What this research is about

Gambling disorder (GD) is a common issue among military veterans. Mental health conditions that are linked to gambling problems are also common among veterans. These include depression, anxiety, post traumatic stress disorder (PTSD), and substance abuse. Little is known about the common clinical characteristics of treatment-seeking veterans with GD and the severity of their symptoms.

There is also no research to date that examines the extent to which veterans with GD have gambling-related cognitive distortions. Cognitive distortions are erroneous beliefs that gamblers may have. They are important to consider in the development, progression, and treatment of GD. They include the beliefs in luck, illusions of control (the belief that one can influence the outcomes of events based on chance), and the gambler’s fallacy (the belief that future outcomes can be predicted on the basis of past outcomes). The current study is the first to examine how problem gambling severity and gambling-related cognitive distortions impact life functioning in U.S. veterans seeking treatment for GD.

What the researchers did

Participants were 61 U.S. veterans seeking treatment for GD at the Bedford VA Hospital in Massachusetts. Each veteran completed a clinical interview. The interview captured social, financial, and demographic information. It also assessed the veterans’ gambling problems; gambling urges, thoughts and behaviours; severity of GD symptoms; gambling-related cognitive distortions; and impulsivity. Impulsivity included three aspects: 1) attentional (not being able to focus attention); 2) motor (acting without thinking); and 3) non-planning (lack of future planning). The interview also assessed the degree to which the veterans had impairment in daily life, including work/school, social life, and family life/home responsibilities.

The researchers first described the demographics, mental health conditions, gambling behaviours, and problem gambling severity among the veterans. Then, they examined associations between problem gambling severity, cognitive distortions, impulsivity, and daily functioning. Lastly, the researchers examined how problem gambling severity and cognitive distortions might impact overall daily functioning among the veterans.

What the researchers found

Of the 66 veterans, only one woman sought treatment for GD within this study. This suggests that barriers to accessing treatment may exist for women veterans with GD.
Less than 7% of the veterans had previously sought treatment for their gambling problems. This suggests a low rate of treatment-seeking behaviour among veterans with GD. Treatment-seeking veterans with GD had problems in social and occupational functioning. Most (88.5%) of the veterans were not in a relationship, with 69% either being separated or divorced. Only 30% of the veterans were in competitive employment. Most veterans reported low incomes, with many relying on family for support.

Treatment-seeking veterans with GD also had high rates of other mental disorders. The most common co-existing disorders were substance use (alcohol and tobacco), depression, and PTSD. Almost 14% of the veterans had suicidal thoughts at some point in their life. Veterans with more severe gambling problems reported more gambling-related cognitive distortions, as well as more impairment in daily functioning.

Problem gambling severity and daily functioning were not related to overall impulsivity among the veterans. However, veterans with higher motor impulsivity (acting without thinking) had more severe gambling problems. Veterans with poor ability to plan had more gambling-related cognitive distortions.

The best gambling-related predictor of impairment in daily functioning was not the severity of gambling problems, but the severity of cognitive distortions related to gambling. Veterans who believed more in luck and ability to control gambling outcomes experienced more impairment in daily functioning.

**How you can use this research**

This study suggests that clinicians may want to screen veterans for problem gambling behaviour and gambling-related cognitive distortions. Doing so could help identify veterans in need of earlier intervention, which could lead to better treatment outcomes. Also, treatment providers may want to address cognitive distortions among veterans with GD. Cognitive distortions are likely to be an important factor in the successful treatment of GD and improvement of life functioning.

**About the researchers**

Steven D. Shirk, Megan M. Kelly, Shane W. Kraus, Kendra Pugh, Edward Federman, Christopher Krebs, and Charles E. Drebing are affiliated with the Edith Nourse Rogers Memorial Veterans Hospital in Massachusetts. Steven D. Shirk, Megan M. Kelly, and Shane W. Kraus are also affiliated with the University of Massachusetts Medical School. Marc N. Potenza is affiliated with the Departments of Psychiatry and Neuroscience at the Yale University School of Medicine in Connecticut. Christopher Waltrous and Charles E. Drebing are affiliated with the Boston University School of Medicine in Massachusetts. For more information about this study, please contact Steven Shirk at steven.shirk@va.gov.

**Citation**


**Keywords**

Gambling disorder, problem gambling, veteran, cognitive distortion, comorbidity, functioning

**Gambling Research Exchange Ontario (GREO)**

Gambling Research Exchange Ontario (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in responsible gambling policies, standards and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

Learn more about GREO by visiting greo.ca or emailing info@greo.ca.