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Nevada Problem Gambling Study

Annual Report, Fiscal Year 2022

Prepared for the Nevada Department of Health and Human Services

Bureau of Behavioral Health Wellness and Prevention |

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EXECUTIVE SUMMARY

"This program saved my life. If I did not find the program, I don't know where I would be."

OVERVIEW

The objective of the Nevada Problem Gambling Study is to provide information management and research-based insights on the effectiveness of Nevada's five state-funded treatment providers. A total of 379 Nevada residents received problem gambling services in FY2022. In Northern Nevada, The Reno Problem Gambling Center provided a variety of outpatient services until permanently closing in March 2022, while Bristlecone Family Resources and New Frontier Treatment Center provided both outpatient and residential problem gambling services. In Southern Nevada, Dr. Robert Hunter International Problem Gambling Center and Mental Health Counseling and Consulting (MHCC) provided outpatient problem gambling services to people with gambling problems and as well as their concerned others.

In FY22, there was a 2% decline in outpatient enrollments and a 9% increase in residential enrollments. The ongoing Covid-19 pandemic continued to impact programs in FY22. Clinics quickly adapted to the crisis with telehealth and other innovations, but Covid outbreaks in residential facilities affected services. Enrollments have not returned to pre-pandemic levels for any of the programs.

On average, the treatment population are single white men, around 42 years old. The treatment population is not representative of the overall Nevada population and tends to be more white, less educated, with lower household income. The majority of the treatment population seeking services have a DSM-5 score indicating severe gambling disorder and are seeking treatment for the first time. Around 70% of clients who enrolled in a problem gambling program in FY2022 successfully completed 75% of their treatment goals, a good indicator of the effectiveness of Nevada's treatment system as well as the positive post-treatment follow up.

CLIENT FOLLOW UP

We completed 350 post-treatment interviews with people seeking problem gambling treatment and their concerned others. Clients were overwhelmingly happy with the accessibility and quality of the treatment provided. Specifically, clients entered treatment within two days of making contact with providers, on average, a statistic that shows just how dedicated these providers are to meeting the needs of a population that is often in crisis when reaching out for help. This is reflected in the 94 percent of those interviewed in follow-up surveys said that they would recommend their provider to a friend or family member.

Clients reported reduction in gambling behaviors across all interviews, and around 34% of clients had not gambled at 12 months post enrollment. This number is around 62% at 30 days post enrollment, indicating a need to continue to support recovery through aftercare after clients exit treatment services.

In addition to reduction in gambling behaviors and satisfaction with treatment services, clients also report improvement in daily life functioning and wellbeing—such as improved relationships, performance at work or school, and reduction in symptoms and problems related to gambling.

TREATMENT SYSTEM SUMMARY QUICK GLANCE

Total number of people receiving a **problem gambling evaluation** in FY22	379
Outpatient Services	
Number of **gamblers** entering outpatient treatment	266
Average number of sessions per client treatment episode	18
Average cost per client treatment episode	$1,547
Over the past year, percent change in the number of clients (see Figure 2)	-2%
Number of **concerned others** entering outpatient treatment	41
Average number of sessions per client treatment episode	9
Average cost per client treatment episode	$964
Over the past year, **percent change** in the number of clients	46%
Residential Services	
Number of clients entering **residential gambling treatment**	47
Average length of stay in residential treatment	21 days
Maximum length of stay in residential treatment	56 days
Average cost per client treatment episode	$2,037
Over the past year, **percent change** in the number of clients (see Figure 2)	9%
Number of clients receiving assessment only	21
Number of clients receiving court-referred treatment	24
Access	
Average number of days between first contact and first available service	1.9
Average number of days between first contact and treatment entry	2.5
Average number of days between first available date and treatment entry	1.9
Average number of days between treatment entry and treatment exit	42
Successful Completion of Treatment Program	
Total non-adjusted percent of successfully discharged clients	36%
Percent of successfully discharged clients, adjusted for external factors	70%
Satisfaction "I would recommend this agency to a friend or family member."	94%
Improvements in Functioning and Well-Being after 90 days	
"I am getting along better with my family."	87%
"I do better in school and/or work."	89%
"I have reduced my problems related to gambling."	94%
"I am meeting my goal to stop or control my gambling."	97%
Improvements in Functioning and Well-Being after 12 months	
"I am getting along better with my family."	85%
"I do better in school and/or work."	83%
"I have reduced my problems related to gambling."	88%
"I am meeting my goal to stop or control my gambling."	87%

UTILIZATION OF PROBLEM GAMBLING TREATMENT SYSTEM

The Nevada Problem Gambling Treatment System is showing a pattern of declining enrollments (see Figures 1 and 2 below). Specifically, in FY2022 there was a 2 percent total decrease in clients who received outpatient services as gamblers and as concerned others, continuing a pattern of decline since FY2019. There were 47 residential enrollments in FY2022, a slight increase from the previous year, but well below historical averages (59 average enrollments FY2012-20).

Figures 1 and 2 show the total outpatient and residential enrollments by fiscal year as well as the percent change from year to year.

Figure 1: Outpatient Enrollments by Fiscal Year

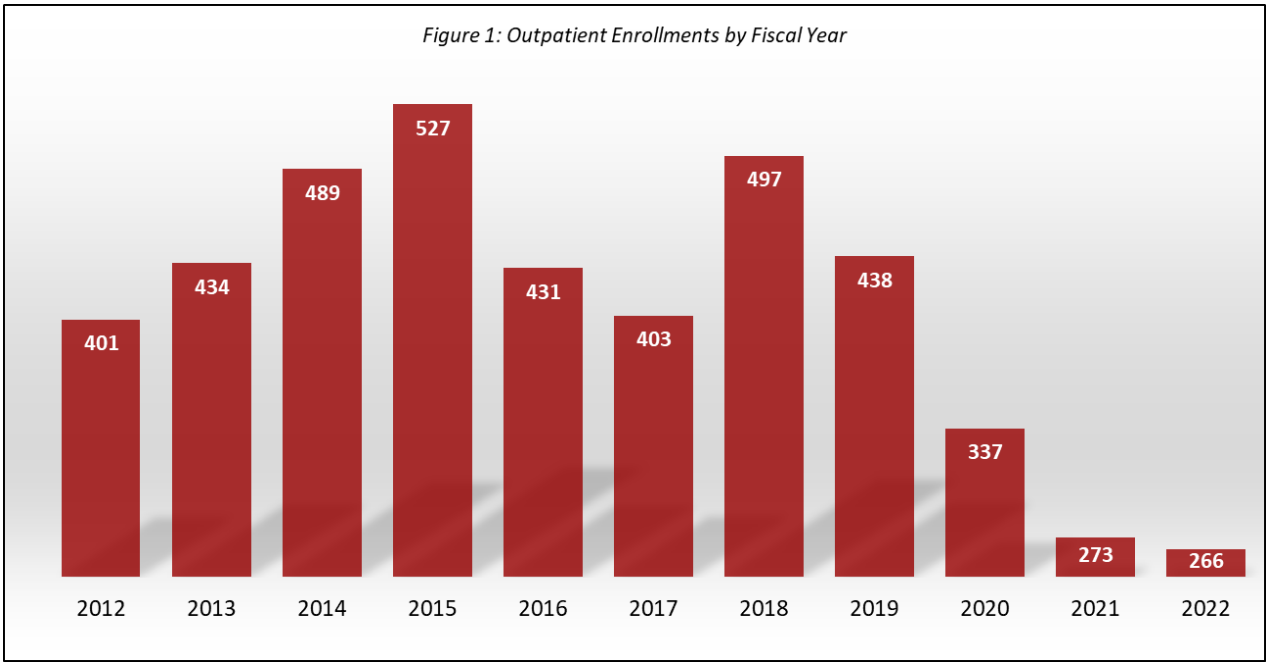
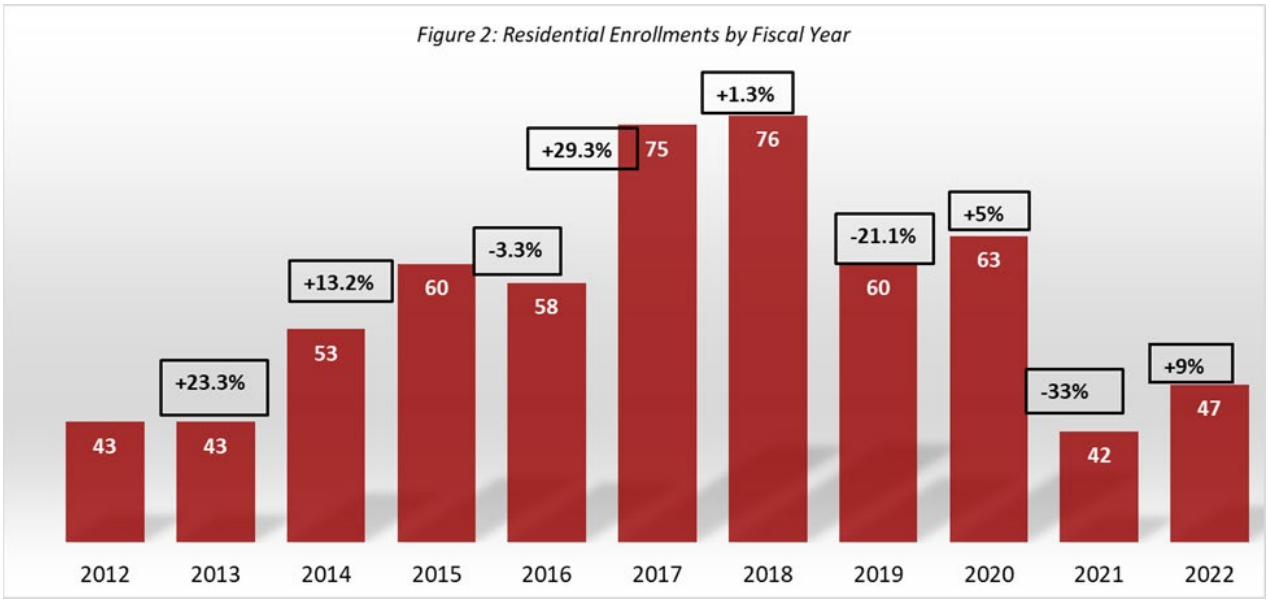


Figure 2: Residential Enrollments by Fiscal Year



DATA COLLECTION PROCEDURES

The data provided in this report represents clients who have received treatment or enrolled in one of five state-funded problem gambling treatment programs in fiscal year 2022. Demographic, gambling, and diagnostic data were collected during the intake process through a questionnaire administered by the clinician with the client present. Billing and services data were entered in the UNLV system monthly by the clinics. Treatment evaluation data were collected through confidential follow-up interviews with clients after they enrolled in treatment. Our methodological processes were approved by UNLV's Human Subjects Committee (protocol 711298-6). This list details our data collection processes:

- Clients seeking services enter clinic. During this time, the clinician completes the intake process, and then enters the data into UNLV's database.
- For each client, each month, clinics enter the number of contact hours, the type of service they provided, who provided the service and what their role is, and the amount billed.
- After completion of services or 60 days of no-contact with client, the clinician discharges the client from the UNLV database system and designates the reason for discharge.
- All clinics receiving funding from the state were asked to inform clients of this study during intake interviews and ask for their consent to be contacted for the follow up interviews and contact information. The individual clinics were responsible for obtaining signatures on consent forms from all clients agreeing to participate in confidential follow-up interviews.
    - Research assistants from UNLV-IGI then attempted to contact every client a minimum of four times to conduct computer-assisted telephone interviews (at varying times of day and weekdays/weekends). If clients did not answer, generic, non-identifying messages were left indicating that they were being contacted for a compensated UNLV study, and that they could contact our office to let us know the best time to contact them. When attempting to locate a client without a valid phone number, IGI sought updated contact information from the clinic where the client received treatment.
    - All clients who completed interviews were compensated with a $25 Visa giftcard.
    - All participants were read an informed consent statement describing the objectives of this research, informing them of their rights as a participant (including the right to refuse to participate), and detailing the strict confidentiality procedures of the research. Throughout the interview, clients were repeatedly reassured that their names would never be associated with their answers.
    - All participants then verbally consented to participate.
    - Clients were contacted at three different time points in their recovery process. The initial interview is conducted 30 days after completing an intake at a clinic. The second interview is conducted 90 days after intake, and the final interview is conducted 12 months after intake.
- A subset of clients were contacted a fourth time, more than one year after they had enrolled in their treatment program for an extended follow up interview.
    - Extended Interview participants were contacted via telephone and the same informed consent described above took place before the interview.
    - Extended interview participants were pre-screened and only those determined to be in long-term recovery were invited to continue.

- Before starting the interviews, participants were asked the following question:
  Which of the following statements best describes your gambling since enrolling in the program?
  (1) I have not gambled at all since enrolling in the program.
  (2) I had one slip where I gambled, then I got back on my recovery.
  (3) I had several slips since enrolling in the program, but now I'm back on track.
  (4) My goal is to control my gambling and I'm able to gamble without problems.
  (5) I'm not meeting my goals to stop or control my gambling.

  Only the people who selected options 1, 2, 3, or 4 were considered eligible for the interviews.
- Participants who completed the interviews were given a $40 Visa gift card.
- After obtaining the participants' permission, the interviews were audio-recorded and transcribed
- The transcripts were coded and analyzed by our team using inductive category development and grounded theory.
- To protect confidentiality and anonymity to our interviewees, we used pseudonyms in this report.

We conducted a total of 322 follow-up interviews with gambling clients at 5 different gambling treatment programs: Bristlecone Family Resources (44), Dr. Robert Hunter International Problem Gambling Center in Las Vegas (163), New Frontier Treatment Center (17), Reno Problem Gambling Center (53), and Mental Health Counseling and Consulting (MHCC) (45).

We also conducted 28 follow-up interviews with family members and loved ones of people with gambling problems who enrolled in treatment at Dr. Robert Hunter International Problem Gambling Center (8), Reno Problem Gambling Center (14), MHCC (4), and Bristlecone Family Resources (2). Family members are encouraged to attend treatment in order to support the people with gambling problems in their lives as well as to recover from their own related problems associated with a loved one's gambling behaviors.

The completed interviews (*n*) associated with the clinics varied widely, with some clinics represented by significantly fewer completed interviews. Additionally, the overall characteristics of the client base at each clinic varies widely, in ways that may affect clients' participation in treatment to address problems related to their gambling. Some providers serve a client base with additional challenges, such as greater engagement with the criminal justice system, who are also receiving other mental health or addiction services, and/or clients who are homeless or at high risk for homelessness.

These challenges impact our ability to contact clients for interviews about their experiences in treatment as well. Our biggest research challenge is locating clients post-treatment; phone numbers are out of service or clients simply do not return calls. Predictably, we observe the most success contacting clients for the 30 day interview (104), followed by the 90 day interview (98), and the least success at the 12 month interview point (78).

The tables and figures in the treatment evaluation portion of this report summarize the follow up interviews using ratings of items from the Mental Health Statistics Improvement Program

(MHSIP) questionnaire, as well as additional questions specific to problem gambling. The first section presents data from all the clinics and is organized by time of interview (30 day, 90 day, and 12 month). To facilitate interpretation, we have broken the items down into four broad categories: access to treatment services (α=*.601*)[1], treatment quality and helpfulness (α=*.923*), treatment effectiveness (α=*.924*), and overall ratings of treatment services (α=*.871*). During the interviews, participants were asked to rate their level of agreement with various statements on a five-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5). Scores closest to 5 indicate the strongest level of agreement. We also asked about current gambling behaviors (as of time of interview) and engagement with community based support groups.

Finally, we asked participants open-ended questions about the quality of their treatment services. These questions were as follows:

- What was the most helpful part of the program for you?
- What was the least helpful part of the program for you?
- Were there any services that were not provided by the problem gambling treatment program that you would have liked to see provided?
- Finally, we asked participants if they would like to share any additional elements of their "story" with the research team.

We coded answers using inductive category development.[2] Where appropriate, we elaborate on the quantitative data with quotations from participants to give a human voice to their experiences in treatment. [3]

[1] Cronbach's alpha measures the internal consistency of items in a scale. Numbers approaching 1 indicate high internal consistency. Our measures show high internal consistency, meaning that we are confident that we are measuring what we intend to measure.

[2] Categories are developed based on frequency and significance, through a continuous process of coding and interpretation.

[3] The quotations throughout this report represent statements from participants engaging in treatment at all programs.

DEMOGRAPHICS OF TREATMENT POPULATION

Table 1. Client Demographic Characteristics, FY 2022	Outpatient Gamblers N=266	Residential Gamblers N=47
Average Age	46 years old	38 years old
Gender		
Male	58%	66%
Female	42%	34%
Ethnicity		
White, non Hispanic	64%	76%
Hispanic of Latino/a/x	15%	13%
Native American or Alaskan Native	2%	5%
Black or African American	11%	5%
Asian	6%	0
Native Hawaiian or Other Pacific Islander	3%	0
Other race or ethnicity	1%	0
Marital Status		
Single, Never Married	40%	64%
Separated, Widowed, Divorced	31%	30%
Married or Live-in Partner	28%	6%
Education		
Less than High School	6%	17%
High School or GED	33%	43%
Some College	38%	38%
Bachelor's Degree or More	22%	2%
Veteran Status		
Yes	6%	4%
No	94%	96%
Household Income		
Less than $10,000	13%	55%
$10,000-$14,999	8%	23%
$15,000-$24,999	7%	9%
$25,000-$35,999	9%	4%
$35,000-$49,999	15%	4%
$50,000-$74,999	17%	4%
$75,000-$99,999	10%	0
$100,000-or more	17%	0
Declined to answer	5%	0

TREATMENT ENTRY

Clients entering treatment are assessed for several factors that could hinder or assist in their recovery. Living arrangements, employment and disability status, health insurance coverage are stability factors that impact recovery. Our residential treatment population has less financial stability and more unstable living arrangements.

Table 2. Stability Factors FY 2022	Outpatient Gamblers N=266	Residential Gamblers N=47
Housing Tenure		
Own	26%	5%
Rent	54%	20%
Neither own nor rent	20%	76%
Living Arrangements		
Living Alone	21%	2%
Living with Partner or Spouse	27%	2%
Living with (theirs or partner's) Family	28%	4%
Living with Friends/Roommates	9%	4%
Unhoused/Shelter/Couchsurfing	2%	4%
Other Living Arrangements	13%	84%
Employment Status		
Full-Time	56%	13%
Part-Time	11%	4%
Disabled or Retired	14%	4%
Unemployed	16%	79%
Other	2%	0
Disability Status		
Physical or Mental Disability, able to work	18%	21%
Physical or Mental Disability, not able to work	8%	4%
No Disability	74%	75%
Works in a Gambling Environment		
Yes	17%	9%
No	69%	70%
N/A, not working	14%	21%
Able to Meet Personal/Family Financial Needs		
Yes	66%	24%
No	34%	76%
Currently Has Health Insurance Coverage		
Yes	87%	98%
No	14%	2%
Type of Health Insurance		
HMO or PPO	36%	6%
Medicaid	28%	85%
Medicare	9%	6%
Other type	27%	3%

Clients entering treatment have experienced significant negative impacts from their gambling, including legal issues, numerous financial losses, personal and relationship impacts. Gambling related harms are more severe among the residential population.

Table 3. Gambling Harm and Loss FY 2022	Outpatient Gamblers N=266	Residential Gamblers N=47
Legal issues experienced as a result of gambling		
Previous Arrest	9%	10%
Outstanding/Pending Charges	4%	4%
Jail or Prison Sentence	8%	11%
Probation or Parole	4%	6%
Mandatory Restitution	2%	2%
Gambling Diversion Court or Drug Court	2%	4%
Has Broken Laws to Finance Gambling or Because of Gambling		
Yes	33%	83%
No	62%	17%
Declined to Answer	5%	0
Personal Loss Experienced as a Result of Gambling		
Divorce, Separation, or Family Estrangement	24%	64%
Loss of Close Friends or Romantic Relationships	26%	51%
Loss of Physical Health	21%	26%
Loss of Mental Stability	53%	57%
Despair, Loss of Hope	46%	43%
Job Loss	13%	26%
Financial Loss	80%	71%
Financial Loss Experienced as a Result of Gambling		
Loss of work productivity	23%	43%
Loss of credit (low credit score/bad credit)	50%	41%
Use of Payday Loans or Cash Advances	52%	33%
Sold or Pawned Possessions	47%	79%
Debt	52%	45%
Loss of Savings	58%	69%
Inability to Pay Mortgage or Rent	38%	57%
Inability to Pay for Food or Groceries	28%	55%
Inability to Pay Utility Bills	27%	53%
Inability to Make Credit Card Payments	40%	21%
Average Gambling-Related Debt Currently Owed		
	$30,782	$1,050
Public Assistance Received in the Past 12 Months as a Result of Gambling		
Healthcare	18%	67%
Food Assistance	21%	17%
Housing	9%	0

Clients with gambling problems have several related health concerns, such as suicidal thoughts and suicide attempts, other co-occurring substance and behavioral problems, interpersonal violence, and family histories of addiction.

Table 4. Health Factors FY 2022	Outpatient Gamblers N=266	Residential Gamblers N=47
Suicidal Thought Frequency in Past 12 months		
Never/almost never	68%	64%
A few times a month or less	26%	26%
One to five times a week	3%	5%
Daily or Almost Daily	3%	2%
Current Desire to End Life by Suicide		
No Desire	90%	86%
Mild to Moderate Desire	8%	12%
Strong Desire	0	0
Prior Suicide Attempts		
Yes	18%	43%
No	81%	55%
Experienced physical violence, sexual violence, stalking, or severe psychological harm within relationship in the past 12 months		
Yes	9%	31%
No	87%	69%
Problematic Substance Use in Past 12 Months		
Alcohol	27%	38%
Cannabis	12%	28%
Nicotine	25%	51%
Opiates/Opioids/	5%	32%
Methamphetamines	15%	77%
Other Substances	3%	9%
Problematic Behaviors in Past 12 Months		
Non Gambling Video Gaming	8%	17%
Mobile/Phone Games	13%	26%
Internet Overuse or Misuse	8%	30%
Shopping	9%	28%
Sexual Behaviors	6%	28%
Food or Eating Habits	16%	28%
Other Behaviors	7%	30%
Family History of Addiction		
Primary relative	62%	87%
Other relative	7%	4%
None	32%	9%
Family History of Gambling Problems		
Primary relative	42%	59%
Other relative	7%	4%
None	52%	37%

The majority of clients entering treatment are entering treatment for the first time and have a diagnosis of severe gambling disorder. Many of them had sought out self-help and community support groups but needed more structured and professional treatment services. Seeking treatment at less severity can improve treatment outcomes and prevent further social and individual harms caused by gambling disorder.

Table 5. Treatment Considerations FY 2022	Outpatient Gamblers N=266	Residential Gamblers N=47
Previous Enrollments in a Gambling Treatment Program		
None, first time in treatment	65%	72%
One prior enrollment	24%	19%
Two or more	11%	9%
Has Previously Attended a Community/Peer Support Meeting		
Yes	43%	36%
DSM-5 Score (0-9)	7.4 (average)	7.0 (average)
Subclinical Gambling Disorder	3%	4%
Mild (4-5)	12%	21%
Moderate (6-7)	27%	28%
Severe (8-9)	56%	45%

TREATMENT SERVICES OUTCOMES

Overall, the treatment participants we interviewed provided very positive assessments in an impressive variety of spheres – including access to services, treatment quality and helpfulness, treatment effectiveness, reduction in gambling behaviors, and overall ratings of the quality of service. Treatment is highly impactful on clients' quality of life, shown through sustained improvement in their relationships, employment, and problems related to gambling. Around 80% of clients reported improvement in these areas after 90 days post enrollment and continued to see improvement after 12 months post enrollment.

Significantly, 70% percent of clients exiting treatment in fiscal year 2022 system-wide were discharged successfully, meaning they had completed at least 75% of their treatment goals, completed a continued wellness plan, and had not engaged in problem gambling behaviors for at least 30 days prior to discharge.

Based on our analysis of both quantitative and qualitative data, we found that respondents were most positive about the cost of treatment services, treatment access, group counseling, the educational information provided, and the bonds they shared with their peers in treatment.

Although participation in treatment appears to help clients abstain from gambling during their actual time in treatment, around half of our participants indicated that they had gambled again a year after entering treatment – an unsurprising rate in the field of addiction studies. As gambling scholars and clinicians move away from pure abstinence models of recovery as the only means of addressing gambling problems, it is important to recognize that clients may prioritize reduction in levels of gambling as their primary goal in treatment. Treatment aimed at reducing gambling, like treatment aimed at establishing abstinence from gambling, helps to reduce the harms associated with gambling. In this vein, we feel it is important to specify that while 66% of clients had gambled in some form within the year following treatment entry, over 90 percent of clients had reduced their levels of gambling since entering treatment. Like abstinence from gambling, this reduction in gambling activities significantly impacts the problems they experience that are associated with their gambling and with their quality of life.

Ultimately, clients expressed feelings of self-awareness, acceptance, achievement, and hope after the completion of their treatment. Given these clients' often desperate statuses when they arrive at these clinics, these pages reveal dramatic improvements. Participants indicated that these programs helped to increase their confidence, empower them, give them the strength to avoid gambling, and in many cases, saved their lives. These strong outcomes represent a genuine victory for those dedicated to helping problem gamblers turn their lives around in the state of Nevada – and emphasizes the crucial need to continue supporting these programs.

ACCESS TO TREATMENT SERVICES

The ability to easily access treatment services is arguably one of the most important components of recovery from addiction. If problem gamblers experience cost, transportation, or other access barriers, the likelihood that they will participate in treatment, and thereby recover from their addiction, declines dramatically. Clients expressed tremendous gratitude that services were available to them. Many clients expressed transportation difficulties or scheduling conflicts but felt that the sacrifices they had to make were warranted given the value of the services they received. The selection of quotes below show how important quick access to free treatment has been in helping participants get on the path to recovery.

> *"To give me all that help free of charge is amazing. I cannot believe they have a service that is as educational and informative. I voluntarily give what I can give."*
>
> *I want to thank everyone in the program for giving this free course or free lesson for people to take. I did not spend any money to get help."*
>
> *"Really the accessibility number one and you know trying to find mental health assistance right now is almost impossible. I made a lot of calls to counselors , they were booked or not taking patients. For me when I called or reached out online for someone to answer my call right away was a relief."*

Access to services became especially important for clients during the Covid-19 pandemic. So much was uncertain for them; stability was threatened, family relationships strained, health in jeopardy. All these led to crisis for many clients who turned to treatment providers for support that they needed to stop or control their gambling. Although clinics also faced tremendous challenges continuing to provide services through the crisis, they remained flexible and available to support their clients, which was consistently mentioned by participants in this research.

In the interviews, we asked program participants to evaluate five aspects of their access to treatment services. In Table 2 below, we display average scores for these five items. Overall, the mean scores are very high, indicating a strong level of agreement with each of the positively worded statements (average scores are above 4, meaning that the overall average response is between "agree" and "strongly agree").

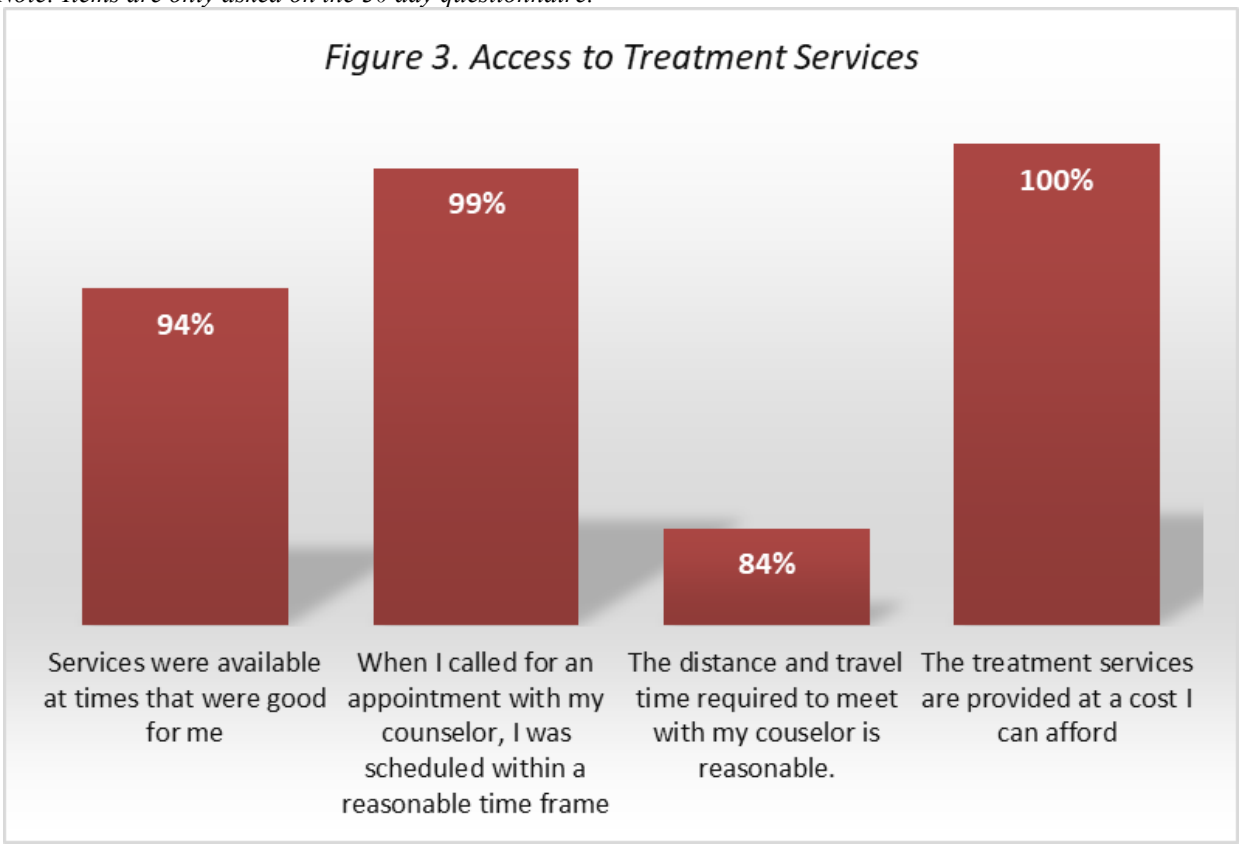
Table 2. Average Ratings of Access to Services

ACCESS TO SERVICES	**Average Score**
(Cronbach's α = .601)	
1. Services were available at times that were good for me.	4.52
2. When I called for an appointment with my counselor, I was scheduled within a reasonable time frame.	4.78
3. The distance and travel time required to meet with my counselor was reasonable.	4.33
4. The treatment services were provided at a cost I could afford.	4.86

Note: These questions are only asked on the 30 day follow-up questionnaire.

Figure 3 (below) presents the percentage of participants who agreed or strongly agreed with each statement related to access to treatment services. A large majority of clients felt positively about their access to treatment services, although several clients we spoke with still struggled with accessing services, particularly those with transportation difficulties and those that live in rural areas.

Note: Items are only asked on the 30 day questionnaire.



TREATMENT QUALITY AND HELPFULNESS

In Table 3, we present average scores for items related to the quality of treatment and the helpfulness of treatment staff and services, organized by length of time since starting treatment. Treatment participants responded most positively to items measuring staff encouragement and group counseling. Overall, participants provided extremely positive feedback about the quality and helpfulness of the services they received. All average scores are over 4, indicating an overall average response between strongly agree and agree.

Table 3. Average Ratings of Treatment Quality and Helpfulness

TREATMENT QUALITY and HELPFULNESS	**Average Score**		
(Cronbach's α = .923)	*30 day*	*90 day*	*12 month*
5. I felt comfortable sharing my problems with my counselor.	4.75		
6. Staff have encouraged me to take responsibility for how I live my life.	4.65		
7. Staff have been sensitive to my cultural background (race, religion, language, etc.).	4.63		
8. Group counseling has been helpful.	4.66	4.51	4.16
49. Individual counseling has been helpful.	4.71	4.64	4.49
10. Family counseling has been helpful.	4.50	4.38	4.10
11. My aftercare plan has been helpful.	4.54	4.63	4.08

Clients overwhelmingly report that group counseling is the most helpful aspect of their treatment. However, not everyone is comfortable in a group setting, and they have expressed the appreciation for the flexibility that the programs offer to accommodate their needs. The combination of group and individual therapy seems to work well for most clients.

> *"Initially the most helpful part is making the commitment to spend time in the program. Being there and having the support from all the people in the group and support from the people running it was super helpful. I felt like I had a good core support system, and that's what I needed."*

> *"All of it has been helpful. It saved my life. Period. That was a crazy time.. I was in active gambling for a year and a half. They saved my life. Everything about it was beneficial. The clinical support was the best. I needed to understand what was going in my brain. I needed every bit of it and all they gave me."*

Figures 4 and 5 (below) represent the percentage of participants who positively rated the quality and helpfulness of their treatment. Over 80% of participants agreed or strongly agreed across all measures that they received high quality treatment and that staff were helpful. They felt comfortable sharing their problems with their counselor, staff encouraged them to take responsibility for how they lived their lives, staff were sensitive to their cultural backgrounds, and group and individual counseling services were helpful.

Figure 4. Treatment Quality

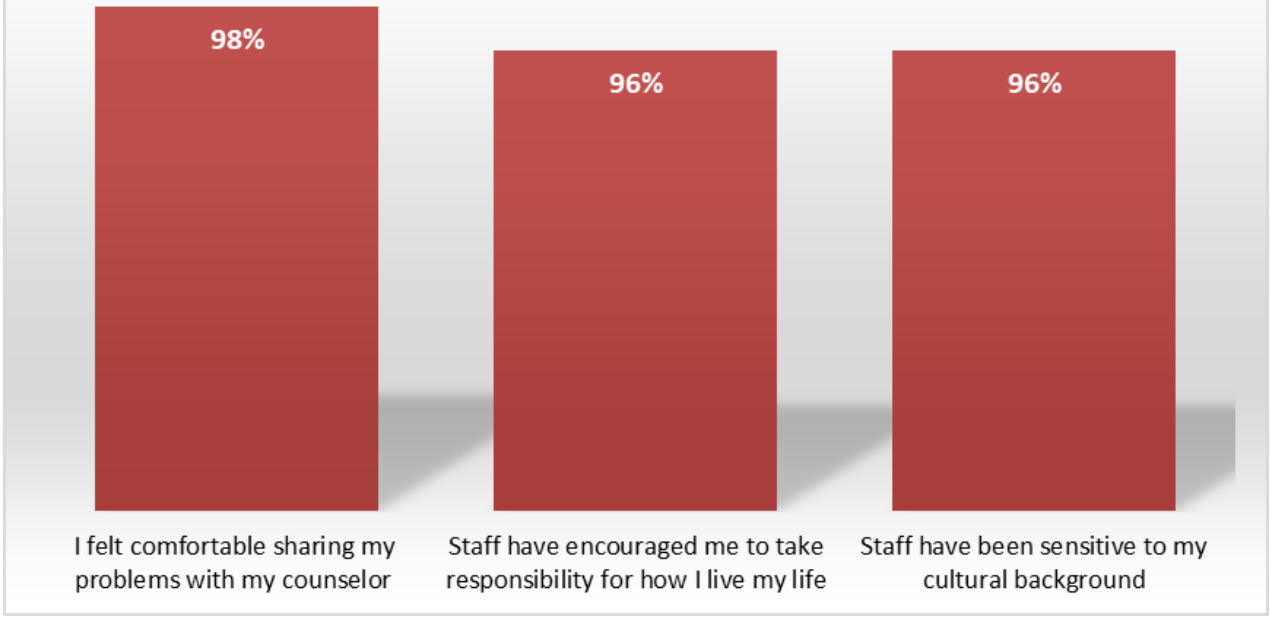
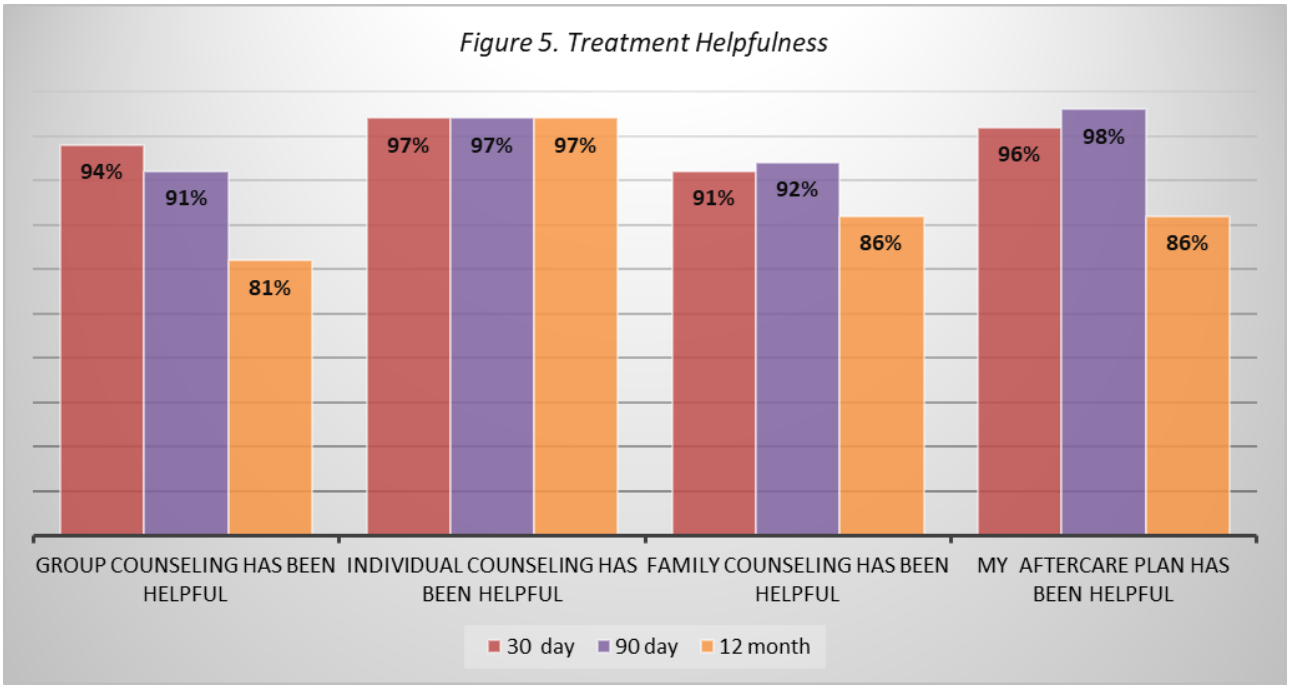


Figure 5. Treatment Helpfulness



GROUP COUNSELING

The importance of group counseling was expressed by program participants most strongly in their responses to the open-ended question asking about the most helpful aspect of their treatment services ("What was the most helpful part of the program for you?"). In fact, group counseling was the most praised component of program services among all participants. A small percentage of participants expressed feeling insecure while sharing their personal experiences with the group or not feeling the camaraderie that they had expected with a particular group; however, they were appreciative that the programs have different types of treatment options available and are willing to work with clients to give them the type of help they want and what they think will work best to address their gambling problems.

The comments below reflect the overwhelming satisfaction that clients have with the group therapy format:

> *"It's slightly uncomfortable at the beginning. You don't know who these people are in group. But after a while, seeing people come in and out at different times, you get to see people at the beginning and end. You can see the change in people and it was genuinely very helpful"."*

> *"The most helpful part is the group therapy with a guided therapist. It's better than people just talking about it like at gamblers anonymous. We are all going through the same thing, listening to others, and changing our lifestyles.."*

> *"The thing I appreciated the most is the actual group counseling and hearing other people's stories. It's important to know you are not in this alone, that other people share those situations and the emotions that go along with it. That was helpful."*

Being in group therapy gives participants a sense that they are not alone and that their problems are surmountable. Many of them have expressed that, prior to treatment, they felt alone and that no one could understand what they were going through. In group therapy, they are able to see that so many others share their experiences and draw inspiration from those that have been successful in dealing with their gambling problems. They feel a sense of obligation to the group as well, which becomes motivating to them in times of uncertainty because they do not want to let down the group. Although group therapy is the most highly praised among participants, it was not for everyone. For those who did not connect in the group setting, they expressed gratitude that individual therapy was also available.

THE CLIENT-COUNSELOR RELATIONSHIP

Participants often talked about the quality of the relationships they had with their counselors and other staff at the clinics. They feel welcomed, unjudged, supported, and in the hands of experts. They especially appreciate having counselors who have shared their experiences with addictions.

> *"My counselors were always there for me no matter what. I have a lot of medical issues. If I could not make it for whatever reason, my counselor would always call to make sure I was OK. They never got frustrated with me or had an attitude towards me. I don't know how to describe it. They are very caring and they really want to help the people that are there. Just super."*

> *"My counselor was always supportive and I could reach out to her anytime. I could easily communicate with her. She really could help me with any issue I was having and would even Zoom with me when there wasn't a meeting scheduled."*

> *"When you go to a one-on-one, you learn so much. Talking about trauma and a lot of different things. It's such a big relief. I love that I have a one-on-one interaction with a true professional in addiction knowledge. It's a higher level, I really appreciate it."*

> *"Certain things I do not say in front of my group. Socially, I'm not reclusive but I do not allow people to know me that well. In one-on-ones I feel a lot more comfortable. My counselor knows me better than anyone in the world since my mother passed. She was really someone I could talk to."*

Relationships with counselors set the foundation for participants' recovery. Several people who had experienced "slips" or relapse felt that they could return to treatment and be welcomed by their counselors.

INFORMATION AND EDUCATION

Several participants commented on how the information and education they received during their time in treatment was the most helpful part of the program for them. A selection of quotations illustrating this idea is presented below:

> *"The education. The actual realization that no matter what, my odds will never change. No matter how I play, it does not mean that it will hit. It is switching and resetting every time. That is what got me. It is not like I can out-strategize the machines."*

> *"They had a money class. I think it was really good. It made me think about my future and what I was doing with my money."*

> *"The education that I received from the staff was good. They are very knowledgeable about psychology and psychiatry. I learned about the brain and what happens during addiction. I could understand before why it was such a problem."*

Participants expressed that having this knowledge helped them understand their own behaviors and reduced the shame and stigma they felt as a result of their gambling problem. They found it empowering to help them reduce or quit their gambling.

TREATMENT EFFECTIVENESS

Participants' ratings of access to and the quality of their treatment services are important indirect indicators of treatment effectiveness, but more direct measures of treatment effectiveness come from participants' self-reports of improvement in daily life functioning. In Table 4 (below), we present mean scores for items that evaluate the extent to which treatment services have resulted in measureable improvements in personal, family, financial, professional, and overall well-being. For each of the positively worded statements below, participants were asked whether they had observed improvements in their lives "as a direct result of services [they] received." As with ratings of treatment services, items measuring treatment effectiveness were categorized on a 5 item Likert Scale from Strongly Agree (5) to Strongly Disagree (1), such that higher means represent greater agreement with the statement.

Table 4. Average Ratings of Treatment Effectiveness

TREATMENT EFFECTIVENESS	**Average Score**		
(Cronbach's α = .924)	*30 day*	*90 day*	*12 month*
12. I deal more effectively with daily problems.	4.30	4.48	4.19
13. I am better able to control my life.	4.43	4.40	4.21
14. I am better able to deal with crisis.	4.30	4.31	4.18
15. I am getting along better with my family.	4.27	4.30	4.04
16. I do better in social situations.	4.09	4.10	3.86
17. I do better in school and/or work.	4.24	4.40	4.07
18. My housing situation has improved.	3.95	4.13	3.77
19. My symptoms are not bothering me as much.	4.11	4.23	3.82
20. My financial situation has improved.	4.12	4.27	4.04
21. I spend less time thinking about gambling.	4.17	4.21	4.09
22. I have reduced my problems related to gambling.	4.43	4.53	4.26
23. I have re-established important relationships in my life.	4.06	4.16	4.03

Overall, participants reported improvement in all categories of life functioning. The levels of observed improvement were highest for being able to deal more effectively with daily problems (Item 12), being able to better control one's life (Item 13), and reducing problems related to gambling (Item 22). Observed improvement was lowest for participants' housing and financial situations (Items 18 and 20). These two particular items are arguably the most difficult to improve over the course of treatment since they are influenced by external factors beyond the impact of treatment services. Often the financial damage from problem gambling is catastrophic and takes years to improve. Participants expressed wanting more help from programs in addressing financial issues and more help meeting basic needs while entering recovery.

Figures 6 and 7 below illustrate the percentage of clients who positively rated the statements regarding the effectiveness of their treatment.

Figure 6. Treatment Effectiveness

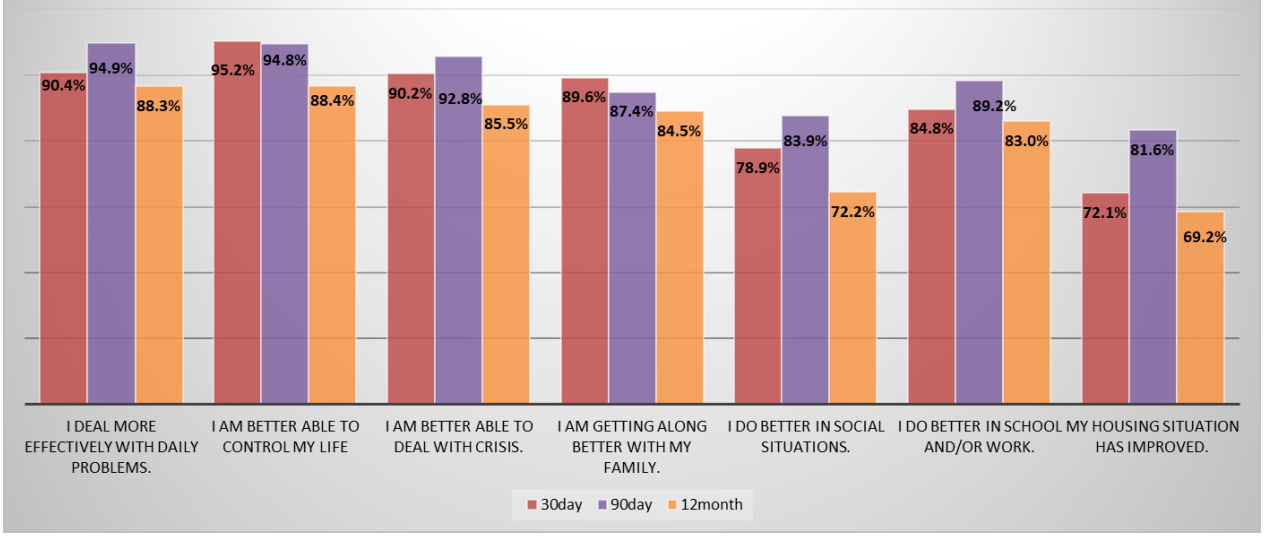
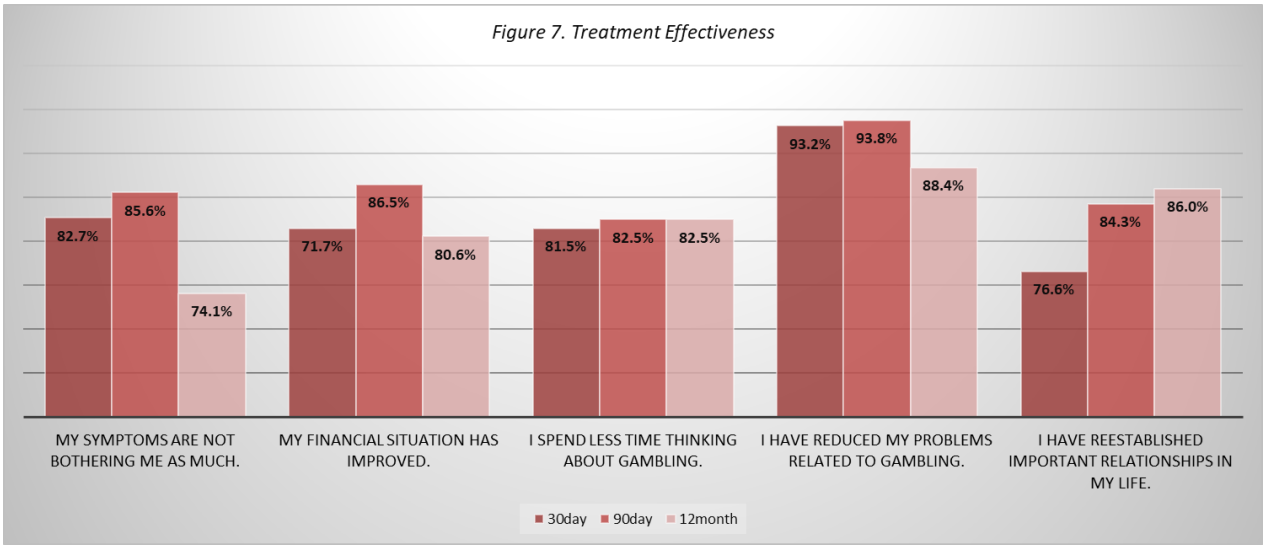


Figure 7. Treatment Effectiveness



The effectiveness of treatment on reducing gambling behaviors and improving quality of life was also clear from the responses to the open-ended questions asked of participants.

> *"I never thought I could quit. It is such a good program. I don't even want to gamble. IOP helped me quit, but aftercare is just as important. You can always slip, and I'm not trying to do that. I attend relapse prevention. I do counseling regularly. I keep going. I love that place. It changed my whole life."*

> *"You get what you put into things. If you just sit there, you get nothing. If you actually do what they say, it's really going to make a difference."*

Participants consistently spoke about how treatment helped them to become more self-aware and accept themselves, gave them feelings of hope, and gave them tools that helped them reduce their gambling behaviors.

OVERALL QUALITY

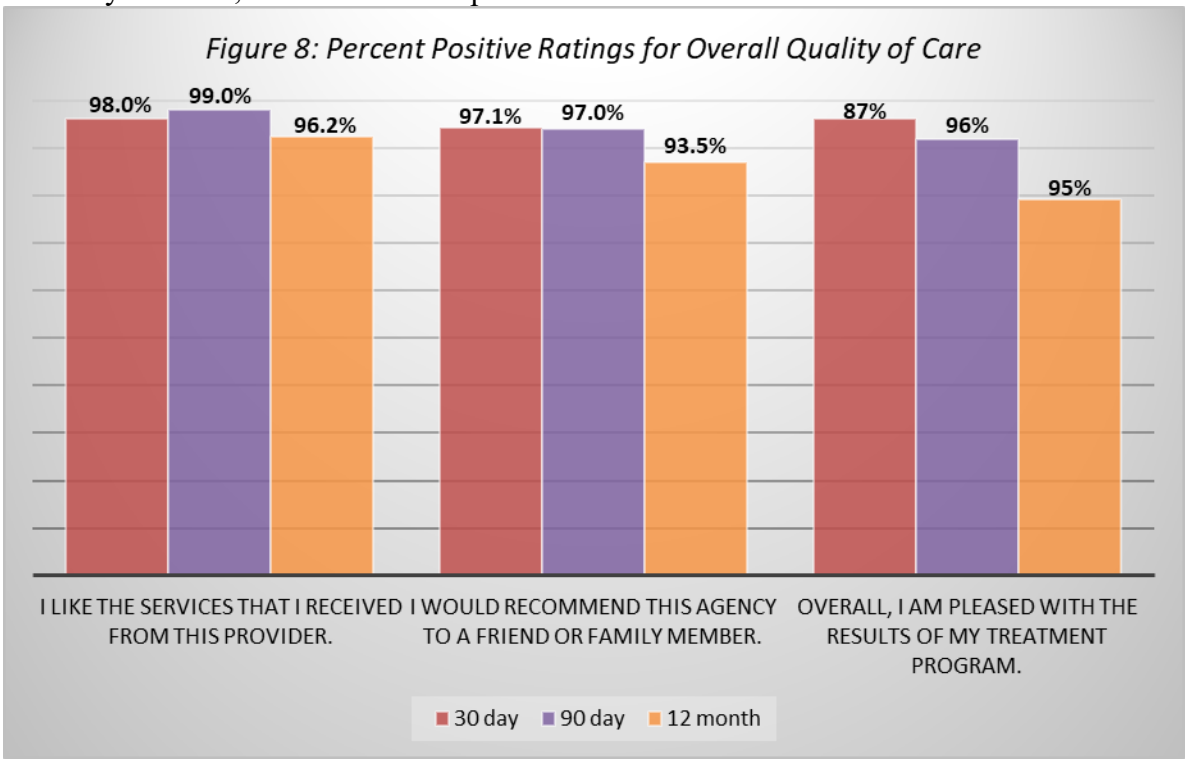
The fourth domain of the treatment evaluation included questions on the overall quality of the treatment. Results in Table 5 suggest that participants are overwhelmingly positive about the overall quality of the program. In fact, the item that asks participants if they would recommend the agency to a friend or a family member was one of the most positively rated items on the questionnaire.

Table 5. Average Ratings of Overall Quality Indicators

OVERALL QUALITY	**Average Score**		
(Cronbach's α = .871)	*30day*	*90 day*	*12 month*
25. I like the services that I received from this service provider.	4.72	4.81	4.58
26. I would recommend this agency to a friend or a family member.	4.76	4.78	4.55
27. Overall, I am pleased with the results of my treatment program.	4.74	4.67	4.30

Note: None of the differences between the 30 day, 90 day, or 12 month groups are statistically significant.

Figure 8 illustrates the strong level of agreement with statements asking participants about their overall experiences with the treatment program. Over 85% of participants agreed or strongly agreed that they liked the services they received, that they would recommend the agency to a friend or family member, and overall were pleased with their results.



When participants were asked about the *least helpful* components of the treatment program or what they would change about the program, they typically mentioned scheduling conflicts, conflicts with specific counselors, outdated printed materials, and the lack of suitable alternatives to Gamblers Anonymous (GA) for support in the community. We discuss GA later in this report.

IMPACT OF SERVICES ON GAMBLING BEHAVIORS AND OTHER SUBSTANCE USE PROBLEMS

We also asked participants a series of questions related to their prior and current gambling behavior and problems with other types of addictions – a challenge with significant ramifications for several of the state's treatment clinics. In addition to basic descriptive statistics in this section, we present Pearson correlation coefficients to demonstrate the extent to which participants' ratings of their treatment services are significantly associated with improvements in gambling behaviors.

GAMBLING BEHAVIORS

The impact of treatment services on gambling behaviors is impressive. Over 97% of all participants had reduced their gambling since the time when they gambled most heavily. Complete abstinence from gambling was highest at 30 days post enrollment, with 56% of participants reporting no gambling since enrolling in treatment. After 90 days, that number drops to 52%, and at 12 months 36% of participants had not gambled at all since enrolling in treatment. Many people had experienced some "slips" where they gambled once or several times, but they were able to get back into their recovery and were doing well at the time of the interview.

Only a small percentage of people we interviewed had gambling reduction as their treatment goal, the vast majority seeking complete abstinence from gambling. Another small percentage of participants were not meeting their goals at the time of the interview. At 12 months post-enrollment, around 8% of participants were not meeting their goals to quit or control their gambling, compared to only 4% at 30 days. Among these individuals who returned to gambling regularly after receiving treatment, the most common types of gambling included slot machines and video poker.

Our findings suggest that participating in treatment helps people abstain from gambling during their actual time in treatment and that effect may diminish over time. Table 6 shows that engagement in gambling increases as time since intake in the program increases. These differences in gambling behaviors between time of interviews are statistically significant (at $p<.001$).

Table 6. Current Gambling Behaviors

Which of the following statements best characterizes your gambling since enrolling in the program….	**% "Yes"**		
	30 day	*90 day*	*12 month*
28. … I have not gambled since enrolling into the program.	62%	57%	34%
29. … I had one "slip" where I gambled, then got back on my recovery program.	11%	15%	9%
30. … I've had several "slips" since enrolling in the program and am back on track.	14%	17%	17%
31. … My goal is controlled gambling, and I am gambling and meeting my goal to gamble without problems.	9%	7%	27%
32. … I am not meeting my goal to stop or control my gambling.	5%	3%	13%
33. Thinking back to the period of time when you gambled most heavily, have you reduced your gambling since this time?	97%	98%	92%

Table 7, on the next page, demonstrates several statistically significant correlations between reduction in gambling behaviors and evaluation of treatment services. The shaded boxes show items that are strongly correlated.

In order to assess reduction in gambling behaviors and harms from gambling, participants were asked how much they agreed with the following statements:

- I spend less time thinking about gambling (5 pt. Likert Scale).
- I have reduced my problems related to gambling (5 pt. Likert Scale).
- My symptoms are not bothering me as much (5 pt. Likert Scale).
- Which of the following statements best characterizes your gambling since enrolling in the program?
    1. I have not gambled since enrolling into the program.
    2. I had one "slip" where I gambled, then got back on my recovery program.
    3. I've had several "slips" since enrolling in the program and am back on track.
    4. My goal is controlled gambling, and I am gambling and meeting my goal to gamble without problems.
    5. I am not meeting my goal to stop or control my gambling.

  We categorized answers to this question as "meeting goals" (answers 1-4) or "not meeting goals" (answer 5).

There are strong and moderate positive correlations between evaluation of treatment services and a reduction in problems related to gambling, spending less time thinking about gambling, meeting gambling goals, and a reduction in symptoms. Simply put, participants who report they have improvement in their lives related to a reduction in gambling behaviors also evaluate their treatment services highly.

Positively rating treatment services has been shown to improve outcomes. For a more detailed account, see Monnat, Bernhard, Abarbanel, St. John, and Kalina's (2014) article "Exploring the Relationship between Treatment Satisfaction, Perceived Improvements in Functioning and Well-being and Gambling Harm Reduction among Clients of Pathological Gambling Treatment Programs." The article uses data collected in previous years as part of the Nevada Problem Gambling Study and is published on pages 688-696 of Volume 50, Issue 6 of *Community Mental Health Journal*.

Table 7. Correlations between Reduction in Gambling Behaviors and Evaluation of Treatment Services

	I spend less time thinking about gambling	**I have reduced problems related to gambling**	**My symptoms are not bothering me as much**	**Currently meeting my goals to stop/ control my gambling**
Overall, I am pleased with the results of my treatment program.	.457***	.588***	.465***	.466**
I like the services that I received from this service provider.	.367***	.517***	.397***	
I would recommend this agency to a friend or a family member.	.377***	.590**	.397***	.346**
Family counseling has been helpful.	.493**	.435**	.532**	
My aftercare plan has been helpful.	.461**	.520**	.474**	.312**
Individual counseling has been helpful.	.342**	.470**	.390**	.329**
Group counseling has been helpful.	.391**	.445**	.392**	

*Note: ***significant correlation at the p<.001 level; **at the p<.01 level; *at the p<.05 level. Positive correlations indicate that ratings of services and level of agreement with statements about improvement in gambling behavior increase together. Dark gray shaded cells indicate a moderate to strong correlation; unshaded cells indicate a weak strength correlation. Blank cells indicate correlation was not significant or very weak.*

INVOLVEMENT IN SELF-HELP GROUPS

Several of the treatment programs encourage or require clients to participate in community support groups, such as Gamblers Anonymous (GA), GamAnon, Celebrate Recovery, or Smart Recovery. These groups can provide support for long term recovery after a client has left the gambling treatment program, and/or provide complementary support in the community during treatment.

Table 8 (below) shows how strongly participants felt they were encouraged to use GA and whether they actually attended GA during their treatment program. Items were categorized on a 5-item Likert Scale from Strongly Agree (5) to Strongly Disagree (1), such that higher scores represent greater agreement with the statement. Most participants were encouraged to use GA, although not as many actually attended GA while in treatment.

Table 8. Involvement in Community Support Groups

COMMUNITY SUPPORT USE DURING TREATMENT	**Average Scores**
(Cronbach's α = .416)	
33. During my treatment program, I *have been encouraged* to use Gamblers Anonymous and/or GamAnon or another community support group on a regular basis.	4.61
34. During my treatment program, I *have attended* Gamblers Anonymous, etc. on a regular basis.	3.82

Note: Items 33-34 are only asked on the 30 day questionnaire.

Table 9 (below) reports current attendance at GA (or other community support groups), as indicated by an affirmative response to items with Yes/No response options. Approximately half of participants were currently attending GA at the time of the interview, and over 90% of respondents found these meetings to be helpful regardless of whether they were currently attending GA. A small percentage of participants attend other types of community support groups besides GA and similarly, found these groups to be helpful.

Table 9. Current Attendance and Evaluation of Community Support Groups

COMMUNITY SUPPORT USE AFTER TREATMENT	**% "Yes"**		
	30 day	*90 day*	*12 month*
35. Do you currently attend Gamblers Anonymous meetings?	56%	48%	33%
36. Have you found these meetings to be helpful?	86%	87%	72%
37. Do you currently attend any other types of community peer support meetings?	37%	34%	18%
38. Have you found these other meetings to be helpful?	95%	90%	72%

Although these data show great benefits from attendance at GA and other community support groups, participants expressed mixed feelings about these meetings. Some feel that GA is an effective complement to problem gambling treatment, while others have expressed strong dislike

for GA and 12-step programs in general. Participants spoke less often about other community support groups, often mentioning that they had "heard about" them but not participated. GA is the most widely used community-based support group among participants.

Participants generally see Gamblers Anonymous as complementary to their treatment programs and frequently comment that GA alone was not enough to help them fully address their gambling problems. To summarize, they mostly think GA provides value but not as a replacement for clinical treatment. Those who are critical of GA take issue with its spiritual orientation, relatively unorganized structure, and unwelcoming cliques. Those that feel comfortable and welcomed in GA are able to make use of it as a recovery tool.

> *"The difference between going there and GA is the educational aspect. GA is about emotion and just venting. The program gives you tools to make changes. "*
>
> *"GA is still useful but I got more from the therapy sessions. So I am a little bit of a scientist myself, so I did not relate AS MUCH to the spiritual aspect of GA versus what I learned at the program."*
>
> *"I don't like GA. I'm sure it's just me so I'm not going to critique the program. It's just a turn off to me all the spirituality or religious belief. There was an undertone of that which discredits things to me. I do not believe intelligent people should think about spirits. I know it's helpful for some. I do not critique people, it's just not for me."*

These finding suggest that clinics should check in with clients who are using GA and see if they are able to reap the benefits of that community support, and to help clients find suitable alternatives if GA is not a good fit for them.

COVID PANDEMIC IMPACTS

The Covid-19 pandemic has affected the treatment population in numerous ways that have been reflected throughout this report. It has changed the delivery of treatment services, the social aspects that treatment relies on for success, the urges and triggers that those with gambling problems have, the very way that gambling is occurring in Nevada, and importantly, created a lot of external stress and uncertainty that can create vulnerabilities in recovery. Though the impacts of the pandemic cannot be understated, our participants have adapted to the new social contexts. However, they continue to express the ways that the pandemic has specifically affected their treatment and recovery. Some representative quotes below:

"I got laid off because of the pandemic. This instigated a financial crisis for me because my income took a cut, but my gambling stayed the same or got worse because of all the free time. I had no money to take care of what I needed, so it snowballed. Losing my job really took me to rock bottom to seek help."

"The pandemic made a lot of things stressful and gambling is how I deal with most of my problems Throw some money in the machine. That is how I cope with it. It has been a stressful couple years for sure."

"Covid affected my roadway from recovery. It pushed me over the edge. It elevated my gambling. Yes, my gambling has always been compulsive, but the focus was so intense on getting away from the world that I fell into online poker, which is so addictive."

"My anxiety got so bad. I had stopped gambling in 2019, and then the pandemic hit and I was stuck at home. I was working and the anxiety was getting worse and worse and I started gambling. Nothing much helped my anxiety except to go out and gamble. I just felt trapped. My head was spinning, spinning at home."

LONG TERM RECOVERY

Our in-depth interviews with clients in long-term recovery revealed several attributes that contributed to their success. We highlight these using the concept of "recovery capital" as articulated and applied to problem gambling by Belle Gavriel-Fried.

RECOVERY CAPITAL

As Granfield and Cloud (1999) explained,

> recovery capital represents critical elements that an individual possesses or that exist within his or her immediate surroundings and that function to promote and sustain a recovery experience. […] It is embodied in a number of tangible and intangible resources and relationships, including those that existed prior to a person's drug involvement, during the period of drug use, and conditions likely to prevail in the future. It encompasses attitudes and beliefs that one has toward the past, present, and the future. (p. 179)

With their study, Granfield and Cloud highlighted the role of the social context when it comes to addiction, suggesting that a contextual understanding of recovery might be key for treatment professionals.

White and Cloud (2008) divided RC in three main categories:

- *Personal recovery capital,* which is composed of physical and human capital. Physical capital refers to the individual's economic assets (such as income, investments, properties), while human capital corresponds to the individual's characteristics, such as health, educational credentials, and employability (Cloud & Granfield, 2008; White & Cloud, 2008).
- *Family/social recovery capital,* which includes family and other intimate relationships. In this category, we also find sobriety-based fellowship and leisure as well as relationships with conventional institutions, such as religious organizations and workplaces (White & Cloud, 2008).
- *Community recovery capital,* which refers to "community attitudes/policies/resources related to addiction and recovery" (White & Cloud, 2008, p. 2) and includes aspects such as recovery community support institutions (e.g., recovery centers and treatment associations) and sources of sustained recovery support and early reintervention e.g., recovery checkups through treatment programs and recovery community organizations).

In 2018, Belle Gavriel-Fried applied the concept of RC to gambling addiction, showing that in the individual with a gambling disorder, an increase in the levels of RC corresponds to a decrease

in the levels of gambling severity. The results of a 2021 study she conducted with Lev-el "emphasize the impact of the environment and the community on people's gambling behavior, as well as the importance of policy that regulates, prevents and minimizes gambling-related harm" (p. 292). Thus, Gavriel-Fried (2018) looked at practical applications of RC within gambling addiction therapy, underlining the importance of including in the treatment elements that enrich the lives of individuals on the personal, cultural, and social levels.

In the next section, we summarized the study's findings, following the above-mentioned RC categories: personal, family/social, and community recovery capital.

FINDINGS

Following White and Cloud (2008) classification of RC we divided our findings in personal, family/social, and community recovery capital, which we summarized in Table 1 below. Moreover, we dedicated one final section to the effects of COVID-19 on participants' recovery, since our data revealed that the pandemic significantly affected participants' recovery.

Table 1

RECOVERY CAPITAL (RC)		
Personal RC	*Social/Family RC*	*Community RC*
Self-accountability Trigger management	Family-based support Friends' support	Treatment facilities Aftercare (GA)
Participants' relationship with casinos	Participants' support	
Religion and spirituality	Leisure time	

Recovery capital categories. Adapted from White and Cloud (2008)

PERSONAL RECOVERY CAPITAL

The analysis of our data led us to the understanding that personal recovery capital, especially in terms of human capital, played a key role in our participants' path to recovery. We referred to the classification proposed by Cloud and Granfield (2008), who include in the definition of human capital elements such as values, knowledge, educational/vocational skills and credentials, problem-solving capacities, self-awareness, self-esteem, and self-efficacy. In particular, we

focused on four main topics: self-accountability, trigger management, relationship with casinos, and religion and spirituality.

Self-accountability

Among the elements that helped most participants during the recovery, self-accountability was key. Interviewees highlighted that being able to self-reflect on their conduct and take responsibility for their actions represented a significant step. As Lina pointed out, during her recovery,

> *"There was no more faking or pretending, it was just being completely honest. And that was helpful. Be honest and say, "I'm struggling." I'm having a hard time right now, it feels uncomfortable. I need to watch that, so I don't get carried away"*

Lina's words underlined a pattern that several participants stressed, which was that self-accountability strongly depends on both being honest with themselves and recognizing the struggles related to their addiction.

Talking about self-accountability, interviewees often mentioned the financial aspect. As Luke explained,

> *"When I received treatment, I didn't think I had a problem, and then, seeing the impact I had on my family and everything else… and the financial troubles I caused myself, opened my eyes to where I am today. I caught up on my bills and I am not behind on anything. I'm not struggling for money. I was on the verge of my wife divorcing me. I was on the verge of losing my home. I already lost one car. So, a lot of bad decisions for the family. I didn't have my financial priorities straight."*

The financial aspect is connected to a central aspect of human recovery capital, which is physical capital. This concept refers to the individual's economic assets (Cloud & Granfield, 2008) and represented a major element in our participants' recovery for two main reasons. On the one hand, participants admitted that gambling-related losses had a substantial impact on their lives. On the other hand, interviewees declared that perceiving gambling as an opportunity to earn money was a misleading belief. As Luke further explained, having a successful recovery for him meant look at gambling-related winnings from a detached point of view:

> *"You see everything on social media now. You see someone winning a lot of money and I am like, "It would have been nice to do that," but I know the reality, and that doesn't happen to everybody."*

Similarly, while undertaking treatment, Marcel noticed a change of attitude towards money:

> "*You know, I just don't put myself first. I don't put my wants and needs first. I don't. I'm not so focused on money. I'm focused more on my happiness, and money isn't the solution*."

As the above quotes reveal, self-accountability does not only relate to one's ability to take responsibility for their actions but also to manage those triggers that might lead to relapses, as the next section shows.

Trigger management

A conspicuous number of interviewees declared that the ability to recognize potential triggers was key in their recovery path. In this sense, respondents explained that their successful recovery was strongly connected to their capacity to manage aspects, such as stress, depression, and boredom, which in the past made them vulnerable to addiction. For example, Martin pointed out that being able to understand the cause of the trigger helped him manage it:

> *"Relationships tend to be a trigger when my feelings are hurt. If I'm with my partner and my feelings are hurt, that will trigger me. It comes down to how I'm feeling the trigger will be. If I am sad or my feelings are hurt, I'll want to feel better, and gambling tends to fill that need at that point. So now I understand what's really bothering me and I can address it appropriately without it getting in the way."*

Similarly, other interviewees shared some strategies they undertake when feeling the urge to gamble, such as finding ways to distract themselves. Roberto described:

> *"The first thing I do is find a way to distract myself for a minute, that is go play with the kids or I play chess, something like that. And that is something that helps. Usually, that's long enough to where: "Okay, that was just a thought."*

As the case of Roberto shows, when feeling triggered, many interviewees developed the ability to rapidly individuate activities that could instantly divert their attention.

Participants also pointed out the importance of managing holistically some elements that were not directly related to gambling but that were part of their addiction. For example, Donna recognized that to keep her gambling behavior under control, she needed to control her drinking and her stress level:

> *"The thing that I kept in mind was that I only really had to do two things: not drinking and not gambling. And that helped me stay connected to my goal, stay not too far away from it. The thing that helped me the most is reducing the amount of stress in my life. The most important thing is to give myself some space, and not gamble."*

Donna was not only able to recognize what triggered her addiction but also to manage it, for example by giving herself some space. As we will explain in section 3.2 on social recovery

capital—elements such as family, friends, religion, and gambling-free leisure activities play a significant part in keeping participants' minds busy.

Finally, some participants mentioned self-exclusion among the actions undertaken to control their gambling behavior. However, opinions on these kinds of policies were contrasting. On the one hand, a small number of interviewees declared that being prevented from participating in gambling activities helped with their abstinence. On the other hand, the majority of participants stated that they have never considered self-exclusion. Most respondents resided in Nevada, and the diversified gambling-related offer located around them made those strategies look non effective.

Participants' relationship with casinos

Interviewees' explanations of the role of self-accountability and trigger management were often followed by a reflection on their relationship with casinos. As we already mentioned, most participants resided in Nevada, and the conspicuous presence of gambling-related venues represented a trigger. Therefore, interviewees developed strategies that helped them deal with this aspect. Some of them stated avoiding casinos on purpose:

> *"I haven't been in the casino in a very long time. There was a time when I did...I got massages at the casino, but I don't go there anymore, not even for that, to not put myself in that situation."*

Similarly, Bianca pointed out:

> *"I think I would definitely avoid them (casinos) at all possibilities, because I think I might have a trigger if I went back. I think I do avoid them. The ding ding ding, all the noises and all the beautiful machines and the color that would trigger me… so yes, I stay away from the casinos, and I'm going to stay away from the casinos."*

On a few occasions, respondents explained that casino proximity represented a significant threat to their recovery, deciding to move out of state to avoid any kind of triggers.

Other interviewees declared that they visited casinos exclusively for non-gambling-related activities, such as dining or going to theaters, but they purposely avoid the gambling areas. As Lina explained,

> *"I go to the movies at the casino. But we go to the back entrance, where doesn't take you through the slot machines. Even waiting for the ticket, there's no slot machine. And then, if I stay at a hotel I go to a hotel that doesn't have gambling. That's nice."*

Several respondents declared having the capacity to walk inside a casino and not feeling the urge to gamble. Brooke described:

> *"I've finally got to the point where I was able to feel strong in my recovery. And you know, I would go with friends to the movies or go bowling or go to a show. And now, I have really zero issue with going into a casino. Even if it's by myself, it doesn't trigger anything in me.*

Finally, a low number of respondents explained that, even if they occasionally go to casinos to gamble, this only happens for a limited amount of time and finances. Those participants declared feeling confident that they overcame gambling addiction, being fully capable to stop at any time.

Religion and spirituality

Talking about personal capital resources, several interviewees highlighted that their relationship with religion and spirituality helped them both with self-accountability and trigger management. As Cody underlined:

> *"I believe that if you have a higher power, any kind of higher power, you can get through it. My faith is in the Christian faith, but I feel like anybody can get through if they need to. You don't have to have a relationship with God, you can have anything that's highlighted, and you feel as a higher power. Just to make sure that you don't become the center again, because selfishness leads us down the path of making the wrong choices."*

An interesting aspect here is that most participants mentioned that organized religion did not help them as much as their intimate relationship with something superior, often God. This happened especially with respondents who were not part of a religious community before undertaking treatment. For this reason, interviewees' definition of religion and spirituality fits better with personal capital, rather than social. Donna declared:

> *"I do prayer work just by myself. I spend some time in meditation and yoga. I read a lot spiritual content. I have a connection with the God of my understanding. I don't really go to organize religion. My husband is Catholic, he actually goes to church and everything, but I mostly just have my own routine, in my own connection."*

Similarly, Jules pointed out:

> *"I'm Jewish. I'm not a practicing Jew, I don't go to temple regularly, maybe a holiday or two a year. If I'm in New York, I might go with my family. But basically, no, I don't attend. I don't go to the temple, I don't go to church. I just have my faith in God, and I truly believe there's just one guy for everybody. It doesn't matter what your religion is, what your faith is, what your ethnicity is. That doesn't matter to me. It's all is one man upstairs. And that's the way I believe."*

From the interviews emerged that undertaking religion and spirituality-related activities represented not only a support during their recovery but also an occasion to meditate and take some time to go through their thoughts.

FAMILY AND SOCIAL RECOVERY CAPITAL

Talking about their recovery, participants often highlighted the fundamental function of family and intimate relationships of various nature. These kinds of connections provided fundamental support during the recovery path and, following our data analysis, five categories emerged: family-based support, friends' support, program participants' support, and leisure time.

Family-based support

Family-based support played a key role in participants' recovery. A particularly relevant topic in this sense was family members helping with accountability. Tania explained her experience while attending classes at a treatment facility:

> *"My husband's role was basically just to hold me accountable. He would check in and make sure that I was going to the program attending the classes, if I needed help in terms of… I had to make it to class, he would take the kids to school so that I can get to the program."*

Other interviewees emphasized that family members held them accountable while helping with trigger management. Several interviews revealed that families reorganized their structures and roles to create what some participants defined as "support groups." As Marcel described:

> *"I have to be accountable to them. And to be honest, my girlfriend… I'm still accountable for her. She knows about my addiction. She's aware and if she calls me, I need to answer the phone, or she texts me and I need to text back. She knows where I'm at all the times. And as far as like my brother, you know, he very encouraging, very supportive. There were times that my dad would pick me up from work to make sure that I didn't gamble."*

Moreover, reflecting on his life after undertaking treatment, Marcel added:

> *"I spend a lot of time with my family, more time, obviously, than before, which is really healthy and helpful. I kind of neglected my family and their feelings. And not gambling allowed me to be more present and to be a good father."*

As Marcel's words reveal, several interviewees described gambling addiction as the cause of disconnection from their families. Thus, a successful recovery meant not only having more time to spend with their family members but also using those moments together as a tool for overcoming their addiction.

Friends support

Together with family support, interviewees often mentioned friendships as sources of encouragement during their recovery path. Some participants declared that the presence of friends made them feel less alone and judged. When asked what the role of friends in his recovery was, Cody explained:

> *"Just being there. Being there if I needed to talk or I needed to just lean on somebody. They were there for me."*

Similarly, Marcel described:

> *"I had a very good friend whom I worked with at the time. And he wanted me to stop as much as I wanted to stop."*

Additionally, some interviewees found it effective to call a friend when having the urge to gamble. As Tania pointed out:

> *"If I'm trying to avoid it (gambling), then I call a friend to go meet for coffee or just make plans. I will start texting friends and say, "Hey, who's around? Does somebody want to meet up for coffee?"*

As in the case of family members, friends' support helped participants with important aspects of the recovery, such as accountability and trigger management.

Participants' support

Describing their experiences in treatment facilities, respondents defined other participants' help and support as fundamental. In particular, interviewees explained the importance of spending time with people who lived similar addiction-related experiences and who were struggling with analogous triggers. When asked about her treatment experience, Brooke explained:

> *"Human connection. Being able to sit down with people and know that I had shared experiences with them. They know what I went through, and they know what I felt and experienced. Knowing that we have that sort of shared experience makes me feel not alone in the whole process."*

For some interviewees, those connections developed into friendships that are still ongoing, even after their experience with treatment was over. Reflecting on this aspect, Jules used the term "support team:"

> *"I have quite a support team. I don't have a so-called sponsor, but there's two or three people that I still know from the program that I talked to regularly, so we reach out to each other and support each other."*

Similarly, Annette shared her experience with other Gambling Anonymous' (GA) participants:

> *"Being required to go to the meetings, two a week, I met a wonderful group of women, six women, and we are best friends. Every single day we talk to each other, and we go to GA meetings together."*

When asked the reasons why she described as positive her relationship with other participants, Tania declared:

> *"I would say for me, it was the fellowship, the hearing other people's stories, and being able to openly share my story and fears. And not feeling like I was being judged."*

This aspect was particularly relevant, given that several other interviewees declared that sharing their stories with people who were living the same struggles helped them overcome judgment and stigma-related fears.

Finally, interviewees stressed that hearing other people's success in overcoming gambling addiction represented significant support while undertaking treatment. Luke highlighted that,

> *"They (other participants) helped me open my eyes. And the biggest part I liked about it was just hearing other people's stories and knowing that I wasn't the only one. And then hearing success stories of other people as well. So, just knowing that there was light at the end of the tunnel."*

In this regard, interviewees highlighted that often their family members and friends did not have a first-hand experience with gambling addiction. Therefore, even though relatives and friends' support was fundamental, they were not fully able to understand what they were going through. Thus, creating connections with people who had a similar experience was key to participants in overcoming their struggles.

Leisure time

As White and Cloud (2008) argue, sobriety-based leisure can be a key element of social recovery capital. Most interviewees highlighted that their recovery path was marked by an increasing amount of free time, which was before occupied by gambling-related activities. Jules explained:

> *"When you quit gambling, you realize how many hours there are in a day. Because between working and gambling, the time just went by. Now, when you don't gamble, you have a lot more free time. You got to learn to stay active, to stay busy with your hobbies, maybe pick up some other hobbies, keep occupying your time. Before, I never realized how much time there was in a day*."

Similarly, Brooke pointed out,

> *"Once my addiction hit, I didn't really have any hobbies. Because everything I did, all my energy, all my money, all my thoughts, and everything was focused on how I was going to place that next bet."*

However, some respondents described that it was not easy to manage the amount of free time that followed the recovery, developing leisure-based strategies to keep their minds focused and avoid gambling, as Cody explained:

> *"When I get a craving (gambling), or I get an impulse, I can rationalize it down to, That's not the right thing to do." You're just trying to feed a need, so when I get an impulse like that, I can figure out what I need to do. I can go for a run, I can do physical activity, which helps because it inputs dopamine and serotonin back in the brain."*

Important in this sense was also the idea of experiencing leisure as a way to spend time with family members and friends, especially for those people who felt isolated during their addiction. Marcel pointed out:

> *"As far as hobbies, watching TV with my girlfriend and my kids... Spending time with them, we like to go out to eat. We like to go places, hang out with other families, and travel Instead of spending hours at a casino, and being exhausted afterward, because what would happen is I would gamble after work, and sometimes I would gamble for six, seven, sometimes even twelve hours. And then I would come home and I would be very tired. And I won't spend any time with my kids because I was sleeping or was depressed or whatever. And that depression is gone. And now I'm able to do that with a clear mind and have a good time with them."*

Some participants stated that treatment-related recreation activities were important for their recovery. For example, spending free time with other program participants represented a good strategy. Brooke, one of our interviewees, explained that while attending the GA program, she became their events committee chairperson. As she described:

> *"I planned events for the membership. We went to the movies together, we went bowling together, we put on karaoke events. We went to Mount Charleston and had picnics. Just a way to socialize with the membership outside of a meeting. Many of the meetings were after the GA meetings, where you'd go and have coffee, or pie, or a meal and sit and talk, not necessarily about the program, although it could include that as well. But we really developed those relationships outside of what we normally know of and about each other*."

As explained in the previous section, support among participants attending the same program played a key role in interviewees' social recovery capital. They now enjoy spending their free time—both virtually and in person—with the people they met during treatment, who they consider as friends.

COMMUNITY RECOVERY CAPITAL

Community RC includes aspects such as recovery community support institutions (e.g., recovery centers and treatment associations) and sources of sustained recovery support and early reintervention (White & Cloud, 2008). Following this definition, we aimed at understanding interviewees' experiences with treatment facilities—in particular, PGC Las Vegas, PGC Reno, Bristlecone, Bristlecone, and New Frontier—and aftercare facilities, in particular, Gamblers Anonymous.

Treatment facilities

Interviewees defined them attending treatment programs as the first step toward their successful recovery. Participants highlighted how undertaking treatment helped them gather information on gambling addiction that they previously ignored. Attending classes that explained the causes of their addiction was helpful in this sense. Talking about her recovery, Annette described:

> *"The most important aspect was going to the Problem Gambling Center and watching on television the reason why the brain… it is just a surge of dopamine, when you start gambling… Understanding and realizing it's a disease, and it's not a defect of character, it's a disease, just like diabetes*."

As the above quote reveals, looking at addiction from a scientific standpoint significantly supported participants with their recovery path. This entailed learning how to manage their emotions as well, as Roberto pointed out:

> *"What I got from there was how to deal with emotions, and how to communicate those emotions, which helped immensely, as opposed to not communicating those with my family or my wife specifically. Getting into the habit of identifying emotions, and then taking a step back to understand why or what I can do about them… That's one of the things that's been the biggest help in addition to the scientific reasons why I need to be abstinent with regards to how my brain operates*."

Fundamental in this process was the role of the treatment facilities' professionals, whose skills and friendliness made the path to recovery easier. Marcel underlined:

> *"I felt like they were invested in the people there. And they truly cared and they really wanted people to start recovering. And they really wanted to get to some of the problems that you had and they wanted to make a difference*."

Moreover, the fact that some of the professionals personally experienced gambling addiction, helped build what Martin defines as a "guilt-free area:"

> *"The therapist had experience with gambling, he was a gambler. It seemed like he really just understood the journey, and just that connection and understanding… It was really a guilt-free area."*

Those positive experiences led to the creation of a culture of understanding and caring within the treatment facility. As Lily underlined:

> *"The culture at that time was electric. Everyone there was committed, the culture of the center was there. There was no doubt what your mission was, what their mission was, how they executed it, and how they treated me as a client and a patient. And, and they absolutely live up to their mission. Their visions and their values were instilled in me."*

In the development of that positive experience, leadership played an important function, as Bianca highlighted:

> *"It is really important that you have a strong structure of knowledgeable and effective leadership and content to your program. And whichever combination of individual and group, as well as the educational component has to be structured and strong, or you lose a lot of it. Your presenters need to be both experienced and educated, and have to be able to guide a group. They have to be skilled with groups as well as individual counseling. And they've got to be committed to us. You don't just want a movie... It's got to be a very evolved and targeted experience*."

Most importantly, participants stressed that interactions with knowledgeable and caring professionals not only represented significant support but also helped them with aspects such as self-accountability and trigger management. Thus, a series of features that ranged from a skilled leadership to the creation of a guilt-free environment constituted important community capital-related elements.

Aftercare

A conspicuous number of interviewees declared that aftercare, in particular, Gamblers Anonymous meetings, represented d a fundamental part of their recovery path. Lily explained:

> *"The aftercare program, the relapse prevention program was very important. I have to proactively maintain a program of recovery, that's the most important element. This is not a one-off, you graduate, you get your degree and you're over. I went to at least one meeting a day, for the last year and a half. I still maintain going to meetings and stuff. I have other obligations, of course, work, and all those things. I get busy, but I know that the element of constant maintenance of your recovery is the most important one."*

For many, aftercare represented an occasion to meet with people who experienced similar struggles and build new relationships. Cody uses the term *camaraderie*:

> *"I just love the camaraderie because we met so often. We really got to know each other and really connected. I think that people need to connect to others that have the same issue, whether it be any kind of compulsive or impulsive behavior. It made me feel like I could get through it, even if I was having a shitty day, I could go to the Problem Gambling Center and feel better."*

This aspect was important also during the COVID-19 lockdown, during which the meetings were held online, as Cody further underlined:

> *"And to be honest with you, it helps because if I get bored, or I get idle, I can just hop on my computer, get to a meeting and listen. I don't have to participate necessarily. Every time, you just sit back, you listen, and take in what people have to say."*

Reflecting on aftercare, some interviewees mentioned consistency, highlighting the importance of attending meetings on a long-term basis. Talking about this aspect, Lily shared an insightful story she heard during a GA meeting:

> "*This particular Friday night, about four months in, we were getting ready to recognize someone who had 29 years of abstinence. And I remember I had two thoughts. One was, "Oh my gosh, I cannot believe that it's possible to get 29 years clean from this. I can't even fathom that right now." And then, my next thought was, "I see this woman at this Friday-night meeting every single Friday night. Am I going to have to go to meetings for 29 years?" And she confirmed, "Yes, you have to go to meetings." That's the only way, that's the bare minimum for having any hope of abstinence, is going to meetings regularly."*

As Lily's words reveal, according to some respondents, perseverance in aftercare is key for a successful recovery, and this often entails having a life-long commitment.

Even though numerous participants declared that aftercare was fundamental for their recovery, others stressed that Gamblers Anonymous had several inadequacies for supporting recovery, including:

- Not enough meetings held during the weekend, given that some interviewees declared particularly struggling with gambling-related triggers on Saturday and Sunday.
- GA doesn't should have recreational activities.
- Sometimes meetings can be perceived as boring.
- Some people found the gatherings depressing, especially when it came to listening to other people's struggles and failures.

- GA isn't engaging for a lot of individuals who define their recovery as successful. Many respondents felt their addiction problems have been resolved and did not see the need to keep attending the meetings.

THE EFFECTS OF COVID-19 ON RECOVERY

The COVID-19 pandemic affected participants' recovery in different ways. Particularly significant in this sense was the 2020 lockdown, with interviewees declaring that the statewide casino closures helped them not to gamble. Reflecting on the lockdown, Alice explained:

> *"It was wonderful, because they closed the casinos down and you couldn't go. Isn't that wonderful? And it's amazing how when you can't go and they're not opened, it wasn't even an issue. So that really helped me get a good basis to stop."*

Similarly, other participants experienced the lockdown as a way to strengthen their abstinence, having more time to attend the aftercare meetings, as Lily highlighted:

> *"I thought about it (the lockdown) as an opportunity. Now that I can't go to work, I'm not spending money, what can I do? And that's when I started. I went to meetings every day during the lockdown. It really strengthened and solidified my commitment to my recovery. It was really the best thing that happened."*

Even though some participants reported positive experiences during the lockdown, others declared that COVID-19 negatively affected their recovery. One of the main issues was that the opening of casinos after the closures represented a trigger for many. Martin, for example, declared that even though he was able to manage his behavior, casino openings represented a risk:

> *"When it (casinos) first opened there was excitement. The problem came back briefly, but I got it under control very quickly. It was almost like a whole new excitement. It was like the high all over again. Like the first time I gambled. Because there was so many months without even a temptation, because they were closed. So I didn't think about it. And then everything opened. And then there was like an excitement with everybody and everything."*

Moreover, during the lockdown, interviewees' ability to manage the triggers was further weakened by the absence of in-person meetings. As Tania explained:

> *"When COVID-19 first happened, it affected my recovery in the sense that the Gamblers Anonymous meetings stopped happening in person. And I prefer the one-on-one, the fellowship with a group. I don't like doing things online very much. So not being able to go to meetings, definitely made it more stressful. And then, when the casinos finally did open up, I was very tempted to go in, just to*

kind of see, "Wow, what is it like now?" And I think a big part of that was also because I had not gone to a support meeting for so many months."

Tania's words highlighted an aspect that several interviewees stressed, which is that in-person meetings might have been beneficial while feeling unable to manage triggers once the casinos reopened. Interviewees declared that, even if they were offered online meetings during the lockdown, virtual environments could not recreate the supportive atmosphere of in-person gatherings.

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CONCERNED OTHERS

"I am grateful. I do not think I could have navigated it without them. We are both in a better place because of the program."

The following section presents information from 28 family members and other loved ones of gamblers who entered treatment for support in their own lives or to support the gamblers in their treatment. Our concerned other participants were in treatment at Dr. Robert Hunter International Problem Gambling Center (*n*=8), Reno Problem Gambling Center (*n*=14), MHCC (n=4), and Bristlecone Family Resources (n=2).

Tables 11 and 12 (below) shows concerned others' evaluation of treatment effectiveness and treatment quality and helpfulness. Items were categorized on a 5-item Likert Scale from Strongly Agree (5) to Strongly Disagree (1), such that higher scores represent greater agreement with the statement.

Table 11. Concerned Others' Average Ratings of Treatment Effectiveness

TREATMENT EFFECTIVENESS	**Average Scores**
42. I deal more effectively with daily problems.	4.54
43. I am better able to control my life.	4.43
44. I am better able to deal with the problem gambler in my life.	4.48
45. I am getting along better with my family.	4.46
46. I do better in social situations.	4.12
47. I do better in school and/or work.	4.35

Table 12. Concerned Others' Average Ratings of Treatment Quality and Helpfulness

TREATMENT QUALITY and HELPFULNESS	**Average Scores**
35. I felt comfortable sharing my problems with my counselor.	4.85
36. Staff have encouraged me to take responsibility for how I live my life.	4.62
37. Staff have been sensitive to my cultural background.	4.58
38. Group counseling has been helpful.	4.65
39. Individual counseling has been helpful.	4.81
40. Family counseling has been helpful.	4.85
41. My aftercare plan has been helpful.	4.60

The enrollment of concerned others is not as common as that of gamblers in our study, and their level of involvement with the treatment program varies significantly by client. The impact that problem gambling has on their everyday lives also varies dramatically, but they express gratitude that the problem gambling program is available to help them understand the gambler in their life and to feel less alone.

"They were so helpful. I cannot imagine where we would be without them."

"A lot of it had to do with managing stress and managing other aspects of life, more than just the gambling.It was nice and helped me too.

"They have excellent handouts and make good recommendations. The program is well designed and presented in a manner anybody can understand. We talk about deep psych subjects. Everything is just so well organized and scheduled. I always got caring and empathy from the facilitators. It was so welcoming and hospitable. I cannot say enough."

Concerned others expressed feelings of relief when learning about problem gambling. They felt empowered to help the people in their lives who suffer from problem gambling, and they gained tools to help themselves cope with the enormous stress related to their loved ones' gambling.

CONCLUSION

To summarize, these direct and indirect measures of the evaluation of treatment services and improvements in quality of life and gambling behaviors provide strong evidence that problem gambling treatment works. Through the Mental Health Statistics Improvement Program (MHSIP) survey and additional questions about past and current gambling behaviors, we were able to assess participants' thoughts and feelings about their access to treatment services, the quality and helpfulness of those services, and the effects of services on their daily lives.

Participants were overwhelmingly positive about their treatment services, especially as those services related to their relationships with their counselors and their experiences in group counseling. Almost all participants indicated that they have reduced their gambling since entering treatment or discontinued gambling altogether. These strong outcomes represent a major victory for those dedicated to helping problem gamblers recover from their addiction and improve their overall quality of life. From a policy perspective, this research demonstrates the importance of continued support for these crucial services.

Our analysis shows that all three categories of RC—personal, social/family, and community—significantly contributed to participants' recovery. As our respondents declared, the existence of support systems that involved actors of different nature, such as relatives, friends, and treatment professionals, was key to maintaining a healthy behavior. Thus, our work is in line with previous scholarship on RC and gambling addiction in proving that an increase in the levels of RC corresponds to a decrease in the levels of gambling severity (Gavriel-Fried, 2018). Our study suggests that experts should focus on RC holistically, increasingly creating strategies that target the connection among the three levels of RC.

Interviewees agreed that community capital—which we divided into treatment facilities and aftercare—was fundamental for their abstinence. This entailed professionals' thorough understanding of participants' experiences, emotions, and struggles. In this regard, several interviewees found it helpful to interact with people—both participants and professionals—who experienced gambling addiction. Particularly relevant here was the collegial atmosphere that characterized treatment programs, which an interviewee positively defined as *camaraderie.* Particularly important was the fact that individuals perceived a higher level of capital when feeling understood, cared about, and not stigmatized for their behavior.

To fully understand the experience of recovering individuals, it is therefore fundamental to comprehend their needs in terms of self-accountability and trigger management. Such a process needs to be followed by the active involvement in the recovery path of all the subjects that are part of the individual's social and institutional networks. This aspect also comprises personal capital, which includes key intimate elements such as individuals' attitudes towards religion and spirituality and their current relationship with casinos. This last point on participants' relationship with casinos is particularly relevant, given that most respondents resided in Nevada, and the large presence of gambling-related venues represents a trigger.

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