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Nevada Problem Gambling Treatment System

Annual Report

Fiscal Year 2024

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EXECUTIVE SUMMARY

"Going through that program saved my life."

OVERVIEW

In FY2024, Nevada Problem Gambling Services offered outpatient, residential treatment, and crisis intervention across five Problem Gambling Specialty Clinics statewide. Collectively, these clinics served 427 Nevada residents. Northern Nevada's Bristlecone Family Resources and New Frontier Treatment Center provided both outpatient and residential services, while Southern Nevada's Dr. Robert Hunter International Problem Gambling Center, Mental Health Counseling and Consulting (MHCC), and Hope Medical Center offered outpatient services to individuals affected by gambling and their concerned others.

Outpatient enrollments increased by 19% this fiscal year, while residential enrollments remained steady at the state-funded clinics. Additionally, 809 Nevadans were screened for gambling-related issues at five substance use clinics under the Gambling Integration Pilot Program. Among those screened, 10% had severe gambling problems, and 17% experienced moderate gambling issues. In total 223 additional individuals received problem gambling services through the Gambling Integration Program. These findings suggest that individuals facing gambling harms may often seek help in settings outside the treatment centers, underscoring the importance of community partnerships and heightened awareness of gambling-related support services.

The typical treatment-seeking population consists of single white men, averaging 42 years of age, with lower educational attainment and household income than Nevada's broader population. Most clients presented with severe gambling disorder as measured by DSM-5 criteria and were new to formal treatment. Approximately 50% of clients enrolled in FY2024 successfully met 75% of their treatment goals before exiting their program, reflecting the effectiveness of Nevada's treatment system and its positive post-treatment outcomes.

CLIENT FOLLOW UP

We completed 339 post-treatment interviews with people seeking problem gambling treatment. Clients were overwhelmingly happy with the accessibility and quality of the treatment provided, typically beginning services within two days of contacting a provider. This responsiveness is reflected in the 97% of clients who reported they would recommend their provider to a friend or family member.

Clients consistently reported reductions in gambling behaviors, with approximately 61% abstaining from gambling at 30 days post-enrollment and 41% maintaining abstinence at 12 months, underscoring the importance of aftercare to support sustained recovery. Additionally, clients noted improvements in daily functioning and overall wellbeing, alongside their satisfaction with treatment services.

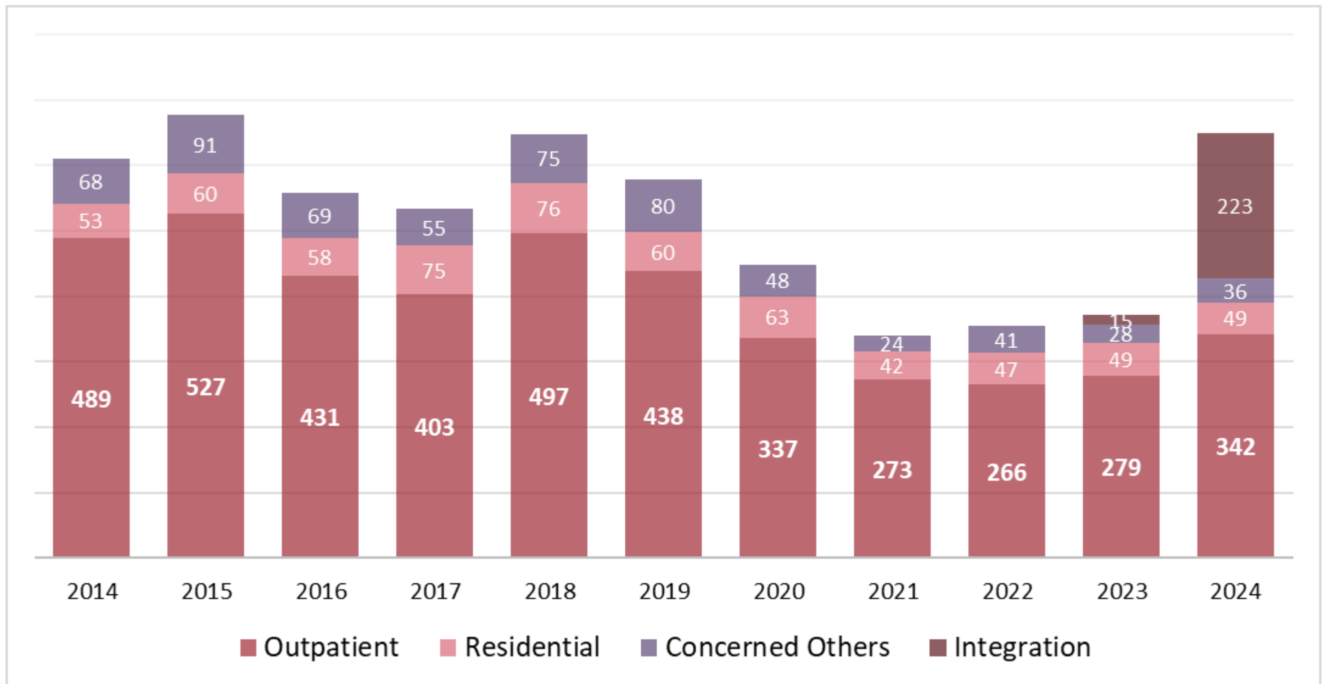
TREATMENT SYSTEM SUMMARY QUICK GLANCE

Total number of people receiving **problem gambling services** in FY2024	782
Total number of people receiving gambling education at **integration clinics**	223
Total number of people receiving services at **problem gambling specialty clinics**	427
Total number of **unenrolled individuals receiving crisis care** at a problem gambling specialty clinic	132
Outpatient Services	
Number of **gamblers** entering outpatient treatment	342
Average number of sessions per client treatment episode	28
Average cost per client treatment episode	$1,596
Over the past year, percent change in the number of clients (see Figure 1)	+18%
Number of **concerned others** entering outpatient treatment	36
Average number of sessions per client treatment episode	10
Average cost per client treatment episode	$1,270
Over the past year, **percent change** in the number of clients	+29%
Residential Services	
Number of clients entering **residential gambling treatment**	49
Average length of stay in residential treatment	28 days
Maximum length of stay in residential treatment	72 days
Average cost per client treatment episode	$2,033
Over the past year, **percent change** in the number of clients (see Figure 1)	0%
Number of clients receiving assessment only	57
Number of clients receiving court-referred treatment	58
Access	
Average number of days between first contact and first available service	1.1
Average number of days between first contact and treatment entry	2.1
Average number of days between treatment entry and treatment exit	27
Successful Completion of Treatment Program	
Total non-adjusted percent of successfully discharged clients	43%
Percent of successfully discharged clients, adjusted for external factors	50%
Satisfaction	
“I would recommend this agency to a friend of family member.”	97%
Improvements in Functioning and Well-Being after 12 months	
“I am getting along better with my family.”	87%
“I do better in school and/or work.”	90%
“I have reduced my problems related to gambling.”	86%
“I am meeting my goal to stop or control my gambling.”	88%

UTILIZATION OF PROBLEM GAMBLING TREATMENT SYSTEM

The Nevada Problem Gambling Treatment System is seeing increasing enrollments after a four-year decline since 2019 in both outpatient and residential enrollments. The decline initially began when the number of state-funded service providers decreased from seven to five and eventually to four. The Covid-19 pandemic further impacted enrollments, with outpatient enrollments dropping by 23% in FY2020 and a steeper 30% decline in FY2021. By FY2022, a smaller 2% decrease suggested a leveling off, and in FY2023 outpatient enrollments increased by 5%. Residential enrollments in FY2023 also saw a slight increase to 49, though this remains below the historical average of 59 (FY2012-20). In FY2024, we see a dramatic 23% increase in outpatient enrollments while residential enrollment remained stable. Additionally, enrollments of concerned others rose significantly by 29%.

Figure 1: Outpatient and Residential Enrollments by Fiscal Year



Nevada's treatment system supports individuals affected by gambling harm, offering care both to those experiencing harm from their own gambling and to concerned others impacted by a loved one's gambling behavior. Beyond the array of outpatient and residential services available to enrolled clients, gambling treatment programs also responded to 132 crisis calls from individuals not enrolled in gambling treatment, providing immediate assistance and support to those in need.

The Gambling Integration Pilot Program launched in FY2023 to identify and support individuals with co-occurring gambling and substance use disorders. Research indicates that about 15% of those seeking treatment for substance use disorders (SUD) also meet the criteria for gambling disorder (GD).[1] By addressing both disorders simultaneously, the program aims to enhance recovery outcomes for these clients.

In FY2024, five substance use treatment facilities in Nevada participated in the integration pilot program: Westcare in Las Vegas, Behavioral Health Group in Las Vegas, Rural Nevada Counseling in Silver Springs, Rural Nevada Counseling in Dayton, and Community Counseling Center in Carson City.

As part of the program, SUD clinics screen all clients for gambling issues. Clients who screen positive receive gambling education and have their gambling concerns addressed alongside their substance use treatment. Additionally, staff receive training to build their knowledge and skills in treating gambling disorder as a co-occurring issue.

In FY2024, a total of 809 clients were screened for gambling-related issues at Nevada's integration clinics. Of those screened, 223 individuals were identified to have gambling problems and received targeted gambling support as part of their overall treatment plans. This integrated approach provided them with information and guidance on managing gambling behaviors alongside their substance use treatment. Among these individuals, 17% reported moderate gambling harm, while 10% experienced severe gambling harm consistent with a gambling disorder diagnosis.

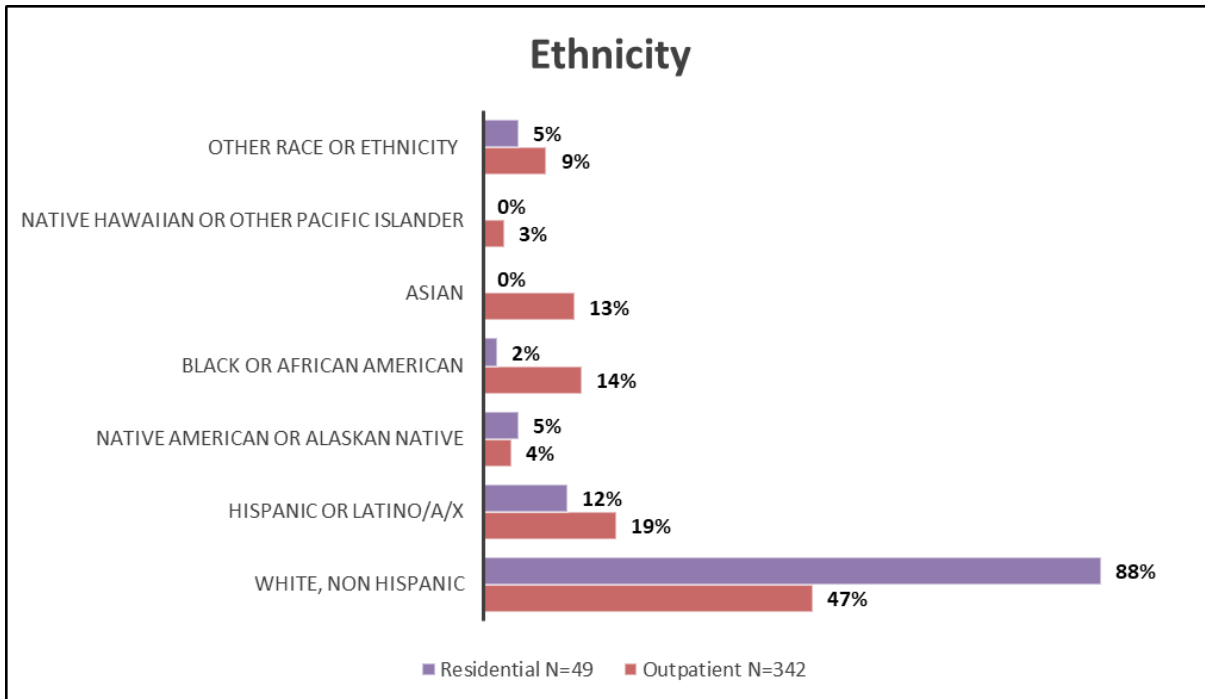
[1] 1. Cowlishaw S, Merkouris S, Chapman A, Radermacher H. Pathological and problem gambling in substance use treatment: a systematic review and meta-analysis. J Subst Abuse Treat. 2014;46:98–105

DEMOGRAPHICS OF TREATMENT POPULATION

Individuals seeking treatment at Nevada's problem gambling specialty clinics are most often white males around 45 years old, with a wide range of income and education levels. Significant demographic differences exist between residential and outpatient clients.

More men than women seek problem gambling treatment services. Nonbinary and other gender-diverse individuals have either not sought care at Nevada's treatment centers or have not self-identified. Addressing reasons for this underrepresentation is essential to ensure the treatment system meets the needs of all individuals.

The ethnoracial makeup of the treatment population does not reflect the broader state demographics. The figure below shows the ethnic breakdown of outpatient and residential clients. White, non-Hispanic individuals are overrepresented at 88% in the residential population.

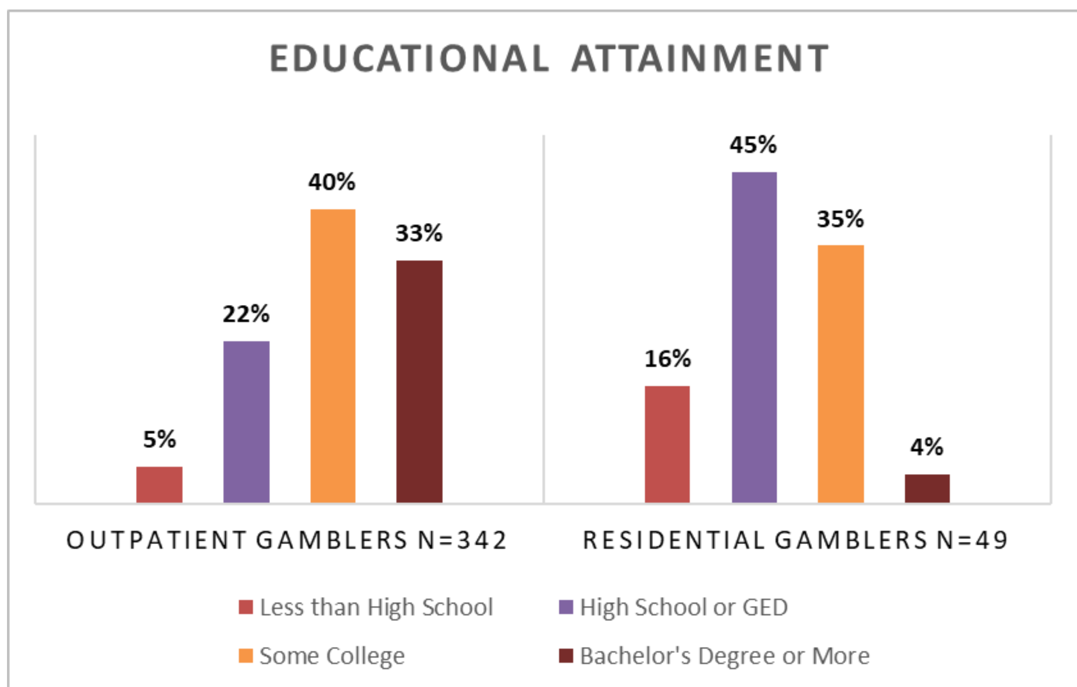


According to the 2020 U.S. Census[2], Nevada's population is as follows:

- White, non-Hispanic: 51%
- Hispanic/Latino/a/x: 29%
- Native American or Alaska Native: 3%
- Asian: 9%

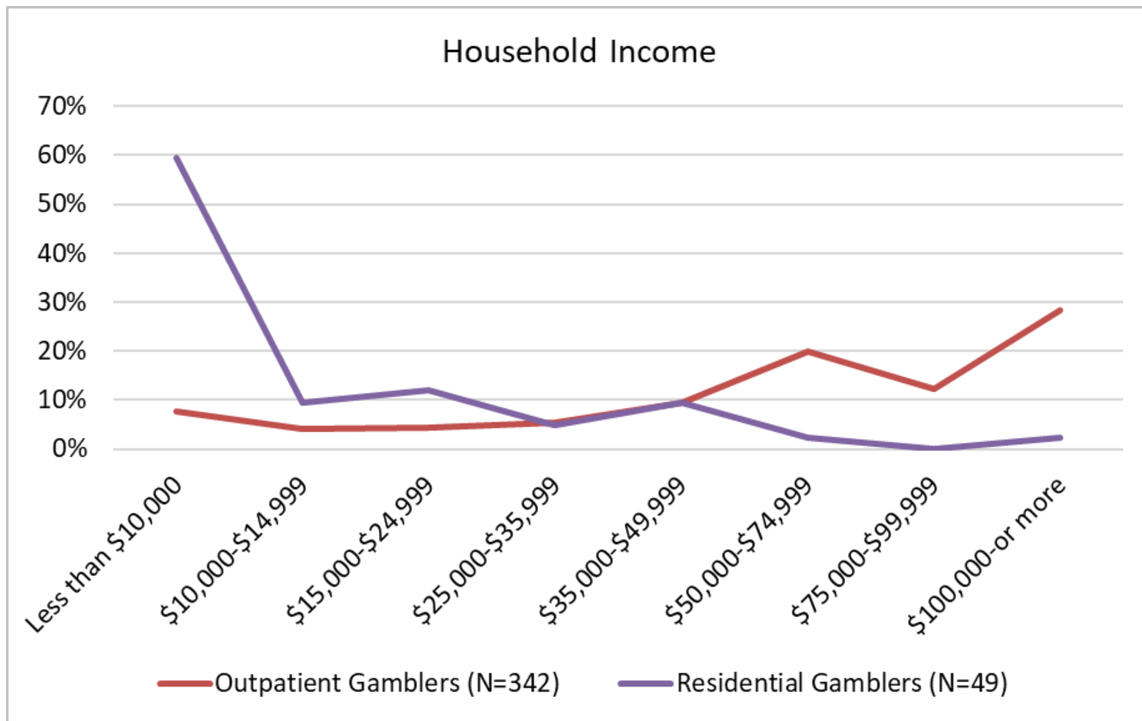
The treatment-seeking population's lack of diversity is concerning, as it suggests that certain populations in Nevada may face barriers to accessing care for gambling-related harms. Cultural factors, language barriers, stigma, and other issues may influence treatment-seeking behaviors. Addressing these barriers within the gambling treatment system is critical to better representing Nevada's diverse needs.

Those seeking outpatient care tend to have higher educational attainment than those seeking residential services, as shown in the figure below. The majority of outpatients have completed at least some college, while most residential clients have a high school education or less.



Similarly, income levels for outpatients skew higher than those for residential clients. The figure below compares the two groups. Although both groups display diversity across income categories, the majority (60%) of residential clients fall below the poverty line, indicating extremely low income.

[2] U.S. Census Bureau. (2021). 2020 Census State Profile: Nevada. U.S. Department of Commerce. Retrieved from https://www.census.gov



The income disparity between outpatient and residential treatment clients suggests a need for focused resources. Given that the majority of residential clients fall below the poverty line, it may be helpful to consider how financial limitations could impact treatment access, continuity, and outcomes. Low-income individuals may experience additional challenges, such as limited transportation, work conflicts, and fewer social supports, which can affect their ability to seek and complete treatment.

These demographics offer insight into who is currently seeking problem gambling treatment—and who may not be accessing these services. Understanding this population can inform efforts to enhance care and reach underserved groups more effectively.

TREATMENT ENTRY

Clients entering treatment are given a comprehensive assessment of their stability factors, co-occurring health factors, suicidality, the extent of the gambling harm they have experienced, and their gambling disorder diagnosis. Among these assessments, individuals seeking residential services and individuals seeking outpatient services differ along many lines.

STABILITY FACTORS

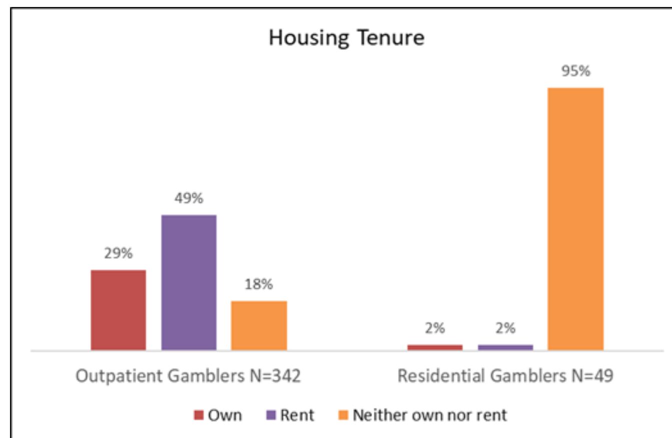
Clients entering treatment are assessed for several factors that could hinder or assist in their recovery. Living arrangements, employment and disability status, health insurance coverage are stability factors that impact recovery. Our residential treatment population has less financial stability and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

HOUSING STABILITY

Housing stability plays a critical role in supporting recovery efforts and is measured here through wo main factors: *housing tenure* and *living arrangements*.

Housing tenure refers to whether individuals own, rent, or neither own nor rent their residence, which can indicate the level of housing stability they experience. Those who own their homes may generally have higher stability, as homeownership often implies longer-term residency. Renters, while also potentially stable, may experience more housing instability due to factors such as lease renewal issues, rising costs, or changes in rental policies. Individuals who neither own nor rent may be in less stable situations, such as staying with friends or family, or even facing homelessness or transitional housing situations.

The figure below displays the housing tenure of individuals seeking gambling treatment.

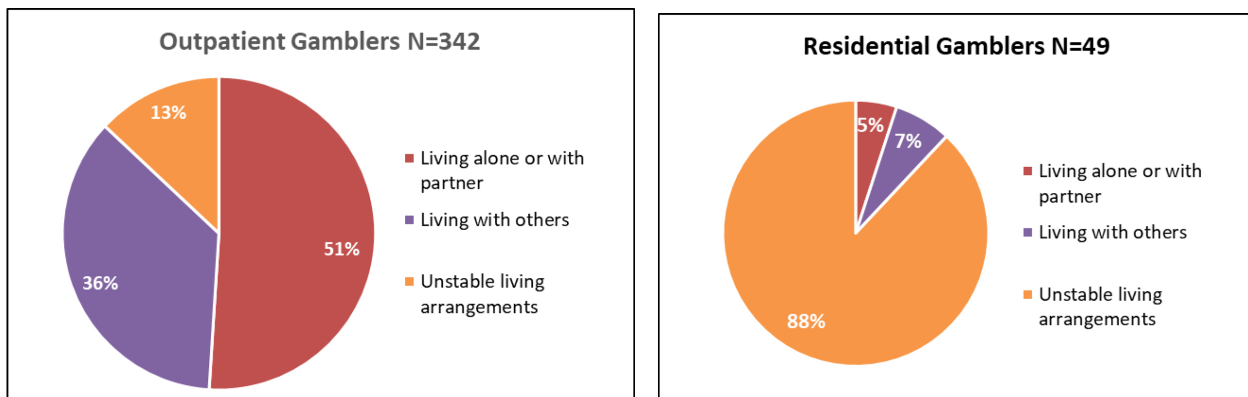


Among outpatient clients, the majority (49%) rent their housing, while 29% own their homes, and 18% neither own nor rent. For residential clients, there is a stark difference: 95% neither own nor rent, suggesting that almost all residential clients are in unstable or transient living conditions, such as staying with friends or family, in shelters, or other temporary arrangements.

This contrast highlights that residential treatment clients often experience higher housing instability, which may contribute to their need for more intensive support. Addressing housing insecurity could play a vital role in supporting the recovery of residential clients.

Living arrangements refer to who lives in the home together, which also impacts housing stability. Individuals with stable living arrangements—defined here as living alone, living with a partner or spouse, living with family or friends/roommates—have a stronger foundation for focusing on treatment and recovery. In contrast, individuals experiencing unstable living arrangements—defined here as living in shelters or other transient arrangements—may face additional stressors that can disrupt or delay recovery.

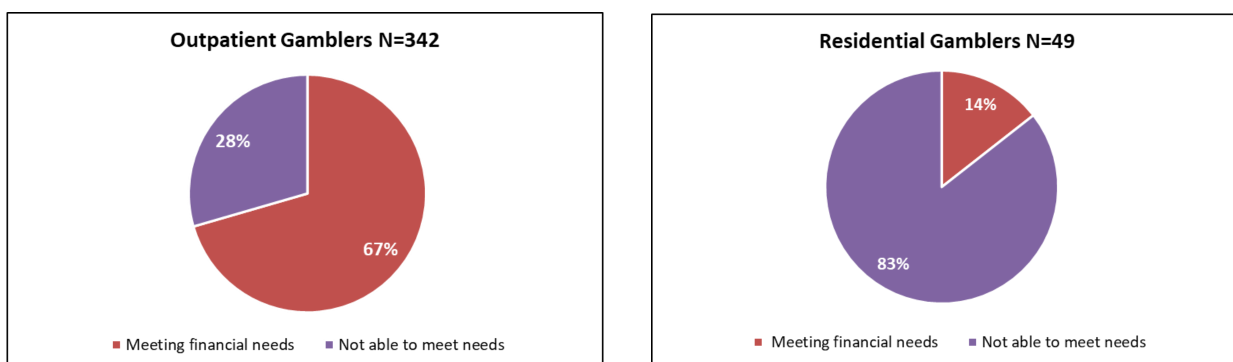
The figures below illustrate the various living arrangements among the treatment seeking population in Nevada.



A majority of those seeking outpatient services are in stable living arrangements, but a significant number (13%) are experiencing housing instability. Whereas the opposite is true of those seeking residential services, with 88% of those in unstable housing environments at the time of treatment entry. Addressing housing vulnerabilities can improve program effectiveness and support long term recovery.

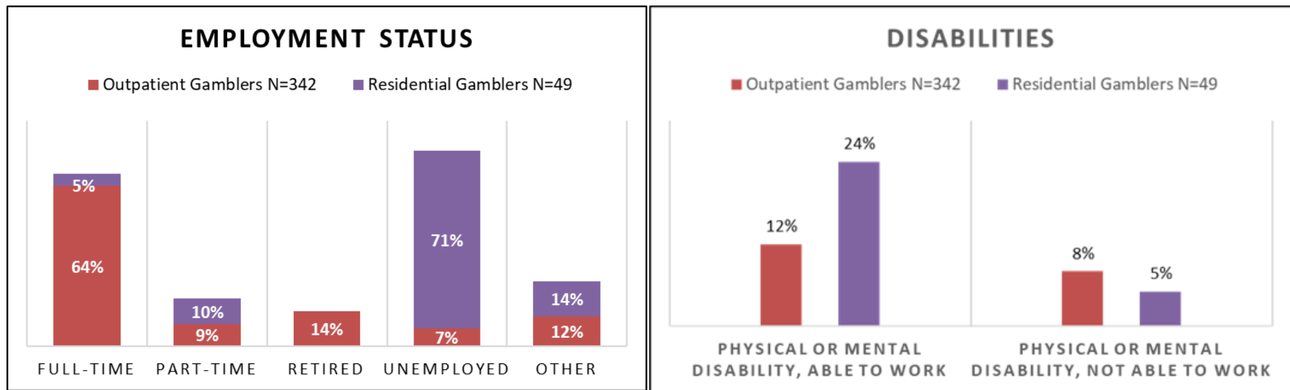
FINANCIAL STABILITY

Financial stability influences access to resources that may support individuals as they enter treatment. Financial strain can impact treatment engagement and long-term recovery outcomes, as it increases vulnerability to relapse or engaging in problematic gambling.



A sizable number of Nevadans seeking treatment for gambling problems are not able to meet their basic financial needs when entering treatment. Around 30% of outpatients and 83% of residential clients have severe financial strain.

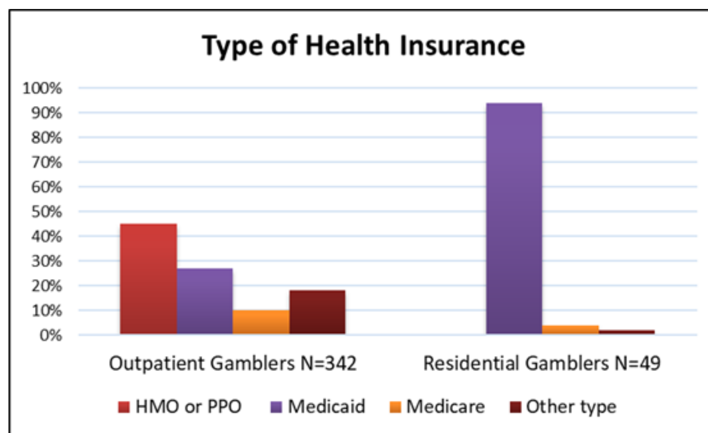
Similarly, those seeking residential care are more likely to be unemployed or disabled than those seeking outpatient care.



While steady employment reduces financial strain, it may also impede an individual's ability to fully engage in treatment due to time and scheduling constraints. It is important to consider flexible scheduling and provide a variety of treatment modalities to increase access and usage of treatment.

Individuals with disabilities may face both financial and health challenges. Treatment providers need to be aware of the ways that the compounded challenges of disability may impact gambling behavior and affect recovery. More research into how to tailor services for this population is needed.

Most Nevadans seeking care have some type of health insurance. Around 80% of outpatients are insured, primarily through workplace benefits. Residential gamblers are nearly all insured through Medicaid.

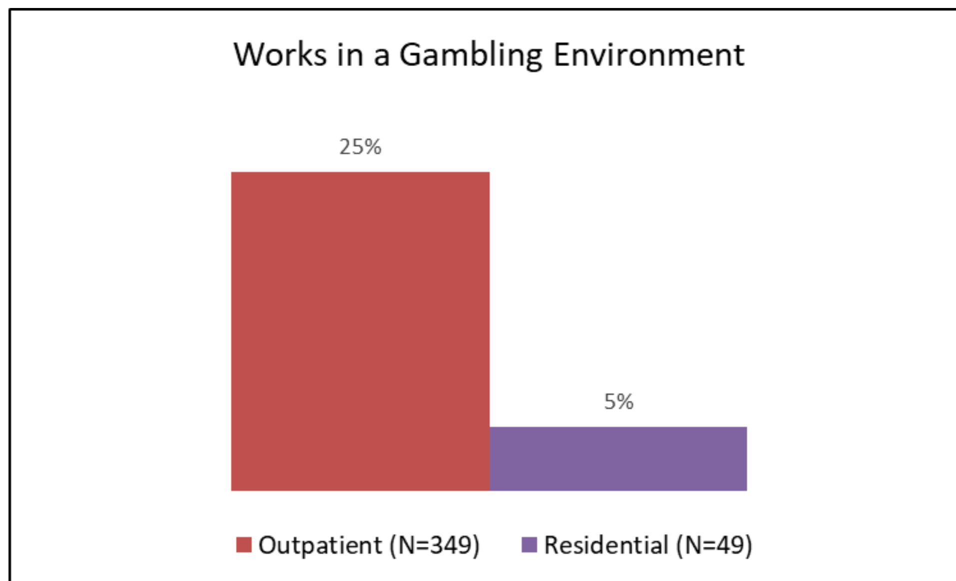


Health insurance significantly impacts the stability of treatment for those seeking help with problem gambling. Individuals with private insurance typically have access to a wider range of treatment options, often facing fewer barriers than those with Medicaid. However, there are gaps in coverage in both private and public insurances when it comes to treatment of gambling disorder.

In Nevada, the availability of free problem gambling treatment is an essential safety net, ensuring that financial barriers to not prevent individuals from accessing the support they need.

WORKING IN A GAMBLING ENVIRONMENT

Working in a gambling environment can be a significant stability factor for someone accessing gambling addiction treatment because it presents unique challenges that may complicate their recovery journey. For individuals with a gambling addiction, constant exposure to gambling activities, promotional materials, and easy access to gambling opportunities can act as triggers, increasing the risk of relapse. Further, workplace culture in gambling environments may often normalize or encourage gambling behaviors, making it harder for someone in recovery to set boundaries[3]. Studies have shown that employees in gambling venues report higher rates of gambling problems[4]. Balancing treatment while managing these ongoing stressors can place additional strain on their recovery efforts, potentially impacting their stability both within their job and in maintaining long-term treatment gains. As such, individuals working in these environments may require tailored support to navigate their recovery successfully.



Approximately 30% of individuals seeking treatment are employed in gambling environments. Given the scale of Nevada's gaming and tourism industry, this is unsurprising. However, these employees face unique vulnerabilities that need careful consideration. Their ability to recover from gambling harm and maintain long-term recovery may be significantly impacted by their work setting. Workplaces have a unique opportunity to promote awareness, support employee health, and reduce stigma around gambling harm.

[3] Shaffer, H. J., Vander Bilt, J., & Hall, M. N. (1999). Gambling, drinking, smoking, and other health risk activities among casino employees. American Journal of Industrial Medicine, 36(3), 365-378. C

[4] Hing, N., Gainsbury, S. (2013). Workplace risk and protective factors for gambling problems among gambling industry employees. Journal of Business Research, 66(9):1667-1673.

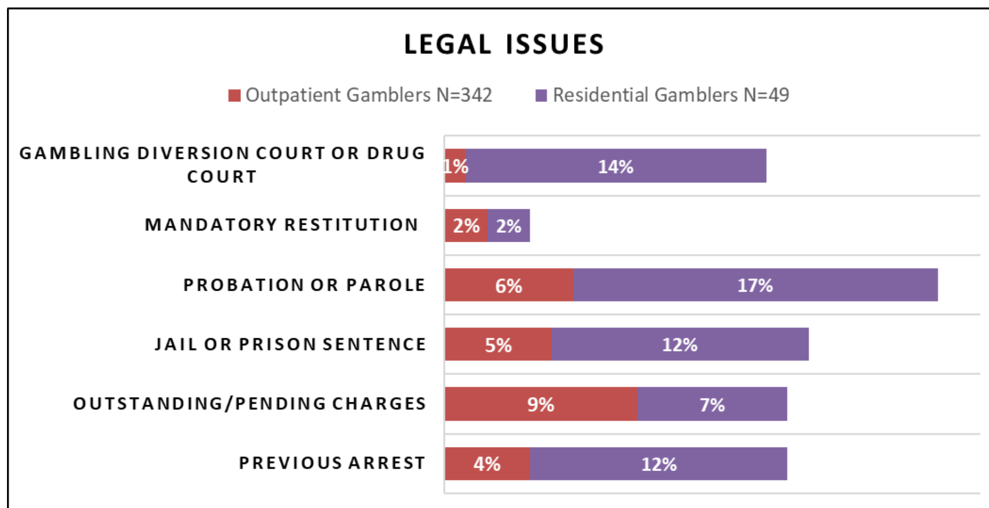
Individuals struggling with their gambling experience a wide range of harms and losses, impacting their legal, personal, and financial well-being. Gambling disorder creates challenges for families, communities, and public systems in addition to the individual affected. In some cases, people may turn to illegal actions like embezzlement or other financial misuses as they try to manage growing debts or to continue gambling, leading to criminal charges and increasing demands on the justice system. The financial strain can also push individuals toward public assistance that they might not have otherwise needed, placing extra pressure on social programs already serving the broader community.

Families often experience heavy loss as well, navigating debt, potential bankruptcy, and even foreclosure, which can destabilize entire households and impact neighborhoods and communities. Employers may also feel the effects, particularly when an employee's gambling disorder interferes with job performance or trust-based responsibilities.

LEGAL ISSUES

Many individuals seeking gambling services in Nevada are dealing with ongoing or past legal issues related to their gambling disorder.

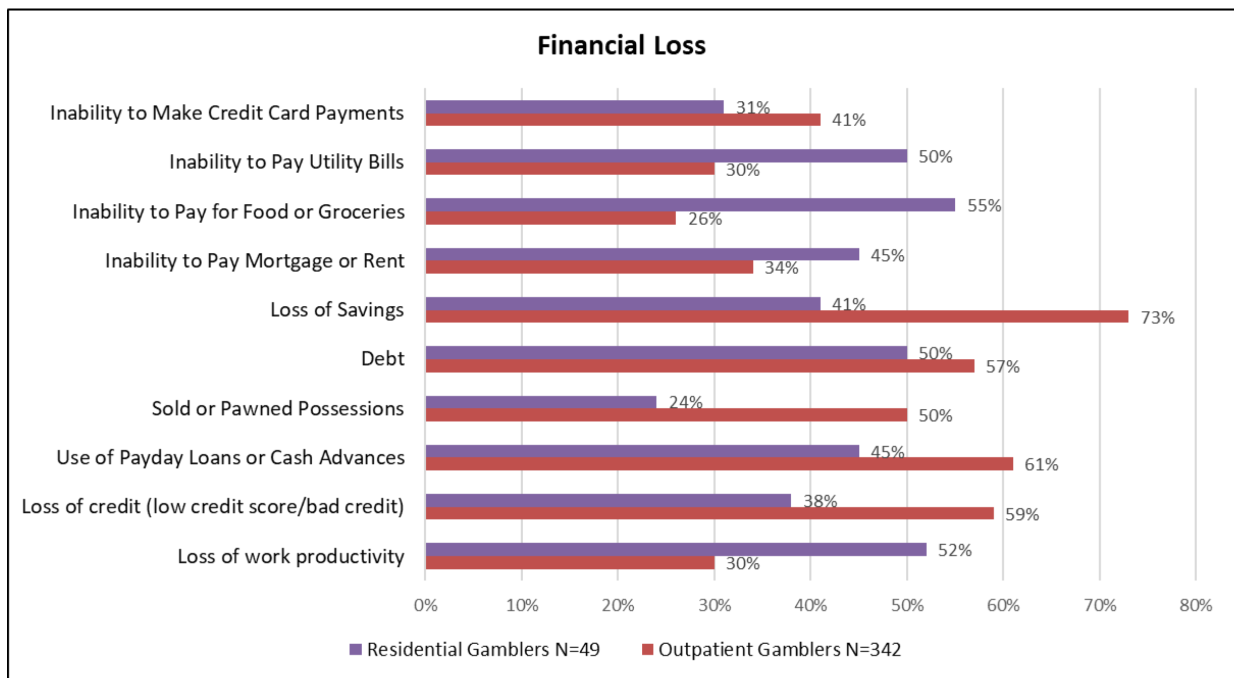
Among those in treatment, approximately 23% of outpatient gamblers and 71% of residential gamblers reported having committed illegal acts to finance their gambling or as a result of their gambling, even if these actions didn't necessarily lead to legal consequences. The table below highlights the type of legal issues Nevadans faced in FY2025 as they entered treatment.



Providing support for these legal challenges can alleviate stress and strengthen the recovery process for those affected. About 14% of individuals seeking gambling treatment in Nevada are referred through the legal system—often by a judge, attorney, or probation officer. Increasing awareness within the justice system about the role of gambling disorder is essential for reducing public harm and supporting recovery for those impacted.

Nearly 85% of individuals seeking treatment for problem gambling have experienced financial hardships due to their gambling. These losses vary in severity and include, but are not limited to: accumulating debt, draining savings, struggling to pay for essentials like mortgages, rent, food, utilities, and credit card bills, selling or pawning personal possessions, relying on high-interest payday loans, experiencing reduced work productivity, and damaging their credit scores.

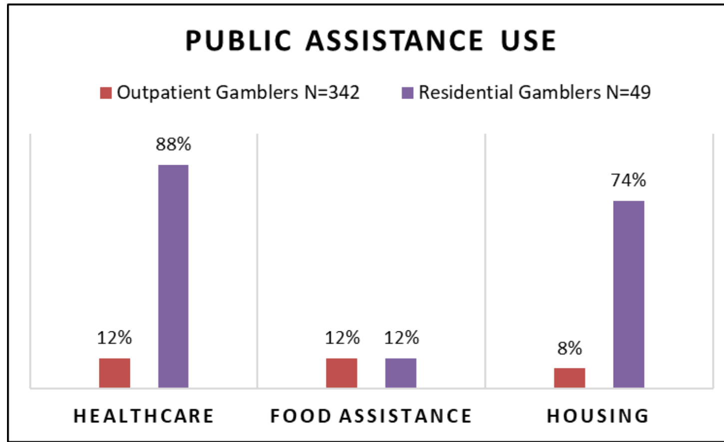
The figure below illustrates the extent of financial loss within the treatment population, with approximately half struggling to meet basic living expenses.



These financial challenges have far-reaching social repercussions and can take much longer to repair than the duration of a treatment program. Financial strain can also add pressure during early recovery, as individuals may feel tempted to turn back to gambling in an attempt to resolve their financial difficulties.

The average debt upon entering treatment is **$30,908** for outpatient clients and **$1,968** for residential clients. However, clients are often not fully aware of the extent of their financial losses at the start of treatment, so these figures may be underestimated. The comparatively lower debt among residential clients may be due to lower income levels and limited access to credit, which may provide some protection against accumulating massive debt.

The figure below shows public assistance usage among individuals entering treatment. Public resource use is relatively low among outpatient clients, despite the significant financial strains noted above. In contrast, the majority of residential clients rely on public healthcare (Medicaid) and receive some form of housing assistance.

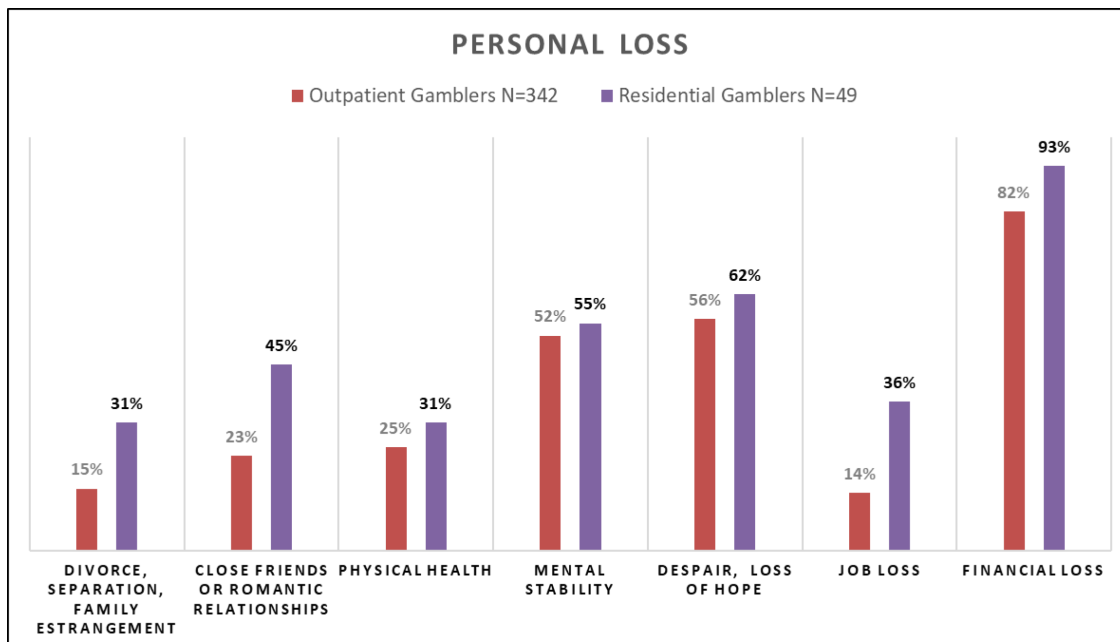


These financial hardships underscore the importance of providing comprehensive support in treatment, as individuals work to rebuild stability and avoid the cycle of gambling-driven financial crises.

PERSONAL LOSS

Individuals seeking gambling services in Nevada often face profound personal losses due to their gambling disorder. Financial loss is nearly universal among those entering treatment, but emotional losses are also deeply felt. Many experience a loss of hope, and strained or broken family and personal relationships are common, as gambling behaviors often lead to mistrust, conflict, and separation from loved ones.

The figure below shows the range of personal losses reported by those in treatment.



Without intervention, these accumulated losses can drive individuals into despair and, for many, suicidality.

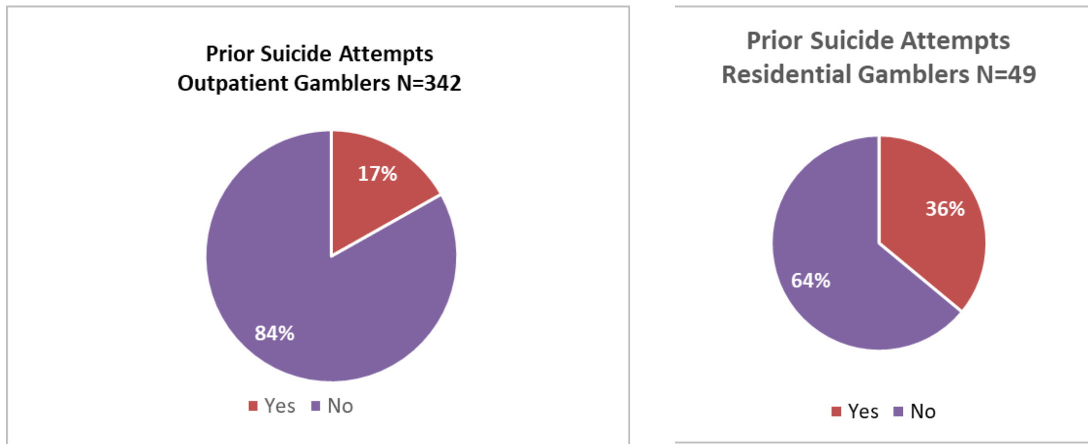
The combination of strained family relationships, depleted finances, and a deep sense of despair can be the catalyst for individuals to pursue help. Nevada’s treatment programs receive these clients in severe distress and provide essential support and a structured path to recovery.

HEALTH FACTORS

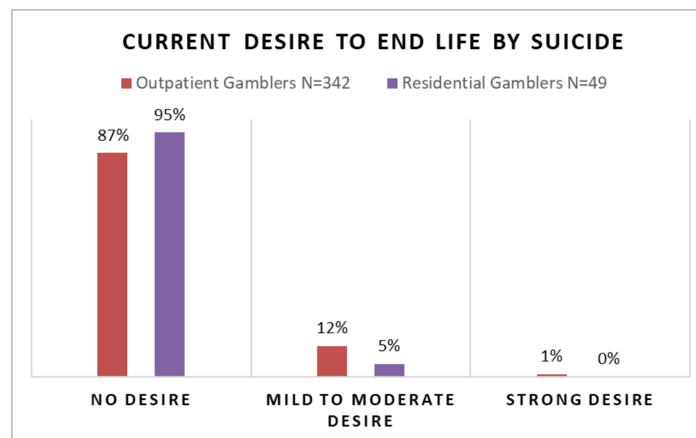
Several health factors can affect success in treatment. It is important to understand the treatment seeking population and their co-occurring health concerns beyond gambling.

SUICIDALITY

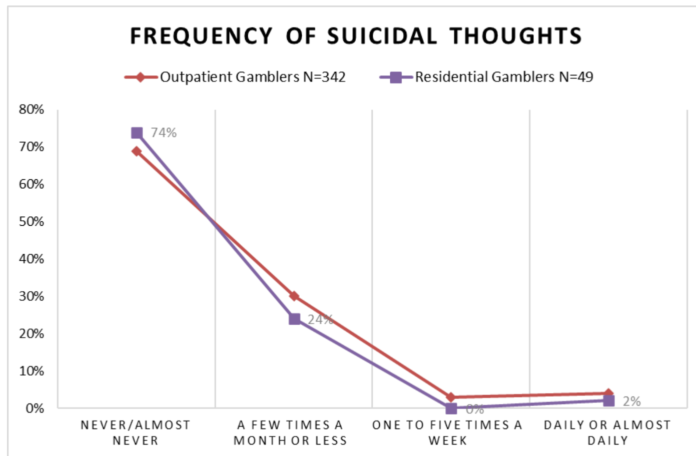
People experiencing gambling harm in Nevada report high rates of suicidal thoughts, previous suicide attempts, and a desire to end their lives. The figures below show the percentage of those seeking treatment who have attempted suicide prior to enrolling in problem gambling services: 17% of outpatient clients and 36% of residential clients have attempted suicide.



Treatment providers in Nevada regularly screen and monitor clients for suicidality and address crises as they arise. During enrollment, clients are asked about their current desire to end their lives and how often they think about suicide. As shown in the below figure, the majority do not express an immediate desire to end their lives, with 87% of outpatients and 95% of residential clients indicating no desire. However, 13% of outpatients and 5% of residential clients did report a current desire to end their lives.



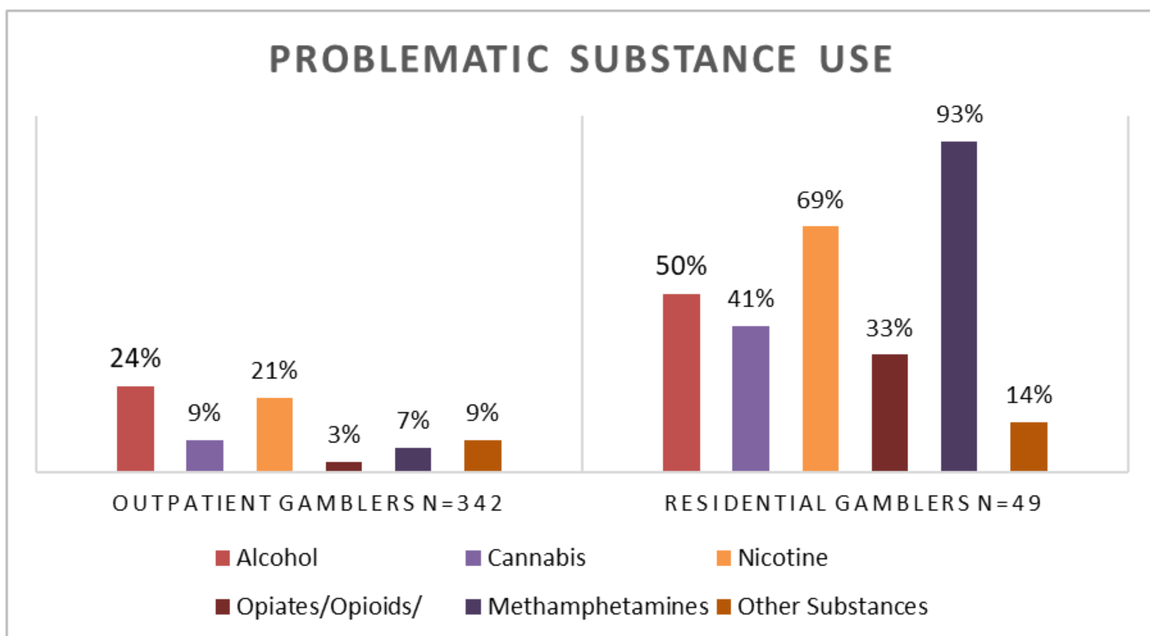
Though most clients do not express an immediate desire for suicide, many report frequent suicidal thoughts over the past year, as illustrated in the figure below.



Frequent suicidal thoughts without an immediate desire to end one's life might be linked to a sense of hope that comes with entering treatment and the positive impact they expect it to have.

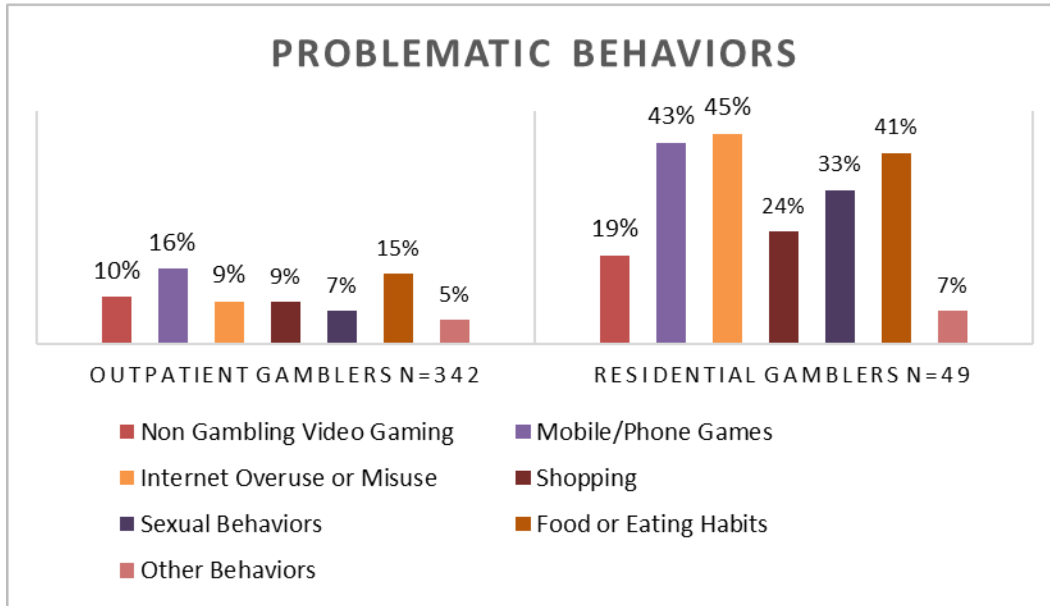
CO-OCCURRING SUBSTANCE AND BEHAVIORAL HARMS

Individuals seeking gambling treatment services in Nevada often face co-occurring issues with substances and other problematic behaviors. In the past 12 months, 41% of outpatient clients and 96% of residential clients reported problematic substance use, with alcohol and methamphetamine being the most commonly reported substances. The figure below illustrates the types and frequency of problematic substance use in this population. Clients in residential treatment report higher levels of problematic use, which aligns with the fact that many are seeking care primarily for substance issues when they are diagnosed with a gambling disorder.



Beyond substance use, clients also report problematic behaviors in the past 12 months, including video gaming (non-gambling), mobile phone games, internet use, shopping, sexual behaviors, and food or eating habits. These behaviors can compound gambling issues and are generally addressed

as part of their treatment program. Forty-five percent of outpatient clients and 81% of residential clients reported having issues with at least one of these behaviors, with many experiencing difficulties with more than one. The table below shows the percentage of clients with problems in each area, with food and sexual behaviors being the most commonly reported.

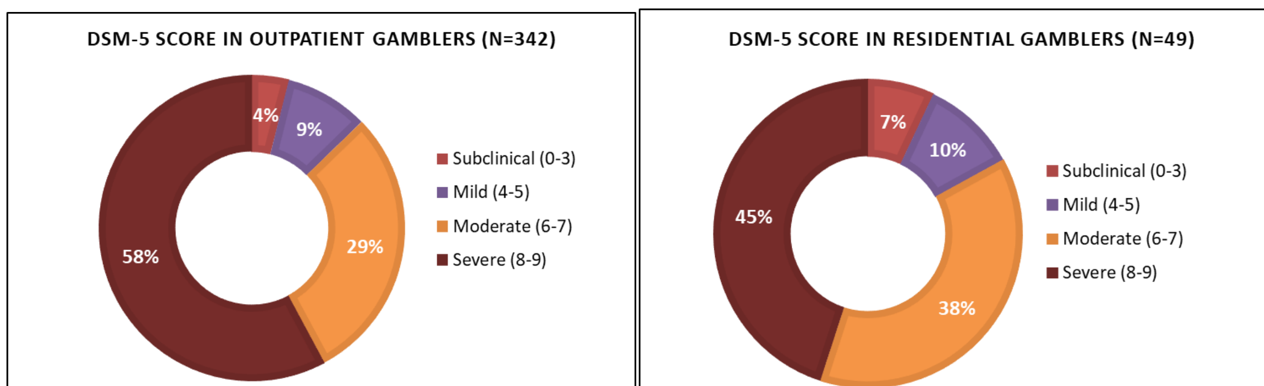


While these behaviors aren't inherently problematic, clients entering treatment have experienced some level of difficulty managing them. Co-occurring addictions and gambling often reinforce each other, creating complex challenges for individuals seeking treatment.

Most Nevadans entering treatment for gambling issues are doing so for the first time and often have a severe gambling disorder diagnosis. Many have initially tried self-help and community support groups but eventually sought more structured professional services. Engaging in treatment at earlier stages of the disorder could improve outcomes and help prevent further personal and social harms associated with gambling.

Treatment providers determine the appropriate approach based on diagnosis of gambling disorder using DSM-5 criteria. The DSM-5, or Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition), standardizes the process for diagnosing gambling disorder to maintain consistency across clinical settings.[5] To assess for gambling disorder, clinicians look for specific behavioral signs that have persisted over the past year. These criteria include behaviors such as an increasing need to gamble with larger sums for thrill-seeking, repeated unsuccessful attempts to reduce or quit gambling, and significant personal or professional consequences due to gambling. A mild disorder is diagnosed when an individual meets 4–5 criteria, moderate with 6–7, and severe with 8–9. The diagnostic criteria allow the clinician to determine the severity of the disorder and tailor treatment plans to individuals.

Outpatient clients generally have higher DSM-5 scores, indicating more severe gambling disorders. This trend is expected, as individuals in residential facilities often seek care primarily for alcohol or substance use disorders and receive their gambling diagnosis as a secondary issue. Access to treatment at earlier stages of symptom severity has shown to improve recovery outcomes and reduce progression to more severe gambling-related harms, underscoring the importance of broader gambling problem screening across healthcare settings.



Approximately 49% of outpatient clients and 38% of residential clients attended peer support groups, like Gamblers Anonymous, before beginning formal treatment. While peer groups play a valuable role in supporting recovery, they are often insufficient for many Nevadans facing gambling issues, who benefit from professional treatment.

[5] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

The majority of clients (59% of outpatient and 79% of residential) are new to formal gambling treatment, though around 40% of outpatient clients have accessed these programs more than once. Relapse or the need for additional support services is common in addiction treatment. Ideally, Nevada's programs could address gambling-related issues at earlier stages and provide continued support throughout recovery, aiming to prevent relapse and worsening of the disorder.

TREATMENT SERVICE OUTCOMES

The following section draws on data from followup interviews conducted at 30 days, 90 days, and 12 month post treatment enrollment. (Complete data collection procedures are outlined in Appendix A)

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, 50% percent of clients exiting treatment in fiscal year 2024 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 exiting the program.

Based on our analysis of both quantitative and qualitative data, we found that participants 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.

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.

> *"This gambling revolves around money. Free help is something I think that is really beneficial. I know therapy can get expensive. Keeping this a free service is what is really going to be beneficial. We get to a point where we do not have extra money. Paying for a service like this would discourage us from getting help. This is an important note to throw in there. Other than that, I am just thankful."*
>
> *"Very accommodating with my schedule. I appreciate that."*

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").

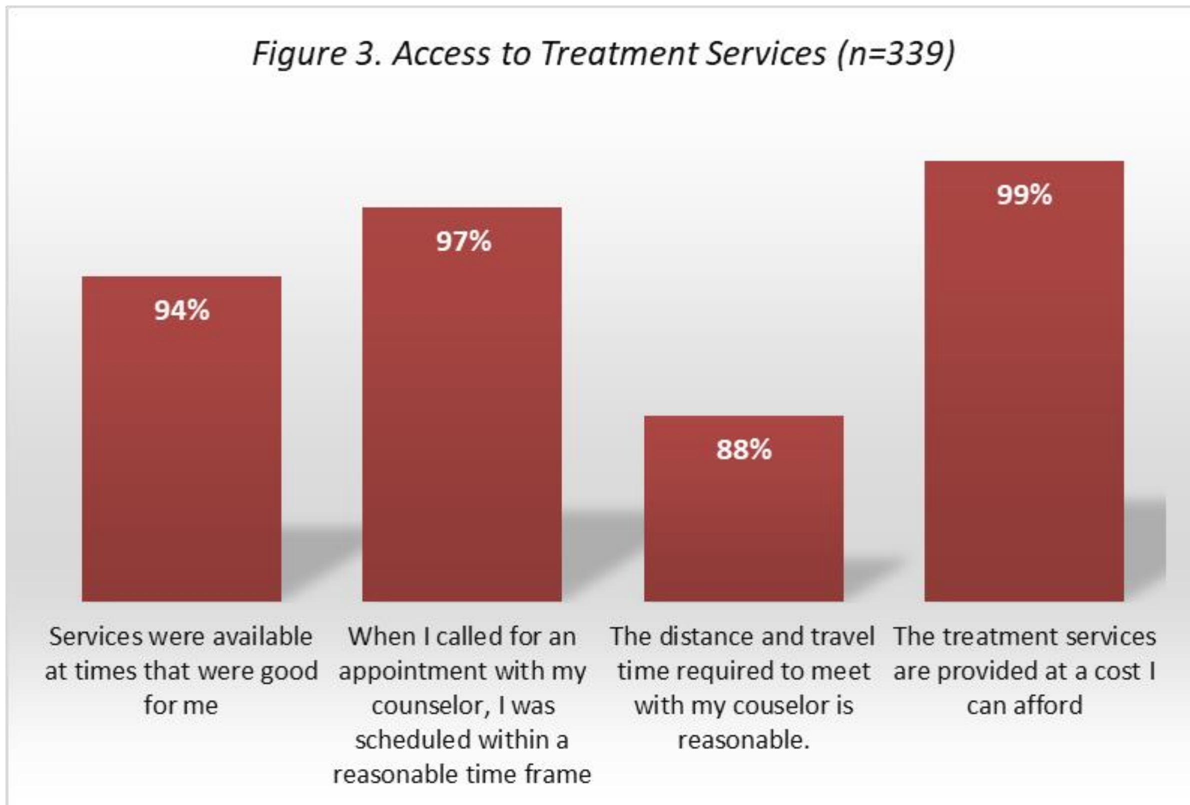
Table 2. Average Ratings of Access to Services

ACCESS TO SERVICES	**Average Score**
(Cronbach's α = .550)	
1. Services were available at times that were good for me.	4.62
2. When I called for an appointment with my counselor, I was scheduled within a reasonable time frame.	4.75
3. The distance and travel time required to meet with my counselor was reasonable.	4.40
4. The treatment services were provided at a cost I could afford.	4.81

These results reflect a strong performance in making treatment accessible, yet they also bring attention to potential barriers that could impact certain groups. For instance, although most people find the travel distance manageable, individuals in rural areas or those lacking reliable transportation might face challenges in consistently accessing services. Additionally, while affordability is nearly universally praised, unexpected costs related to travel or time off work could still create financial strains for some clients.

Improving access involves continually assessing these factors and addressing potential barriers, especially as the client population or geographic reach of services expands. Enhanced accessibility can lead to better engagement, improved treatment outcomes, and a stronger overall support system for individuals dealing with problem gambling.

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.



Distance and Travel Time as a Barrier to Access

While the majority of respondents (88%) indicated satisfaction with the distance and travel time required to meet with their counselors, this metric shows slightly lower satisfaction compared to other aspects of access. This may point to an emerging or persistent challenge, particularly for clients in rural or remote areas, who often experience limited access to transportation and fewer local treatment options.

For individuals living far from treatment centers, travel can become a considerable barrier due to both time and financial costs. The time required to travel to and from sessions can disrupt work schedules, family responsibilities, and other personal commitments. This is particularly burdensome for those with inflexible job schedules or caregiving duties. Additionally, clients in rural areas may face higher transportation costs, whether due to longer driving distances, fuel expenses, or limited access to public transportation, which can add financial strain to the treatment process. For those without a reliable vehicle, arranging transportation can be even more complex,

sometimes requiring them to rely on friends, family, or community services that may not always be consistently available.

To reduce this barrier, programs could explore expanding remote service options, such as teletherapy, which could make counseling sessions more accessible for individuals in distant locations. Telehealth services allow clients to attend sessions from home, reducing the time and expense associated with travel. Additionally, partnerships with local agencies or transportation services could help alleviate travel challenges for clients in underserved areas.

Overall, while travel distance is not a prohibitive barrier for the majority of clients, addressing this issue through flexible service delivery options could ensure that treatment is accessible to all individuals, regardless of their location. By proactively minimizing travel-related obstacles, the program can increase client engagement and help individuals maintain consistency in their treatment, which is critical to achieving positive outcomes.

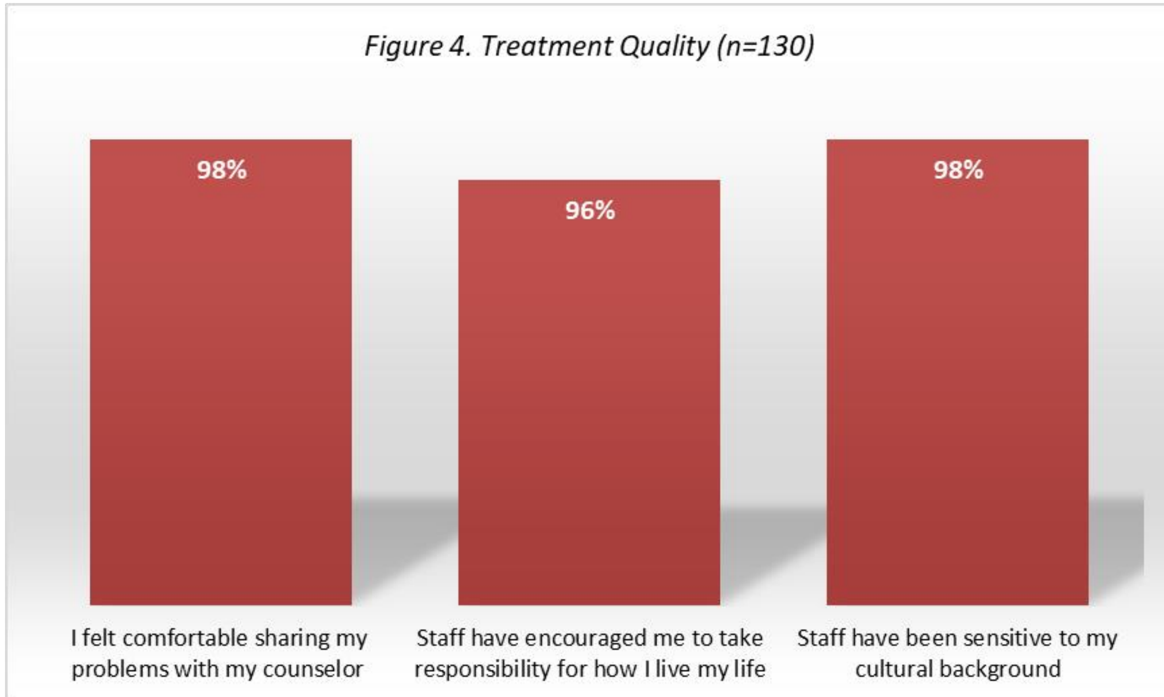
The quality of treatment services is a critical factor in supporting clients' recovery journeys. High-quality, compassionate care builds trust and creates a safe space for clients to address their challenges with problem gambling. Follow up interviews show very high levels of client satisfaction across key areas of treatment quality, particularly in comfort, responsibility, and cultural sensitivity. Overall, clients point to six specific features of treatment programs that maximized their treatment outcomes: 1) community and peer support, 2) personalized support and understanding (client-counselor relationships), 3) scientific and cognitive understanding of addiction, 4) skill-building and practical tools, 5) accountability and structure, 6) accessibility and continuity of care.

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

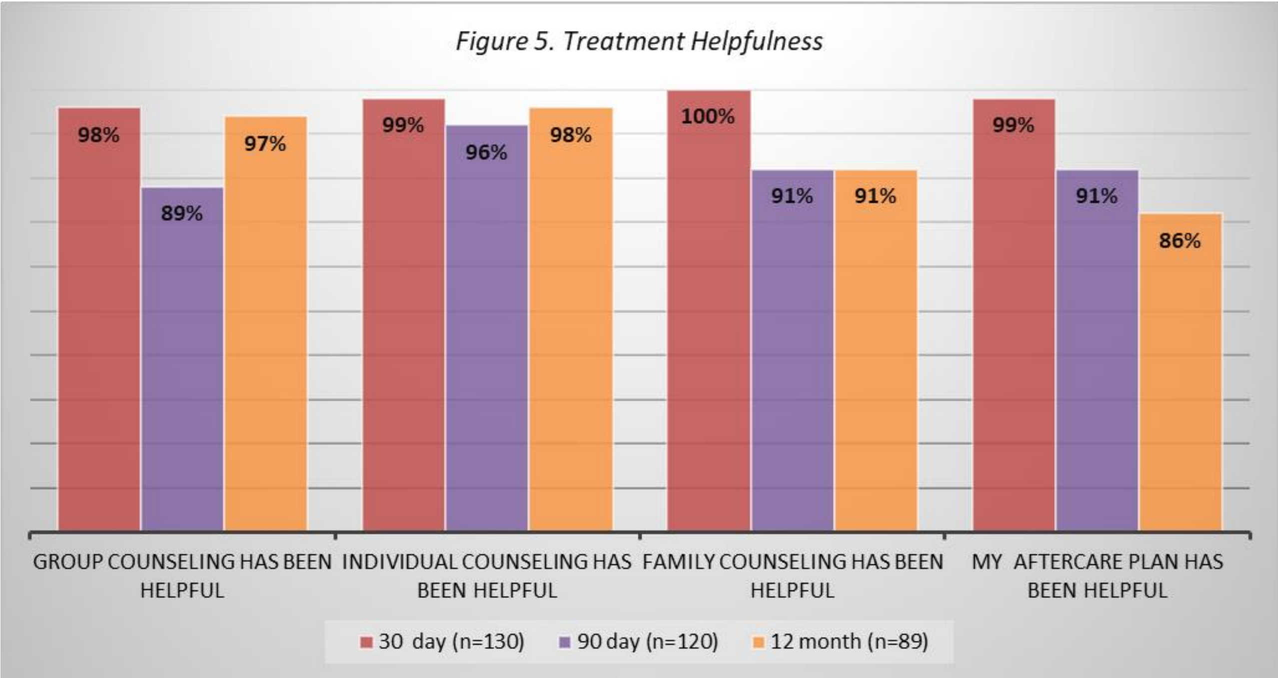
TREATMENT QUALITY and HELPFULNESS	**Average Score**		
(Cronbach's α = .877)	*30 day*	*90 day*	*12 month*
5. I felt comfortable sharing my problems with my counselor.	4.77		
6. Staff have encouraged me to take responsibility for how I live my life.	4.71		
7. Staff have been sensitive to my cultural background (race, religion, language, etc.).	4.80		
8. Group counseling has been helpful.	4.82	4.62	4.73
49. Individual counseling has been helpful.	4.80	4.71	4.73
10. Family counseling has been helpful.	4.84	4.50	4.51
11. My aftercare plan has been helpful.	4.73	4.47	4.31

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.



- **98%** of participants reported feeling comfortable sharing their problems with their counselor. This high level of comfort is essential, as it allows clients to openly discuss personal and often sensitive issues without fear of judgment. A strong therapeutic relationship is built on trust, and this trust enables clients to explore the root causes of their behaviors and work toward meaningful change.
- **96%** of participants indicated that the staff encouraged them to take responsibility for how they live their lives. This focus on personal responsibility empowers clients to become active participants in their own recovery, fostering resilience and self-efficacy. By promoting accountability, counselors help clients make sustainable changes that support long-term well-being.
- **98%** of participants felt that staff were sensitive to their cultural backgrounds. Culturally sensitive care ensures that clients feel seen, respected, and understood, which is especially important in a diverse client population. When counselors take cultural factors into account, they create an inclusive environment that validates each client's unique experiences and values, which can enhance engagement and improve treatment outcomes.

These results underscore that Nevada's providers have a strong commitment to providing high-quality, client-centered care that respects and supports each individual's journey. The high satisfaction rates suggest that clients feel both empowered and valued within their programs, and that the staff are successfully fostering a therapeutic environment conducive to healing and growth. By maintaining this standard of care, programs can 1continue to facilitate positive change and recovery for those struggling with problem gambling.



Feedback on the helpfulness of different treatment modalities indicates high client satisfaction across various forms of counseling and aftercare planning. Each type of intervention—group, individual, and family counseling, as well as aftercare—plays a distinct role in supporting clients' recovery, and follow up interviews reveal that clients find these components beneficial across different stages of their treatment journey.

- **Group Counseling:** At the 30-day mark, 98% of clients found group counseling helpful, slightly decreasing to 97% at 90 days and further to 89% at 12 months. This high level of initial satisfaction underscores the value of group counseling, which offers peer support and shared experiences. The decline over time may indicate that as clients progress, they may lean more on individual support or other resources as they gain confidence and independence in their recovery.

- **Individual Counseling:** Individual counseling consistently receives high ratings, with 99% of clients at 30 days, 96% at 90 days, and 98% at 12 months reporting that it was helpful. This reflects the importance of personalized, one-on-one support in addressing specific client needs and providing tailored guidance, which remains valuable throughout the recovery journey.

- **Family Counseling**: Family counseling has the highest rating, with **100%** of clients at the 30-day mark finding it helpful. Satisfaction remains high at 91% for both the 90-day and 12-month marks. Family support can be critical in recovery, as it helps clients rebuild relationships and create a supportive home environment. While there is a slight decline in ratings over time, the consistently high satisfaction reflects the role family plays in reinforcing positive changes.

- **Aftercare Plan**: Aftercare planning is essential for maintaining progress post-treatment. 99% of clients at 30 days found their aftercare plan helpful, which slightly decreases to 91% at 90 days and 86% at 12 months. These numbers suggest that aftercare provides significant support, but there may be an opportunity to enhance long-term engagement or adjust the plan as clients move further along in their recovery to better meet evolving needs.

Overall, clients find a diversity of treatment modalities to be effective. Each component contributes uniquely to recovery, with individual and family counseling remaining especially impactful over time. The high ratings for aftercare and group support underscore the importance of both structured guidance and peer connection. By maintaining these options and addressing any potential gaps in longer-term support, programs can continue to provide comprehensive, effective assistance to clients on their recovery path.

COMMUNITY AND PEER SUPPORT

Group counseling provided a strong sense of community, helping clients realize they were not alone. Sharing stories and hearing others' experiences allowed clients to feel understood and less isolated, which reinforced accountability and provided perspectives on coping strategies.

The comments below reflect the satisfactions clients have with the group therapy format.

> *"The most helpful part is really the group part of it. People sharing stories and actually caring."*
>
> *"Group therapy puts you in touch with a bunch of different people from different areas and professions, ages. But everyone coming together with the same problem was the most helpful."*
>
> *"Meeting other people that have the same issue was the most helpful part. Knowing I am not alone."*
>
> *"The group part. I made friends there that I still stay in contact with. We check on each other."*
>
> *"Being around other people that are dealing with similar issues that are looking to better their lives."*

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.

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.

PERSONALIZED SUPPORT AND UNDERSTANDING

The client-counselor relationship was key to clients' satisfaction and success in gambling treatment. They found that counselors provided them with an empathetic and non-judgmental environment that allowed for open dialogue. Clients felt truly listened to and supported, as demonstrated by the quotes below:

> *"It's amazing having the resources and the great counselors working there. They are very personable, good personalities. They are always having open arms. It is hard to deal with this [gambling disorder] on your own. To find counselors is hard and is so expensive, to find that this is affordable is a blessing."*

> *"The staff makes you feel like they care about you."*

> *"To be honest, the best thing to help was the counselor. Just talking to someone that knows my story. At the end of the day, they are there for you. It means a lot, and it to me is one of the biggest things for sure."*

Personalized, empathetic support was consistently highlighted as a core aspect of effective treatment. Clients valued feeling understood on a personal level.

They reported developing meaningful relationships with their counselors, feeling welcomed, unjudged, supported, and in the hands of experts. They especially appreciate having counselors who have shared their experiences with addictions.

SCIENTIFIC AND COGNITIVE UNDERSTANDING OF ADDICTION

Many clients found that learning about the biological and psychological mechanisms of addiction was transformational. Clients appreciated insights into how gambling affects the brain. This scientific understanding helped them reframe their experience of addiction, making it easier to view it as a manageable disorder rather than a moral failing.

A selection of quotations illustrating this idea is presented below:

> *"The information provided about how the disorder works in your brain was the most helpful. More like the scientific part about the disorder."*

> *"It was learning about what causes and repercussions of being addicted would cause."*

> *"Definitely learning the brain science behind addiction. That understanding has been foundational for me."*

> *"The educational piece, understanding the disease. Got me to realize the action of gambling was not the root cause."*

This understanding was often described as foundational to their recovery process. 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.

SKILL BUIDLING AND PRACTICAL TOOLS

Many clients emphasized the benefit of acquiring coping skills and tools for managing triggers and preventing relapse. Clients mentioned specific techniques, such as cognitive behavioral (CBT) approaches, to help regulate their thoughts and behaviors. These tools were often described as essential for daily life outside of therapy sessions.

> *"The tools they taught were really good for me to utilize in everyday life."*

> *"Just the providing tools, you know, to prevent relapse. The guidance of trained professionals who specialize in gambling. I know what to do when I am triggered"*

> *"Just the daily lessons, which I believe were cognitive behavior therapy. Opened my eyes to a different way of thinking."*

The simple, actionable guidance from their counselors gave clients a roadmap for responding to high-risk situations, empowering them to make healthier choices. For many, these tools didn't just help in moments of crisis—they fundamentally reshaped their perspectives, fostering resilience and a deeper sense of control in their lives.

ACCOUNTABILITY AND STRUCTURE

A structured program with regular check-ins, group meetings, homework, and a reliable routine helped clients stay on track. This structure, combined with accountability to counselors and peers, helped reinforce their commitment to recovery.

These quotes illustrate their feelings about the program structure:

> *"Probably the structure around the program and the help with the tools they have to kind of cope with why I am gambling."*

> *"The structure, the consistency, and the support system."*

> *"The repetitive check-in and just being present around other people that fight your same battle. Feeling accountable to the therapist, counselor, and peers."*

> *"The accountability. I still go once a week. Still allows me to check in weekly and figure out problems I have for the week."*

Many clients described the routine and reliability of these elements as essential, not only for staying on track but also for deepening their commitment to change.

ACCESSIBILITY AND CONTINUITY OF CARE

The availability of counselors, especially during crises or moments of heightened need, was viewed as an essential part of the treatment. Being able to contact a counselor or attend a session when experiencing intense urges was highlighted as a significant aspect of effective treatment, as illustrated here:.

> *"The accessibility, when I was having a crisis. I could go right in. Always someone there to help me."*
>
> *"Just knowing that they are there when you need them. With the meetings, you can relate to other people. They have the same problems."*
>
> *"I think my ability to call in and receive help from any of the past counselors or even speakers and teachers there."*
>
> *"The accessibility I would say. I could talk to the doctor with just a text, so pretty accessible."*

The availability of counselors or sessions when needed reinforced trust in the program and allowed clients to receive support during high-risk times.

Participants' ratings of access to and the quality of their treatment services provide indirect indicators of treatment effectiveness, but more direct measures of treatment effectiveness come from participants' self-reports of improvement in daily life functioning.

This section highlights reported improvements in key areas of life among problem gambling treatment participants, showing positive outcomes that reflect the effectiveness of the interventions. For individuals seeking help, gambling has severely disrupted various areas, including:

- School or Work Performance: Gambling often leads to absenteeism, reduced productivity, and poor focus, resulting in missed deadlines, job loss, or dropping out.
- Housing Stability: Financial losses can make it difficult to afford housing, leading to debt, eviction, or homelessness.
- Family Relationships: Gambling strains relationships, as secrecy and financial issues lead to broken trust and conflict, sometimes causing separation or divorce.
- Managing Daily Problems: People may neglect responsibilities, which compounds stress and makes routine challenges harder to handle.
- Crisis Management: Gambling may become an escape, worsening already difficult situations.
- Sense of Control: Gambling erodes self-confidence and builds shame, creating a cycle of helplessness.

Participants shared improvements across all areas, with the most progress in handling daily problems, gaining control over their lives, and reducing gambling-related issues. Improvement was lowest in housing and financial situations, which are often harder to impact directly through treatment due to external influences. Financial recovery from gambling can be especially challenging and may take years. Many participants expressed a desire for more support in addressing financial issues and meeting basic needs during recovery.

Table 4 below shows the mean scores for items assessing improvements in personal, family, financial, professional, and overall well-being as a result of treatment services. Participants rated their agreement with each positively worded statement on a 5-point Likert scale, from Strongly Agree (5) to Strongly Disagree (1), with higher scores indicating greater agreement.

Table 4. Average Ratings of Treatment Effectiveness

TREATMENT EFFECTIVENESS	**Average Score**		
(Cronbach's α = .939)	*30 day*	*90 day*	*12 month*
12. I deal more effectively with daily problems.	4.49	4.42	4.51
13. I am better able to control my life.	4.44	4.42	4.41
14. I am better able to deal with crisis.	4.43	4.32	4.37
15. I am getting along better with my family.	4.48	4.38	4.34
16. I do better in social situations.	4.29	4.29	4.28
17. I do better in school and/or work.	4.43	4.36	4.41

18. My housing situation has improved.	4.28	4.25	4.24
19. My symptoms are not bothering me as much.	4.16	4.24	4.26
20. My financial situation has improved.	4.13	4.12	4.23
21. I spend less time thinking about gambling.	4.31	4.41	4.40
22. I have reduced my problems related to gambling.	4.39	4.45	4.27
23. I have re-established important relationships in my life.	4.15	4.39	4.26

To assess treatment effectiveness, we analyze self-reported improvements across these life domains at multiple follow-up intervals. This approach allows us to observe whether the benefits of treatment are sustained over time. High ratings at the 30-day point can indicate initial treatment impact, while similar or improved ratings at 90 days and 12 months suggest that the positive changes are being maintained. This assessment method helps us determine if treatment outcomes are lasting and continue to support participants in various areas of their lives.

Figures 6 and 7 below illustrate the percentage of clients who positively rated the effectiveness of their treatment in different areas. The highest levels of improvement are seen in daily problem-solving, control over life, and family relationships, with satisfaction rates around 90% across timeframes. Improvements are also noted in crisis management, social interactions, and work/school performance, with scores above 80% at 12 months.

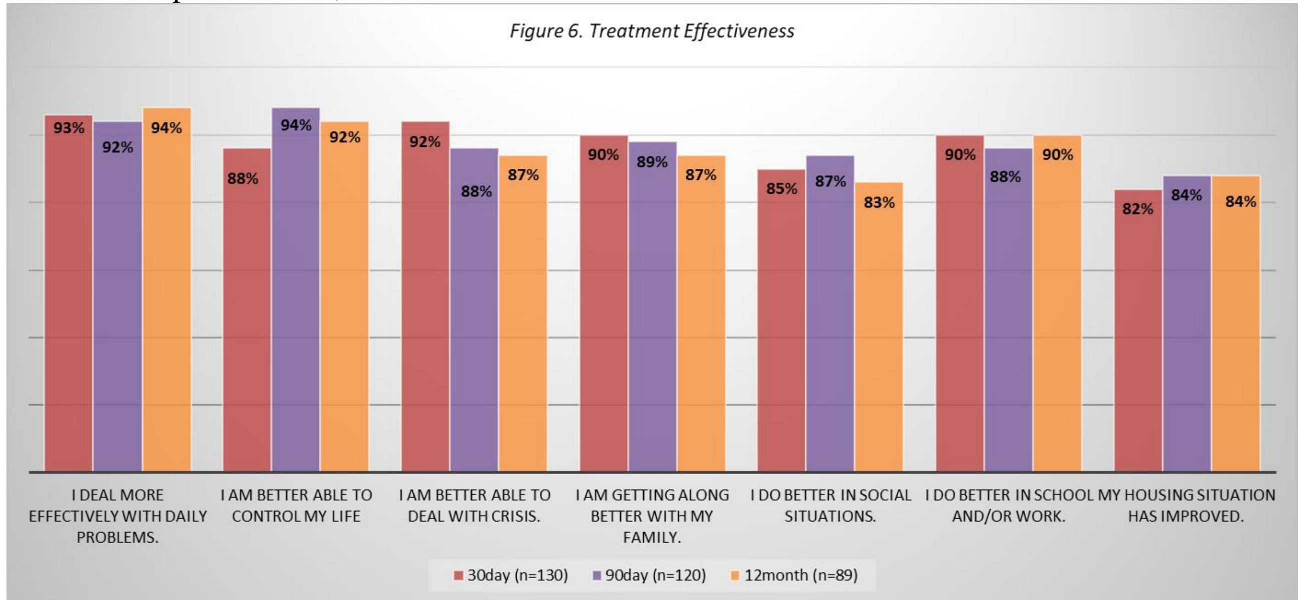
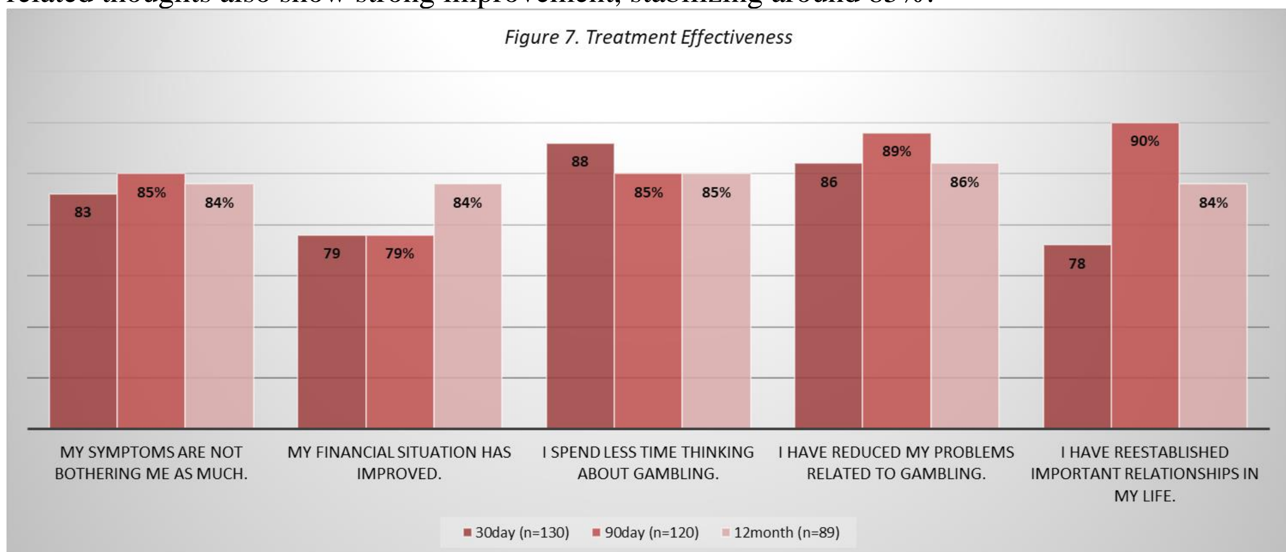


Figure 7 shows particularly high levels of improvement in reducing gambling-related problems and reestablishing relationships, with agreement rates peaking at 90%. Reductions in gambling-related thoughts also show strong improvement, stabilizing around 85%.



However, financial stability has the lowest levels of reported improvement, reflecting the gradual nature of financial recovery, which may require additional support. Overall, these findings underscore the positive impact of treatment on participants' lives, especially in addressing symptoms, reducing gambling behaviors, and rebuilding relationships, though financial support remains a critical need for long-term stability.

Participants described their treatment as both challenging and effective:

> *"As a person, I grew there, and love myself again"*
>
> *"I am learning how to control my emotions better which helps with gambling and understanding why I do it."*
>
> *"Family is a hard one. People have their own issues, but we are getting along better."*
>
> *"I learned to slow down my thinking so I can understand how I am feeling and react. It is effective to think before I act."*
>
> *"One on ones with the counselor are where I explain my everyday problems. That gets me in the mind state to work through it and discuss new outlets to overcome that and get past that itch."*

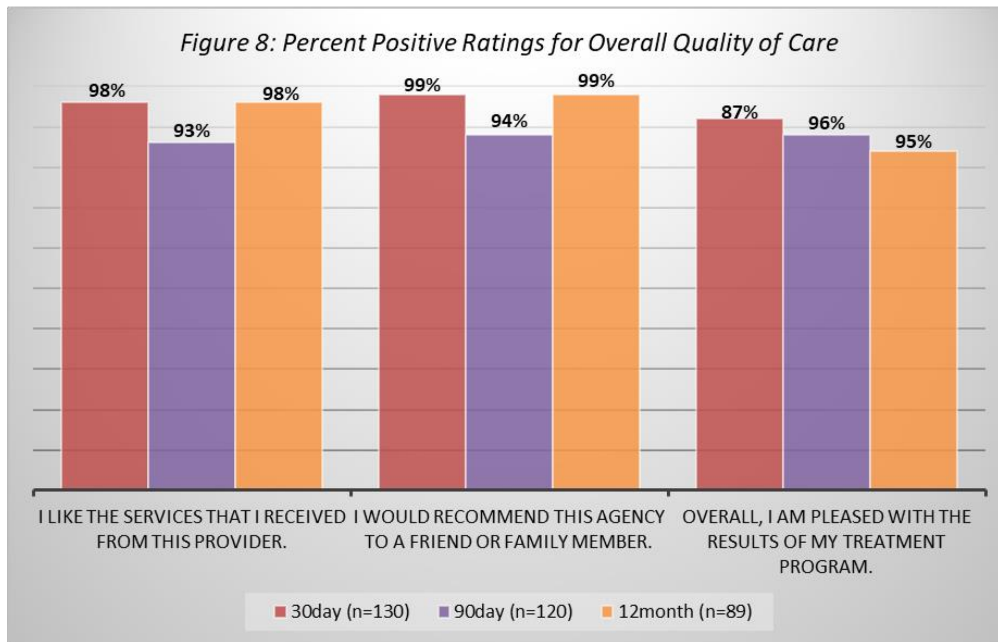
They consistently spoke about how treatment helped them to become more self-aware and accept themselves, gave them feelings of hope, and gave them tools that helped them reduce their gambling behaviors.

The fourth domain of the treatment evaluation assessed participants' perceptions of the overall quality of the program. Table 5 and Figure 8 indicate overwhelmingly positive feedback, with participants expressing high satisfaction with the services received. Notably, recommending the agency to others received the highest endorsements of all questions.

Table 5. Average Ratings of Overall Quality Indicators

OVERALL QUALITY	**Average Score**		
(Cronbach's α = .878)	*30day*	*90 day*	*12 month*
25. I like the services that I received from this service provider.	4.80	4.68	4.82
26. I would recommend this agency to a friend or a family member.	4.87	4.73	4.88
27. Overall, I am pleased with the results of my treatment program.	4.71	4.64	4.57

Figure 8 illustrates the strong level of agreement among participants about their treatment experiences. Over 85% reported liking the services, being willing to recommend the agency, and feeling pleased with their treatment outcomes.



- **Service Satisfaction**: At both the 30-day and 12-month marks, 98% of clients reported satisfaction with the services received, with only a slight decrease to 93% at 90 days.
- **Willingness to Recommend**: The likelihood of recommending the agency was exceptionally high, with 99% at 30 days, 94% at 90 days, and 96% at 12 months, demonstrating strong client confidence in the program.
- **Overall Treatment Satisfaction**: Satisfaction with treatment outcomes was positive, with 87% at 30 days, increasing to 96% at 90 days and remaining high at 95% at 12 months, suggesting an improvement in perceived outcomes over time.

Overall, these ratings indicate that the program is achieving a high level of quality and effectiveness, with clients reporting substantial satisfaction across multiple dimensions of care. This positive feedback provides a solid foundation for ongoing support and development of these programs.

AREAS FOR IMPROVEMENT

Our interviews with clients identified several areas that could be further developed within programs to deliver more effective holistic services and support recovery.

Outreach
Participants highlighted the importance of community outreach, recommending more advertising to reach others.

> *"I would love to see it expand to different areas… more publicity of what they offer."*
>
> *"I think they do a great job with the resources they get from the state. They put them back into helping others. Many members have paid it forward. 100s of thousands of people should be there, but they are not. I know they do not advertise; it is hard to find."*

Financial Assistance and Counseling:
Participants expressed a need for financial support or counseling to help address the financial consequences of gambling.

> *"I think that it should be maybe we create relationships with non-profits that can help people financially."*
>
> *"I guess I found it helpful, but a GA pressure relief group would help too. Financial help, very helpful."*
>
> *"I do not know, maybe some financial counseling or classes to help become more financially responsible."*

Transportation and Accessibility Support
Transportation barriers were a common concern, with some participants mentioning the need for vouchers, passes, or other accessible travel options.

> *"Transportation was an issue for me, there were times when I didn't have any transport, maybe vouchers would work."*
>
> *"I was able to get a bus pass, but I had to wait a long time… I could not go without the bus pass."*

Family and Childcare Support
A few participants felt that family and childcare support would make attending sessions easier, especially for those with young children.

> "*In a perfect world, childcare or area with kids… maybe a child's area."*

"I would like to have them there… unfortunately, they cannot see kids under 14, it would be nice if they offered family services."

"Visitation from family and friends. [in residential]"

Overall, these insights reveal opportunities to expand and adapt program offerings to address client needs comprehensively. By integrating solutions such as broader outreach, financial assistance, accessible transportation, and family support, programs can more effectively remove barriers to recovery and foster long-term engagement.

IMPACT OF SERVICES ON GAMBLING BEHAVIORS

We also asked participants a series of questions related to their prior and current gambling behaviors. These findings, alongside Pearson correlation coefficients, highlight the relationship between treatment ratings and improvements in gambling behaviors.

GAMBLING BEHAVIORS

Treatment services have shown a strong impact on gambling reduction, with over 96% of participants reporting a decrease in gambling since their peak gambling period. Initial abstinence rates were highest 30 days post-enrollment, with 59% of participants not gambling. This dropped to 54% at 90 days and 40% at 12 months. Although some experienced "slips," the majority resumed recovery efforts effectively.

Most participants aimed for complete abstinence rather than controlled gambling, and only a small percentage were not meeting their goals: 4% at 30 days, rising to 12% at 12 months. Common gambling activities for those who returned to gambling included slot machines and video poker.

These results suggest that treatment is effective in the short term, but the challenge of maintaining long-term abstinence may require additional support, as shown by the increase in gambling at the 12-month mark. Table 6 details these behaviors and indicates statistically significant differences ($p<.001$) across time intervals.

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.	59%	54%	40%
29. … I had one "slip" where I gambled, then got back on my recovery program.	14%	18%	12%
30. … I've had several "slips" since enrolling in the program and am back on track.	15%	18%	26%
31. … My goal is controlled gambling, and I am gambling and meeting my goal to gamble without problems.	7%	7%	9%
32. … I am not meeting my goal to stop or control my gambling.	5%	4%	12%
33. Thinking back to the period of time when you gambled most heavily, have you reduced your gambling since this time?	94%	98%	92%

These reductions in gambling behaviors show the strength of a program's impact but also reveals areas for potential improvement.

1. **Early Abstinence Success**: The high percentage of participants abstaining from gambling in the first 30 and 90 days (59% and 54%, respectively) underscores an initial success in helping individuals quit gambling. This early achievement suggests that program components focused on immediate cessation, such as counseling and support groups, are effective in instilling a strong foundation for recovery.
2. **Long-Term Abstinence Challenges**: The decline in abstinence to 40% at the 12-month mark highlights the challenges of maintaining long-term recovery. This drop may suggest that as time progresses, participants could benefit from additional support, such as aftercare programs, booster sessions, or peer support networks, to help sustain abstinence.
3. **Managing Lapses and "Slips"**: The stable percentage of participants experiencing a single or several slips suggests that programs are effectively addressing the realities of relapse, helping people get back on track quickly. Participants who report lapses but continue their recovery show resilience, which may be attributed to the coping strategies taught within the program. However, the increase in multiple slips at 12 months (26%) indicates that the program might consider enhancing relapse prevention strategies for those struggling with sustained abstinence.
4. **Support for Controlled Gambling Goals**: The small yet consistent group achieving controlled gambling (7-9%) suggests that the program is beneficial for individuals aiming to manage, rather than abstain from, gambling. This flexibility may reflect positively on a program's adaptability in addressing different recovery goals.
5. **Addressing Persistent Struggles**: For those not meeting their gambling control or cessation goals (5% at 30 days, rising to 12% by 12 months), additional interventions might be necessary. The rise in this group over time suggests that certain participants may require alternative approaches or more intensive support to achieve lasting behavioral change.
6. **Overall Reduction in Gambling**: With over 90% of participants reporting reduced gambling relative to their peak, these programs are positively impacting gambling-related harms, even for those who experience occasional slips.

The programs are successful in reducing gambling behavior for most participants, particularly in the short term, and in supporting various recovery goals. However, these interviews also highlight the need for ongoing support and potentially expanded resources to address the difficulties some participants face with long-term abstinence and goal attainment.

CORRELATIONS BETWEEN TREATMENT OUTCOMES AND TREATMENT SATISFACTION

Table 7 (on the next page) presents statistically significant correlations between reductions in gambling behaviors and participants' evaluations of treatment services, with shaded boxes highlighting the strongest correlations.

The analysis reveals moderate to strong positive correlations between high evaluations of treatment services and improvements in gambling-related behaviors: participants who report fewer gambling-related problems, less time thinking about gambling, progress in meeting gambling goals, and reduced symptom impact also tend to rate their treatment services highly.

Research consistently links[6] positive treatment evaluations with improved outcomes, especially in gambling disorder treatment. Participants who feel satisfied with their treatment services are more likely to report measurable improvements in behavior and well-being. Key factors contributing to this link include:

1. **Therapeutic Alliance**: feeling supported and understood boosts treatment satisfaction and commitment to recovery, enhancing outcomes.
2. **Increased Motivation and Engagement**: Satisfied participants are more motivated and engaged, which promotes adherence to recovery strategies and sustained change
3. **Perception of Progress**: Positive evaluations often reflect a participant's sense of progress, which reinforces commitment to treatment and strengthens ongoing effort .
4. **Reduced Stigma and Increased Confidence**: Satisfying treatment experiences reduce the stigma of seeking help, building confidence and promoting openness to challenges, leading to improved outcomes .
5. **Reinforcement of Positive Changes**: Programs with high satisfaction ratings often reinforce positive behaviors, helping participants adopt healthier coping strategies that are likely to last.

Monnat et al. (2014), shows that treatment satisfaction is associated with reduced gambling frequency, fewer gambling-related problems, improved mental health, and enhanced quality of life. This evidence highlights the importance of individualized care, empathetic support, and accessible resources in achieving positive outcomes.

[6] Monnat, S.M., Bernhard, B., Abarbanel, B.L.L. et al. Exploring the Relationship Between Treatment Satisfaction, Perceived Improvements in Functioning and Well-Being and Gambling Harm Reduction Among Clients of Pathological Gambling Treatment Programs. Community Ment Health J 50, 688–696 (2014). https://doi.org/10.1007/s10597-013-9635-1

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.	.523***	.598***	.536***	.321***
I like the services that I received from this service provider.	.398**	.390**	.393***	
I would recommend this agency to a friend or a family member.	.385**	.400**	.349***	
Family counseling has been helpful.	.410**	.535**	.589***	.325**
My aftercare plan has been helpful.	.493**	.622**	.464***	
Individual counseling has been helpful.	.343**	.386**	.387***	.142*
Group counseling has been helpful.	.395**	.458**	.428***	

*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.*

The strongest improvements are associated with overall treatment satisfaction, family and aftercare involvement, and a good relationship with the provider. These results suggest that a well-rounded approach—including counseling, aftercare, and family support—is positively associated with improvements in gambling behavior and symptoms, with aftercare and family counseling showing particularly high correlations with symptom reduction and sustained recovery.

Several of the treatment programs encourage or require clients to participate in community support groups. 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.

Community support groups, such as Gamblers Anonymous (GA), GamAnon, Celebrate Recovery, and Smart Recovery, play a valuable role in long-term recovery by offering individuals ongoing support and connection with others who understand their experiences. For clients in gambling treatment programs, these groups offer an accessible way to build a recovery network outside the clinical setting, often reinforcing treatment gains and providing a safety net during moments of vulnerability. Each group has its unique approach: GA and GamAnon use a 12-step model focused on abstinence and peer accountability; Celebrate Recovery integrates faith-based principles, and Smart Recovery emphasizes science-based techniques and self-empowerment. By participating in these community groups, clients can find the type of support that best aligns with their values and needs, helping to sustain their recovery over time.

Table 8 (below) shows how strongly participants felt encouraged to use community support groups group and whether they actually attended during their treatment program. Items were categorized on a 5-item Likert scale from Strongly Agree (5) to Strongly Disagree (1), with higher scores indicating greater agreement. While most participants felt encouraged to use community support groups, fewer reported actually attending these groups during their treatment.

Table 8. Involvement in Community Support Groups

COMMUNITY SUPPORT USE DURING TREATMENT	**Average Scores**
(Cronbach's α = .509)	
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.	4.60
34. During my treatment program, I *have attended* Gamblers Anonymous, etc. on a regular basis.	3.81

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

Table 9 (below) reports current attendance at community support groups. Approximately 40% of participants regularly attend a community support group, with most choosing Gamblers Anonymous (GA). Over 90% of those who had attended GA reported finding it helpful for their recovery, though this high endorsement does not always translate into consistent attendance. A small percentage of participants attend other types of community support groups, which they also generally find beneficial.

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?	55%	43%	36%
36. Have you found these meetings to be helpful?	81%	77%	79%
37. Do you currently attend any other types of community peer support meetings?	38%	42%	32%
38. Have you found these other meetings to be helpful?	96%	98%	91%

While participants indicated substantial benefits from attending community support groups, they also expressed mixed feelings. Some view GA as a valuable complement to professional problem gambling treatment, while others have a strong aversion to GA and 12-step programs.

Comments about alternative community support groups were rare, with participants often saying they had "heard about" them but had not participated. Overall, GA is the most commonly used support group among Nevada's gambling treatment clients.

Participants generally see community support groups as complementary to their treatment programs, but note that these groups alone were not enough to help them fully address their gambling issues. Those who positively endorse community support groups see them as an added value, not as a replacement for clinical treatment. Those critical of GA cite its spiritual orientation, loose structure, and occasional unwelcoming cliques as drawbacks. Those who feel comfortable and welcomed in GA find it to be a useful recovery tool.

> *"GA is real life stuff"*
>
> *"GA is inspiring with meeting people and their stories."*
>
> *"Zoom meetings are helpful for GA, more anonymous."*
>
> *"The program is better than GA, but in tandem with GA is most helpful"*
>
> *"It ends up in a prayer, why is that a necessity to bring God into the program? It felt awkward, church and what not I go but they have a pamphlet to read from. I find that unnecessary to push that on someone. I honestly that turned me off of it. I have faith but, the praying has nothing to do with problem gambling. I like the analytical side. They show the psychological reactions and studies done that associate with the addiction. With the religious part, I did not agree, awkward."*

These findings suggest that clinics should regularly check in with clients who are participating in community support groups to ensure they are benefiting from that support. If clients find that their chosen group is not a good fit, clinics can assist them in exploring alternative options that may better support their recovery journey.

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.

To fully understand the experience of recovering individuals, it is 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.

APPENDIX A: DATA COLLECTION PROCEDURES

The data provided in this report represents clients who have received treatment or enrolled in one of four state-funded problem gambling treatment programs in fiscal year 2024. 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 Amazon 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.

We conducted a total of 339 follow-up interviews with gambling clients at 5 different gambling treatment programs: Bristlecone Family Resources (14), Hope Medical Center (2), Dr. Robert Hunter International Problem Gambling Center in Las Vegas (250), New Frontier Treatment Center (10), and Mental Health Counseling and Consulting (MHCC) (63).

The completed interviews (*n*) associated with the clinics varied widely, with some clinics represented by significantly fewer completed interviews. This variation occurs partly due to difference in size of the agencies, but also 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 (130), followed by the 90 day interview (120), and the least success at the 12 month interview point (89).

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: <u>access to treatment services</u> (*α=.550*)[7], <u>treatment quality and helpfulness</u> (*α=.877*), <u>treatment effectiveness</u> (*α=.939*), and <u>overall ratings of treatment services</u> (*α=.878*). 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.[8] Where appropriate, we elaborate on the quantitative data with quotations from participants to give a human voice to their experiences in treatment. [9]

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[7] 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.

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

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

APPENDIX B: DATA TABLES

Quick reference tables for data presented in this report.

Client Demographic Characteristics, FY 2024	Outpatient Gamblers N=342	Residential Gamblers N=49
Average Age	47	42
Gender		
Male	56%	60%
Female	44%	40%
Ethnicity (select all that apply)		
White, non Hispanic	47%	88%
Hispanic of Latino/a/x	19%	12%
Native American or Alaskan Native	4%	5%
Black or African American	14%	2%
Asian	13%	0%
Native Hawaiian or Other Pacific Islander	3%	0%
Other race or ethnicity	9%	5%
Marital Status		
Single, Never Married	35%	57%
Separated, Widowed, Divorced	29%	33%
Married or Live-in Partner	36%	10%
Education		
Less than High School	5%	16%
High School or GED	22%	45%
Some College	40%	35%
Bachelor's Degree or More	33%	4%
Veteran Status		
Yes	9%	5%
Household Income		
Less than $10,000	8%	60%
$10,000-$14,999	4%	10%
$15,000-$24,999	4%	12%
$25,000-$35,999	5%	5%
$35,000-$49,999	9%	10%
$50,000-$74,999	20%	2%
$75,000-$99,999	12%	0%
$100,000-or more	28%	2%
Declined to answer	8%	0%

Stability Factors FY 2024	Outpatient Gamblers N=342	Residential Gamblers N=49
Housing Tenure		

Own	29%	2%
Rent	49%	2%
Neither own nor rent	18%	95%
Living Arrangements		
Living Alone	25%	2%
Living with Partner or Spouse	26%	3%
Living with (theirs or partner's) Family	30%	4%
Living with Friends/Roommates	6%	3%
Unhoused/Shelter/Couchsurfing	2%	4%
Other Living Arrangements	11%	84%
Employment Status		
Full-Time	64%	5%
Part-Time	9%	10%
Retired	14%	0%
Unemployed	7%	71%
Other	12%	14%
Disability Status		
Physical or Mental Disability, able to work	12%	24%
Physical or Mental Disability, not able to work	8%	5%
No Disability	80%	71%
Works in a Gambling Environment		
Yes	25%	5%
Able to Meet Personal/Family Financial Needs		
Yes	67%	14%
No	28%	83%
Currently Has Health Insurance Coverage		
Yes	80%	98%
Type of Health Insurance		
HMO or PPO	45%	0
Medicaid	27%	94%
Medicare	10%	4%
Other type	18%	2%

Treatment Considerations FY 2024	Outpatient Gamblers N=342	Residential Gamblers N=49
Previous Enrollments in a Gambling Treatment Program		
None, first time in treatment	59%	79%
One prior enrollment	30%	10%
Two or more	11%	11%
Has Previously Attended a Community/Peer Support Meeting		
Yes	49%	38%
DSM-5 Score (0-9)	7.3 (average)	7.1 (average)
Subclinical or At-Risk (0-3)	4%	7%
Mild (4-5)	9%	10%

Moderate (6-7)	30%	38%
Severe (8-9)	59%	45%
Gambling Harm and Loss FY 2024	**Outpatient Gamblers N=342**	**Residential Gamblers N=49**
Legal issues experienced as a result of gambling		
Previous Arrest	4%	12%
Outstanding/Pending Charges	9%	7%
Jail or Prison Sentence	5%	12%
Probation or Parole	6%	17%
Mandatory Restitution	2%	2%
Gambling Diversion Court or Drug Court	1%	14%
Has Broken Laws to Finance Gambling or Because of Gambling		
Yes	23%	71%
Personal Loss Experienced as a Result of Gambling		
Divorce, Separation, or Family Estrangement	15%	31%
Loss of Close Friends or Romantic	23%	45%
Loss of Physical Health	25%	31%
Loss of Mental Stability	52%	55%
Despair, Loss of Hope	56%	62%
Job Loss	14%	36%
Financial Loss	82%	93%
Financial Loss Experienced as a Result of Gambling		
Loss of work productivity	30%	52%
Loss of credit (low credit score/bad credit)	59%	38%
Use of Payday Loans or Cash Advances	61%	45%
Sold or Pawned Possessions	50%	24%
Debt	57%	50%
Loss of Savings	73%	41%
Inability to Pay Mortgage or Rent	34%	45%
Inability to Pay for Food or Groceries	26%	55%
Inability to Pay Utility Bills	30%	50%
Inability to Make Credit Card Payments	41%	31%
Average Gambling-Related Debt Currently O wed		
	$30,908	$1,968
Public Assistance Received in the Past 12 Months as a Result of Gambling		
Healthcare	12%	88%
Food Assistance	12%	12%
Housing	8%	74%

Table 4. Health Factors FY 2024	Outpatient Gamblers N=342	Residential Gamblers N=49
Suicidal Thought Frequency in Past 12 months		
Never/almost never	69%	74%
A few times a month or less	30%	24%
One to five times a week	3%	0%
Daily or Almost Daily	4%	2%
Current Desire to End Life by Suicide		
No Desire	87%	95%
Mild to Moderate Desire	12%	5%
Strong Desire	1%	0%
Prior Suicide Attempts		
Yes	16%	36%
Experienced physical violence, sexual violence, stalking, or severe psychological harm within relationship in the past 12 months		
Yes	4%	12%
Problematic Substance Use in Past 12 Months	(any substance not incl. nicotine 41%)	96%
Alcohol	24%	50%
Cannabis	9%	41%
Nicotine	21%	69%
Opiates/Opioids/	3%	33%
Methamphetamines	7%	93%
Other Substances	9%	14%
Problematic Behaviors in Past 12 Months	(any behavior 45%)	81%
Non Gambling Video Gaming	10%	19%
Mobile/Phone Games	16%	43%
Internet Overuse or Misuse	9%	45%
Shopping	9%	24%
Sexual Behaviors	7%	33%
Food or Eating Habits	15%	41%
Other Behaviors	5%	7%
Family History of Addiction		
Primary relative	57%	79%
Other relative	14%	7%
Family History of Gambling Problems		
Primary relative	40%	52%
Other relative	10%	10%

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