UNLV | INTERNATIONAL GAMING INSTITUTE

Nevada Problem Gambling Study

Annual Report, Fiscal Year 2021

Prepared for the Nevada Department of Health and Human Services

Bureau of Behavioral Health Wellness and Prevention |

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Disclosures: The UNLV International Gaming Institute serves as a global academic resource for gaming industry stakeholders, and as such engages in research and teaching for industry, government, and non-profit entities. Over the course of this study, Dr. Bo Bernhard has received funding from the Nevada Department of Health and Human Services, the Nevada Governor's Office of Economic Development, and on research and advising projects for the Japanese Government, the Saipan Government, Bull Venture Gaming, Caesars Entertainment, Wynn Resorts, IGT, MGM Resorts, Paragon Gaming, Techlink Entertainment, Ocho Gaming, and the Las Vegas Sands Corporation. Finally, he has spoken at international conferences sponsored by academic, government, and industry sources, and he has received travel and honoraria for doing so.

EXECUTIVE SUMMARY

"I feel hopeful when I see that other people there have overcome the problem."

OVERVIEW

The objective of the Nevada Problem Gambling Study is to provide information management and research-based insights on the effectiveness of Nevada's five state-funded treatment providers. A total of 364 Nevada residents received problem gambling services in FY2021. In Northern Nevada, The Reno Problem Gambling Center provided a variety of outpatient services, while Bristlecone Family Resources and New Frontier Treatment Center provided both outpatient and residential problem gambling services. In Southern Nevada, the International Problem Gambling Center and Mental Health Counseling and Consulting (MHCC) provided outpatient problem gambling services to people with gambling problems and as well as their concerned others.

In FY21, there was a 23% decline in outpatient enrollments and a 33% decline in residential enrollments. The ongoing Covid-19 pandemic has severely impacted programs. All clinics quickly adapted to the crisis and began offering telehealth services in addition to face-to-face services in order to support their clients' needs, but they continue to face challenges.

On average, the treatment population are single white men, around 45 years old. The treatment population is not representative of the overall Nevada population and tends to be more white, less educated, with lower household income. The majority of the treatment population seeking services have a DSM-5 score indicating severe gambling disorder and are seeking treatment for the first time. Around 40% of clients who were discharged in FY21 were discharged after successfully completing 75% of their treatment goals, which is a good indicator of the effectiveness of Nevada's treatment system as well as the positive post-treatment follow up.

CLIENT FOLLOW UP

We completed 215 post-treatment interviews with people seeking problem gambling treatment and their concerned others. Clients were overwhelmingly happy with the accessibility and quality of the treatment provided. Specifically, clients entered treatment within two days of making contact with providers, on average, a statistic that shows just how dedicated these providers are to meeting the needs of a population that is often in crisis when reaching out for help. This is reflected in the 97 percent of those interviewed in follow-up surveys said that they would recommend their provider to a friend or family member.

Clients reported reduction in gambling behaviors across all interviews, and around 34% of clients had not gambled at 12 months post enrollment. This number is around 70% at 30 days post enrollment, indicating a need to continue to support recovery through aftercare after successful discharge from a treatment program.

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

TREATMENT SYSTEM SUMMARY QUICK GLANCE

Total number of people receiving a **problem gambling evaluation** in FY20	364
Outpatient Services	
Number of **gamblers** entering outpatient treatment	273
Average number of sessions per client treatment episode	24.5
Average cost per client treatment episode	$1,744
Number of **concerned others** entering outpatient treatment	28
Average number of sessions per client treatment episode	14.6
Average cost per client treatment episode	$1,292
Over the past year, **percent change** in the number of clients (see Figure 2)	-19%
Residential Services	
Number of clients entering **residential gambling treatment**	43
Average length of stay in residential treatment	19.6 days
Maximum length of stay in residential treatment	39 days
Average cost per client treatment episode	$2,219
Over the past year, **percent change** in the number of clients (see Figure 2)	-33%
Number of clients receiving assessment only	20
Number of clients receiving court-referred treatment	19
Access	
Average number of days between first contact and first available service	.8
Average number of days between first contact and treatment entry	2.3
Average number of days between first available date and treatment entry	1.4
Successful Completion of Treatment Program	
Total non-adjusted percent of successfully discharged clients	43%
Percent of successfully discharged clients, adjusted for external factors.	73%
Client Satisfaction	
"I would recommend this agency to a friend or family member."	97%
Improvements in Functioning and Well-Being after 90 days	
"I am getting along better with my family."	87%
"I do better in school and/or work."	81%
"I have reduced my problems related to gambling."	95%
"I am meeting my goal to stop or control my gambling."	95%
Improvements in Functioning and Well-Being after 12 months	
"I am getting along better with my family."	84%
"I do better in school and/or work."	96%
"I have reduced my problems related to gambling."	92%
"I am meeting my goal to stop or control my gambling."	93%

UTILIZATION OF PROBLEM GAMBLING TREATMENT SYSTEM

The Nevada Problem Gambling Treatment System is showing a pattern of declining enrollments (see Figures 1 and 2 below). Specifically, in FY2021 there was a 19 percent total decrease in clients who received outpatient services as gamblers and as concerned others, continuing a pattern of decline since FY2019. There were 42 residential enrollments, a 33% decrease in FY2021, and well below historical averages (59 average enrollments FY2012-20).

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

Figure 1: Outpatient Enrollments by Fiscal Year

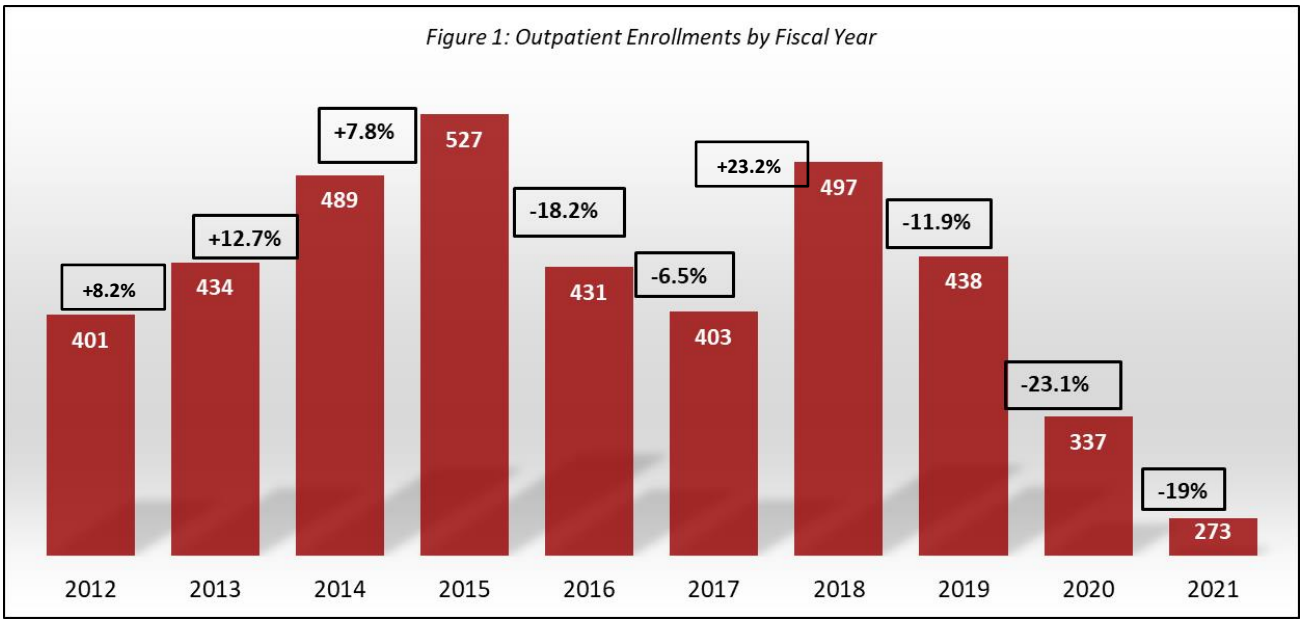
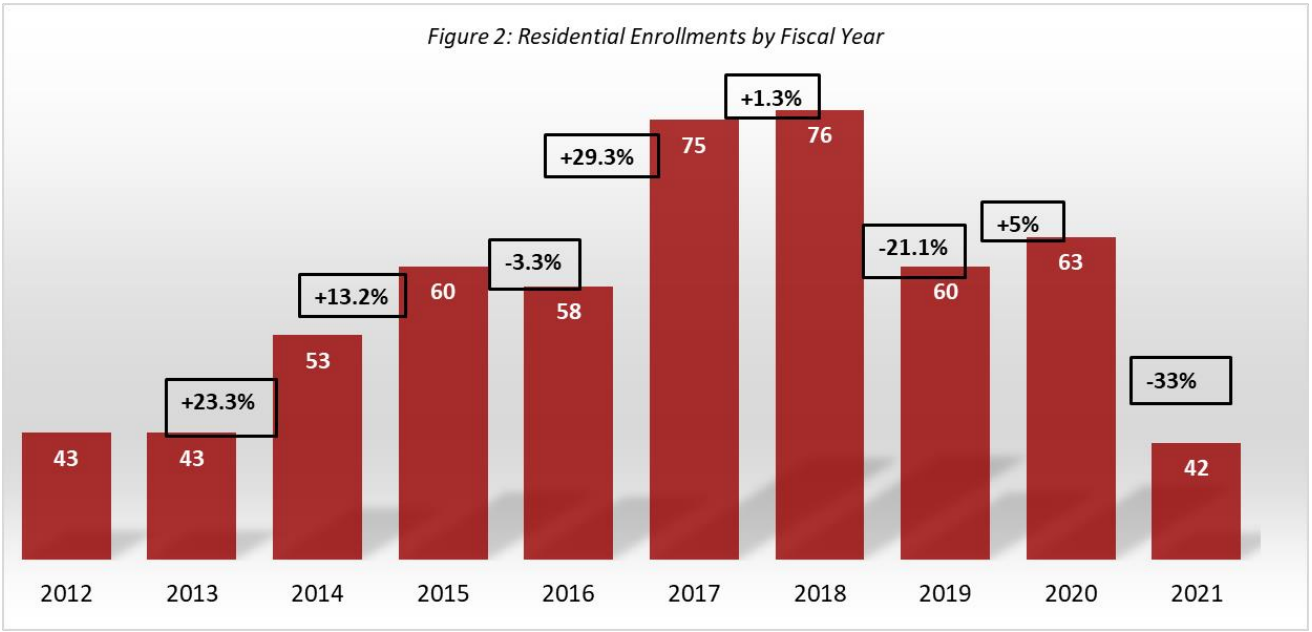


Figure 2: Residential Enrollments by Fiscal Year



HOW FUNDS ARE USED

The majority of the Problem Gambling Fund utilized in fiscal year 2021 funded treatment providers (58%). Prior to FY2020, services provided directly to problem gamblers and concerned others were the only activities reimbursable to treatment providers. However, "Program and Treatment Support Activities" performed by treatment providers became reimbursable November 2018, with initial FY19 guidelines limiting these type of reimbursements to 15% of each provider's overall budget. Allowed Program and Treatment Support Activities include funds spent by providers on advertising services, data reporting and quality assurance, workforce development, and materials used during treatment (see Exhibit 4 of the Nevada *DHHS Problem Gambling Services Strategic Plan: FY2020 & FY2021* for the complete list of reimbursable Program and Treatment Support Activities, aka "Add-on Procedure Codes").

The overwhelming majority of funds utilized by treatment providers continue to be used for treatment activities in FY2021 (89%). About half of the funding utilized for treatment covered outpatient groups and individual counseling sessions, while 19 percent covered the costs of providing residential treatment to gamblers. The remaining funding supported the completion of assessments with people seeking treatment ("intakes"), Certified Problem Gambling Counseling Interns' (CPGC-I) supervision meetings, and transitional housing for gamblers.

Treatment providers used around 13% of their budgets to support activities other than treatment, known as Program and Treatment Support Activities. These include advertisements for treatment services (7.6%), data reporting and quality assurance activities (2%), workforce development activities (.5%), and the purchase of materials used during treatment (2%).

Meanwhile, less than 1 percent of all funds utilized by treatment providers supported Continuing Care services, or Aftercare (.8%). Aftercare is utilized to facilitate continued recovery and is provided to clients who have already completed problem gambling treatment. The majority of aftercare services in FY2021 were provided to clients who had completed treatment within the past 12 months, while a very limited amount of extended aftercare services were provided to clients 13-36 months after discharge (.5% and .4% of overall system-wide reimbursements, respectively).

The majority of clients who enrolled in treatment for their gambling problems in FY2021 were entering treatment for the first time (61% of outpatient gamblers and 79% of residential gamblers). Almost 1 in 5 clients seeking treatment had previously *completed* one or more treatment program. With a treatment recidivism rate (percent of clients entering treatment who had previously *started* treatment at least once before) around 21 percent for clients seeking residential treatment and 39 percent seeking outpatient treatment, aftercare services are an important component of the Nevada Problem Gambling Treatment system.

Aftercare services were expanded under the *Strategic Plan* in FY2020 to provide to enable treatment providers to increase relapse prevention support to gamblers in early recovery. Relapse prevention services allow treatment providers to increase the contact with the client and provide more support during stressful life events that could trigger relapse.

DEMOGRAPHICS OF TREATMENT POPULATION

Table 1. Client Demographic Characteristics, FY 2020	Outpatient Gamblers	Residential Gamblers	Concerned Others N=43
Average Age	48 years old	39 years old	43 years old
Gender			
Male	56%	77%	21%
Female	44%	23%	79%
Race/Ethnicity			
White, non Hispanic	66%	72%	75%
Native American or Alaskan Native	1%	5%	0
Black or African American	12%	5%	4%
Asian	6%	0	4%
Hispanic or Latino	12%	19%	18%
Native Hawaiian or Other Pacific	3%	0	0
Other race or ethnicity	1%	0	0
Marital Status			
Single, Never Married	25%	56%	14%
Separated, Widowed, Divorced	37%	37%	39%
Married or Live-in Partner	38%	7%	46%
Education			
Less than High School	7%	12%	0
High School or GED	33%	61%	32%
Some College	36%	26%	32%
Bachelor's Degree or More	25%	2%	36%
Household Income			
Less than $10,000	9%	58%	11%
$10,000-$14,999	7%	19%	0
$15,000-$24,999	10%	5%	4%
$25,000-$35,999	10%	2%	14%
$35,000-$49,999	10%	7%	25%
$50,000-$74,999	19%	7%	14%
$75,000-$99,999	8%	0	4%
$100,000-or more	21%	2%	25%
Refused to answer	4%	0	4%
Employment Status			
Full-Time	51%	9%	29%
Part-Time	6%	2%	21%
Disabled or Retired	17%	9%	11%
Unemployed	21%	74%	32%
Other	5%	5%	7%
Veteran Status			
Yes	11%	5%	7%
No	89%	95%	89%
DSM-5 Score			
Subclinical Gambling Disorder	3%	5%	96%
Mild (4-5)	10%	23%	0
Moderate (6-7)	26%	16%	4%
Severe (8-9)	62%	56%	0

DATA COLLECTION PROCEDURES

The data provided in this report represents clients who have received treatment or enrolled in one of seven state-funded problem gambling treatment programs in fiscal year 2021. Demographic, gambling, and diagnostic data were collected during the intake process through a questionnaire administered by the clinician with the client present. Billing and services data were entered in the UNLV system monthly by the clinics. Treatment evaluation data were collected through confidential follow-up interviews with clients after they enrolled in treatment. Our methodological processes were approved by UNLV's Human Subjects Committee (protocol 711298-6). This list details our data collection processes:

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

We conducted a total of 191 follow-up interviews with gambling clientsrs at 5 different gambling treatment programs: Bristlecone Family Resources (16), the Problem Gambling Center in Las Vegas (105), New Frontier Treatment Center (5), Reno Problem Gambling Center (48), and Mental Health Counseling and Consulting (MHCC) (17).

We also conducted 24 follow-up interviews with family members and loved ones of people with gambling problems who enrolled in treatment at International Problem Gambling Center (8), Reno Problem Gambling Center (14), and MHCC (2). Family members are encouraged to attend treatment in order to support the people with gambling problems in their lives as well as to recover from their own related problems associated with a loved one's gambling behaviors.

The completed interviews (*n*) associated with the clinics varied widely, with some clinics contributing significantly fewer completed interviews. Additionally, the overall characteristics of the client base at each clinic varies widely, in ways that may impact clients' participation in treatment to address problems related to their gambling. Some providers serve a client base with 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 (79), followed by the 90 day interview (64), and the least success at the 12 month interview point (54).

The tables and figures in the following pages summarize 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). In the second section, we present clinic by clinic comparisons of the same data. To facilitate interpretation, we have broken the items down into four broad categories: access to treatment services (α=*.727*)[1], treatment quality and helpfulness (α=*.826*), treatment effectiveness (α=*.933*), and overall ratings of treatment services (α=*.872*). During the interviews, participants were asked to rate their level of agreement with various statements on a five-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5). Scores closest to 5 indicate the strongest level of agreement. We also asked about current gambling behaviors (as of time of interview) and engagement with community based support groups.

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

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

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

[1] Cronbach's alpha measures the internal consistency of items in a scale. Numbers approaching 1 indicate high internal consistency. Our measures show high internal consistency, meaning that we are confident that we are measuring what we intend to measure.
[2] Categories are developed based on frequency and significance, through a continuous process of coding and interpretation.
[3] The quotations throughout this report represent statements from participants engaging in treatment at all programs.

TREATMENT SERVICES OUTCOMES

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

Significantly, 40% percent of clients discharged in fiscal year 2021 system-wide were discharged successfully, meaning they had completed at least 75% of their treatment goals, a continued wellness plan, and had not engaged in problem gambling behaviors for at least 30 days prior to discharge. Based on our analysis of both quantitative and qualitative data, we found that respondents were most positive about the cost of treatment services, treatment access, group counseling, the educational information provided, and the bonds they shared with their peers in treatment.

Although participation in treatment appears to help clients abstain from gambling during their actual time in treatment, around half of our participants indicated that they had gambled again a year after entering treatment – an unsurprising rate in the field of addiction studies. As gambling scholars and clinicians move away from pure abstinence models of recovery as the only means of addressing gambling problems, it is important to recognize that clients may prioritize reduction in levels of gambling as their primary goal in treatment. Treatment aimed at reducing gambling, like treatment aimed at establishing abstinence from gambling, helps to reduce the harms associated with gambling. In this vein, we feel it is important to specify that while 64% of clients had gambled in some form within the year following treatment entry, over 97 percent of clients had reduced their levels of gambling since entering treatment. Like abstinence from gambling, this reduction in gambling activities significantly impacts the problems they experience that are associated with their gambling and with their quality of life.

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

ACCESS TO TREATMENT SERVICES

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

> *"This program works because of having access to them, knowing that they are there, free services, and access to support"*

> *"Their availability was astounding, they are there 24/7, they are always there and available for me anytime, because when you have an addiction it's nice and really important to be able to reach out anytime. They are also so open and and non-judgmental, and I can talk to them without fear."*

> *"Going to class every single day, four times a week, four hours a day; the discipline of that and not missing a class, the intensity of the program was very effective."*

> *"During the pandemic I started doing Zoom meetings and it works really well for me."*

> *"We were doing one on one sessions. I didn't finish the program. I stopped going because of the pandemic. I can barely use a phone, no way can I do telehealth. Things are really stressful for me. The Covid has made my gambling worse because I've got all these people in my house, all my kids and all my nieces and nephews that I raised, and I'm not going to put them out with all this going on, especially. But none of them are in recovery for anything. We're all co-dependent."*

> *"I had a grant. If I had not had the grant I would not have been able to do the program. So, it's very helpful and important for people like me to have these grants available. GA alone was never enough for me; it is only when I received the grant and was then able to get into the program that I finally succeeded."*

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

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

Table 2. Average Ratings of Access to Services

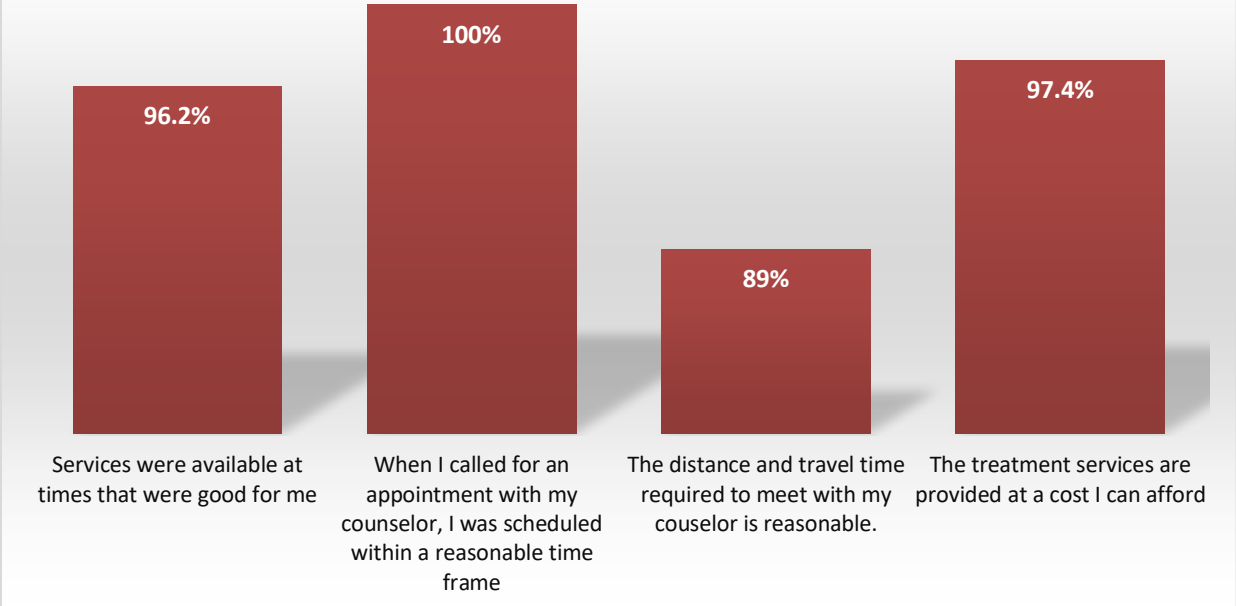
ACCESS TO SERVICES	**Average Score**
(Cronbach's α = .727)	
1. Services were available at times that were good for me.	4.52
2. When I called for an appointment with my counselor, I was scheduled within a reasonable time frame.	4.72
3. The distance and travel time required to meet with my counselor was reasonable.	4.34
4. The treatment services were provided at a cost I could afford.	4.60

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

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

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

Figure 3. Access to Treatment Services



TREATMENT QUALITY AND HELPFULNESS

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

Table 3. Average Ratings of Treatment Quality and Helpfulness

TREATMENT QUALITY and HELPFULNESS	**Average Score**		
(Cronbach's α = .826)	*30 day*	*90 day*	*12 month*
5. I felt comfortable sharing my problems with my counselor.	4.69		
6. Staff have encouraged me to take responsibility for how I live my life.	4.66		
7. Staff have been sensitive to my cultural background (race, religion, language, etc.).	4.58		
8. Group counseling has been helpful.	4.43	4.47	4.52
49. Individual counseling has been helpful.	4.70	4.81	4.42
10. Family counseling has been helpful.	4.10	4.21	4.15
11. My aftercare plan has been helpful.	4.35	4.37	4.29

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

> *"Every single piece of the puzzle was necessary. It was very balanced, even the uncomfortable parts. Everything had its purpose. I can't say enough good things. Great group, I feel so fortunate so have found it. Everything had to be the way that it was to be successful."*

> *"Being able to make the commitment to do this. It was such a rigorous program and it helped me quit and helped me identify my triggers."*

> *"I got the chaos out of my life. Living like that is very chaotic. I'm a lot more calm now."*

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

Figure 4. Treatment Quality

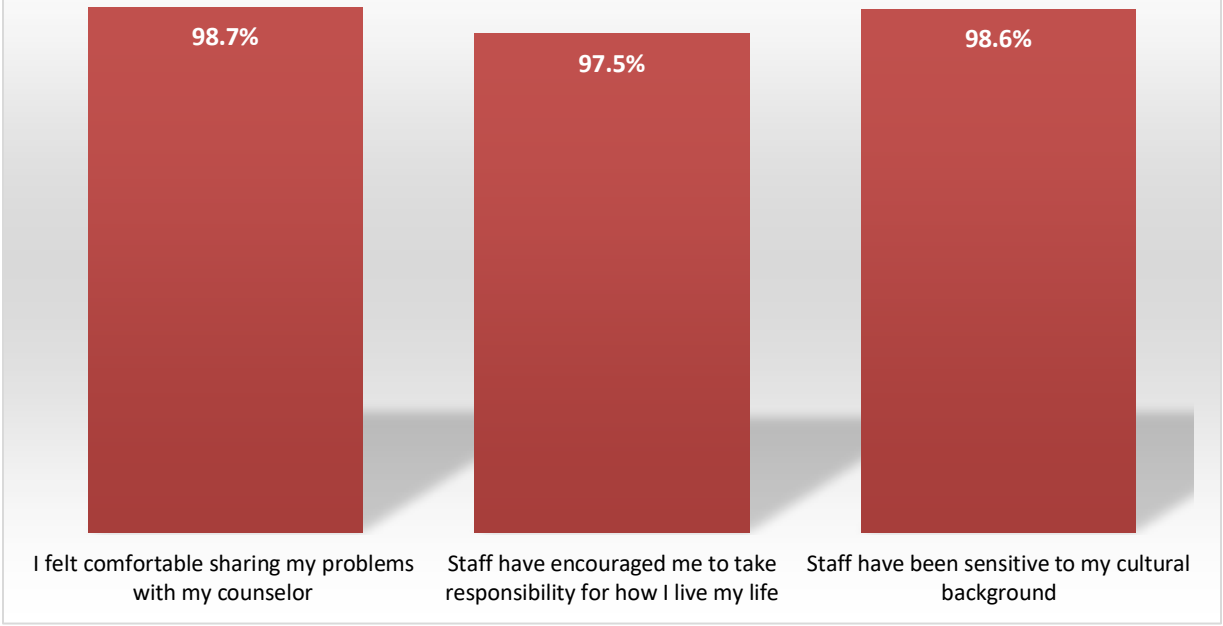
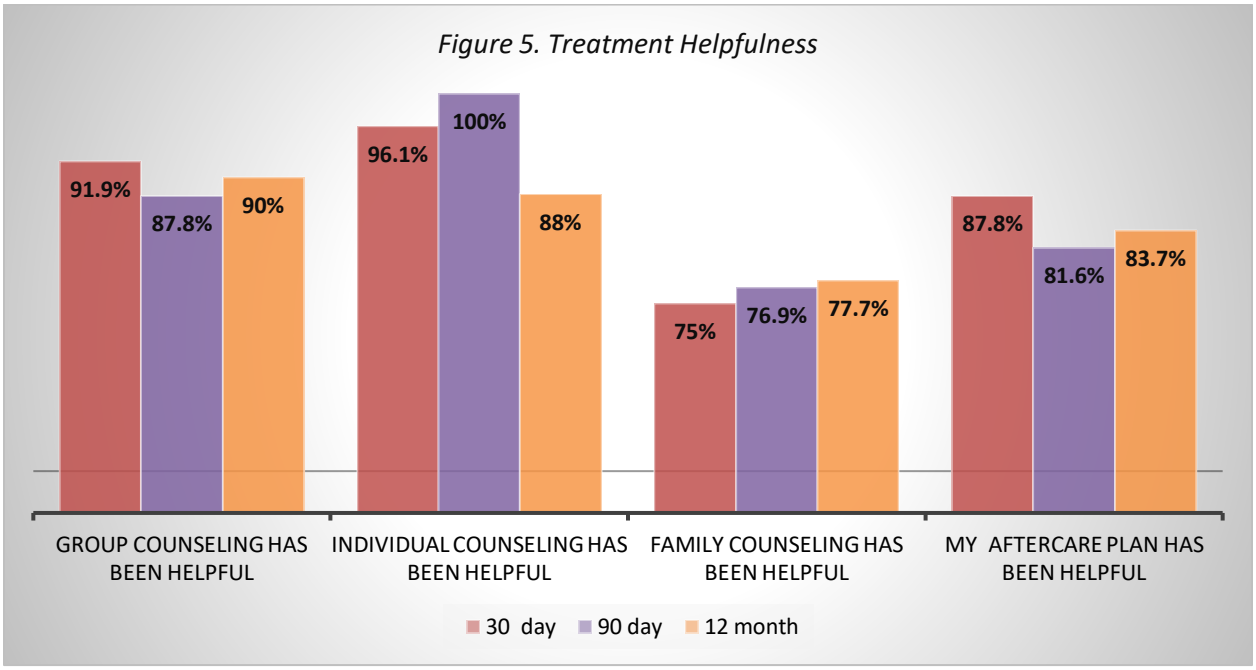


Figure 5. Treatment Helpfulness



GROUP COUNSELING

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

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

> *"Group counseling helped me get a sense that I'm not alone and that there are others that have the same problem as me and need help."*

> *"Group settings and meetings are the most important. Groups are wonderful. When I feel the urge to gamble, the only reason why I don't do it it's because I don't want to stand in front of the group and admit that I did it. So the groups really work for me."*

> *"Being in a room with people with a wide variety of backgrounds sharing their stories where I felt comfortable where I could share without judgements and having a counselor that I could talk to and tell them what I was feeling. So, the combination of peer support and counseling support."*

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

THE CLIENT-COUNSELOR RELATIONSHIP

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

> *"My counselors were always there for me. My counselor could read me and there were times that he pulled me out of group and we did a one-on-one and that was very helpful for me. They are all very, very helpful and excellent and they are so in tune with you."*

> *"The guidance and weekly homework that my counselor gives me, he goes above and beyond, and he holds me accountable and nobody had ever done that before. Especially helpful are the mindfulness exercises. Also, figuring out the "why" and working from there."*

> *"The attentiveness and how approachable the counselor was the most important. How well he listened, and the suggestions that he gave me were excellent. He was very good, and I really trusted him. He really gained my trust; that was the most helpful thing."*

> *"I was able to verbalize feelings and secrets with my counselor that I had kept from everybody in the world for all my life. And I still have not done it completely. Being able to do it with a non-judgmental person and someone who is not going to repeat them to anyone else was very significant to me and it was very liberating to me."*

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

INFORMATION AND EDUCATION

Although we did not ask about the quality of the information presented during the treatment program in the interview, several participants commented on how the information and education they received during their time in treatment was the most helpful part of the program for them. A selection of quotations illustrating this idea is presented below:

> *"Teaching me how to deal with things effectively. How to slow down my thinking. The lecture on brain was good, learning how it is a disease and thinking about how it is my disease instead of my stupid problem that I can't control."*

> *"Gaining knowledge about this addiction and also learning that just because I gamble it does not mean that I'm a bad person."*

> *"The most helpful thing was learning about the brain and why it is so hard to get over the addiction. The lectures and educational part give understanding why I had a problem and how my brain functions"*

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

TREATMENT EFFECTIVENESS

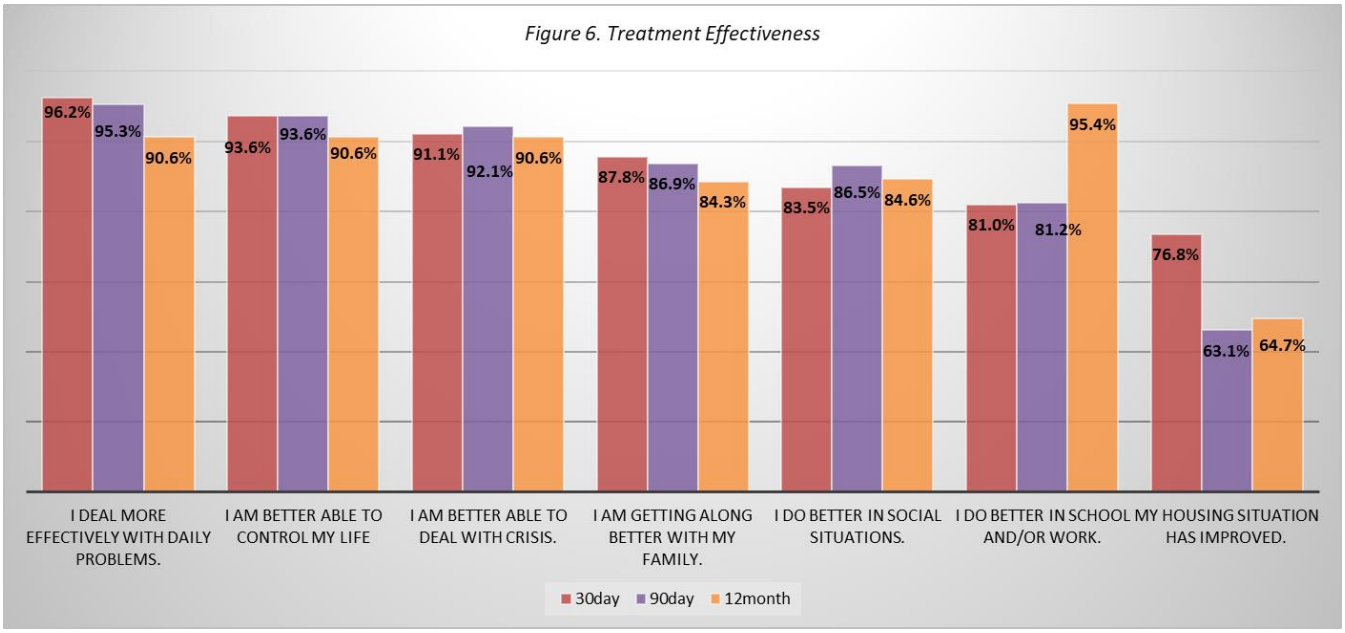
Participants' ratings of access to and the quality of their treatment services are important indirect indicators of treatment effectiveness, but more direct measures of treatment effectiveness come from participants' self-reports of improvement in daily life functioning. In Table 4 (below), we present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

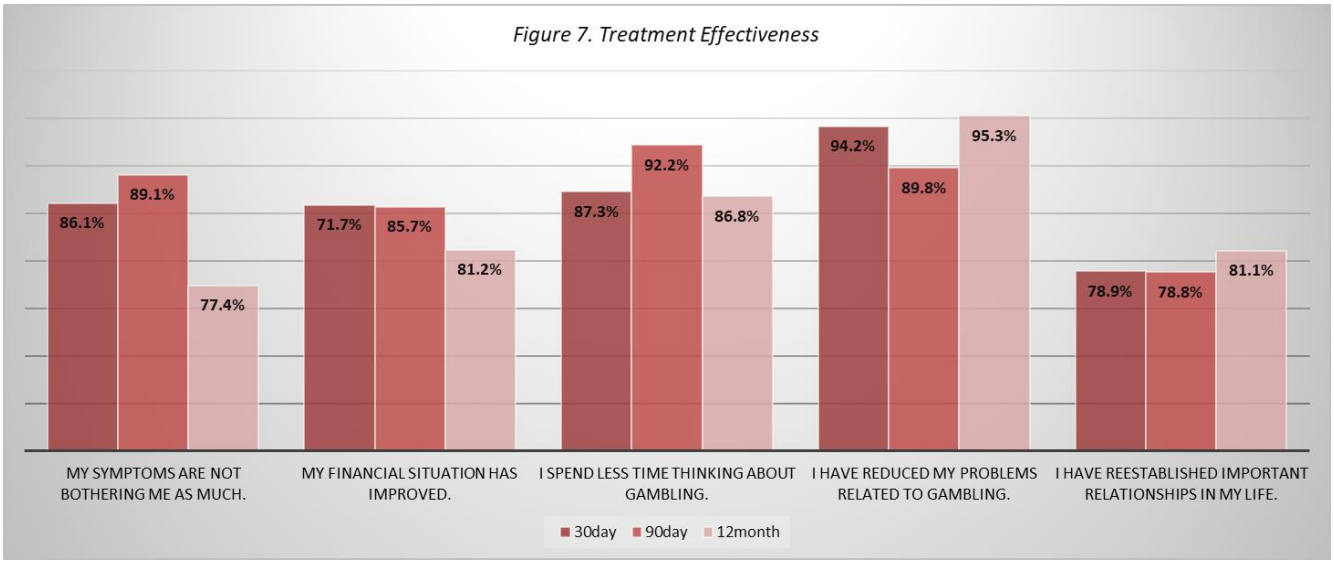
Table 4. Average Ratings of Treatment Effectiveness

TREATMENT EFFECTIVENESS	**Average Score**		
(Cronbach's α = .933)	*30 day*	*90 day*	*12 month*
12. I deal more effectively with daily problems.	4.47	4.62	4.38
13. I am better able to control my life.	4.40	4.56	4.25
14. I am better able to deal with crisis.	4.33	4.56	4.34
15. I am getting along better with my family.	4.24	4.38	4.25
16. I do better in social situations.	4.08	4.29	4.19
17. I do better in school and/or work.	4.03	4.25	4.30
18. My housing situation has improved.	4.02	3.80	3.98
19. My symptoms are not bothering me as much.	4.19	4.39	4.00
20. My financial situation has improved.	4.19	4.35	4.23
21. I spend less time thinking about gambling.	4.28	4.47	4.21
22. I have reduced my problems related to gambling.	4.38	4.62	4.42
23. I have re-established important relationships in my life.	4.11	4.21	4.13

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

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





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

> *"This place saved my life."*
>
> *"Made me more at peace, less chaos in my life. I learned how to deal with everyday life without gambling. I learned how to make better choices, without reacting. It was life changing."*
>
> *"There is no negative, I have only experienced positive things in this journey through this program."*

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

OVERALL QUALITY

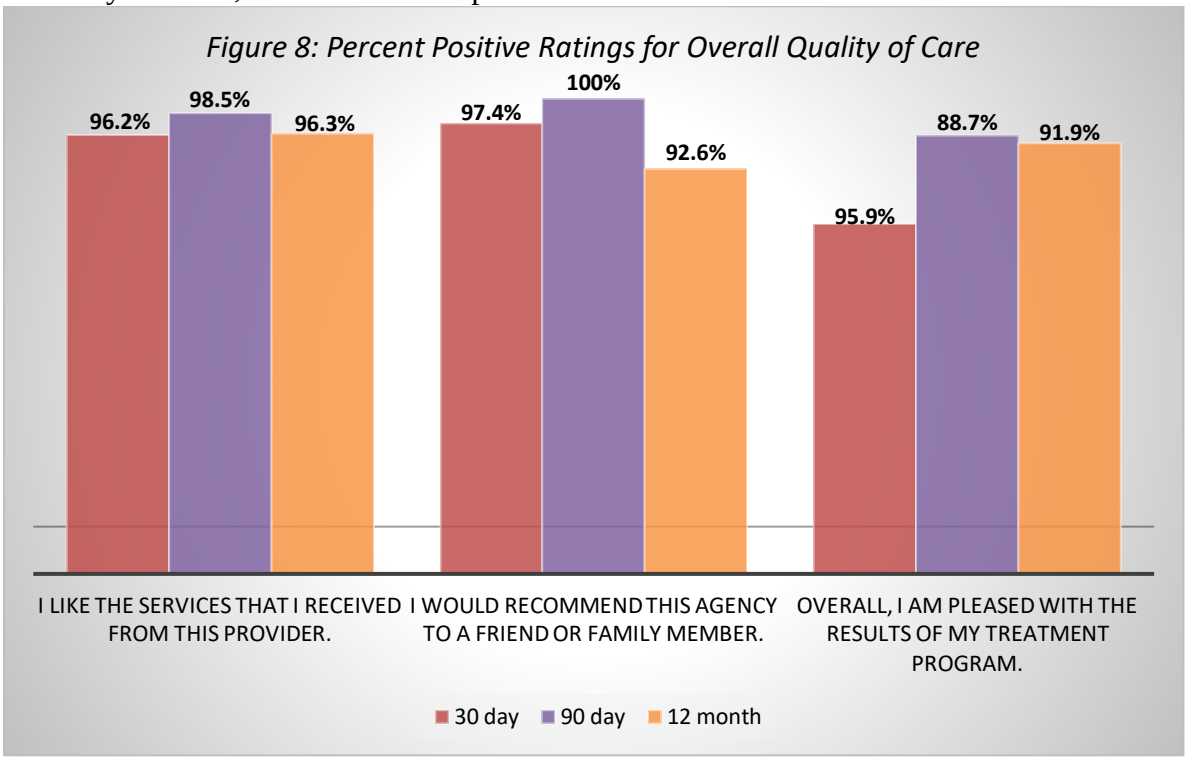
The fourth domain of the treatment evaluation included questions on the overall quality of the treatment. Results in Table 5 suggest that participants are overwhelmingly positive about the overall quality of the program. In fact, the item that asks participants if they would recommend the agency to a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

Table 5. Average Ratings of Overall Quality Indicators

OVERALL QUALITY	**Average Score**		
(Cronbach's α = .872)	*30day*	*90 day*	*12 month*
25. I like the services that I received from this service provider.	4.72	4.78	4.67
26. I would recommend this agency to a friend or a family member.	4.70	4.86	4.63
27. Overall, I am pleased with the results of my treatment program.	4.65	4.67	4.42

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

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



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

IMPACT OF SERVICES ON GAMBLING BEHAVIORS AND OTHER SUBSTANCE USE PROBLEMS

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

GAMBLING BEHAVIORS

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

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

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

Table 6. Current Gambling Behaviors

Which of the following statements best characterizes your gambling since enrolling in the program….	**% "Yes"**		
	30 day	*90 day*	*12 month*
28. … I have not gambled since enrolling into the program.	55.7	51.6	35.8
29. … I had one "slip" where I gambled, then got back on my recovery program.	24.1	18.8	7.5
30. … I've had several "slips" since enrolling in the program and am back on track.	11.4	20.3	43.4
31. … My goal is controlled gambling, and I am gambling and meeting my goal to gamble without problems.	5.1	4.7	5.7
32. … I am not meeting my goal to stop or control my gambling.	3.8	4.7	7.5

33. Thinking back to the period of time when you gambled most heavily, have you reduced your gambling since this time?	97.4	98.4	98.1

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

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

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

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

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

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

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

	I spend less time thinking about gambling	**I have reduced problems related to gambling**	**My symptoms are not bothering me as much**	**Currently meeting my goals to stop/ control my gambling**
Overall, I am pleased with the results of my treatment program.	.423***	.642***	.529***	
I like the services that I received from this service provider.	.306***	.440***	.318***	
I would recommend this agency to a friend or a family member.		.395***	.330***	
Family counseling has been helpful.		.309**	.331**	
My aftercare plan has been helpful.	.453***	.601***	.480***	
Individual counseling has been helpful.	.373***	.419***	.463***	
Group counseling has been helpful.	.434***	.483**	.467***	

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

INVOLVEMENT IN SELF-HELP GROUPS

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

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

Table 8. Involvement in Community Support Groups

GAMBLERS ANONYMOUS	**Average Scores**
(Cronbach's α = .546)	
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.	4.63
34. During my treatment program, I *have attended* Gamblers Anonymous, etc. on a regular basis.	4.04

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

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

Table 9. Current Attendance and Evaluation of Community Support Groups

GAMBLERS ANONYMOUS	**% "Yes"**		
	30 day	*90 day*	*12 month*
35. Do you currently attend Gamblers Anonymous meetings?***	71%	48%	45%
36. Have you found these meetings to be helpful?	93%	97%	89%
37. Do you currently attend any other community peer support meetings?	19%	30%	30%
38. Have you found these other meetings to be helpful?	94%	100%	88%

Although these data show great benefits from attendance at GA and other community support groups, participants expressed mixed feelings about these meetings. Some feel that GA is an effective complement to problem gambling treatment, while others have expressed strong dislike for GA and 12-step programs in general. Participants spoke less often about other community

support groups, often mentioning that they had "heard about" them but not participated. GA is the most widely used community-based support group among participants.

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

> *"Once you enroll you have to go everyday, once you move on you can go only 2 times a week; I wish we could go there more often for aftercare. They said they are trying to add meetings for aftercare. At least 3 times a week would be good. Once you move on from the program you are pretty much alone again unless you go to GA, but the program is better because you have a counselor, and it is much better, but at GA there is no counselor. GA you just listening to other people's problems and that is not helpful to me."*

> *"I wish there would be at least one GA meeting that they could broadcast or incorporate via Zoom for example during one of their sessions to let other people know how peer support works and how it is important to others to continue on everyday of the week."*

> *"The pandemic has affected my treatment because less meetings are available, but I have been able to work around it with GA and AA, even though even in the community less meetings are available. I try to go to any 12 steps meetings (GA, AA, NA) whatever is available because it is all the same program anyway."*

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

CO-OCCURING SUBSTANCE USE

We also examined the broader issue of other substance use and/or behavioral problems by asking participants whether they had these problems prior to treatment and whether those problems persisted after treatment. The most commonly identified problematic substance use prior to participation in gambling treatment was nicotine (37%). Alcohol was the second most common (26%), and methamphetamine was third (17%). Problematic use of cannabis, cocaine, opiates, prescriptions drugs, sports enhancement drugs, shopping, sex, the internet, and food were minimal, with fewer than 10% of participants reporting pre-treatment problems with to each. Around half of those that reported problems with other substances prior to treatment for problem gambling continued to experience problems after treatment. At the time of their most recent follow up interview, around 12% of participants indicated still having problems with substances. Of those, 2.5% of participants indicated that they continued to have a problem with alcohol use and 9% reported problematic nicotine use. Other problematic substance use and problematic behaviors were reported by less than 1% of the participants and include cocaine use, shopping problems, and problems with food. Nicotine use may continue after other problematic behaviors are ameliorated because its negative effects are primarily experienced after long-term use and perhaps because it is less urgently addressed by clinics or the person receiving treatment for gambling. The reduction in other chemical and/or behavioral problems are not necessarily a product of the problem gambling treatment program, as they may have addressed these issues prior to treatment or concurrently while participating in treatment for their gambling problems.

Results presented in Table 10 suggest that participation in problem gambling treatment appears to help with these broader addictive problems.

Table 10. Percent of Participants Indicating Problems with other Addictions

OTHER ADDICTIONS	**% "Yes"**
33. Prior to treatment were there other addictions that were problematic for you?	40%
34. Are any addictions currently problematic?	12%

Participants in gambling treatment sometimes found they could use the same tools to address their other problematic addictions whether or not they were actively seeking to.

> *"My counselor, he was the best counselor, he encouraged me a lot and pointed out all the triggers. One of my major triggers was the drinking and he helped me understand that."*

COVID PANDEMIC IMPACTS

The Covid-19 pandemic has affected the treatment population in numerous ways that have been reflected throughout the report. It has changed the delivery of treatment services, the social aspects that treatment relies on for success, the urges and triggers that those with gambling problems have, the very way that gambling is occurring in Nevada. It's impacts cannot be understated. Participants repeatedly expressed the ways that the pandemic has specifically affected their treatment and recovery. Some representative quotes below:

"Pandemic was the worst thing that happened because meeting moved to online on zoom and it just wasn't the same, so I stopped attending. It was not their fault but it definitely affected my treatment and it was not a good thing. Nevertheless, I was able to remain abstinent. But program is amazing, has been life changing for me, I'm so grateful I found it."

"The pandemic has actually made recovery easier for me as now meetings are available online, and I can attend more often while before I could not attend as often because of the distance."

"With Covid my attention span does not last on zoom meetings on the computer and that is why I have not attended any. However, when they closed the casinos down I had nowhere to go, aside from online gambling, so it helped my recovery."

"Pandemic has made it worse because I feel like I'm stuck in my home, and it created more stress in general."

"When Covid first hit, it sent me on an online gambling "tornado" especially because the programs were closed and I had no help."

"I got Covid. It has been a very difficult year. It has impacted my ability to go to meetings, get treatment, to find work and many other things. It has been a nightmare. Thank God I'm recovering now and thank God my counselor is willing to call me on the phone."

" When the casinos were closed that was the longest stretch I never gambled, I don't gamble online."

"The pandemic caused me to relapse because I started online gambling. And then when the casinos reopened I went back to in-person gambling. So, the pandemic had a terrible effect on my recovery. Also, there are a number of GA meetings on Facebook, and I have been active on those, they mainly deal with online gambling and I'm realizing that perhaps the people at the program are not aware how wide-spread online gambling is and I think that it should be brought to their attention."

CONCERNED OTHERS

"I am very thankful for program, and it has made a real difference in my life."

The following section presents information from 24 family members and other loved ones of gamblers who entered treatment for support in their own lives or to support the gamblers in their treatment. Our concerned other participants were in treatment at International Problem Gambling Center (*n*=8), Reno Problem Gambling Center (*n*=14), and MHCC (n=2).

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

Table 11. Concerned Others' Average Ratings of Treatment Effectiveness

TREATMENT EFFECTIVENESS	**Average Scores**
42. I deal more effectively with daily problems.	4.63
43. I am better able to control my life.	4.52
44. I am better able to deal with the problem gambler in my life.	4.33
45. I am getting along better with my family.	4.25
46. I do better in social situations.	4.65
47. I do better in school and/or work.	4.60

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

TREATMENT QUALITY and HELPFULNESS	**Average Scores**
35. I felt comfortable sharing my problems with my counselor.	4.75
36. Staff have encouraged me to take responsibility for how I live my life.	4.71
37. Staff have been sensitive to my cultural background.	4.63
38. Group counseling has been helpful	4.50
39. Individual counseling has been helpful.	4.90
40. Family counseling has been helpful.	4.41
41. My aftercare plan has been helpful.	4.76

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

"Being able to sit face to face with the counselor helped me keep things in perspective about what I can do and what isn't helpful for me to do. When the casinos closed, the gambling was not an issue, now it is an issue again. My daughter in-law is the gamble.

This was affecting my son and the children. There was less turmoil because there was no going to the casinos for all that time. The money was staying in their accounts, but now the casinos are open, the money is disappearing again."

"Getting to interact with other gamblers was really helpful because I don't have much of a relationship with the gambler in my life, so this helped me a lot to understand the problem and how the disease works and how the gamblers think."

"Learning to set boundaries without feeling guilty and learning acceptance was very helpful; people who work there are so kind and professional; I love it! Very clean facility, very well organized."

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

CONCLUSION

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

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

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