Bridging the Translational Gap from Research to Clinical Practice

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outcomes reliability
growth
progress statistics

RESEARCH experiment collaboration



SUBJECTS treatment confounds

Research Rounds is devoted to disseminating insights from peer-reviewed sources to promote increased awareness, acceptance, and adoption of clinically relevant information for those working with problem gamblers and their loved ones.



Understanding Impulsivity in Problem Gamblers

uthors of the UPPS-P, a widely used measure of impulsivity, published a study allowing the calculation of cut-points on this measure of impulsivity. This enabled UCLA researchers to look more closely at impulsivity among problem gamblers. Interestingly, although patients with gambling disorder are often assumed to be impulsive sensation seekers, only 9% of the study sample showed elevated scores on this domain of impulsivity. Rather, tendencies to engage in impulsive behavior, acting rashly in response to negative affective experiences or unpleasant emotions (e.g., feeling bad, upset, rejected, etc...) was prevalent in 59% of the problem gamblers. This latter domain of impulsivity (called Negative Urgency) also captures difficulty resisting cravings or making regrettable decisions. Another form of impulsivity titled Positive Urgency, was present in 53% of the sample. Positive Urgency is characterized by the tendency to exhibit diminished control in the wake of positive emotions (e.g., feeling excited, happy). Subsequently, slightly more than half of problem gamblers may overindulge in gambling when they are in a positive mood state. Finally, the third most common type of impulsivity among 33% of problem gamblers is labeled *Lack of Premeditation*. This type of

impulsivity reflects a lack of future directed thinking about consequences prior to making decisions and suggests a careless approach to making choices.²

Clinical Application: When assessing problem gamblers, providers should not assume all gamblers are impulsive. Assessments should explore impulsivity with greater specificity in order to understand what precipitating risk factors are most likely to trigger impulsive gambling tendencies. For example, asking gamblers what types of impulsive patterns lead to gambling: Do you noticed that you gamble as a way of escaping unpleasant emotions? What about when you're feeling excited? How deeply do you think about the possible consequences of gambling before you make the choice to gamble? Do you tend to gamble every time you get an urge/craving or are there other things that trigger you? Are you generally an impulsive person in several areas of your life, only when gambling, or do you see yourself as a non-impulsive person across most domains of your life including your gambling behavior? These types of inquiries allow providers to assess impulsive patterns, the specific type of impulsivity, and whether impulsivity is generalized or manifested in the wake of gambling cravings.

Intimate Partner Violence in Problem Gamblers

A group of Australian researchers sought to cultivate greater insight about patterns of family and intimate partner violence (IPV) among problem gamblers.³ They explored gender interactions, causal relationships, and whether there is an indirect relationship between problem gambling and violence (such as through alcohol abuse). Directional relationships were also explored such as whether being a victim of IPV precipitates gambling problems (e.g., a person gambles to escape violent behaviors, trauma, etc...) or if the distress arising from gambling problems is a catalyst for the perpetration of violence by the gambler against family members or by a family member against the gambler. Results suggested 17% of participants reported being not only a victim of family violence but also perpetrating family violence. Even more interestingly, IPV was bi-directional for 32.6% of the sample. The most prevalent form of violence was verbal abuse (44.8%), threats of harm (40.2%), with a smaller number reporting perpetrating physical harm (16.5%). Similarly, the prevalence of being victimized included high rates of verbal abuse (48.1%), threats of harm (21.2%), with a smaller number reporting being victims of physical harm (17.9%). The majority of all violence was reportedly related to gambling: 73.7% of perpetration and 67.7% of victimization. Over half the sample (60.8%) reported some form of violence in the previous 12 months with bidirectional violence being the most common (43.9%). The majority reported violence was related to problem gambling and it was much more likely that problem gambling preceded violence. Conflicts arose from financial losses, anger, stress, and anxiety about the losses.

Clinical Application: Providers should screen for violence among problem gamblers and their loved ones given its high prevalence (mostly including verbal abuse). Both men and women appear to perpetrate violence at

similar rates and there is a high rate of bidirectional violence. Subsequently, it should not be automatically assumed the male is the offender, rather, it seems more likely that individuals both perpetrate and are victims of violence. Finally, more emphasis should be focused on conflict resolution and deescalating those involved in violence. Additional considerations might focus on educating gamblers and loved ones more on interventions for verbal abuse (including making reducing derogatory comments) as this seems to be the most common form of violence in families where problem gambling is present. Instruments such as the HITS tool might be useful for assessing violence.⁴

Study summaries for Research Rounds reviewed by Dr. Rory Reid. Email: roryreid@ucla.edu

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