Mindfulness-Based Relapse Prevention for behavioral addictions: A preliminary analysis of an ongoing randomized controlled trial

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Background

Mindfulness based interventions (MBI) can potentially improve impulsivity, alexithymia and emotion regulation. The aim of this study is to explore the efficacy of MBI in improving these factors in Gambling Disorder (GD) and Hypersexual Disorder (HD) and to analyze differences between both groups.

Method

The sample comprised GD and HD patients (n=12) who were assessed according to the DSM-5 criteria and received outpatient treatment at the Behavioral Addictions Program within the Addictive Behaviors Unit of a public hospital. The MBI for GD consisted in 14-weekly outpatient Mindfulness Enhanced-Cognitive Behavioral Therapy group sessions, 8 sessions wich consisted of Mindfulness-Based Relapse Prevention program (MBRP). The MBI for HD consisted in individual CBT sessions and 8-weekly MBRP group sessions. GD patients were obtained from a randomized controlled trial. Main outcomes were GD and HD DSM-5 Criteria, Toronto Alexithymia Scale (TAS-20; Bagby, Parker, & Taylor, 1994), Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) and UPPS-P Impulsive Behavior Scale (Lynam et al., 2006). Repeated measures ANOVA was realized based on a mixed model of one between-subjects factor (type of behavioural addiction) with two categories (GD and HD) and one within-subjects factor (time factor) with two repeated measures (pre- and post-treatment assessments).

Table 1. MBRP common sessions to HD and GD.

SESSION NUMBER	CONTENT SESSION
1	Automatic Thoughts and Relapse
2	Trigger Awareness and Craving
3	Mindfulness in daily life
4	Mindfulness in high-risk situations
5	Acceptance and Competent Action
6	Seeing thoughts as thoughts
7	Self-care and balanced life-style
8	Social Support and Practice Maintenance

Results

Results showed statistically significant differences between GD and HD groups in TAS Identification scale both in time effect [$F(1, 10) = 4,972$; $p = 0,049$; partial $\eta^2 = 0,332$] and in time X group interaction [$F(1, 10) = 4,972$; $p = 0,049$; partial $\eta^2 = 0,332$]. Differences were also statistically significant for the UPPS-P Negative Urgency scale in the time X group interaction [$F(1,10) = 6,079$; $p = 0,033$; partial $\eta^2 = 0,378$]. No significant differences were found in the remaining measures.

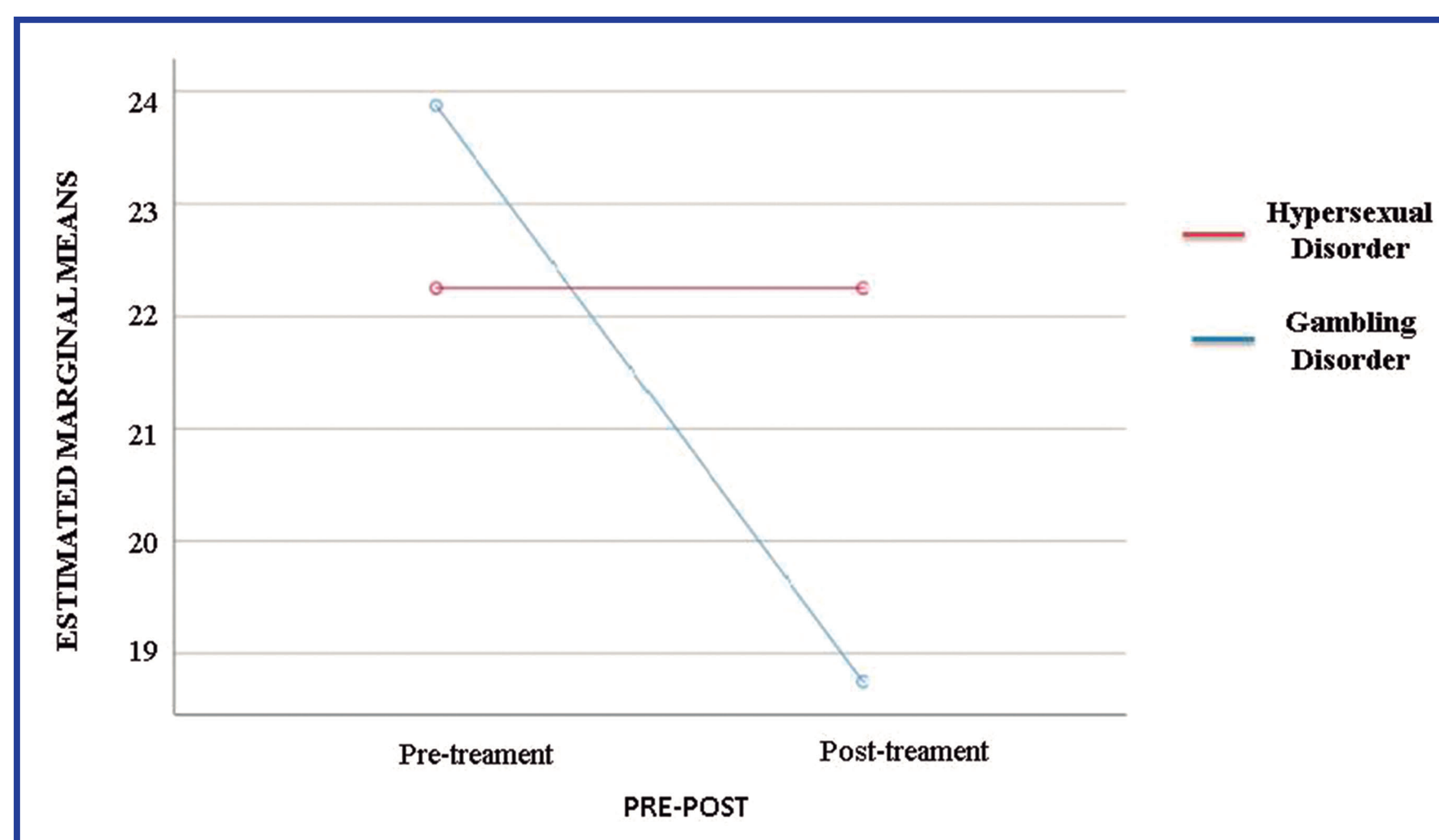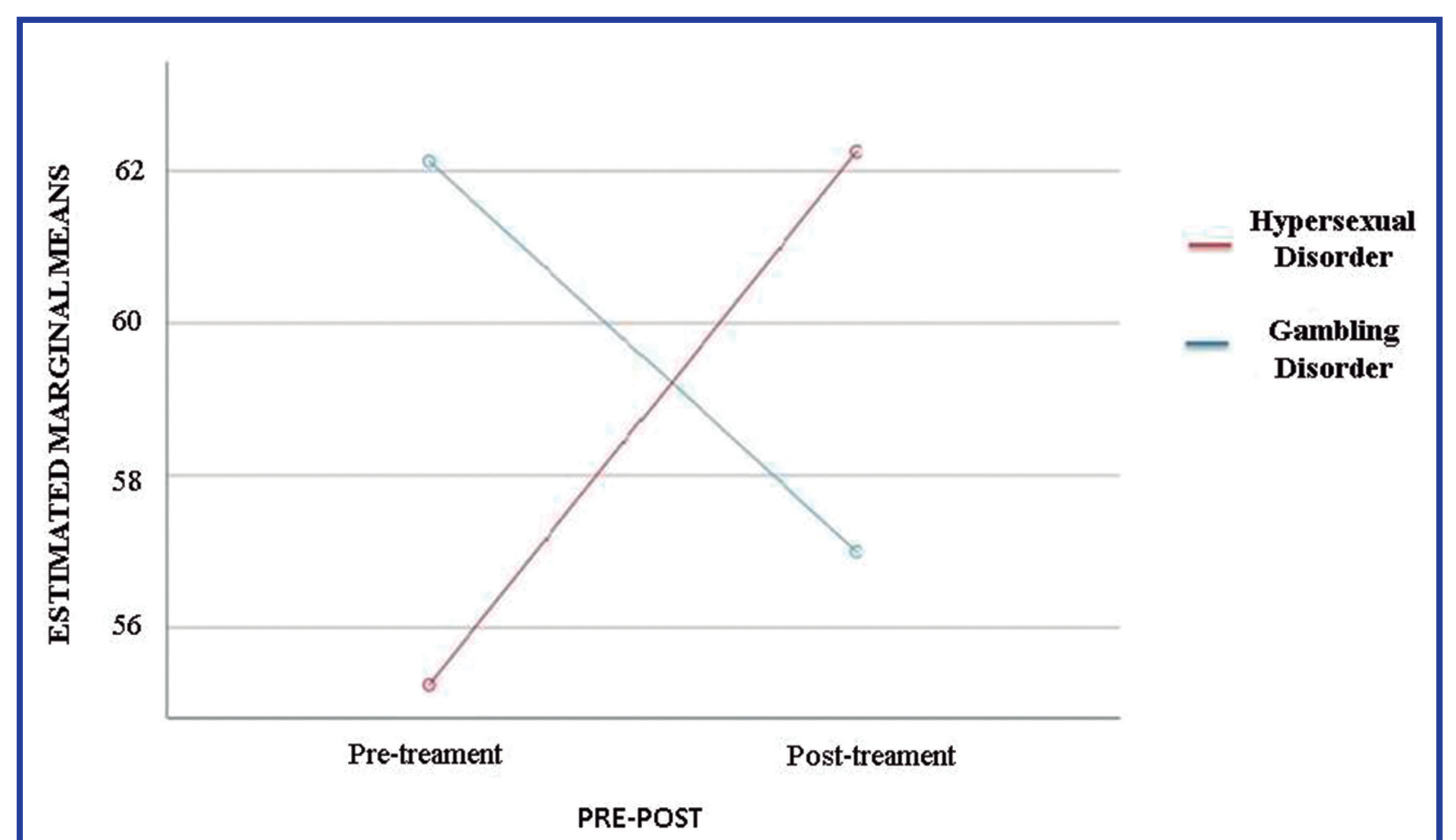**Figure 2. Differences for TAS Identification Scale.**

Figure 2. Differences for UPPS-P Negative Urgency.

Discussion

Preliminary results of the present study showed that mindfulness-based treatment improved the tendency to act rashly when distressed and the the ability to identify emotions in GD but not in HD. However, the differences observed between groups can be explained by the small sample size and we aim to re-run the analyses once the sample is bigger.