In the last few years, mindfulness-based therapies have reached a spectacularly increasing popularity, several new books in the topic are being published year after year. There is now a lot of evidence for the effectiveness of different kinds of mindfulness-based therapies in the treatment of addictions (e.g. Hayes & Levin, 2012), and numerous self-help books (e.g. Williams & Craft, 2012) have also been published in the topic. So why is this current book special or more than the former ones?

The Mindfulness-based sobriety: A clinician’s treatment guide for addiction recovery using relapse prevention therapy, acceptance and commitment therapy, and motivational interviewing introduces a comprehensive approach for the treatment of different kinds of addictions; as the title declares, the framework of mindfulness-based sobriety (MBS) incorporates the elements of acceptance and commitment therapy (ACT), relapse prevention therapy (RPT) and motivational interviewing (MI). MBS is an integrated approach because it does not require a shift from one model to another, but has a single, unifying process. Mark Twain once said that “giving up smoking is the easiest thing in the world. I know because I’ve done it thousands of times.” This somewhat sarcastic quote highlights the fact that action cannot be easily converted to sustained and draws attention to the problem of lapses and relapses which are very common during the treatment of addictions. MBS pays attention to the discussion of lapses and relapses with patients and focuses on maintaining sobriety through the enhancement of awareness and exploration of individuals’ values.

The authors are very experienced clinicians and experts of the field. The first author, Nick Turner, is a clinical supervisor, a licensed clinical social worker (LCSW) and a certified alcohol and drug counselor (CADC). He is currently working at Gateway Foundation, in Chicago, IL and at the University of Chicago. Turner has worked in both outpatient and residential mental health and substance abuse settings with children, adolescents, and adults. Phil Welches, PhD, is a clinical psychologist and the clinical director for Gateway Foundation’s community services division. He is the past director of two non-profit addiction treatment centers and he provides therapy for substance abuse and mental health problems using a collaborative mindfulness-based approach. They are members of the Association for Contextual Behavioral Science and the Motivational Interviewing Network of Trainers. Sandra Conti, MS, received her master’s degree in clinical psychology from Benedictine University. Conti was formerly a substance abuse counselor at Gateway Foundation’s Aurora, IL, and she is currently working with Guided Path Psychological Services in Palatine, IL, where she provides individual and group counseling for clients with mental health issues and substance abuse problems.

The MBS model presented by the authors is aimed to help clients with addictions to achieve sobriety through the enhancement of awareness, the acceptance of the experiences and the clarification of values. It is based on three evidence-based programs – all of them registered in the National Registry of Evidence-Based Programs and Practices – moreover, there is a separately conducted pilot study for both residential and intensive outpatient (IOP) care. According to this study, 63.4% of the clients successfully completed treatment compared to an average statewide rate (49.2%) for IOP patients.

The book consists of two parts. The first part explains the therapeutic foundation and approach thoroughly and the second part contains the detailed manuals for two levels of care: for IOP care and for residential treatment. Several appendices provide important material for the treatment sessions and a list of publications connected to the main topics of the book.

Professionals can familiarize themselves with the basics of the three contributing models in Chapter 1. Regarding ACT we can read about the six core processes of psychological flexibility which may lead to a fully lived life. The essential aspects of MI – partnership, acceptance, compassion and evocation – and its use in practice are introduced as well. Regarding RPT the analysis of high-risk situations, cognitive restructuring and lapse management among other useful aspects are highlighted.

In Chapter 2 the adaptation of MBS in different levels of care are introduced. Though criteria of patient placement can differ from country to country, the presentation of the six placement criteria of ASAM PPC-2R (American Society...
of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders) can help every practitioner to reach the highest effectiveness through treatment planning.

Some important therapeutic principles – such as the flexibility of focus and the personalization of the approach – are emphasized in Chapter 3 and there are useful tips for lapse management as well. This chapter highlights one of the greatest virtues of the concept: the MBS was designed for open-groups. This is very helpful for practitioners who often face the challenge of scheduling and maintaining a closed-group in real life. The open-group format has several advantages including cost-effectiveness and easier scheduling. In this group format, new members can learn from the experiences of the “older” members and inversely, the more experienced members can see their progress. For clients it is easier to join an open-group, when they are ready to change, and their motivation is less likely to vanish while they are waiting for a closed-group to begin.

In Chapter 4 the MBS curriculum for IOP patients is presented. This chapter contains detailed information for group and session arrangement issues (e.g. length, parts of the sessions, tools, handouts, etc.). Ten sessions with different core topics are introduced in details; the sessions are dealing with important therapeutic issues such as defusing from addiction, value-based avoidance or relationships. Because of the open-group format the topics are rotated. There are repeated parts of the sessions, including the brief review of the MBS-model, which can deepen the perspectives and enhance skills, but it is important for clinicians to be cautious and keep the redundancy at minimum to maintain the participants’ involvement.

The curriculum for residential care in Chapter 5 is as thorough as the curriculum for IOP patients. The authors emphasize the main purposes (e.g. motivation enhancement, planning) for this level of care and organize the sessions accordingly. There are twelve rotated topics for residential treatment, which are placed at the third part of a 3-hour session and which are less underlined than in the IOP curriculum. The three parts of the sessions include a two-tiered check-in, an exercise, called “important things” which concerns and unfolds important life domains and the specific topic of the day such as relapse prevention, which is the core topic of the first three subsequent sessions, role playing and drug refusal skill development – which are also recurrent topics – or spirituality which appears in session 8.

Given that the curricula is developed for open-groups the book itself is appropriate for the “open group” of readers as well. It has the same advantages as the open-group format for the patients, because every reader has different amount of knowledge and experience with mindfulness techniques, some are experts of the field and some are only in the beginning of exploring them. Though the book’s main aim is to provide a useful manual for clinicians, it can be informative for different kinds of readers.

Some challenges are still open for clinicians who will apply MBS in the treatment of addictions. One of this is the closure of the treatment for each client, which is an important task for professionals and can be crucial regarding the client’s further progress. Another topic for the future investigations is the application of MBS for clients with behavioral addictions to broaden the scope of this promising new therapeutic method.

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S. Gainsbury

Internet Gambling: Current Research Findings and Implications

Internet gambling by Sally Gainsbury provides a comprehensive and systematic overview of online gambling. Given the recent technological advancements and easy access to Internet this topic is current and very important.

The volume contains nine chapters each of which deals with Internet gambling from a different perspective. There are chapters for clinical psychologists that describe individual characteristics of online gamblers within vulnerable populations. Other chapters approach online gambling from a wider perspective providing a market overview or detailed policy recommendations. We may also read about gambling sites’ marketing strategies to acquire and retain customers.

Chapter 1 serves as an introduction to the topic; major historical milestones are described from the appearance of the first authentic gambling site in 1993 to present day. Online gambling is constantly changing including the type of games, the market and the policies, therefore it is challenging to generalize previous results to the current situation. Market-driving trends such as new channels for Internet, easy access, liberalized regulation, etc. are detailed. It appears that these drivers are effective and the market grows and expands to new areas as we can read in Chapter 2, which is a systematic market overview. As far as the product market is concerned: wagering (39%) leads the global Internet
gambling market followed by casino (26%). Regarding regional market overview, Europe is the leading market with 47% of total market share. Prevalence from more than fifteen countries ranges between 1 and 13%. Furthermore, there is a large competition among gambling sites to acquire and retain customers. As we will see later, this is one of the most important factors that determines whether an online gambling site is successful or not. The chapter deals with payment methods (there are more than two-hundred) and the different types of gambling sites. One interesting example is the “practice sites” that offer free gambling-type games with the intention to introduce newbies to the world of Internet gambling.

Chapter 3 is an analysis of policy options outcomes and consequences. Policies differ by country. There are countries where it is prohibited for banks and credit card companies to process transactions from Internet gambling sites, but blocking access to gambling sites is also an option. Due to the anonymous nature of online gambling, upholding laws can be difficult sometimes. Legalization is another controversial question. Legalization of online gambling results in tax revenue from the gaming operator, which protects the consumer but may contribute to the growth of online gambling. In addition, legislation may have additional social costs, although currently there are insufficient studies to assess the social impact of online gambling. Government ownership could be a possible solution for this issue. For example in Norway and in Sweden single sites are run by the government. The rest of the chapter deals with jurisdictions and their impact on Internet gambling in more than fifteen countries.

The next chapter describes the individual characteristics of Internet gamblers. Online gamblers seem to be different from traditional gamblers: they have different motivational background, report fewer physiological effects and gamble less for emotional reasons compared to traditional gamblers. Gender, age and social demographic characteristics are also discussed. As for motivation there are specific counter-motivations, coming from perceived disadvantages of Internet gambling, which are not of concern to traditional gamblers. Perceived disadvantages may include non-paying or cheating of gambling sites or other players’ possibility to cheat. As described later in the volume, these fears may have their roots in reality. For example an independent player protection organization (eCOGRA) reported that one-third of survey respondents have had issues with a gambling site. Many cited research papers state that trust in a gambling site is the most important factor which determines whether or not a gambler is willing to play online. This perspective is helpful for clinicians to understand their clients’ gambling career and the development of addiction.

There are numerous risks in gambling as we can read in Chapter 5. Online sites are often operated illegally and registered players have to face several risks. For example, there exists a possibility that online gambling sites would declare bankruptcy and site members’ winnings are not paid out. Furthermore, personal details of player accounts may be sold to call centers, which constitutes an identity theft. Examples of unfair player practices are introduced from the manipulation of gaming software to layer collusion, a covert co-operation between gamers.

Chapter 6 outlines the vulnerable populations of online gamblers. One such population is the adolescents (and young adults) because they are familiar with Internet technology and play gambling online at higher rates than adults. Another vulnerable population can be the problem gamblers, who are present in higher rates among online gamblers than non-problematic gamblers. The factors which make the online environment more attractive to traditional problematic gamblers are summarised in this chapter. These factors include for example the high availability, accessibility and anonymity of online gambling games when traditional gambling games are not available for them. Online gambling games can be played at a higher speed, bets can be placed more quickly and eventually the game provides higher event frequency for them which is probably highly attractive for traditional gamblers (especially impulsive ones). Another main theme of this chapter is the advertising restrictions. Advertisements often mislead gamblers about the chances of winning and the size of gains. A good example is a banned gambling advertisement (targeted towards adolescents), which claimed that online wagering improves sexual prowess and self-esteem.

Chapter 7 deals with responsible gambling strategies used by gambling sites in order to protect their consumers. These harm-minimizing strategies can prevent gambling problems but more studies are needed to assess their effectiveness. Such a strategy is for example player identification to prevent underage play or duplicate accounts. Or, there may be time delays between rounds to prevent chasing. During game sessions pop-up messages raise players’ awareness of their behavior by informing them about play time or losses. Messages may appear on screens about statistical probabilities of current game winning. These strategies are somehow similar to those used in cognitive behavior therapies of problem gambling. Players receive feedback about their gambling behavior and therefore cognitive distortions are likely to be reduced via the support of logical thinking.

Chapter 8 is about the future trends of online gambling. According to the author, Internet gambling will continue to evolve, as new traditional gambling and non-gambling companies enter the online gambling market. There will be a natural selection among gambling sites as they compete with each other for customers and eventually the market will spread towards India and Asia. Smart phones and other devices, which are able to connect to the Internet will also increase market growth. Finally, Chapter 9 summarizes previous chapters and describes problems of online gambling studies. To facilitate future researches of online gambling final thoughts are given about the gaps in Internet gambling research. Due to its comprehensive nature and its easy-to-read style this book is recommended to anyone who intends to engage in online gambling research or wishes to expand their knowledge about this behavior.

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