Identifying & Treating Intimate Partner Violence Among Problem Gambling Patients

Presenter: Bob Kerksieck, LMSW, IAADAC
Welcome! From:

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Overview of What We Will Cover

1. Reminder of 4 Other Trauma-Related at MCPGSA
2. Overview of Meta-Analysis on Problem Gambling & Intimate Partner Violence (IPV)
3. Other Related Research Findings on IPV
4. Australian Recommendations on IPV
5. PTSD basics – resource material only – we won’t have time to review
6. Wrap-up & Questions
7. & Remember: This PowerPoint and others from the conference are available on the MCPGSA Website
Caution: This Session is Only 60 Minutes Long

This is the 1st of 5 breakout presentations dealing with trauma. I invite you to attend some or all of the others in this track. Other sessions will fill in details I barely cover in this session. Time, dates & titles:

2. 2:15 p.m. today/Wednesday: **Soul Wound: Promoting Cultural Competency in Understanding American Indian Substance Misuse**
   - Presenter: Pat Stilen & Chris Molle

Presentations #3-#5 on Next Slide
Additional Trauma Breakouts

3. 10:15 a.m. tomorrow/Thursday: Orientation to Trauma-Informed Care
   - Presenter: Sharon Freese-Klepper & Beth Sarver

4. 2:15 p.m. tomorrow/Thursday: Empowerment for families of people with substance vs gambling problems: similarities & differences
   - Presenter: Megan Petra

5. 9 a.m. Friday: Trauma Informed Gambling Treatment: Reducing Relapses, and Increasing Recovery Success
   - Presenter: Charles Spence
36.5% of Problem Gamblers

- Report they are perpetrators of physical IPV

- I wonder: how many aren’t reporting

- Source: Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis by Nicki Dowling et. al.
Meta-Analysis?

- In **statistics**, **meta-analysis** comprises statistical methods for contrasting and combining results from different studies in the hope of identifying patterns among study results, sources of disagreement among those results, or other interesting relationships that may come to light in the context of multiple studies.

- **Meta-analysis can be thought of as** "conducting research about previous research... calculating a **weighted** average of that common measure"
31% of Problem Gamblers

- Report being victims of physical Intimate Partner Violence (IPV)
- **Source:** Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis by Nicki Dowling et. al.
- **For comparison:** Up to 25 percent of U.S. women have been the victims of domestic violence (source US Department of Health and Human Services)
- **Remember:** Many victims won’t report
Problem Gambling or IPV Victim?

- Which came first?
Problem Gambling or IPV Victim?

- Which came first?
- Doesn’t matter: need to treat both.
11.3% of IPV Perpetrators

- Report problem gambling

Source: Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis by Nicki Dowling et. al.
IPV Meta-Analysis Summary #1

- IPV victimization more common among problem gamblers associated with:
  - Younger age, less than full employment, clinical anger problems and impulsivity.

- Source: Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis by Nicki Dowling et. al.
IPV Meta-Analysis Summary #2

• IPV perpetration more common among problem gamblers associated with:
  • Alcohol and substance use

• Source: Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis by Nicki Dowling et. al.
Recommendation:
Need for treatment services to undertake routine screening and assessment of problem gambling, IPV, alcohol and substance use problems, and mental health issues and provide interventions designed to manage this cluster of comorbid conditions.

Source: Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis by Nicki Dowling et. al.
Other Related Research Findings #1

- Problem gambling and family violence: prevalence and patterns in treatment-seekers
- by Nicki Dowling et. al.
Other Related Research Findings #2

- Problem gambling and intimate partner violence
- By Korman LM, et. al.
What Lessons Can We Learn from this Meta-Analysis?
What Lessons Can We Learn from this Meta-Analysis?

1. **Identify and treat** IPV victims among our PG patients
2. **Identify and treat** IPV perpetrators among our PG patients
3. **Form an alliance** with professionals/programs expert in treating domestic violence
4. **Form an alliance** with professionals/programs expert in treating PDSD/trauma
1st Identify and Treat Victims

- Identify and treat IPV victims among our PG patients

- US Department of Health and Human Services recommends: Learn to use the Domestic Violence Survivor Assessment (DVSA) tool

- Ask your patients and ask again and again. Few IPV victims report the first time they are asked
2nd Identify and Treat Perpetrators

- **Identify and treat** IPV perpetrators among our PG patients


- **Ask your patients and ask again and again.** Few IPV perpetrators report the first time they are asked
3rd Form an Alliance with Domestic Violence Programs

- **Form an alliance** with professionals/programs expert in treating domestic violence

- Refer, refer, refer: These people are the professionals in this area – we usually aren’t

- 11.3% of IPV perpetrators report being problem gamblers – they should have referrals for you
On the 3rd day of Christmas
my true love gave to me...

...domestic abuse
4th Form an Alliance re: PTSD TX

- **Form an alliance** with professionals/programs expert in treating PTSD/trauma
- Refer, refer, refer: Again - These people are the professionals in this area. We probably aren’t
- XX% of PTSD/trauma patients maybe problem gamblers – these programs should have referrals for you
  - XX% - see next page
- 2007 APA study that was done in 2007 **found that of veterans receiving treatment for PTSD, 17% met the criteria for PG, with a lifetime prevalence of 29%**.
- Estimates of PTSD among problem gamblers are estimated at 12.5% to 29% (Ledgerwood & Petry, 2006).
A twin cohort study found that (after adjusting for genetic and environmental covariates) experiencing traumatic events increases the risk of having a gambling problem. Specifically, having experienced:

- **child abuse** increased the risk of being a pathological gambler by 131%
- **child neglect** increased the risk of being a pathological gambler by 453%
- **witnessing someone badly hurt or killed** increased the risk of being a pathological gambler by 183%
- **a physical attack** increased the risk of being a pathological gambler by 239%

Recommendations from Australia:

- Problem gambling and family violence: Prevalence and patterns in treatment-seekers
- N.A. Dowling, A.C. Jackson, A. Suomi, T. Lavis, S.A. Thomas, J. Patford, P. Harvey, M. Battersby, J. Koziol-McLaing, M. Abbott, and M.E. Bellringer
Goal of Study

• The primary aim of this study was to explore the prevalence and patterns of family violence in treatment-seeking problem gamblers.

• Secondary aims were to identify the prevalence of problem gambling in a family violence victimisation treatment sample and to explore the relationship between problem gambling and family violence in other treatment-seeking samples.

• Clients from 15 Australian treatment services (English/Australian for program or agency)
Steps Taken with Victims/Perpetrators in Study:

1. Screen for problem gambling using the Brief Bio-Social Gambling Screen (BBGS)
2. Screen for family violence using single victimisation and perpetration items adapted from the Hurt-Insulted-Threatened-Screamed (HITS).
3. Followed up with patients at participating agencies:
   1. gambling services \((n = 463)\),
   2. family violence services \((n = 95)\),
   3. alcohol and drug services \((n = 47)\),
   4. mental health services \((n = 51)\),
   5. and financial counselling services \((n = 48)\).
MY BRUISES ARE REAL,
YOU JUST CAN’T SEE THEM.
Findings #1: Prevalence of Family Violence

- The prevalence of family violence in the gambling sample was 33.9% (11.0% victimisation only, 6.9% perpetration only, and 16.0% both victimisation and perpetration).

- Female gamblers were significantly more likely to report victimisation only (16.5% cf. 7.8%) and both victimisation and perpetration (21.2% cf. 13.0%) than male gamblers.

- There were no other demographic differences in family violence prevalence estimates.
Findings #2: Prevalence of Family Violence

- Gamblers most commonly endorsed their parents as both the perpetrators and victims of family violence, followed by current and former partners.
  - The prevalence of problem gambling in the family violence sample was 2.2%.
- The alcohol and drug (84.0%) and mental health (61.6%) samples reported significantly higher rates of any family violence than the gambling sample.
Findings #3: Prevalence of Family Violence

- The financial counselling sample (10.6%) reported significantly higher rates of problem gambling than the family violence sample.
- The findings of this study support substantial comorbidity between problem gambling and family violence, although this may be accounted for by a high comorbidity with alcohol and drug use problems and other psychiatric disorders. They highlight the need for routine screening, assessment and management of problem gambling and family violence in a range of services.
Findings #4: Summary

- Findings highlight the need for
  - Routine screening, assessment and management of problem gambling
  - And routine screening, assessment and management of family violence in a range of services.
Very Helpful Australian Paper


The impact of gambling problems on families

Nicki Dowling

AGRC Discussion Paper No. 1 — November 2014

Read full publication
**Figure 1: Typical course for the effect of gambling problems on intimate relationships**

<table>
<thead>
<tr>
<th>Denial phase</th>
<th>Stress phase</th>
<th>Exhaustion phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occasional worries</td>
<td>Spouse spends less time with family</td>
<td>Thinking impaired</td>
</tr>
<tr>
<td>Keep concerns to self</td>
<td>Arguments</td>
<td>Confusion</td>
</tr>
<tr>
<td>Make excuses for gambling</td>
<td>Spouse feels rejected</td>
<td>Physical symptoms</td>
</tr>
<tr>
<td>Considers gambling temporary</td>
<td>Demands upon gambler</td>
<td>Immobilisation</td>
</tr>
<tr>
<td>Accepts increased gambling</td>
<td>Attempts to control gambling</td>
<td>Rage</td>
</tr>
<tr>
<td>Questions unpaid bills</td>
<td>Provides bailouts</td>
<td>Doubts sanity</td>
</tr>
<tr>
<td>Easily reassured</td>
<td>Avoids children, family and friends</td>
<td>Anxiety, panic</td>
</tr>
<tr>
<td>Unexplained financial crisis</td>
<td>Isolation</td>
<td></td>
</tr>
<tr>
<td>Accepts remorse of gambler</td>
<td>Intense resentment</td>
<td></td>
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</tbody>
</table>

**HELPLESSNESS**

**MENTAL BREAKDOWN**

**DIVORCE**

**HOPELESSNESS**

**SUBSTANCE ABUSE**

**SUICIDAL THOUGHTS & ATTEMPTS**

Source: Adapted from Custer & Milt (1985)
Box 1: Common problems reported by family members of people with gambling problems

Common gambling problems reported by family members include:

- the loss of household or personal money;
- arguments;
- anger and violence;
- lies and deception;
- neglect of family;
- negatively affected relationships;
- poor communication;
- confusion of family roles and responsibilities;
- the development of gambling problems or other addictions within the family.

Source: Kalischuk et. al. (2006)
<table>
<thead>
<tr>
<th></th>
<th><strong>Intimate partners</strong></th>
<th><strong>Children</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional disturbances</td>
<td>Anger</td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td>Resentment</td>
<td>Hopelessness</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>Anxiety</td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
<td>Confusion Guilt</td>
</tr>
<tr>
<td>Physical complaints</td>
<td>Headaches</td>
<td>Asthma</td>
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<td></td>
<td>Gastrointestinal ailments</td>
<td>Allergies</td>
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<td></td>
<td>Hypertension</td>
<td>Chronic headaches</td>
</tr>
<tr>
<td>Behavioural difficulties</td>
<td>Excessive drinking</td>
<td>Running away</td>
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<tr>
<td></td>
<td>Smoking</td>
<td>Alcohol and tobacco abuse</td>
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<tr>
<td></td>
<td>Over/under-eating</td>
<td>Over-eating</td>
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<td></td>
<td>Impulsive spending</td>
<td>Lower academic/employment performance</td>
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<tr>
<td></td>
<td></td>
<td>Illegal acts</td>
</tr>
</tbody>
</table>
Box 4: Coping strategies employed by family members

Ineffective coping strategies:

- nagging;
- screaming;
- constantly expressing disapproval;
- threats;
- ultimatums;
- punishing;
- rationalising;
- emotional pleading;
- financial assistance;
- protecting the image of the gambler;
- bailing the gambler out of jail;
- accompanying the gambler to gamble;
- asking the gambler to leave a venue;
- providing referral information.
Effective coping strategies:

- setting boundaries/limits;
- taking one day at a time;
- going to church or finding spirituality;
- discovering new interests or activities;
- releasing guilt and responsibility;
- recognising gambling as an addiction;
- gaining support;
- taking financial control;
- seeking professional assistance;
- giving respect to the gambler;
- making a conscious effort to stop helping the gambler to gamble;
- supporting the gambler in treatment.

Source: Makarchuk (2001)
PTDS Basics:
PTSD is Difficult to Diagnose

- Few traumatized patients easily fit PTSD criteria found in DSM: patients frequently have complex histories and are often uncomfortable sharing.

- If you haven’t I’d recommend you read through the diagnostic criteria to get a sense of the scope of the symptomology.
Recommendation - From the NIMH Website (National Institute of Mental Health):

- Your doctor can help you find out. Call your doctor if you have any of these problems:
  - Bad dreams
  - Flashbacks, or feeling like the scary event is happening again
  - Scary thoughts you can't control
  - Staying away from places and things that remind you of what happened
- Continued.
Feeling worried, guilty, or sad
Feeling alone
Trouble sleeping
Feeling on edge
Angry outbursts
Thoughts of hurting yourself or others.
NIMH Website Cont.

Children who have PTSD may show other types of problems. These can include:

- Behaving like they did when they were younger
- Being unable to talk – this sometimes happens with adults but is not as common
- Complaining of stomach problems or headaches a lot
- Refusing to go places or play with friends.

- I’d recommend Googling NIMH and PTSD
How Many of You Know What EMDR is?
EMDR: Eye Movement Desensitization and Reprocessing
Eye Movement Desensitization and Reprocessing

- Eye Movement Desensitization and Reprocessing (EMDR) is a method of psychotherapy that has been extensively researched and proven effective for the treatment of trauma.
Eye Movement Desensitization and Reprocessing (EMDR) is a one-on-one form of psychotherapy for treating trauma-related stress, anxiety, and depression symptoms associated with posttraumatic stress disorder (PTSD). EMDR is aimed at improving overall mental health functioning. Treatment is provided by an EMDR therapist, who observes and assesses the client's readiness for EMDR. During the preparation phase, the therapist will work on a positive memory associated with feelings of safety or calm that can be used if psychological or emotional traumatic memory is triggered. The target traumatic memory for the treatment session is activated, and the therapist will help the client to focus and process the memory using a series of bilateral eye movements or other stimulation to the body. Repetitive 30-second dual-attention exercises are conducted to a motor task while focusing on the target traumatic memory and then on any related negative beliefs or body sensations. The most common motor task used in EMDR is side-to-side eye movements, however, alternating hand tapping or auditory tones delivered through headphones can be used.
Recommendation: Do No Harm

- Most of us are empathetic. When we are in a new area we may fall back on Rogerian listening skills, and encourage the patient to talk.

- Rogerian listening skills may be useful in many areas

- Usually not with trauma – talking about trauma may re-traumatize the patient. Memories may be very vivid and damaging.
Recommendations: Ethical

Bob’s opinion: Can we treat PTSD? Yes, but should we if we are not adequately trained?

- Our staff psychologist always avoided treating ED

- Ethics statements from IA Bd of Certification:
  - D. Gambling treatment counselors do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.
  - D. Alcohol and drug counselors do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.
Overview of What We Did Cover

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One Last Review!
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You May Contact the Presenter at:

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