorder (PTSD) and Gambling Disorder (GD) often occur together. Research suggests that gambling may be used by people with PTSD as a way to 'escape' negative psychological symptoms and intrusive memories of trauma. Thus, gambling may serve as a form of coping and avoidance for people with PTSD.

A population at an increased risk for PTSD are members of the military. However, generally, GD within the military is under researched. One study found that in the United Kingdom, veterans were eight times more likely to meet the criteria for GD. Veterans were also more likely to report not seeking help for GD. The reasons might include perceived stigma surrounding mental health, education and awareness relating to GD, and accessibility of mental health resources. To meet the mental health needs of military populations, it is important to research treatment methods that can work to decrease symptoms of PTSD and/or GD.

Acceptance and Commitment Therapy (ACT) is a form of therapy that has been found to improve symptoms of PTSD and GD. ACT is a behaviour therapy with the ultimate goal to increase a person's ability to connect with and accept their psychological and emotional experiences. ACT promotes the 'avoiding of avoidance' by encouraging patients to face their uncomfortable emotions. It also aims to change how people relate to troubling experiences and emotions.

The purpose of this research was to review the current literature and research base on the use of ACT to treat PTSD and/or GD in military populations.

### What was done?

### Why is this article important?

Post-traumatic Stress Disorder (PTSD) and Gambling Disorder (GD) frequently co-occur. It has been suggested that people with PTSD use gambling as a form of 'escape' from the negative memories of trauma. One population at a high risk for PTSD are military personnel. The researchers reviewed current research on the use of Acceptance and Commitment Therapy (ACT) to treat people with PTSD and/or GD in the military. The authors found 14 studies that met their review criteria. Only one study addressed GD, and no studies looked at both GD and PTSD. The findings of the studies suggest that ACT may be an appropriate and effective method for reducing both PTSD and GD symptoms. This review highlights the importance of conducting more studies on ACT as a treatment for veterans and active military personnel with PTSD and/or GD.

The authors searched six research databases. They aimed to find studies that featured the armed forces/military personnel; focused on ACT or included an ACT component; and aimed to improve PTSD and/or GD symptoms. Studies must be published in peer-reviewed journals and written in English.

The researchers reviewed the titles and abstracts of the identified research studies. They fully assessed 39 studies for eligibility. Finally, they included 14 studies in their review. The authors examined data from the articles, including study aims, information about the participants, country of origin, study design, study findings, and implications. The authors used narrative synthesis to summarize the findings of these studies.

## What you need to know

All 14 studies included in the review originated from United States, and 9 were directly associated with the United States Department of Veteran Affairs. The small number of studies suggests that more research needs to be conducted in this area.

Nine studies included less than 50 participants. There were three case studies with three participants or fewer. Across the studies, most participants were men (86%). Only one study examined was specific to GD, and no study addressed PTSD and GD together. All 14 studies addressed PTSD. However, the studies varied in how they assessed PTSD, and some studies did not include details on the screening tools used.

All studies found that ACT led to a reduction in PTSD or GD scores. Studies that compared ACT to an alternative form of therapy found that ACT was the superior form of therapy, aside from one study. The study that found no difference between ACT and a comparative therapy did still see a reduction in PTSD symptoms; it was just an equal reduction. The broad range of study designs used, however, made it difficult to compare overall findings. The researchers were also unable to examine which method of ACT delivery was most helpful (e.g., app-based, in group, or one-on-one). Moreover, app-based therapy tended to be unstructured, while in-person therapy tended to be based on manualized versions of ACT to guide the therapy. Additionally, therapy duration varied widely across studies, ranging from a one-hour, single-session workshop to a length of 19 weeks.

A significant finding in this review is that there is limited research on ACT for PTSD and GD in military personnel. More research is needed on this topic, along with the most effective delivery format of ACT.

## Who is it intended for?

This research can be used to inform scholars and treatment providers about the usefulness of ACT as a therapy for co-occurring PTSD and GD in military personnel. As this research area is currently under-researched, it is essential that researchers conduct studies in this area. In particular, there is a need for studies with a larger number of participants, longer

follow-up, and participants from military services outside of the United States.

## About the researchers

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