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Nevada Problem Gambling Study

Annual Report, Fiscal Year 2019

Prepared for the Nevada Department of Health and Human Services

Bureau of Behavioral Health Wellness and Prevention |

October 30, 2019 Andrea Dassopoulos, Ph.D. candidate;

Sarah A. St. John, Ph.D. candidate; Bo J. Bernhard, Ph.D.

igi.unlv.edu

@UNLVigi

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EXECUTIVE SUMMARY

"I'm thankful that I was saved from doing harm to myself because of the gambling, I'm very grateful. It saved my life"

OVERVIEW

The objective of the Nevada Problem Gambling Study is to provide information management and research-based insights on the effectiveness of Nevada's seven state-funded treatment providers in FY19. A total of 530 Nevada residents received problem gambling services in FY19. 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, RISE Center for Recovery, Bridge Counseling Associates, the Problem Gambling Center in Las Vegas, and Mental Health Counseling and Consulting (MHCC) provided outpatient problem gambling services to problem gamblers and concerned others.

In FY19, there was a decline in enrollments in both residential treatment and in outpatient services. Nevada residents are able to access these services free of cost to them. Additionally, the Problem Gambling Fund was expanded this year to include Program Treatment Support Activities that would expand programs, support workforce, and reduce treatment recidivism and relapse by providing continuing care to clients for up to three years.

On average, the treatment population are single white men, around 40 years old. The majority of the treatment population seeking services have a DSM-5 score indicating severe gambling disorder. Around 70% of clients who were discharged from services in FY19 were discharged after successfully completing 75% of their treatment goals.

CLIENT FOLLOW UP

We completed 381 post-treatment interviews with gamblers and 39 with 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 fact that 95 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 35% 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 QUICK GLANCE

TREATMENT SYSTEM SUMMARY	
Total number of people receiving a **problem gambling evaluation** during fiscal year	530
Outpatient Services	
Number of **gamblers** entering outpatient treatment	359
Average number of sessions per client treatment episode	18.3
Average cost per client treatment episode	$1059
Number of **concerned others** entering outpatient treatment	79
Average number of sessions per client treatment episode	7.1
Average cost per client treatment episode	$669
Over the past year, **percent change** in the number of clients (see Figure 2)	-11.7%
Residential Services	
Number of clients entering **residential gambling treatment**	60
Average length of stay in residential treatment	26.8 days
Maximum length of stay in residential treatment	108 days
Average cost per client treatment episode	$2654
Over the past year, **percent change** in the number of clients (see Figure 2)	-21.1%
Number of clients receiving assessment only	32
Access	
Average number of days between first contact and first available service	1.9
Average number of days between first contact and treatment entry	2.3
Average number of days between first available date and treatment entry	1.9
Successful Completion of Treatment Program	
Total non-adjusted percent of successfully discharged clients	60%
Percent of successfully discharged clients, adjusted for external factors.	69%
Client Satisfaction	
"I would recommend this agency to a friend or family member."	95%
Improvements in Functioning and Well-Being after 90 days	
"I am getting along better with my family."	79.5%
"I do better in school and/or work."	84.9%
"I have reduced my problems related to gambling."	87.0%
"I am meeting my goal to stop or control my gambling."	88.3%
Improvements in Functioning and Well-Being after 12 months	
"I am getting along better with my family."	82.3%
"I do better in school and/or work."	78.8%
"I have reduced my problems related to gambling."	79.7%
"I am meeting my goal to stop or control my gambling."	91.3%

UTILIZATION OF PROBLEM GAMBLING TREATMENT SYSTEM

The Nevada Problem Gambling Treatment System saw a return to a previous trend of declining client engagement in Fiscal Year 2019 (see Figures 1 and 2 below). Specifically, there was an 11.7 percent total decrease in clients who received outpatient services as gamblers and as concerned others, following considerable growth the previous fiscal year (FY2018, 23.3%). Similarly, there was a decrease in the number of clients who received residential treatment for their gambling problems (-21.1%), following significant growth the previous two fiscal years (FY2017 - FY2018, 30.6% total). Even with this decline, residential enrollments in fiscal year 2019 remain slightly above historical averages (58.5 average enrollments FY2012-19).

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

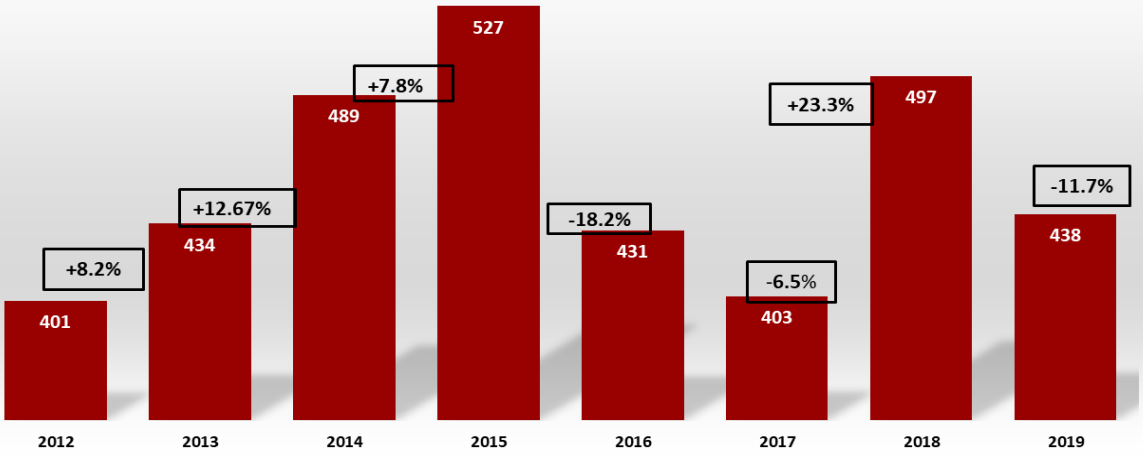
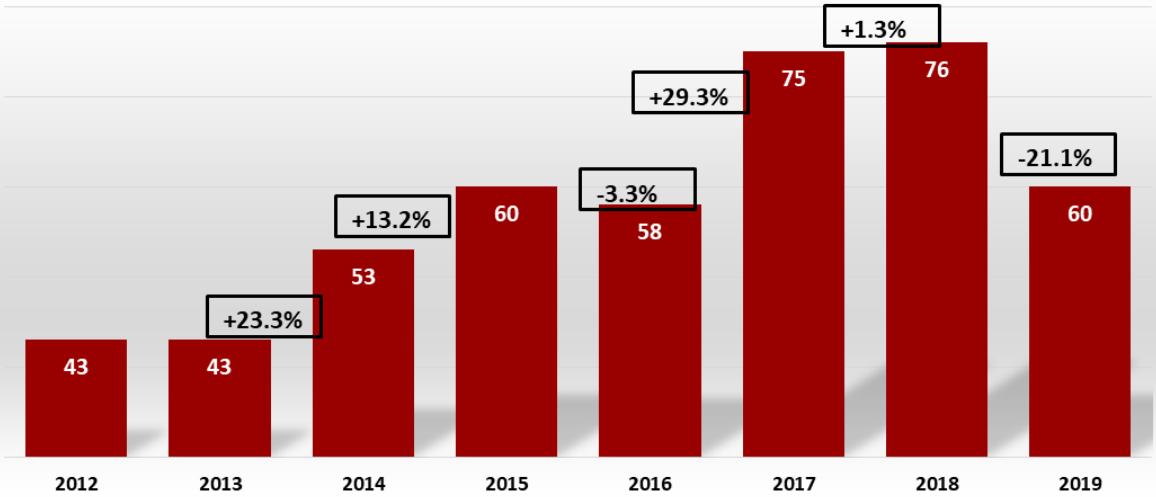


Figure 2: Residential Enrollments by Fiscal Year



HOW FUNDS ARE USED

The majority of the Problem Gambling Fund utilized in fiscal year 2019 funded treatment providers (62.5%, or $780,242.48). Prior to FY2019, services provided directly to problem gamblers and their loved ones 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 FY2019 (86%). About half of the funding utilized for treatment covered outpatient groups and individual counseling sessions, while about a third 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.

Of the 14 percent of overall funds utilized by treatment providers to support activities other than treatment, a little over 13 percent reimbursed Program and Treatment Support Activities. These include advertisements for treatment services (4.9%), data reporting and quality assurance activities (3.9%), workforce development activities (1.8%), and the purchase of materials used during treatment (1.6%).

Meanwhile, less than 1 percent of all funds utilized by treatment providers supported Continuing Care services, or Aftercare (.94%). 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 FY2019 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 (.88% and .06% of overall system-wide reimbursements, respectively).

The majority of clients who enrolled in treatment for their gambling problems in FY2019 were entering treatment for the first time (68% of outpatient gamblers and 72% of residential gamblers). However, almost 1 in 5 gamblers 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) between 26.7 percent for clients seeking residential treatment and 31.7 percent seeking outpatient treatment, aftercare services are an important component of the Nevada Problem Gambling Treatment system. Expansion of aftercare services reimbursable under the *Strategic Plan* could increase the relapse prevention services treatment providers are able to offer to gamblers in early recovery.

DEMOGRAPHICS OF TREATMENT POPULATION

Table 1. Client Demographic Characteristics, FY 2019	Outpatient Gamblers N=359	Residential Gamblers N=60	Concerned Others N=79
Average Age	45 years old	37 years old	43 years old
Gender	n=359	n=60	n=79
Male	57%	55%	25%
Female	43%	45%	75%
Race/Ethnicity	n=359	n=60	n=79
Caucasian	67%	83%	67%
American Indian or Alaskan	1%	5%	4%
Black or African American	13%	2%	3%
Hispanic or Latino	10%	5%	13%
Native Hawaiian or Other Pacific	2%	3%	4%
Other race or ethnicity	3%	0%	4%
Marital Status	n=359	n=60	n=79
Single, Never Married	31%	62%	25%
Married, But Separated	6%	10%	4%
Widowed	4%	3%	4%
Divorced	24%	20%	11%
Married	29%	5%	51%
Live-in Partner	7%	0%	5%
Education	n=354	n=60	n=79
Less than High School	5%	12%	6%
High School or GED	34%	45%	23%
Some College	37%	32%	30%
Bachelor's Degree or More	24%	12%	40%
Household Income	n=346	n=60	n=79
Less than $10,000	20%	70%	13%
$10,000-$14,999	4%	8%	1%
$15,000-$24,999	12%	5%	4%
$25,000-$35,999	8%	0%	11%
$35,000-$49,999	11%	12%	14%
$50,000-$74,999	17%	3%	13%
$75,000-$99,999	10%	2%	18%
$100,000-$149,999	12%	0%	10%
$150,000 or more	7%	0%	16%
Employment Status	n=356	n=60	n=79
Full-Time	56%	2%	51%
Part-Time	10%	3%	13%
Disabled	7%	3%	4%
Retired	5%	3%	11%
Unemployed	20%	83%	14%
Other	4%	5%	8%
DSM-5 Score	n=354	n=60	n=79
Subclinical Gambling Disorder	2% (n=6)	2% (n=1)	96%
Mild (4-5)	8%	17%	1.4% (n=1)
Moderate (6-7)	24%	13%	1.4% (n=1)
Severe (8-9)	66%	68%	1.4%

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 2019. 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 enter clinic seeking services. 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 gift card to Walmart.
- 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 381 follow-up interviews with problem gamblers at 7 different gambling treatment programs: Bridge Counseling Associates (19), Bristlecone Family Resources (49), the Problem Gambling Center in Las Vegas (125), New Frontier Treatment Center (26), Reno Problem Gambling Center (78), RISE Center for Recovery (44), and Mental Health Counseling and Consulting (MHCC) (40).

We also conducted 39 follow-up interviews with family members and loved ones of problem gamblers who enrolled in treatment at Las Vegas Problem Gambling Center (15), and Reno Problem Gambling Center (12), RISE Center for Recovery (12). Family members are encouraged to attend treatment in order to support the gamblers 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 (152), followed by the 90 day interview (126), and the least success at the 12 month interview point (103).

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=*.567*)[1], treatment quality and helpfulness (α=*.347*), treatment effectiveness (α=*.946*), and overall ratings of treatment services (α=*.860*). 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 80% of clients reported improvement in these areas after 90 days post enrollment and continued to see improvement after 12 months post enrollment.

Significantly, 70% percent of clients discharged in fiscal year 2019 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 half of participants had gambled within the year following treatment entry, over 90 percent of participants had reduced their levels of gambling since entering treatment. Like abstinence from gambling, this reduction in gambling activities significantly impacts the problems participants experience associated with their gambling and with their quality of life.

Ultimately, treatment program participants expressed feelings of self-awareness, acceptance, achievement, and hope after the completion of their treatment. Given these clients' often desperate statuses when they arrived 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.

> *"I wish I would have bumped into this program years ago. I don't think it has enough exposure, as far as when a person gets desperate, by the luck of the draw or grace of God, I found it. It was word of mouth. I didn't know about this program. I didn't know there was an intensive outpatient program. I think the recovery movement needs more access, even if you don't have insurance. Everyone should have access to that."*

> *"I wish there were more locations. I work in Reno, so I can attend, but live in Stagecoach, so if I didn't work in Reno, it wouldn't be accessible for me to attend."*

> *"If you didn't have money to pay, they were cool with it. It was good. They were really helpful for me."*

> *"The timing: I'm just so busy the schedules don't always work for me. I work early and late, so it's the scheduling."*

> *"Aftercare is on Saturday, if they had some on other days, too. I'm not able to go to those because of my work schedule."*

> *"It's hard for me sometimes to understand English, but the best part for me is to express myself. He helped me find my own way, manage my emotions, and separate my gambling."*

> *"To get to and from the counseling when you don't have the transportation is very hard, but it is up to you as a person who cares, like me, to find a way."*

> *"The only reason I'm not going there is because it's some distance from my house. If it weren't from that I'd still be going there, because it was helpful."*

> *"I would just say that it's really beneficial, and I think it's helpful that the services are covered under the grant, that part I really appreciated."*

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").

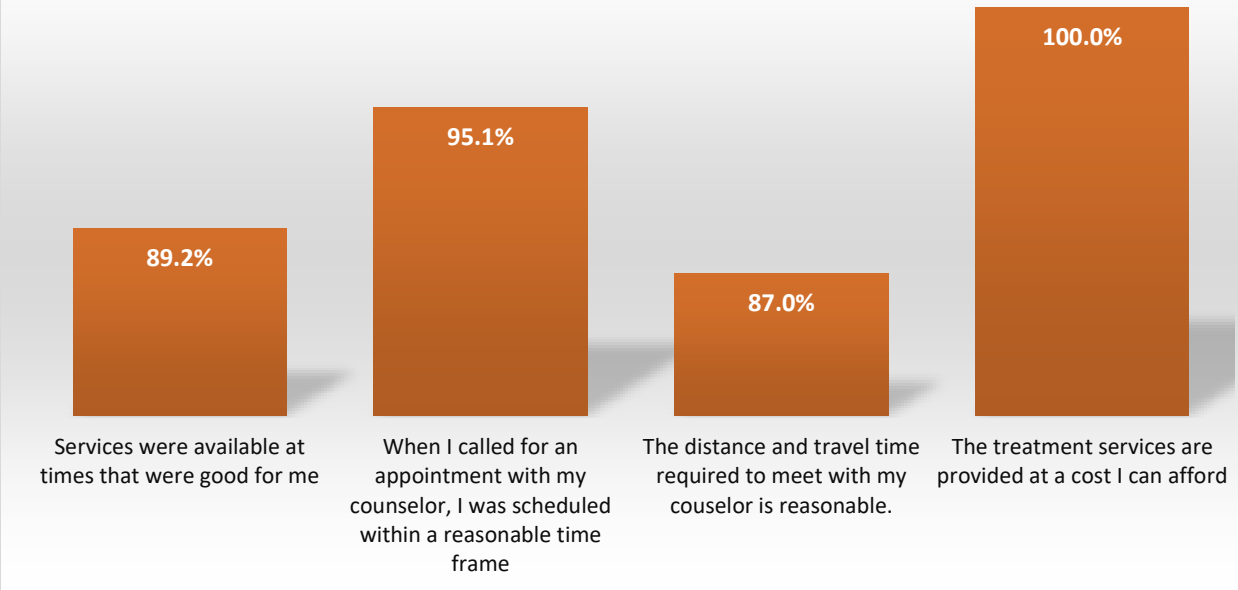
Table 2. Average Ratings of Access to Services

ACCESS TO SERVICES	**Average Score**
(Cronbach's α = .567)	
1. Services were available at times that were good for me.	4.49
2. When I called for an appointment with my counselor, I was scheduled within a reasonable time frame.	4.62
3. The distance and travel time required to meet with my counselor was reasonable.	4.48
4. The treatment services were provided at a cost I could afford.	4.93

Note: These questions are only asked on the 30 day follow-up questionnaire, as responses are unlikely to change over time. In contrast, evaluation of treatment received and satisfaction with services may change as time passes.

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.

Figure 3. Access to Treatment Services



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

TREATMENT QUALITY AND HELPFULNESS

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

Table 3. Average Ratings of Treatment Quality and Helpfulness

TREATMENT QUALITY and HELPFULNESS	**Average Score**		
(Cronbach's α = .704)	*30 day*	*90 day*	*12 month*
5. I felt comfortable sharing my problems with my counselor.	4.74		
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.).	4.72		
8. Group counseling has been helpful.	4.68	4.60	4.64
9. Individual counseling has been helpful.	4.76	4.69	4.60
10. Family counseling has been helpful.	4.83	4.59	4.44
11. My aftercare plan has been helpful.	4.55	4.42	4.32

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.

> *"You realize you're not alone. Others in the city have the same issues that you do. Frankly the first time I went there, I was crying. I was terrified. I had only seen something like that on TV. It's phenomenal to have a program like that there for you."*

> *"It was very comprehensive--the financial aspects, and partner supports, group therapy were all helpful. I wouldn't add anything."*

> *"I'm grateful that the program is there. There would be a lot more suicides, a lot more negative situations - the program is definitely helpful, it can always use improvement, but I can't pinpoint right now, but they don't require you to pay, you can if you can, it's very supportive and people need that support."*

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

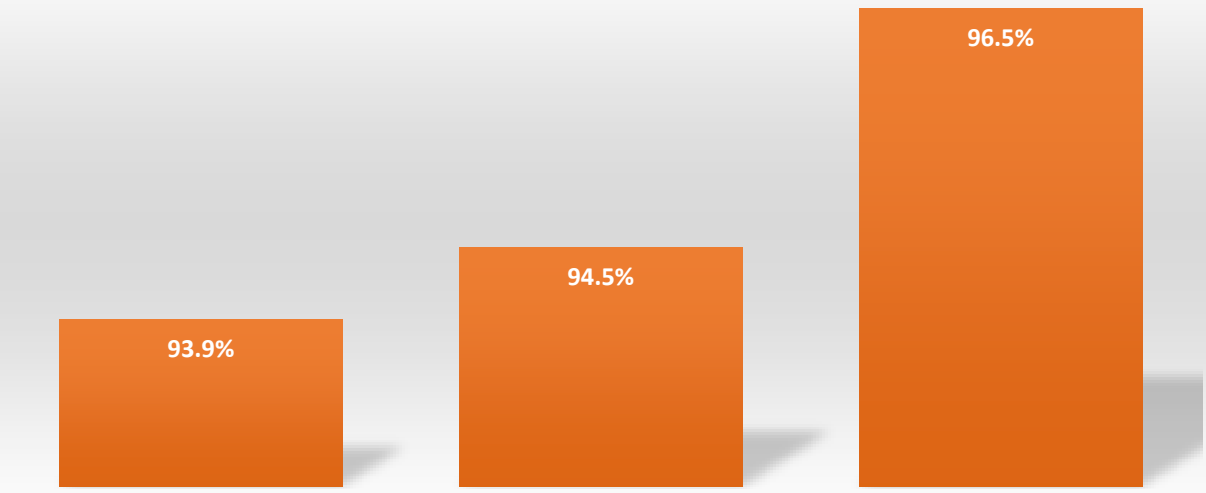
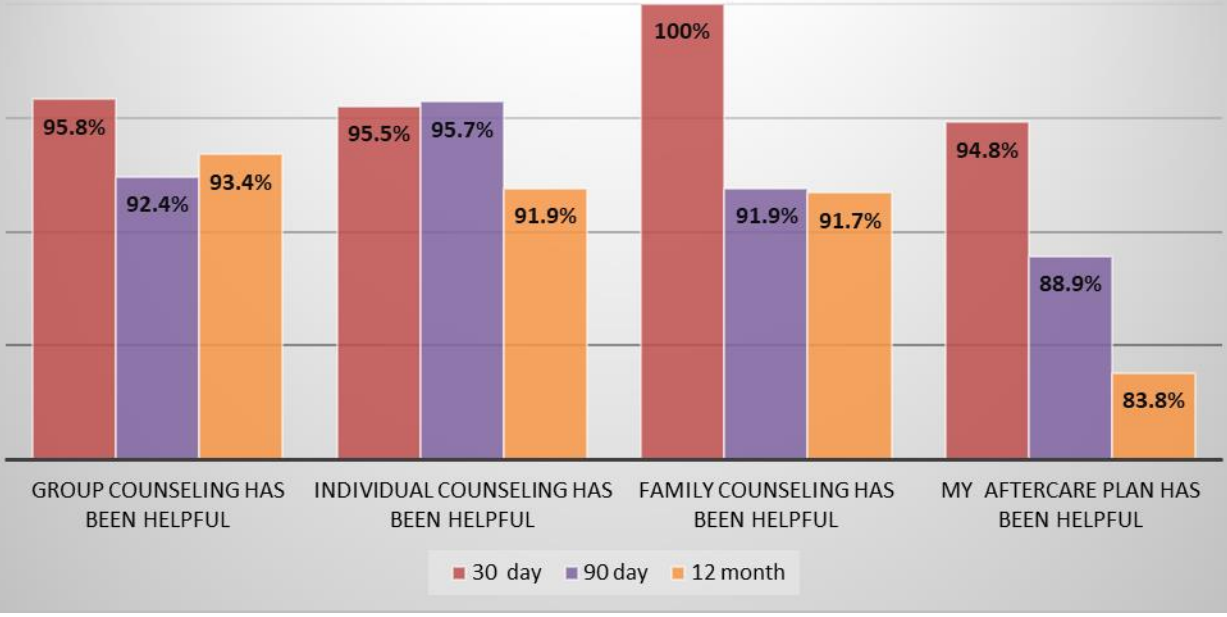


Figure 5. Treatment Helpfulness



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:

> *"I think the program here is very warm and welcoming. I'm not a group person at all, I was really NOT looking forward to a group, my wife was highly encouraging it, so I went and I really enjoy it now. I was really surprised, I'm not a group type person."*

> *"I really get a lot out of the groups. You hear what other people say, and even though it's been a long time, I always learn something, and then the way the counselors present, they put a therapeutic spin on whatever, I always walk out with that 'Aha', and something I learned. I go out and try to do what I can, too."*

> *"The group—the group dynamic is most helpful. Becoming accountable as an active addict, whatever you're using. Because I was isolating, cut off from everyone, alone, at first it was uncomfortable, but after a short while, I became completely involved with the people in that room. I became concerned about those people and about my responsibility to them—that was the biggest thing for me."*

> *"When I went in there I was pretty messed up. I like the groups because I was able to relate to their stories and open up. It was pretty good. I'm pretty happy about it."*

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 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 counselor did call me to see how I was doing, which I thought was going above and beyond. I really appreciated that."*
>
> *"My counselor is pretty much there all the time, I can call her and she'll talk to me on the phone. I like the availability. I work nights, and it's not always easy to go there, so I just like the accessibility."*
>
> *"I really like the support groups and my counselor. I feel like he's really involved. He is a recovering addict himself, and I really like that we all know where we have been, and that helps a lot."*
>
> *"I'm still new at it, and I would say having the one on one counseling has been really helpful because he has been in my shoes and that really helps, to know that you're not alone, and you don't feel as foolish. I don't know the word, it makes it easier to cope, he can relate to me better."*
>
> *"Their commitment, knowing that no matter no matter how many times before you get it right, they'll be there for you."*
>
> *"My counselor in particular, she's awesome. She's walked the same path and can relate to everyone, I think that's really important."*
>
> *"The ease, the comfort in talking with the counselor. She's easy to talk to and she gets it, she knows, I don't know if she has experience with things, but she knows. She understands."*
>
> *"The sheer fact of the support from the counselors and willingness to listen to what we had to say. Just knowing there was more support out there that could understand. Addiction is addiction but there are differences, and the treatment needs to be tweaked -- that difference in the program is huge. Gambling is a different animal than heavy drinking. Having counselors that have experience in gambling addiction specifically is a huge difference."*

Relationships with counselors set the foundation for participants' recovery. Several people who had experienced "slips" or relapse expressed knowing 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. The knowledge they gained about how addictions operate gave these

individuals the confidence and empowerment they needed to reduce or quit their gambling. A selection of quotations illustrating this idea is presented below:

> *"The education on the mind and the chemical release and the process of the pleasure and the actual addictive physical elements -- understanding the technical aspect of addiction and how it affects the brain. They also make it clear how gambling impacts your life and family."*

> *"I learned a lot of things I was not aware of—the mechanics of how the brain works, how addiction works, all of that was helpful. Looking yourself as a subject gives you a different perspective. I didn't have that before. I was confused and misguided, a victim of it, but I'm in a better place and look from above now, and I just shake my head, did I really do that?"*

> *"I can truly say that it saved my life and it educated me on how the compulsive gambler mind thinks, and now I know. It's important to not go back, and that's what keeps me striving, me knowing how the brain works. If I go back, the dopamine level in my brain will change, and I just need to keep on the path that I'm on—recovery."*

> *"I don't know if the counselors have a had a bunch of new training, but I feel like a lot of stuff that the counselors said really connected with me, and I really appreciated and gave me something to think about. I like the science-based stuff, facts, the real reason is, because this part of your brain is doing this, so you need to do this. Get the real science behind it and feel like the person is really talking to you about the science of it and there were lots of things that they were saying about the gambler's brain that I liked."*

> *"Explaining the biology to me was quite honestly the most helpful thing because I could understand then these impulses and attribute them to dopamine and oxytocin. To me that was quite helpful because then you could break it down and understand it until it passed, instead of thinking that you're crazy for not being able to stop the urge. Knowing that was very helpful."*

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 addiction.

TREATMENT EFFECTIVENESS

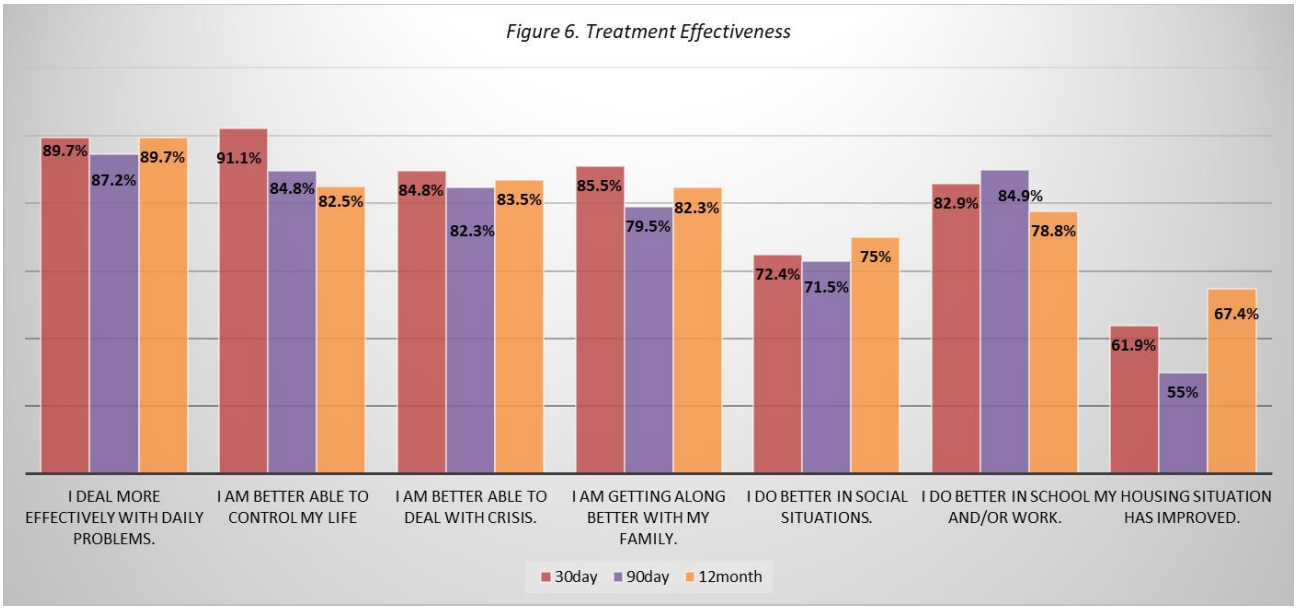
Participants' ratings of access to and the quality of their treatment services are important indirect indicators of treatment effectiveness, but more direct measures of treatment effectiveness come from participants' self-reports of improvement in daily life functioning. In Table 4 (below), we present 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.

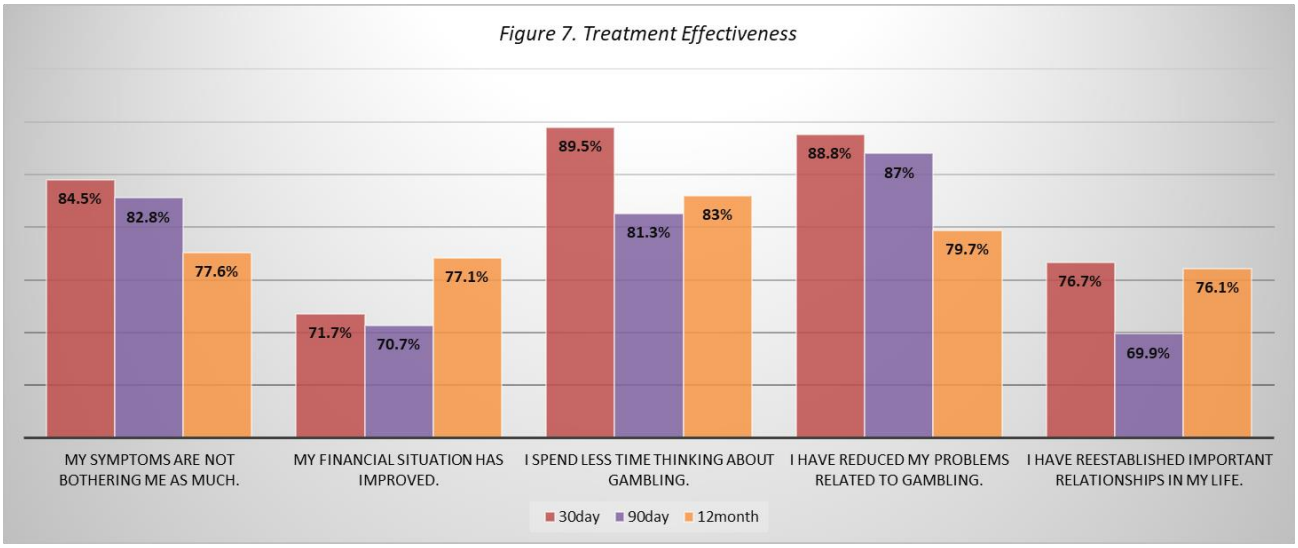
Table 4. Average Ratings of Treatment Effectiveness

TREATMENT EFFECTIVENESS	**Average Score**		
(Cronbach's α = .946)	*30 day*	*90 day*	*12 month*
12. I deal more effectively with daily problems.	4.45	4.34	4.45
13. I am better able to control my life.	4.45	4.21	4.28
14. I am better able to deal with crisis.	4.34	4.19	4.37
15. I am getting along better with my family.	4.34	4.26	4.25
16. I do better in social situations.	4.10	4.01	4.14
17. I do better in school and/or work.	4.28	4.26	4.24
18. My housing situation has improved.	3.92	3.78	3.96
19. My symptoms are not bothering me as much.	4.31	4.26	4.13
20. My financial situation has improved.	4.02	4.02	4.15
21. I spend less time thinking about gambling.	4.43	4.20	4.32
22. I have reduced my problems related to gambling.	4.41	4.33	4.24
23. I have re-established important relationships in my life.	4.21	4.01	4.03

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

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





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.

> *"The most important thing is that I am learning to manage my emotions to stop gambling, and I'm doing well."*

> *"That program is really important. It saves lives. I can say when I was in there, I was in the bottom of my bucket, and I know that there are a lot of people who feel that way. It is really important, and whatever it takes to keep the funding, keep that going."*

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

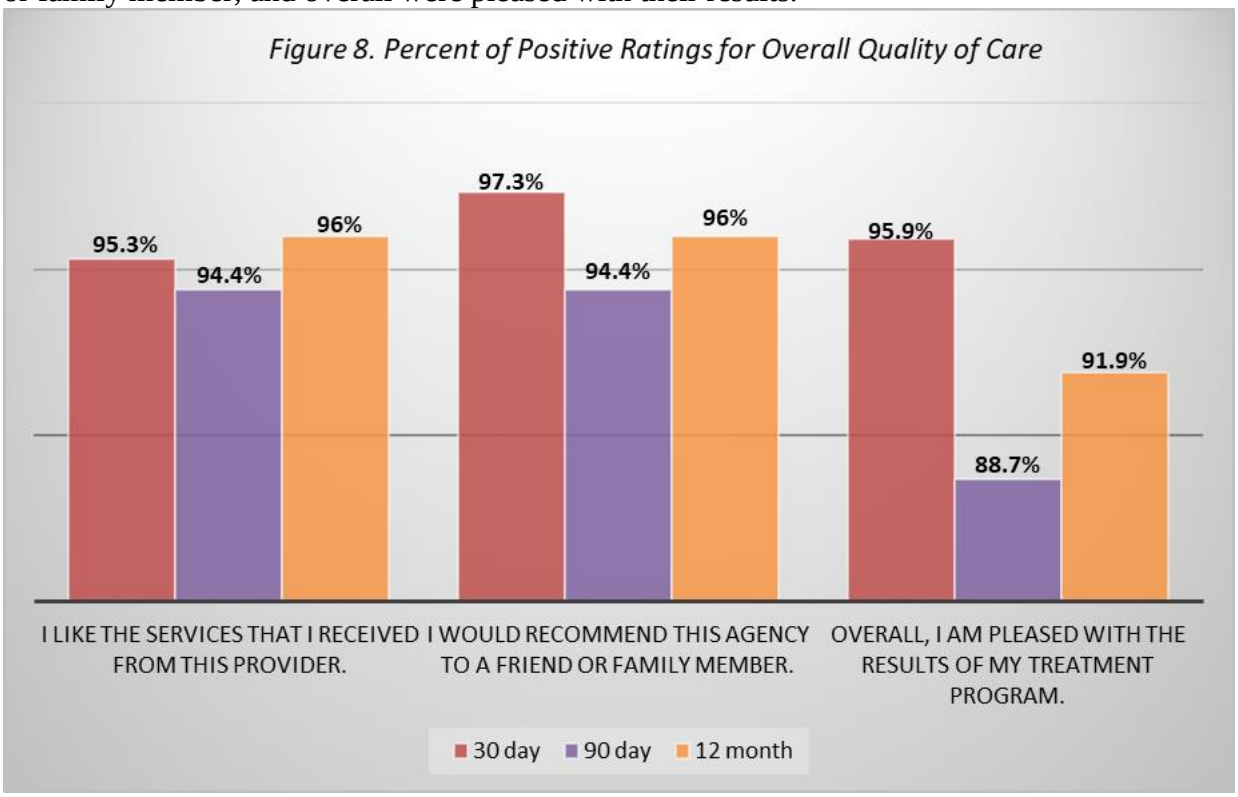
The fourth domain of the treatment evaluation included questions on the overall quality of the treatment. Results in Table 5 suggest that participants are overwhelmingly positive about the overall quality of the program. In fact, the item that asks participants if they would recommend the agency to a 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 = .860)	*30day*	*90 day*	*12 month*
25. I like the services that I received from this service provider.	4.72	4.70	4.74
26. I would recommend this agency to a friend or a family member.	4.76	4.69	4.81
27. Overall, I am pleased with the results of my treatment program.	4.71	4.54	4.60

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 ADDICTIONS

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 90% 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 68% of participants reporting no gambling since enrolling in treatment. After 90 days, that number drops to 53%, and at 12 months 35% 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 9% of participants were not meeting their goals to quit or control their gambling, compared to only 3.5% 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 addicts 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.	67.8	52.5	34.8
29. … I had one "slip" where I gambled, then got back on my recovery program.	12.6	10.0	8.7
30. … I've had several "slips" since enrolling in the program and am back on track.	10.5	22.5	42.4
31. … My goal is controlled gambling, and I am gambling and meeting my goal to gamble without problems.	5.6	3.3	5.4
32. … I am not meeting my goal to stop or control my gambling.	3.5	11.7	8.7

33. Thinking back to the period of time when you gambled most heavily, have you reduced your gambling since this time?	97.2	92.6	93.7

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.	.486***	.559***	.455***	.437***
I like the services that I received from this service provider.	.384***	.373***	.339***	.276***
I would recommend this agency to a friend or a family member.	.411***	.400***	348***	.264***
Family counseling has been helpful.	.652***	.626***	.618***	.633***
My aftercare plan has been helpful.	.428***	.548***	.483***	.481***
Individual counseling has been helpful.	.381***	.389***	.329***	.243***
Group counseling has been helpful.	.446***	.454***	.398***	.270***
I felt comfortable sharing my problems with my counselor.		.185*		
Staff encouraged me to take responsibility for how I live my life.		.178*		
Staff were sensitive to my cultural background (race, religion, language, etc.).	.228**		.207*	
The treatment services were provided at a cost I could afford.	.218**		.223**	
Services were available at times that were good for me.	.377***	.315***	.366***	.190*
The distance and travel time required to meet with my counselor was reasonable.	.165*		.305***	
When I called for an appointment with my counselor, I was scheduled within a reasonable time frame.	.183*	.		
I was encouraged to use Gamblers Anonymous or GamAnon on a regular basis.	.242**	.350***	.269**	
During my time in treatment, I attended Gamblers Anonymous or GamAnon on a regular basis	.243**	.359***	.197*	.234**

*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. Darkest shaded cells indicate a strong correlation; lighter shaded cells indicate a moderate strength correlation. Blank cells indicate correlation was not significant.*

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 = .430)	
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.	4.68
34. During my treatment program, I *have attended* Gamblers Anonymous, etc. on a regular basis.	3.84

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

Table 8 (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 75% 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?***	59.2	48.4	36.7
36. Have you found these meetings to be helpful?	86.7	77.8	78.9
37. Do you currently attend any other community peer support meetings?	33.6	28.6	22.3
38. Have you found these other meetings to be helpful?	95.9	92.3	85.7

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.

The quotations below reflect participants' reflections on GA. To summarize, they mostly think GA provides value but not as a replacement for clinical treatment. Criticisms of GA that arose in these interviews include 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.

> *"I'm very grateful that program was there, it was just needing time, I could always go to that office. I know they say you have sponsors with GA, but all the people there were kind of, they couldn't talk you off a ledge like Denise can. Her insight was just a little more than the other program I was at."*

> *"I started at GA, but the center has people who have trained, and I think that's a little bit more effective."*

> *"I don't think I would have been able to quit gambling without the program. I have been in and out of GA for 20 years, I had done the groups, but I have never had that class before, and this has been very very beneficial."*

> *"Here's the deal. The counselor was really adamant that I go to GA meetings. I've been to it a bunch, and I just can't wrap my head around it. It's a lot of faith based stuff, and I JUST HATE IT. Even the booklet they gave me at RISE, you go through steps, but as you go through it, it's really a faith based program, and it's something that just doesn't work for me."*

> *"The GA meetings have helped out, they led me towards the right path. That's how I found the help that I needed."*

> *"I liked it* [treatment] *better than GA, because if someone says something you can talk to them, whereas in GA you just have to listen to the people, and in some cases people really go off the wall."*

> *"The first GA meeting that I went to, I didn't think it would help me, and I thought the same thing about this program, but after the first meeting my mind was changed, and it helped me a lot. It did."*

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.

OTHER ADDICTIONS

We also examined the broader issue of other chemical and/or behavioral addictions by asking participants whether they had problems with other addictions prior to treatment and whether those problems persisted after treatment. The most commonly identified addiction prior to participation in gambling treatment was nicotine (21.8%). Alcohol addiction was the second most common (20.5%), and methamphetamine addiction was third (12.3%). Addictions to THC, cocaine, opiates, prescriptions drugs, sports enhancement drugs, shopping, sex, the internet, and food were minimal, with fewer than 10% of participants reporting pre-treatment addictions to each. Around half of those that reported problems with other addictions prior to treatment for gambling addiction

continued to experience problems after treatment. At the time of their most recent interview, only 3.9% of participants indicated that they continued to have a problem with alcohol addiction. Among the more striking findings was that problems with methamphetamine use dropped to 1% by the time of their most recent follow-up interview. Reported problematic addictions to nicotine dropped to 15.7% after participants entered treatment for problem gambling. Nicotine use may continue after other problematic addictions are ameliorated because its negative effects are primarily experienced after long-term use and perhaps because it is less urgently addressed by the problem gambler and the clinics. The reduction in other chemical and/or behavioral addictions 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?	47.5
34. Are any addictions currently problematic?	23.1

Participants sometimes entered treatment for drug and/or alcohol treatment and learned of their con

> *I think it was really helpful for me in my recovery as a whole to be a part of that, does that count as a co-current addiction, and I really appreciated the funding because I needed the substance addiction help, and I think I needed help with the funding. It really helped, so, still sober. I think it was really good for the awareness piece, when you're in your addiction people spend a lot of time in the casinos and you might not realize you have a problem with gambling, you know.*

CONCERNED OTHERS

> *"I really appreciate everything they have done for me. They definitely got me in very quickly at first when the situation was in crisis, and I appreciate that, Inez is amazing"*

The following section presents information from 40 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 Las Vegas Problem Gambling Center (*n*=15), Reno Problem Gambling Center (*n*=12), and RISE Center for Recovery (*n*=12).

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.	4.22
43. I am better able to control my life.	4.24
44. I am better able to deal with the problem gambler in my life.	4.27
45. I am getting along better with my family.	4.16
46. I do better in social situations.	3.87
47. I do better in school and/or work.	4.21

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.	4.83
36. Staff have encouraged me to take responsibility for how I live my life.	4.83
37. Staff have been sensitive to my cultural background.	4.68
38. Group counseling has been helpful.	4.60
39. Individual counseling has been helpful.	4.59
40. Family counseling has been helpful.	4.61
41. My aftercare plan has been helpful.	4.36

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.

> *"I have been extremely satisfied with their care, very much so. She has been extremely supportive, she has given us homework and things to do so we can deal with my son's addiction better."*

> *"I didn't understand, why don't you just stop? I didn't see it like other addictions, I guess that really helped me put it in perspective on why it's almost impossible for him to stop on his own. Is there something we could have done to stop it? What I learned was that we need to change what we are doing, those things we were helping—we were enabling for him to continue on and on. It did help, all of that was a big eye-opener for us. We're all educated here, but we didn't know and didn't see."*

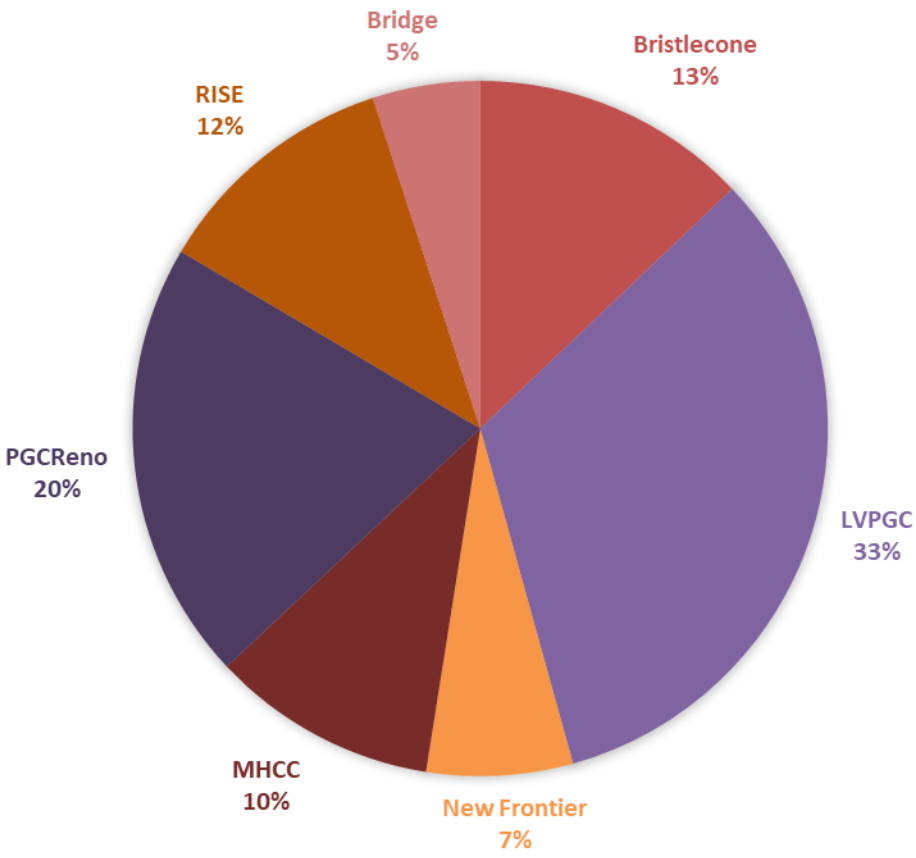
Concerned others expressed feelings of relief when learning about problem gambling. They felt empowered to help the people in their lives who suffer from problem gambling, and they gained tools to help themselves cope with the enormous stress related to their loved ones' gambling.

CLINIC-BY-CLINIC COMPARISONS

We interviewed treatment participants from seven different state-funded programs: Bristlecone Family Resources, Bridge Counseling Associates, Mental Health Consulting and Counseling (including 12 month follow ups from Pathways Counseling Center), the Problem Gambling Center in Las Vegas, New Frontier Treatment Center, RISE Center for Recovery, and Reno Problem Gambling Center. In this section, we present a comparison of evaluation and outcomes results across the seven programs. It is important to note that these comparisons are descriptive in nature only, and should not be construed as evidence of the comparative quality or effectiveness of any given program. Geographic location, client demographics, primary treatment type provided, and resources vary significantly across these programs. All of these factors should be taken into consideration when comparing results.

Figure 9 presents the breakdown of the sample by clinic. This is a representation of the total participants in the follow up research, not a representation of the percentage of clients each clinic serves comparatively. The largest proportion of interviews come from the Las Vegas Problem Gambling Center (32.8%, *n*=125), with the remainder attending programs at Bristlecone Family Resources (12.9%, *n*=49), New Frontier Treatment Center (6.8%, *n*=26), MHCC (10.5%, *n*=40), Bridge Counseling Associates (5.0%, *n*=19), RISE Center for Recovery (11.5%, *n*=44) and the Reno Problem Gambling Center (20.5%, *n*=78).

FIGURE 9. PROPORTION OF INTERVIEWS FROM EACH CLINIC



In the next several pages, we present figures demonstrating the mean participant scores by clinic and indicate where there are statistically significant differences between a specific clinic and the rest of the sample. Consistent with the rest of the report, higher scores indicate more positive ratings. Items that are listed as statistically significant account for differences in sample size and indicate that the differences in scores between clinics are meaningful. In order to prevent the data from skewing overly positive or negative, only the most recent survey from each client is used in the figures presented below. If a client completed a 30 day, 90 day, and 12 month follow up survey, only the data from the 12 month survey is used, excluding tables where the information was only available in the 30 day survey.

ACCESS TO TREATMENT SERVICES

Figure 10 presents the clinic-by-clinic comparisons for participants' evaluations of access to treatment services. The between-clinic differences in being scheduled within a reasonable time frame are statistically significant.

TREATMENT EFFECTIVENESS

Figure 11 presents comparisons for participants' evaluations of items measuring treatment effectiveness. The between-clinic differences in improved performance in social settings is statistically significant.

TREATMENT QUALITY AND HELPFULNESS

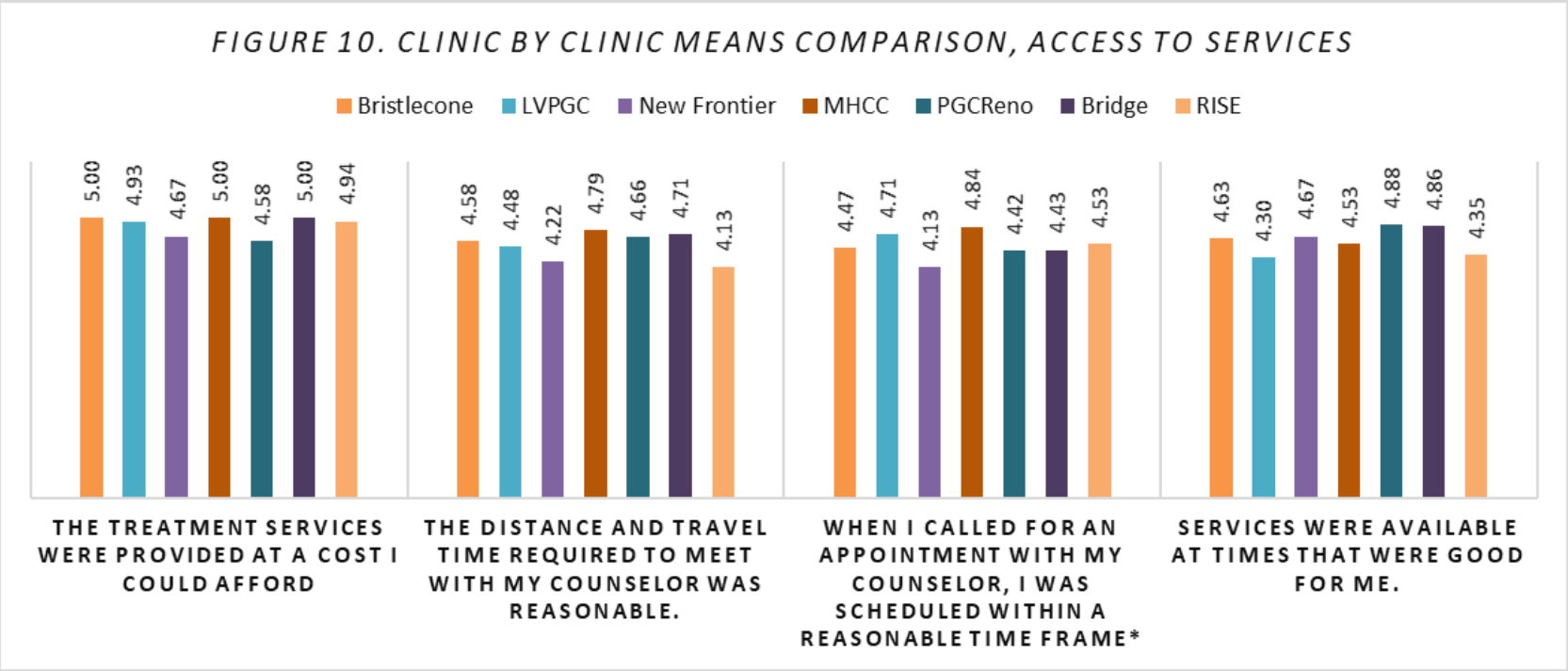
Figures 12 and 13 present participants' evaluations of items measuring treatment quality and helpfulness. The between-clinic differences in evaluation of group therapy is statistically significant

INVOLVEMENT IN GAMBLERS ANONYMOUS

Figure 14 presents clinic-by-clinic comparisons for participants' involvement with Gamblers Anonymous. The between-clinic differences in whether providers recommend Gamblers Anonymous and whether clients attend Gamblers Anonymous were statistically significant.

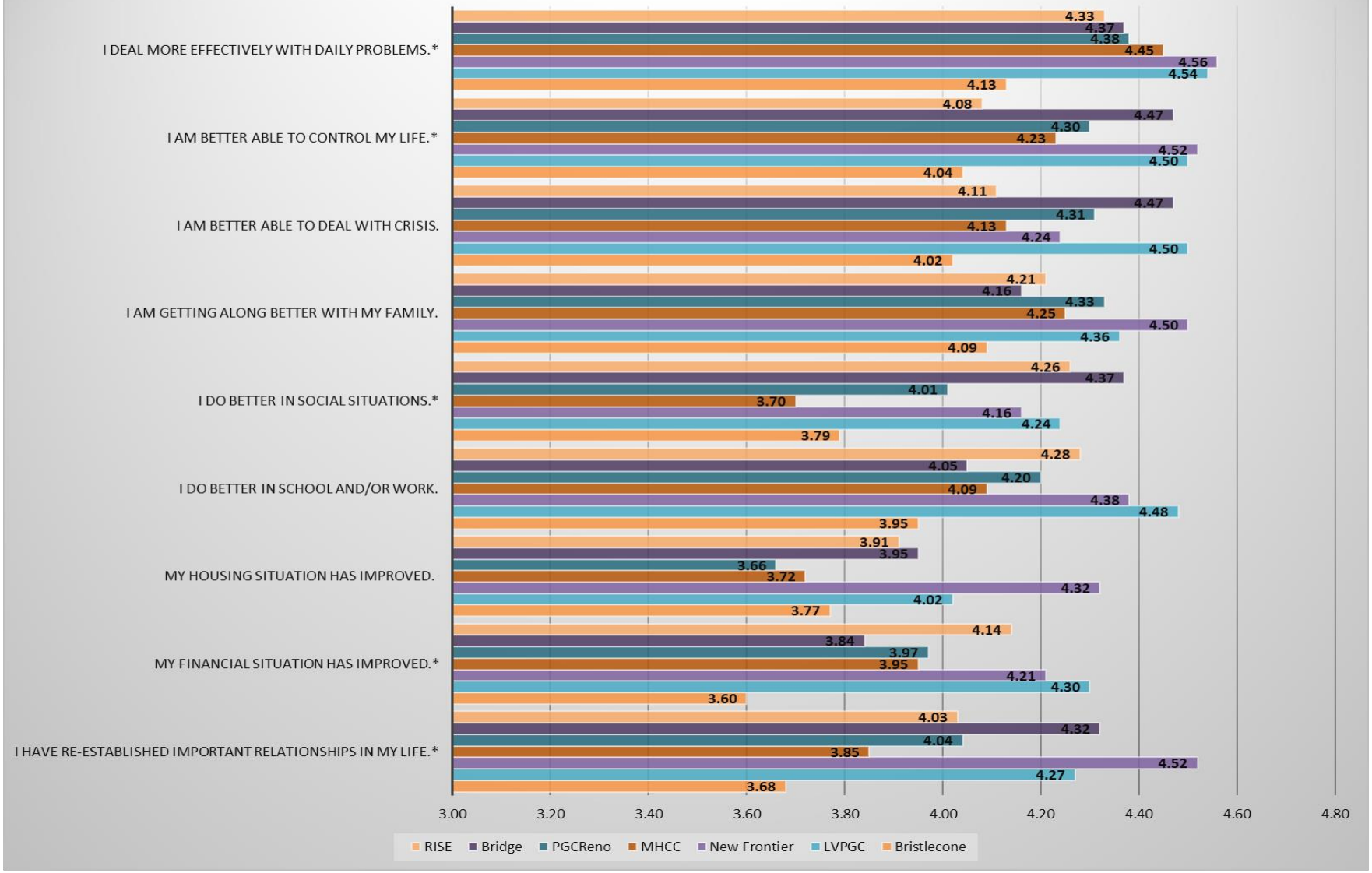
OVERALL

Figure 15 presents the comparison of mean ratings of items measuring overall service quality. The between-clinic differences in whether clients would recommend the program to a friend are statistically significant.

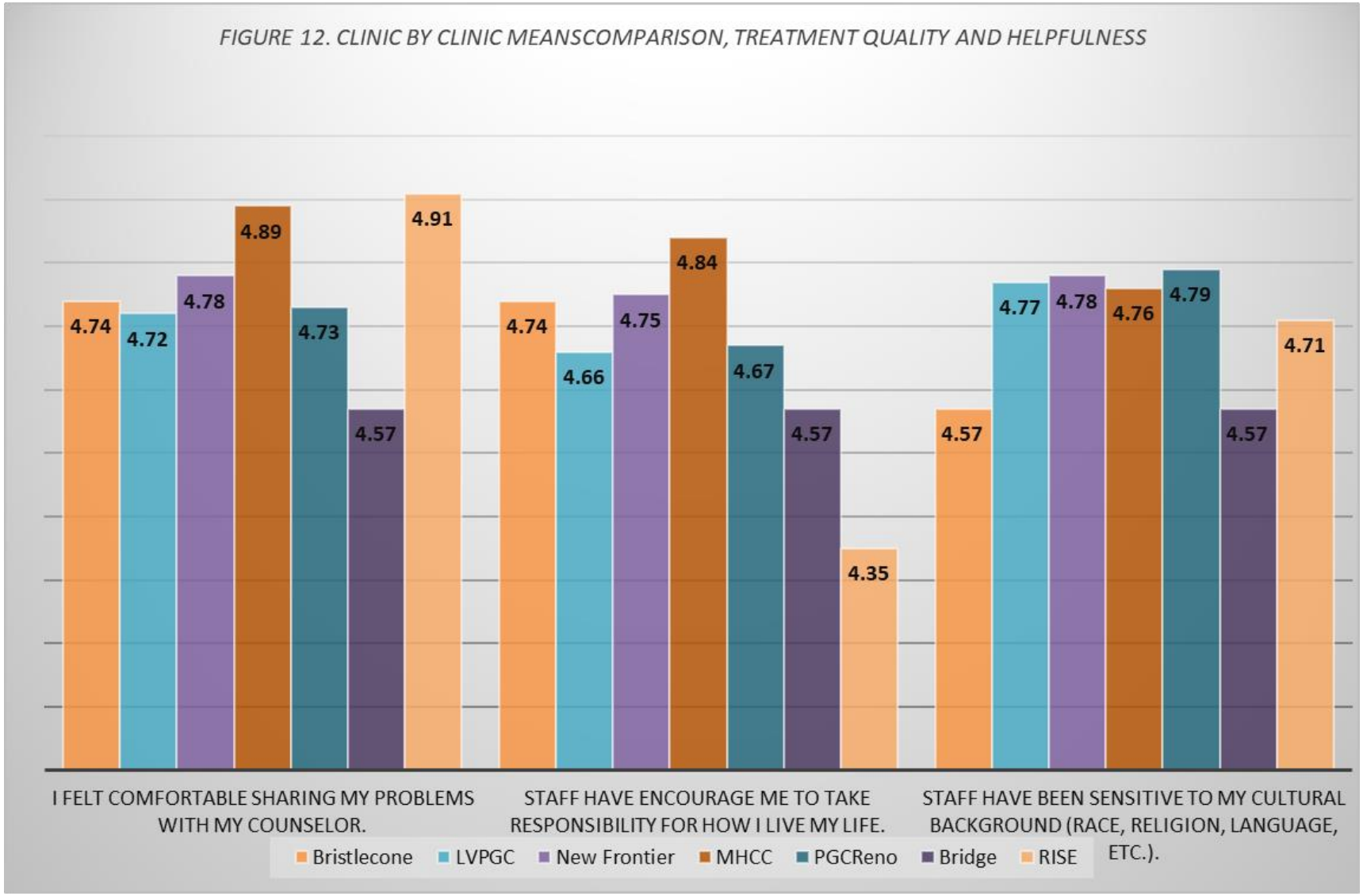


*Note: *Indicates differences between clinics are statistically significant at the p<.05 level.*

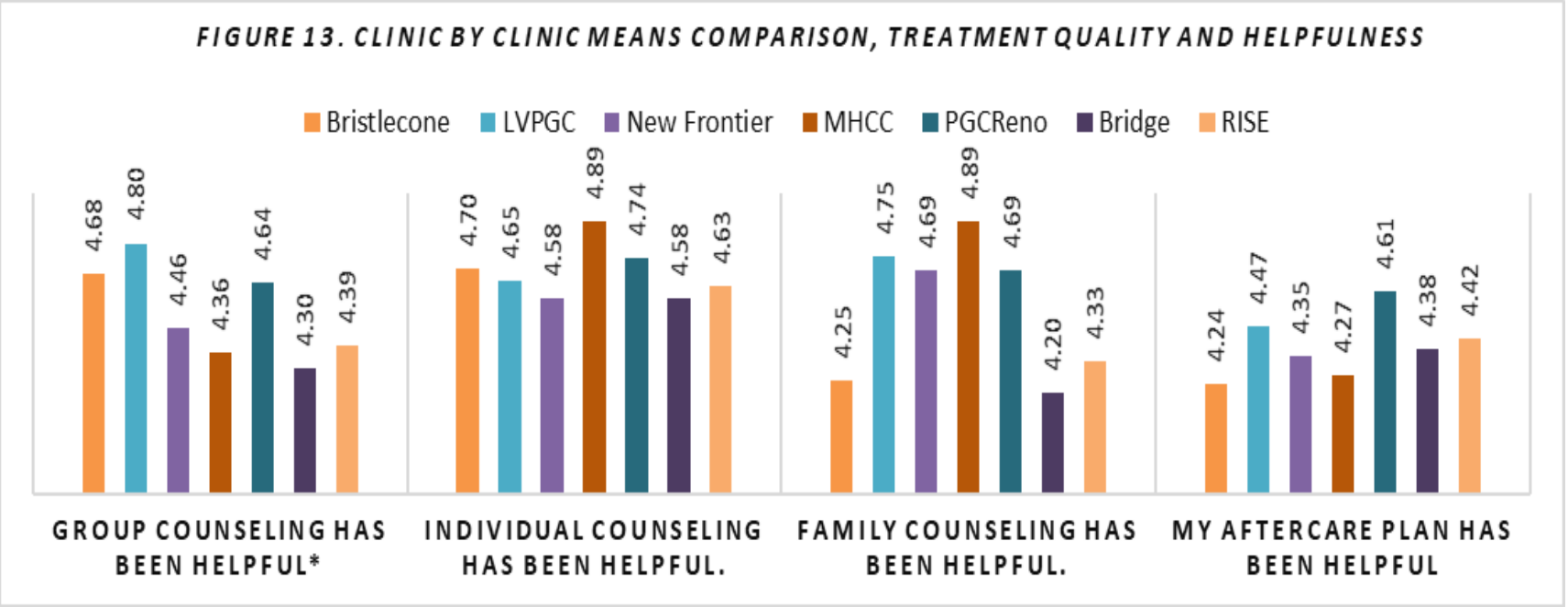
FIGURE 11. CLINIC BY CLINIC MEANS COMPARISON, TREATMENT EFFECTIVENESS



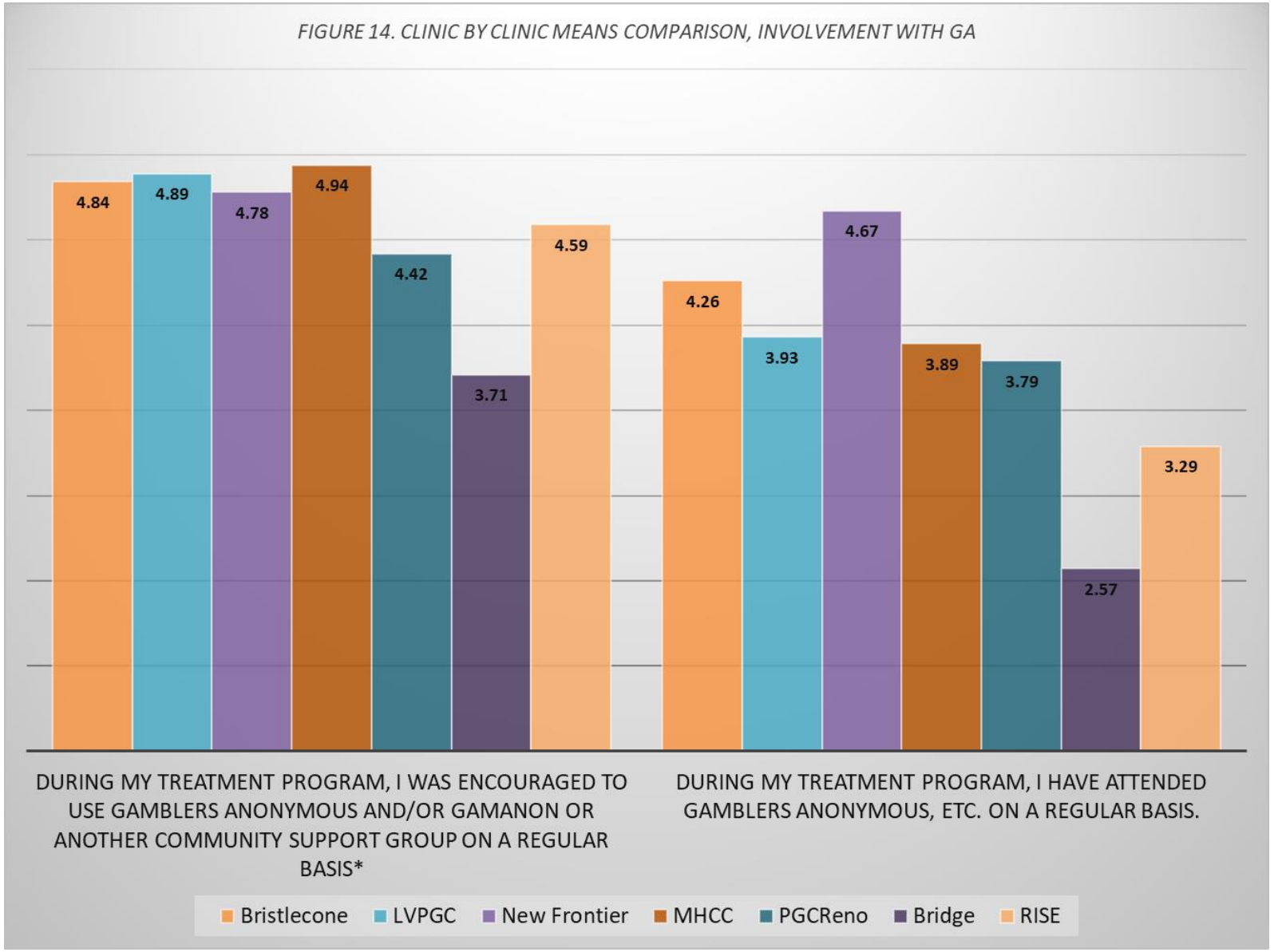
*Note: *Indicates differences between clinics are statistically significant at the p<.05 level.*



Note: None of the differences between clinics were statistically significant.

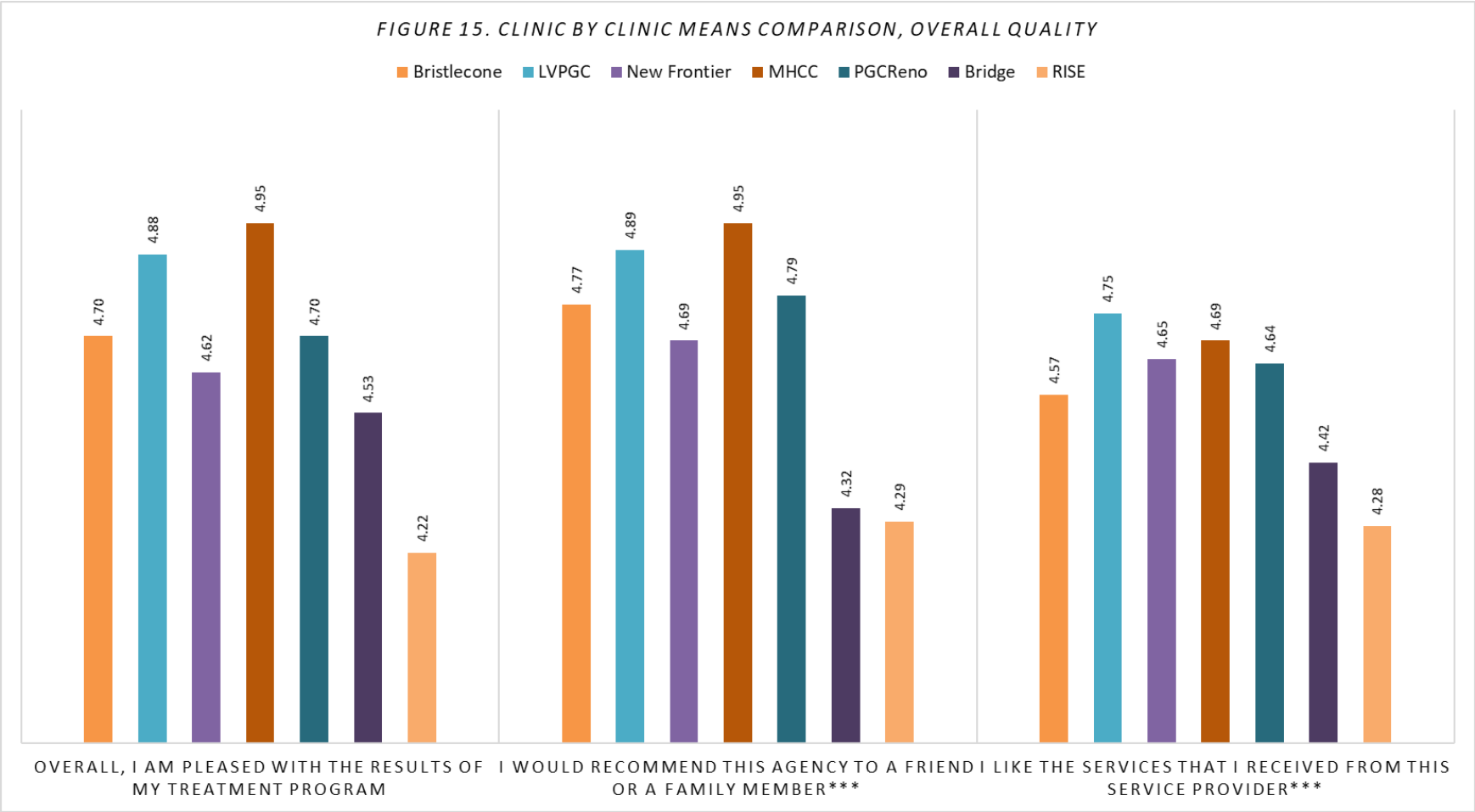


*Note: *Indicates differences between clinics are statistically significant at the p<.05 level.*



*Note: *Indicates differences between clinics are statistically significant at the p<.05 level;** at p<.01.*

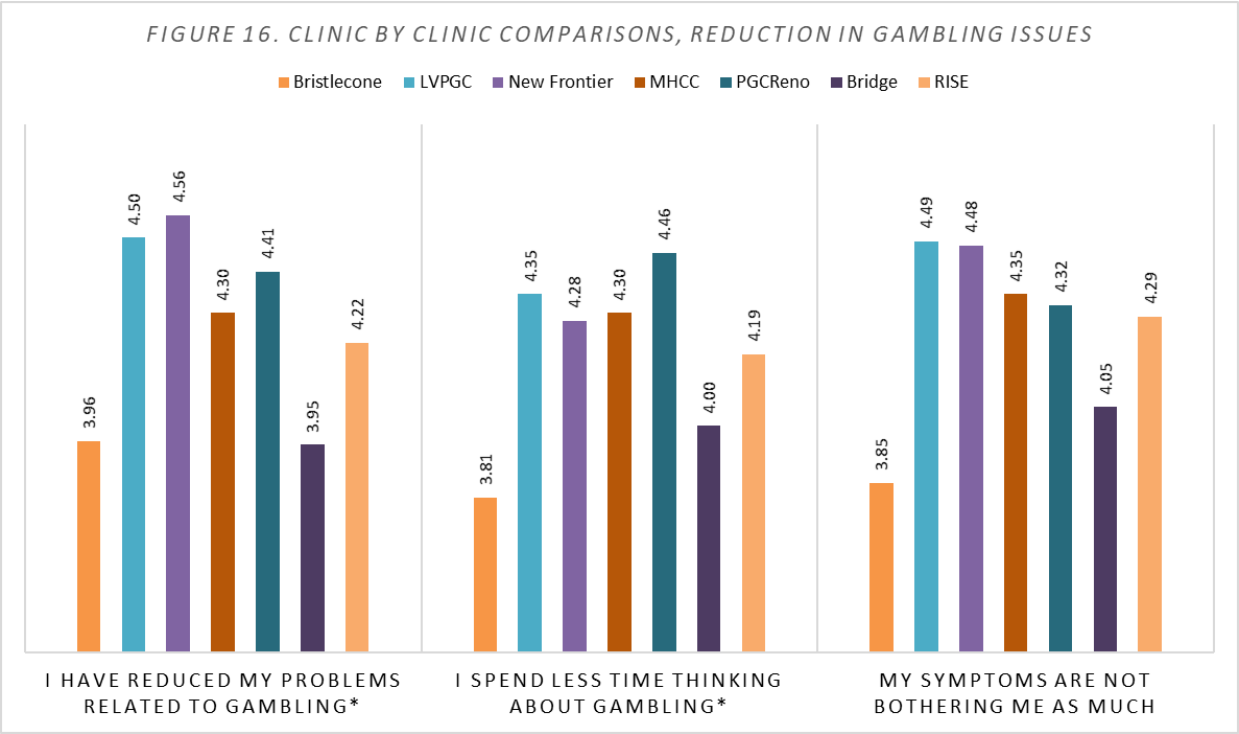
FIGURE 15. CLINIC BY CLINIC MEANS COMPARISON, OVERALL QUALITY



*Note: *Indicates differences between clinics are statistically significant at the p<.05 level.*

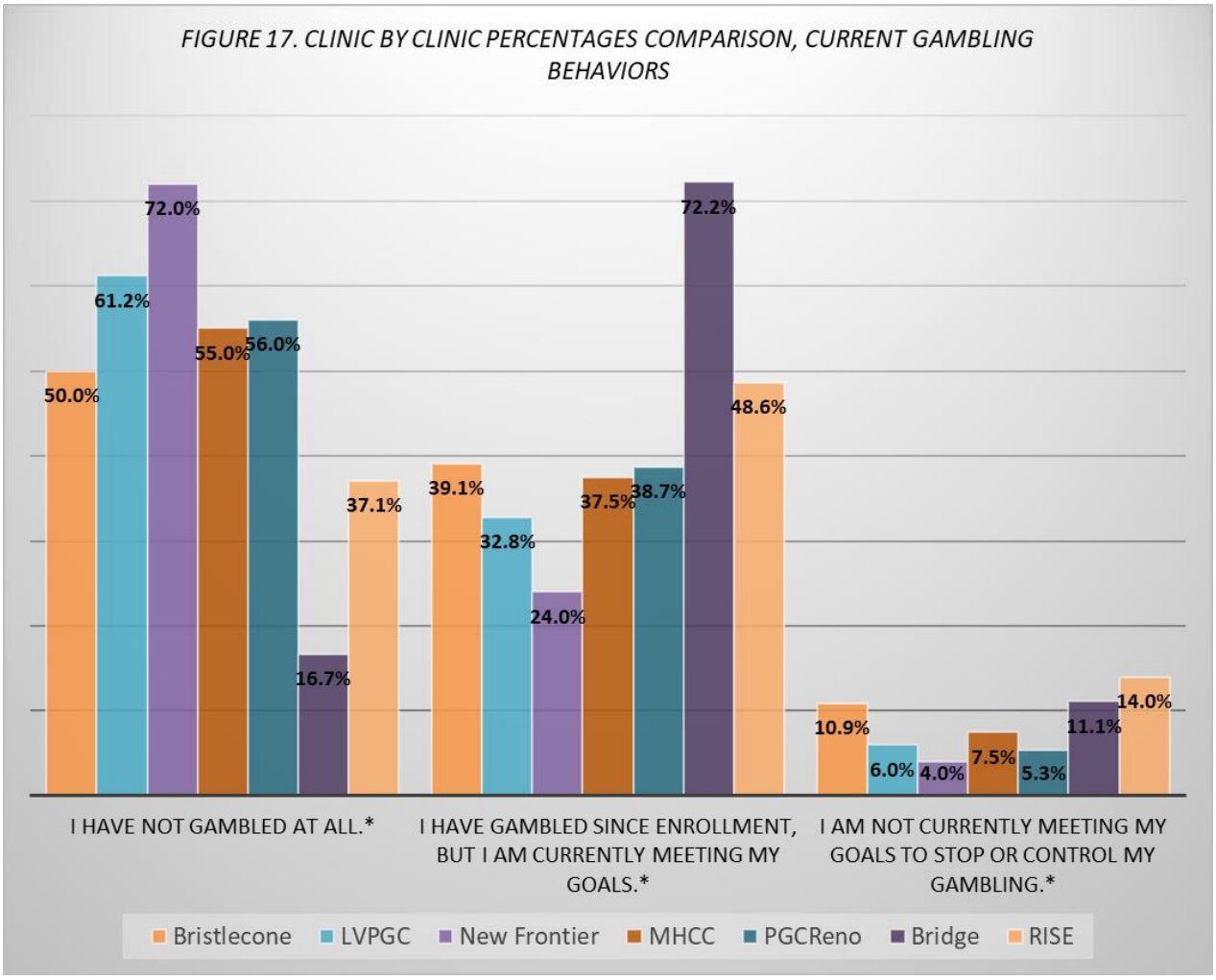
REDUCTION IN GAMBLING BEHAVIORS AND EFFECTS

Figure 16 (below) presents clinic-by-clinic comparisons of means for items measuring reductions in the effects of problem gambling in their lives. Participants from all clinics reported having reduced their problems related to gambling, feeling less bothered by their symptoms, and spending less time thinking about gambling. The between-clinic differences in scores were not statistically significant.



Note: None of the differences between clinics were statistically significant.

Figure 17 (below) presents clinic-by-clinic comparisons in reduction in gambling since enrollment in the treatment program. The first measure shows the percentage of clients from each clinic that have not gambled at all since enrollment in the program. The second measure includes clients that answered that they have had "one slip," "several slips," or that their goal is not abstinence but rather controlled gambling and that they are meeting their goals without problems. The third measure shows the percentage of clients from each clinic that report they are not currently meeting their gambling goals. None of the differences in reduction in gambling behaviors were statistically significant between clinics.



Note: None of the differences between clinics were statistically significant.

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.

ACKNOWLEDGMENTS, APPRECIATION, AND DISCLOSURES

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Our intellectual debts are substantial, and allow us to thank an all-star cast of experts: Dr. Jeffery Marotta of Problem Gambling Solutions, consultant for the Nevada Problem Gambling Treatment System and our go-to person for research advice; Tim Christenson, formerly of the state of Arizona and the National Association of Problem Gambling Service Providers; Dr. Tim Fong at the UCLA Medical School Center for Gambling Studies; Dr. Brett Abarbanel at the UNLV International Gaming Institute; Dr. Juan Ramirez at the University of Nebraska; Paul Potter at the state of Oregon; and Keith Whyte of the National Council on Problem Gambling. All, remarkably, share some ownership of this important academic and human exercise on measuring problem gambling approaches.

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UNLV | INTERNATIONAL GAMING INSTITUTE

INTERNATIONAL GAMING INSTITUTE
University of Nevada, Las Vegas
4505 S. Maryland Parkway
Box 456037
Las Vegas, NV 89154-6037
Tel: (+1) 702-895-2008 | Fax: (+1) 702-895-1135

igi.unlv.edu
@UNLVigi