



Trauma and PTSD among individuals with Gambling Disorder


David M. Ledgerwood, Ph.D.
dledgerw@med.wayne.edu




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Dept. Psychiatry and Behavioral Neurosciences
Wayne State School of Medicine
Detroit, MI




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Objectives


-  Learners will become aware of research examining the relationship between trauma, post-traumatic stress disorder and gambling disorder.
-  Learners will understand the pervasiveness of trauma among individuals with gambling disorder.
-  Learners will be aware of treatments that are designed to address both gambling and mental health/trauma concurrently.

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 **GD and Comorbidity**


- Those with GD have higher prevalence of depression, anxiety disorder, substance abuse and suicidality than the general population.
- Those with GD with co-occurring psychiatric disorders experience more serious financial, legal, family, social and vocational problem related to their gambling.
- Comorbidity may affect:
 Appropriate treatment options.
 Potential for treatment failure or relapse.

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 **Pam – Major Depression**

- 55-year-old copy-editor
- Worked near the Greektown casino in Detroit
- Long history of depression
- Isolation, worry about gambling debt
- Past cannabis use disorder
- Childhood emotional and physical abuse, adolescent sexual abuse, and an abusive marriage when she was a young adult

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 **Eliza - PTSD**

- 70-year-old, retired, widowed, African American woman
- Father had a gambling problem
- Has gambled heavily since she was young
- Developed a more serious gambling problem after her young-adult daughter was murdered in 1982
- Presents with chronic depression/grief, health problems (lupus), and symptoms of PTSD

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Childhood Trauma and Gambling Disorder



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Trauma Defined

- "...a catastrophic event involving actual or threatened death or injury, or a threat to the physical integrity of him/herself or others (such as sexual violence)."
- "Indirect exposure includes learning about the violent or accidental death or perpetration of sexual violence to a loved one."

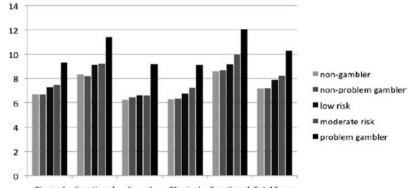
<http://www.ptsd.va.gov/professional/PTSD-overview/ptsd-overview.asp>

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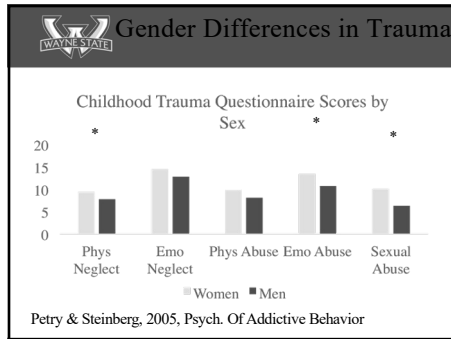
Gambling and Childhood Maltreatment

- Hodgins et al., 2010, Psych. Addictive Beh.
- N = 1,372 (PG = 11; Mod Risk = 70)
- Childhood Trauma Questionnaire

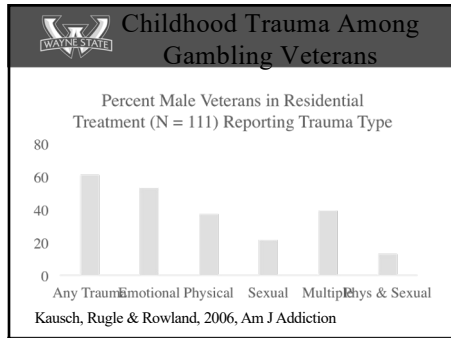


Category	non-gambler	non-problem gambler	low risk	moderate risk	problem gambler
Physical	~7	~8	~9	~10	~11
Emotional	~8	~9	~10	~11	~12
Sexual	~7	~8	~9	~10	~11
Physical	~7	~8	~9	~10	~11
Emotional	~8	~9	~10	~11	~12
Total Score	~7	~8	~9	~10	~11

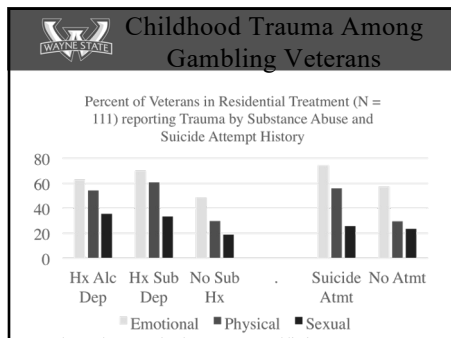
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 PTSD DSM 5 Criteria


- Criterion A – Exposed to trauma
- Criterion B – Intrusive Sx (1+, e.g., re-experiencing, nightmares)
- Criterion C – Avoidance (1+, thoughts, people, places, etc.)
- Criterion D – Negative thoughts/mood (2+)
- Criterion E – Arousal (2+, e.g., irritability, startle, sleep problems)

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 PTSD Among Individuals in Outpatient Treatment for GD

Ledgerwood & Petry, 2006
J. Traumatic Stress

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 Method

- 149 treatment seeking individuals with GD.
- Cross-sectional study.
- Measures: NODS; PTSD Checklist; Addiction Severity Index; Gambling Experience Measure; Dissociative Experiences Scale; Brief Symptom Inventory; Eysenck Impulsiveness Scale.

Ledgerwood & Petry, 2005, J. Traumatic Stress

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Results

- Mean Age – 47
- 34.2% (N=51) met criteria for PTSD
- 41.7% of women and 26.4% of men
- PTSD+ participants had greater lifetime NODS scores
- Traumas more frequent in PTSD+: Serious accident or fire; traumatic medical treatment; physical threats; witness assaults; sexual assaults.

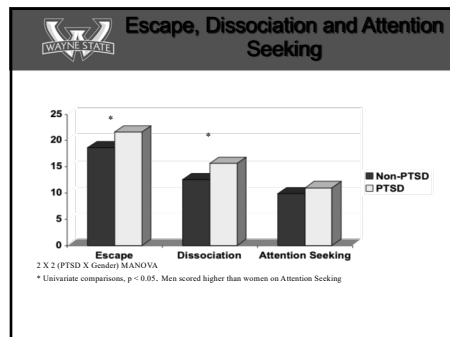
Ledgerwood & Petry, 2005, J. Traumatic Stress

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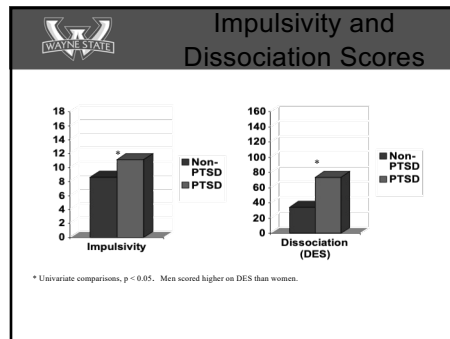
Trauma

Trauma	No PTSD N=97, %N	PTSD N=51, %N	χ^2 (df=1)	p^c
Witnessed another's severe illness or death	60.2 (59)	66.7 (34)	0.60	0.44
Threatened with physical harm	36.7 (36)	62.7 (32)	9.15	0.01
In a serious accident or fire	29.6 (29)	51.0 (26)	6.59	0.01
Witnessed accident or fire	28.6 (28)	49.0 (25)	6.12	0.05
Forced sexual activity*	25.5 (25)	51.0 (26)	9.67	0.01
Trauma during medical treatment (e.g., emergency treatment)	19.4 (19)	45.1 (23)	10.95	0.001
Attacked with a weapon	21.6 (21)	39.2 (20)	5.15	0.05
Witnessed family members attacking each other	18.4 (18)	39.2 (20)	7.67	0.01
Storm (e.g., tornado) or natural disaster	15.3 (15)	29.4 (15)	4.42	0.05
Witnessed non-family members attacking each other	9.2 (9)	35.3 (18)	15.41	0.001
Mugging or kidnapping	7.1 (7)	11.8 (6)	0.90	0.34
Fought in war or civilian in war	3.1 (3)	8.0 (4)	1.75	0.19
Friend or family killed by drunk driver	2.0 (2)	7.8 (4)	2.92	0.09
Any Trauma	83.7(82)	100.0(51)	6.85	0.01

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PTSD Among Community-Recruited Gamblers

Ledgerwood & Milosevic, 2015
J. Gambling Studies

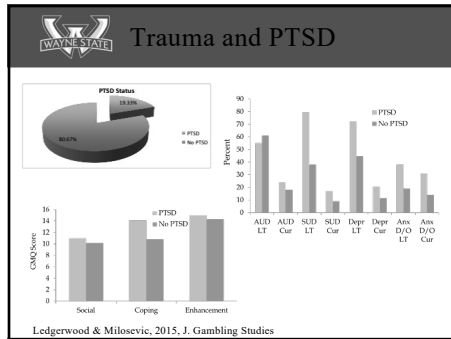
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Trauma and PTSD

- Trauma highly prevalent among those with GD
- 150 GD (half men/women)
- Recruited from community sources (only 16% had ever received gambling treatment; most had received MH treatment)
- Age 36 years old
- Age first gambling 19 years old

Ledgerwood & Milosevic, 2013

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Trauma and PTSD

- Trauma and PTSD issues are prevalent among individuals with GD
- Associated with higher rates of substance abuse, depression and anxiety disorders
- Some individuals may use gambling as a way to cope with painful affect related to trauma

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Trauma and PTSD

There are few empirically validated treatments for co-occurring gambling and psychiatric conditions

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A Systematic Review of Treatments for Problem Gambling

Nancy M. Petry, Meredith K. Ginley, and Carla J. Rash
University of Connecticut School of Medicine

Gambling problems impact 0.7%–4.0% of the population, and research related to treating gambling has burgeoned in the last decade. This article reviews trials for psychosocial treatments of gambling problems. Using Preferred Reporting Items for Systematic Reviews and Meta-Analyses Standards, we identified 21 randomized trials. Eleven studies evaluated interventions delivered via multicomponent, in-person therapy: cognitive-behavioral (CB) therapies, and motivational interventions (MI) alone or with CB therapies. An additional 10 studies used approaches that involved 1 or fewer in-person sessions; these included worksheets with CB exercises alone or in combination with MI and brief feedback or advice interventions. Although most studies found some benefits of CB therapy (alone or combined with MI) and brief feedback or advice relative to the control condition in the short term, only a handful of studies demonstrated any long-term benefits. Nearly half the studies used waitlist controls, precluding an understanding of long-term efficacy, and standardized outcomes measures are also lacking. Populations also differ markedly across studies, from nonrecruited-seeking persons who screened positive for gambling problems to those with severe gambling disorder, and these discrepant populations may require different interventions. Although problem gamblers with less pronounced symptoms may benefit from very minimal interventions, therapist contact generally improved outcomes relative to entirely self-directed interventions, and at least some therapist contact may be necessary for patients with more severe gambling pathology to benefit from CB interventions. As treatment services for gambling continue to grow, this review provides timely information on best practices for gambling treatment.

Keywords: gambling, treatment, psychotherapy, review


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Types of treatments

- Cognitive
- Cognitive Behavioral
- Motivational Interviewing/Enhancement
- Self-directed
- Brief Feedback

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Addictive Behaviors 98 (2018) 29–30

Contents lists available at ScienceDirect

Addictive Behaviors


Journal homepage: www.elsevier.com/locate/addictbeh

Interventions for comorbid problem gambling and psychiatric disorders: Advancing a developing field of research

N.A. Dowling^{a,b,c,*}, S.S. Merkouris^a, F.K. Lorains^a


^a School of Psychology, Deakin University, Australia
^b Melbourne Graduate School of Education, University of Melbourne, Australia
^c Centre for Gambling Research, Curtin University, Australia

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 Dowling et al., conclusions


- Identified 21 studies that conducted post-hoc analyses to explore influence of co-occurring problems on treatment outcomes
- Identified 6 randomized studies examining treatment efficacy directed toward specific comorbidity

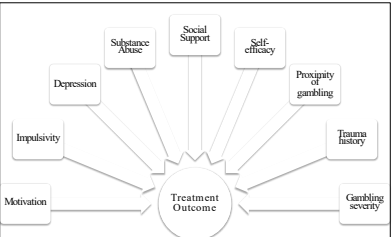
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 Dowling et al., conclusions

- Modified DBT for SUD and GD
- Addition of NAC and imaginal desensitization/MI for co-occurring ND
- Lithium for comorbid bipolar d/o
- Escitalopram for comorbid anxiety
- Adding CBT to drug treatment for schizophrenia
- None have addressed trauma or PTSD


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 What are the factors that influence treatment outcomes?



Ledgerwood, D.M., Loree, A., & Lundahl, L.H. (2013). Predictors of treatment outcome in disordered gamblers. In D. Richards, A. Blaszczynski & L. Nower (Eds.), *Wiley-Blackwell handbook of disordered gambling*. Wiley, New York.

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Clinical Psychology Review 48 (2016) 1–11

Contents lists available at ScienceDirect

Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinpsycrev

Review


Predictors of outcomes of psychological treatments for disordered gambling: A systematic review

S.S. Merkuris ^{a,b,*}, S.A. Thomas ^{a,c}, C.J. Browning ^{a,c,d}, N.A. Dowling ^{b,d,e}

^a School of Primary Health Care, Faculty of Medicine, Nursing and Health Sciences, Monash University Building 1, 246 Clayton Rd, Clayton VIC 3168, Australia
^b School of Psychology, Faculty of Health & Behavioural Science, Deakin University, Geelong, Geelong Rd 246, Geelong, VIC 3220, Australia
^c Health Research, 100 St. Albans Rd, St. Albans, Victoria 3023, Australia
^d Melbourne Graduate School of Education, University of Melbourne, Australia
^e Centre for Gambling Research, School of Psychology, Australian National University, ACT, Australia

* International Institute for Primary Health Care Research, Shenzhen City, Guangdong Province, People's Republic of China


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Merkouris et al., 2016

- Reviewed 50 studies of treatment outcomes
- Described predictors of outcomes in 4 categories
 - Socio-demographic client characteristics
 - Gambling-related client characteristics
 - Psychological client characteristics
 - Treatment and therapist- related characteristics

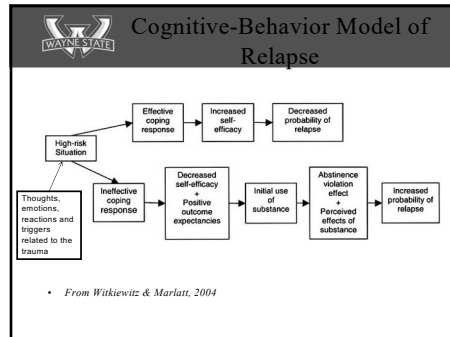
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Psychological

- *Lower depression = better outcomes*
- *Lower alcohol use = better outcomes*
- *Low novelty seeking, neuroticism and sensation seeking = better outcomes*
- *Not substance abuse or anxiety*

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One study has used Eye Movement Desensitization and Reprocessing for gambling

Henry (1996) J. Gambling Studies


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EMDR

- Originally designed to alleviate the distress associated with traumatic memories
- Based on Shapiro's (2001) Adaptive Information Processing model that EMDR facilitates the accessing and processing of traumatic memories and other adverse life experience to bring these to an adaptive resolution.
- Therapist directed lateral eye movements are the most commonly used external stimulus but a variety of other stimuli including hand-tapping and audio stimulation are often used

From www.emdr.com


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 **EMDR**

- Shapiro hypothesizes that EMDR therapy facilitates the accessing of the traumatic memory network, so that information processing is enhanced, with new associations forged between the traumatic memory and more adaptive memories or information
- These new associations are thought to result in complete information processing, new learning, elimination of emotional distress, and development of cognitive insights


From www.emdr.com

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 **Henry 1996**

- 22 subjects who met DSM IV criteria for Pathological Gambling (PG)
- The study compares the effect on gambling event frequency of EMDR therapy with cognitive therapy to that of cognitive therapy alone for subjects with and without reported trauma history
- Results significant for pre- vs post-EMDR ($p = .04$), for those with reported trauma history ($p = .01$), and when controlled for frequency of sessions and time in therapy prior to the treatment ($p = .04$)

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 **Two Studies Have Examined Seeking Safety**

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Seeking Safety


- 1) **Safety** as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions).
- 2) **Integrated** treatment (working on both PTSD and substance abuse at the same time)
- 3) **A focus on ideals** to counteract the loss of ideals in both PTSD and substance abuse
- 4) **Four content areas:** cognitive, behavioral, interpersonal, case management
- 5) **Attention to clinician processes** (helping clinicians work on countertransference, self-care, and other issues)

From Dr. Najavits's site <http://www.seekingsafety.org/3-03-06/aboutSS.html>

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Journal of Psychology, 151(1), 11-16, 2012
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DOI: 10.1080/00220273.2012.651507




Seeking Safety Therapy for Pathological Gambling and PTSD: A Pilot Outcome Study

Lisa M. Najavits, Ph.D.¹; Diane Smylie, M.S.W.²; Kay Johnson, L.I.C.S.W.³; John Lung, B.A.⁴; Robert J. Gallop, Ph.D.⁵ & Catherine C. Classen, Ph.D.⁶

- Small study (N = 7)
- Positive results for SS
- Focus was on positive changes in gambling and PTSD symptoms
- Not a clinical trial

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New Research Addressing GD and Trauma

Najavits, Ledgerwood & Afifi, 2023

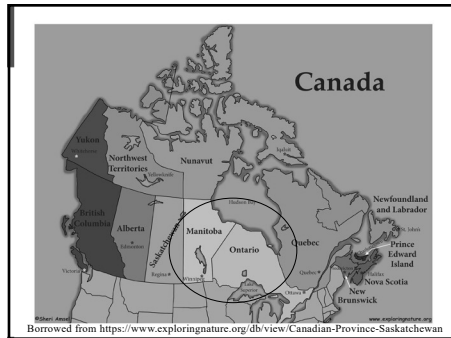
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 Seeking Safety Trial

- Compared Seeking Safety to CBT for individuals with co-occurring GD and trauma/PTSD
- Telehealth – most participants were in remote northern communities
- Aims: conduct a randomized non-inferiority trial

Ledgerwood, Najavits, & Afifi, Manitoba Gambling Research, 2022

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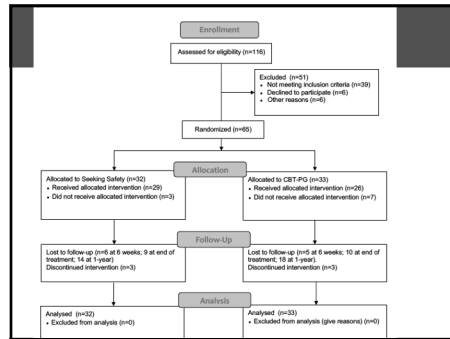
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 Seeking Safety Trial

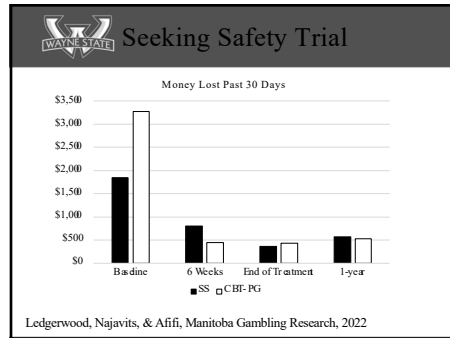
- Treatment was 12 weekly sessions
- Assessments occurred at Baseline, 6 weeks, end of treatment and 1-year
- Main assessments included:
 - Gambling: Net losses; episodes; DIGS score
 - Trauma/PTSD: CAPS-5; PTSD Checklist
 - Treatment attendance: # attended
 - No differences between groups at baseline

Ledgerwood, Najavits, & Afifi, Manitoba Gambling Research, 2022

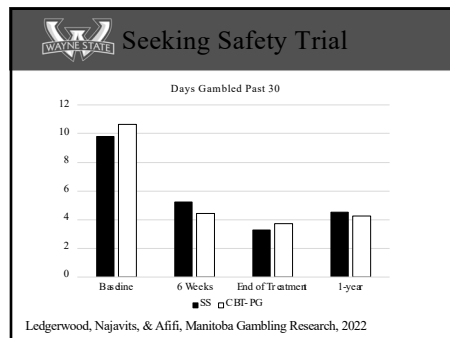
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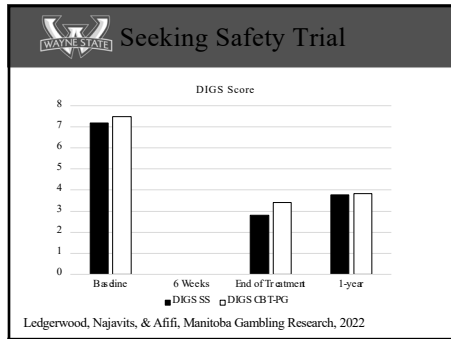
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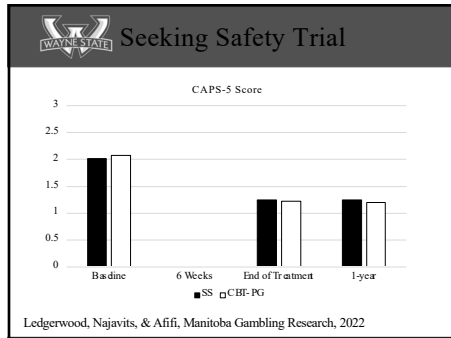
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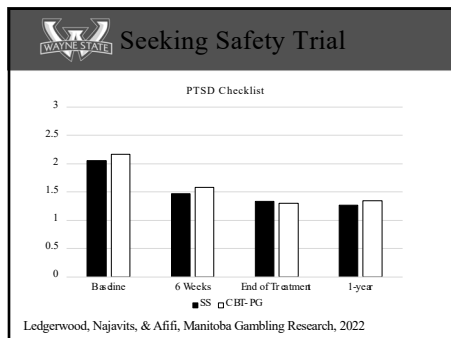
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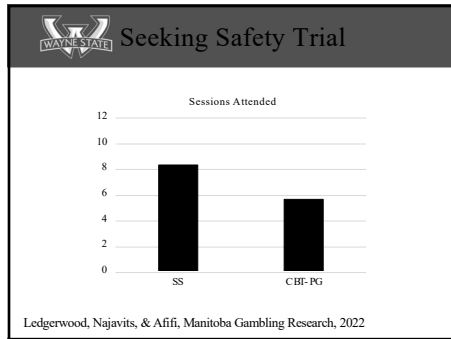
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-
- Seeking Safety and CBT were comparable in terms of reducing gambling and trauma symptoms
 - Seeking Safety resulted in greater treatment attendance
- Ledgerwood, Najavits, & Afifi, Manitoba Gambling Research, 2022

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