

research snapshot

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A case series study of U.S. veterans receiving a mindfulness intervention for gambling disorder

What this research is about

Behavioural addictions are when someone persistently engages in a behaviour despite negative consequences. Gambling disorder (GD) is a type of behavioural addiction. GD can result in physical, mental, social, and financial consequences. Some people may be at higher risk of developing GD. For example, veterans are more likely to experience GD than the general population. Veterans are also likely to experience GD in combination with other disorders. These disorders include posttraumatic stress disorder (PTSD), anxiety, depression, and alcohol use disorders.

Mindfulness interventions have been used to treat many different disorders. Mindfulness-Based Relapse Prevention (MBRP) was developed to treat substance use disorders. MBRP focuses on being aware of cravings without reacting to them or judging yourself for having them. It also teaches how to prevent relapse. This study examines whether MBRP is a potential treatment for veterans with GD.

What the researchers did

This study involved three U.S. military veterans who were receiving outpatient mental health care at the Behavioral Addictions Clinic at a Department of Veterans Affairs hospital. These veterans were diagnosed with GD at an initial intake appointment. The veterans then attended the MBRP intervention at the clinic.

The researchers did not make any direct contact with the three veterans who participated in the study. Instead, the researchers used assessments that the veterans completed as regular parts of their clinical care. These assessments included:

What you need to know

Veterans are at high risk of developing gambling disorder (GD). Mindfulness interventions can help treat GD in the general population, but they have not been tested on veterans specifically. This paper reviews a case series study of three veterans with GD who received Mindfulness-Based Relapse Prevention (MBRP). Overall, the participants reported gambling less often and craving gambling less often after the intervention. They also showed improvements in mindfulness, impulsive tendency, and emotion regulation. So, MBRP may be an effective treatment for veterans with GD. However, larger studies are needed to fully demonstrate whether it is effective.

- Gambling behaviour: gambling frequency, craving intensity, and craving frequency.
- Cognitive and affective mindfulness scale - revised (CAMS-R): attention, focus on the present, awareness, and acceptance of thoughts.
- Short-UPPS-P impulsive behaviour scale (SUPPS-P): acting rashly when feeling strong positive or negative emotions, lack of premeditation, sensation seeking, etc.
- Difficulties in emotion regulation scale (DERS-SF): difficulties with goal-directed behaviour, impulse control, emotional awareness, etc.
- Cognitive and physical functioning.
- Disability: disruption to work/school, social life, and family/home life responsibilities.

After the initial assessments, the three veterans attended nine group sessions of MBRP. The first session was added to provide education about

different types of behavioural addictions and their common mechanisms. In subsequent sessions, group members used mindfulness practices to help them be aware of and overcome their cravings. For example, they identified high-risk situations for relapse. They also imagined being exposed to cravings and not reacting to them, as well as learning skills to handle their cravings. Group members did not have to disclose details about their addiction at the sessions. Instead, they talked about their experiences more generally.

After the sessions, the veterans completed the same assessments they completed before the sessions. The researchers then compared their scores from before to after the MBRP treatment to see if they improved.

What the researchers found

Veterans who participated were men between 46 and 57 years old. All began experiencing gambling problems when they were in their teens or early twenties. All had additional disorders such as anxiety, PTSD, and substance use disorders. One was homeless and another was at-risk of becoming homeless.

After the MBRP sessions, the veterans reported decreases in gambling behaviour and in the frequency of gambling cravings. However, there was no clear pattern of change in the intensity of cravings. In addition, the veterans reported feeling that they were better able to handle their cravings.

The veterans also showed increases in their mindfulness. At the same time, they decreased in their impulsive tendency and improved on their emotion regulation. Finally, all three veterans improved on cognitive and physical functioning. Additionally, one veteran improved on social life and family responsibilities.

How you can use this research

This research suggests that MBRP may be an effective treatment for GD in veterans. The researchers noted one strength of MBRP is that participants do not have to discuss their gambling behaviours at the sessions. So, veterans may feel comfortable participating since they do not have to discuss specific behaviours they

may feel ashamed of. The researchers suggest future studies test this intervention in a larger sample of veterans. This will provide evidence on whether MBRP is truly effective for veterans with GD.

About the researchers

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Citation

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