

IMPROVING PROBLEM GAMBLING TREATMENT ENGAGEMENT & RETENTION IN OREGON

Why Clients Leave & How To Help Them Stay

May 21, 2026

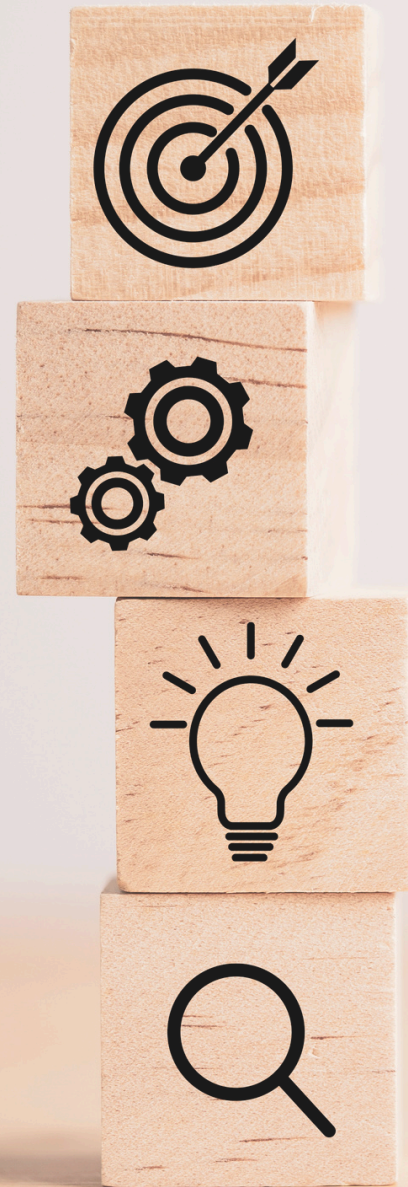


Purpose of Today's Presentation

Treatment retention in gambling treatment is a broadly shared interest across the field. We will review the literature that exists, discuss implications from our research, and explore ways that you can address treatment dropout in your practice.

OBJECTIVES

- Identify factors that contribute to problem gambling treatment dropout.
- Describe predictors of treatment completion and retention.
- Apply strategies to improve client retention and support successful treatment outcomes



Who We Are



Glenn Yamagata, MPhil, MA

Executive Director, Oregon Council on
Problem Gambling
Vice President and Senior Consultant,
Problem Gambling Solutions, Inc



Paige Vazquez, PhD

Research Scientist and Director of Training,
Problem Gambling Solutions, Inc
Licensed Psychologist, Bloom
Psychological Services



Raul Ramirez, CADC II,
CGAC II, QMHA II

Problem Gambling Treatment Specialist
Oregon Health Authority, Behavioral
Health Division

Acknowledgement

The topic of this presentation and the data discussed come from our collaboration with the Oregon Health Authority. We extend gratitude to Greta Coe, Problem Gambling Services Manager at the Oregon Health Authority Problem Gambling Services, and her team for their efforts and promotion of research in the field of problem gambling treatment and prevention.

Additionally, the data presented would not exist without efforts from Oregon problem gambling treatment providers. We are grateful for the time they take to consistently report detailed treatment information and their collaboration on the treatment follow-up evaluation.

Why Does Treatment Retention Matter?

Only about 20% of individuals with problem gambling seek help¹, and about one-third drop out of treatment prematurely.²

Understanding the reasons for dropout and client motivation can help improve retention in problem gambling treatment.

Retention in treatment leads to greater recovery success:

- Relapse prevention
- Addressing co-occurring problems and stressors
- Prevent further harm

Early dropout increases the likelihood of returning to treatment (costly and uses limited resources).

GOAL: Keep people engaged long enough to achieve treatment goals and develop skills for sustainable change.

1. Bijker et al., 2022

2. Hawker et al., 2025a





What is “Treatment Dropout”?

Defining “**treatment dropout**” in research¹

1. Non-attendance of a predetermined number of sessions
2. Non-completion of a predetermined course of treatment
3. A clinician's judgment of premature termination

In the data we will review, dropping out does not include a defined reason for ending treatment (e.g., incarceration, moving).

Dropout estimates vary widely across studies and definitions, with a median of **35%**¹

- Problem gambling treatment dropout rates tend to be greater than in general mental health (26%) or SUD (30%) treatment.
- In a 10-year study, 72% returned for a second appointment.²

1. Hawker et al., 2025a

2. Hawker et al., 2025b

What are the top reasons you think clients discontinue treatment?

Share out loud or write in the chat



Treatment Dropout: Clinician Perspective

It's easiest to ask clinicians why their clients ended treatment.

- 56% stopped attending (37% could not be contacted, 19% requested no further contact)¹
- Transferred to non-PG treatment (1.3%) or other PG treatment facility (0.9%)¹
- We asked Oregon providers, who shared that early termination occurred because of client misperception of treatment, logistical factors, readiness, relapse and setbacks, mental health, minimizing the problem, lacking structured support.

This doesn't tell the whole story.

1. Hawker et al., 2025b



Treatment Dropout: Additional Insights



(Very limited) research shows that people prematurely end treatment for problem gambling for a variety of reasons:

- Treatment-specific characteristics and unrelated reasons (e.g., logistical, practical)¹
- “Unstable path to recovery”, alternating between making progress and experiencing setbacks²
- Some people are less likely than others to drop out, including those who are married/long-term partnered¹

This is challenging research to conduct with clients, but important.

1. Hawker et al., 2025a
2. Nilsson et al., 2021

Let's talk about what we've learned about gambling treatment and drop out from Oregon treatment data.

Overview: Oregon Health Authority, Problem Gambling Services (OHA PGS)

Gambling Treatment and Support Services in Oregon

Oregon has one of the largest gambling treatment systems in the nation, offering gambling outpatient treatment services in most counties throughout the state, residential treatment, and several unique or culturally-specific services. All publicly funded treatment services are offered at no out-of-pocket cost to individuals and concerned others impacted by gambling.

Program Overview: FY2024-25 (July 1, 2024 to June 30, 2025)



OHA PGS Treatment Programs

78%

***Outpatient Gambling
Treatment***



Outpatient treatment may include individual, family therapy, group therapies, and peer support.

12%

***Department of
Corrections***



A program providing problem gambling treatment services to incarcerated individuals.

9%

***Residential
Gambling Treatment***



Provides 24-hour, live-in care that combines counseling, skill-building, and recovery support to help individuals stop or reduce gambling and stabilize related issues.

9%

GEAR



A treatment option that consists of a workbook designed to be completed at home with telephone or video-conferencing support from a professional counselor.

Dropout is a big issue in gambling treatment

90% of surveyed Oregon problem gambling treatment providers in 2024 stated that client dropout is a problem for them (n = 40).

From July 2024 to June 2025, 39% of clients stopped attending treatment against their counselor's advice.

- 37% "successfully completed" treatment
- No differences based on race or gender





Empirical Insights:

Answering Two Questions



**Why do people leave
treatment early?**



**What helps people have
more success in their
treatment?**



Empirical Insights:

Answering Two Questions



Why do people leave
treatment early?



What helps people have
more success in their
treatment?

Treatment Follow Up Evaluation

To learn more about client treatment experiences and effectiveness, a team of clinical researchers conducts telephone interviews during and after treatment.

01

Client enrolls in treatment, consents to participate

02


Clients complete phone interviews after 30, 90, 180, and 365 days

03

Clients complete phone interview around discharge

04

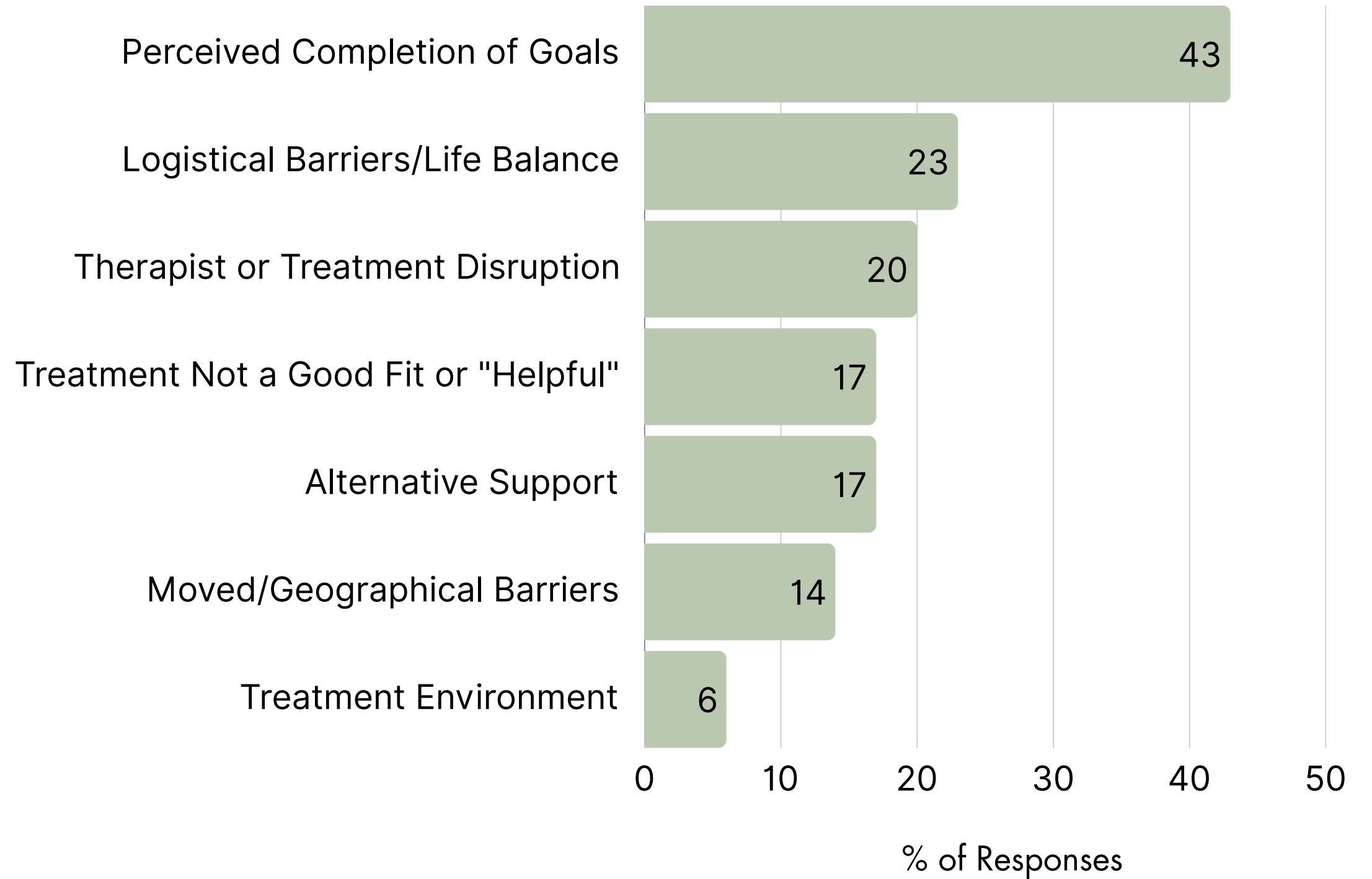
Clients complete phone interview after 180 and 365 days following exit



Qualitative responses as to why clients left/ended treatment have given insights into strategies for improving treatment retention and client experiences.

Client-Report: Why They Left Treatment

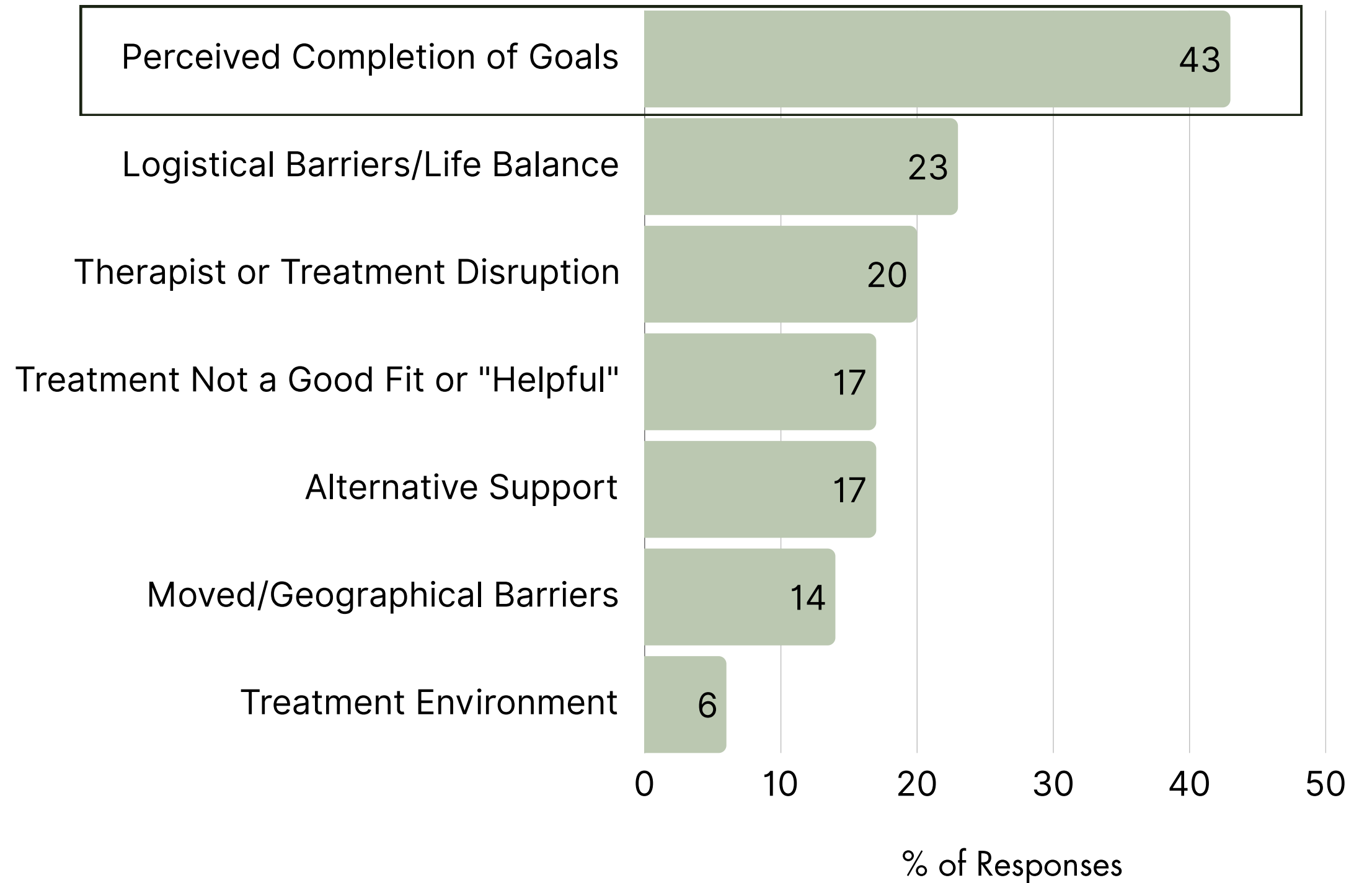
Treatment Exit Survey Response Themes (n = 34)



Client-Report: Why They Left Treatment

Perceived Completion of Goals

Treatment Exit Survey Response Themes (n = 34)

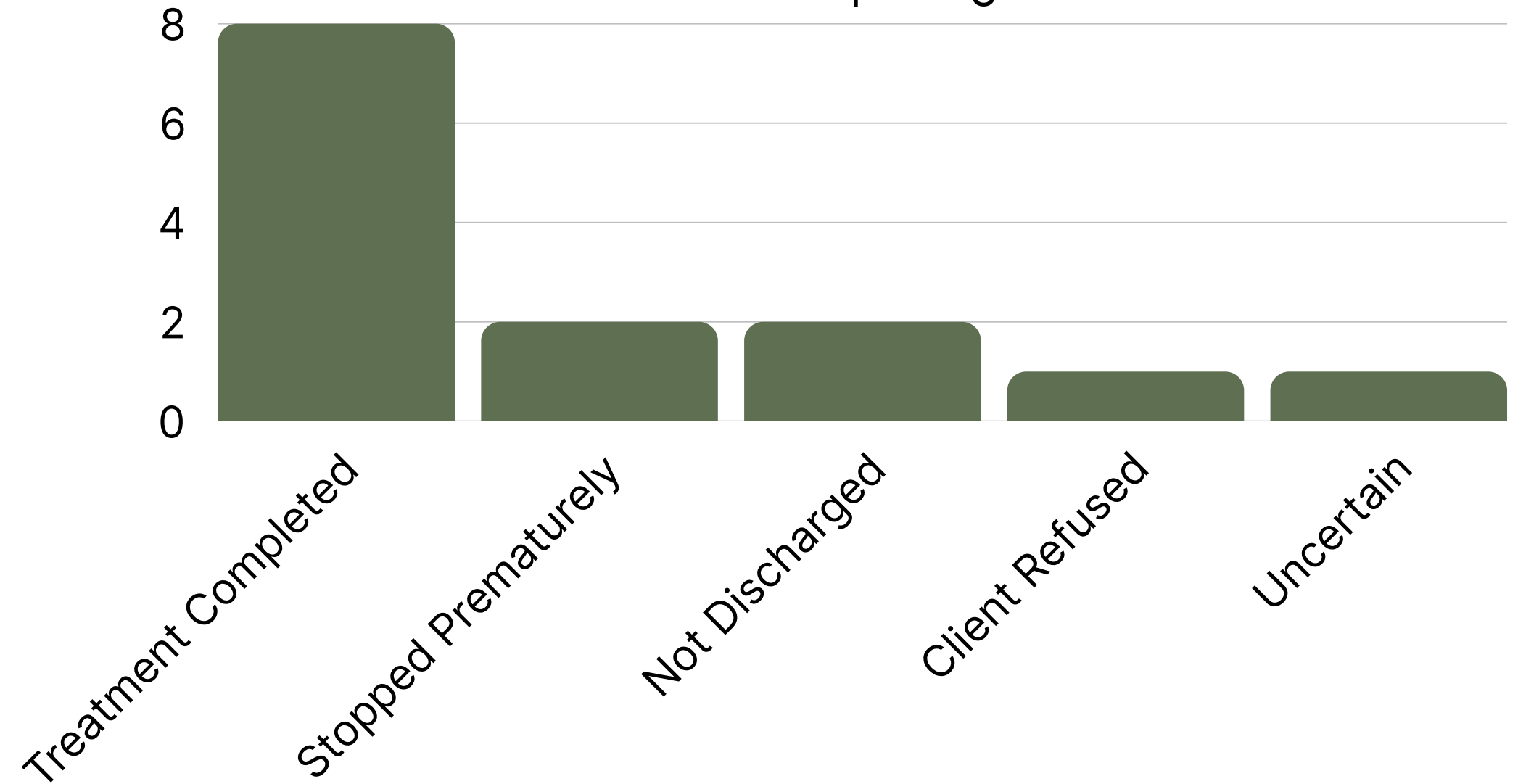


Perceived Completion of Goals

Client perception that they had completed treatment or achieved their goals (e.g., reduced gambling, gambling abstinence)

- Ending treatment was framed as a planned or appropriate. Some noted that they could return.
- Some described meaningful improvement after limited engagement.
- Treatment satisfaction was rated higher than average (4.5/5)

Clinician Termination Code for Clients Who Completed Treatment After Completing Their Goals



The top reason providers report clients dropping out was misperception of the treatment process.

- Time and engagement commitment
- Low confidence in treatment
- Wanting results earlier

What do you think could help address early dropout due to clients feeling done (when you might think differently)?

Share out loud or write in the chat



Reducing Premature Termination due to Client-Perceived Completion of Goals



(Pre)Treatment Psychoeducation. Collaboratively define treatment goals and indicators of treatment completion early in care, clearly explain the treatment process (including client expectations) early on or before, and normalize their concerns and hesitancy.

Progress Tracking Tools. Using brief outcome or tracking tools helps clients see their progress and have small wins.

Emphasize Holistic Recovery. Introduce whole-person recovery early in care to demonstrate that long-term recovery often means more than meeting their gambling goal.

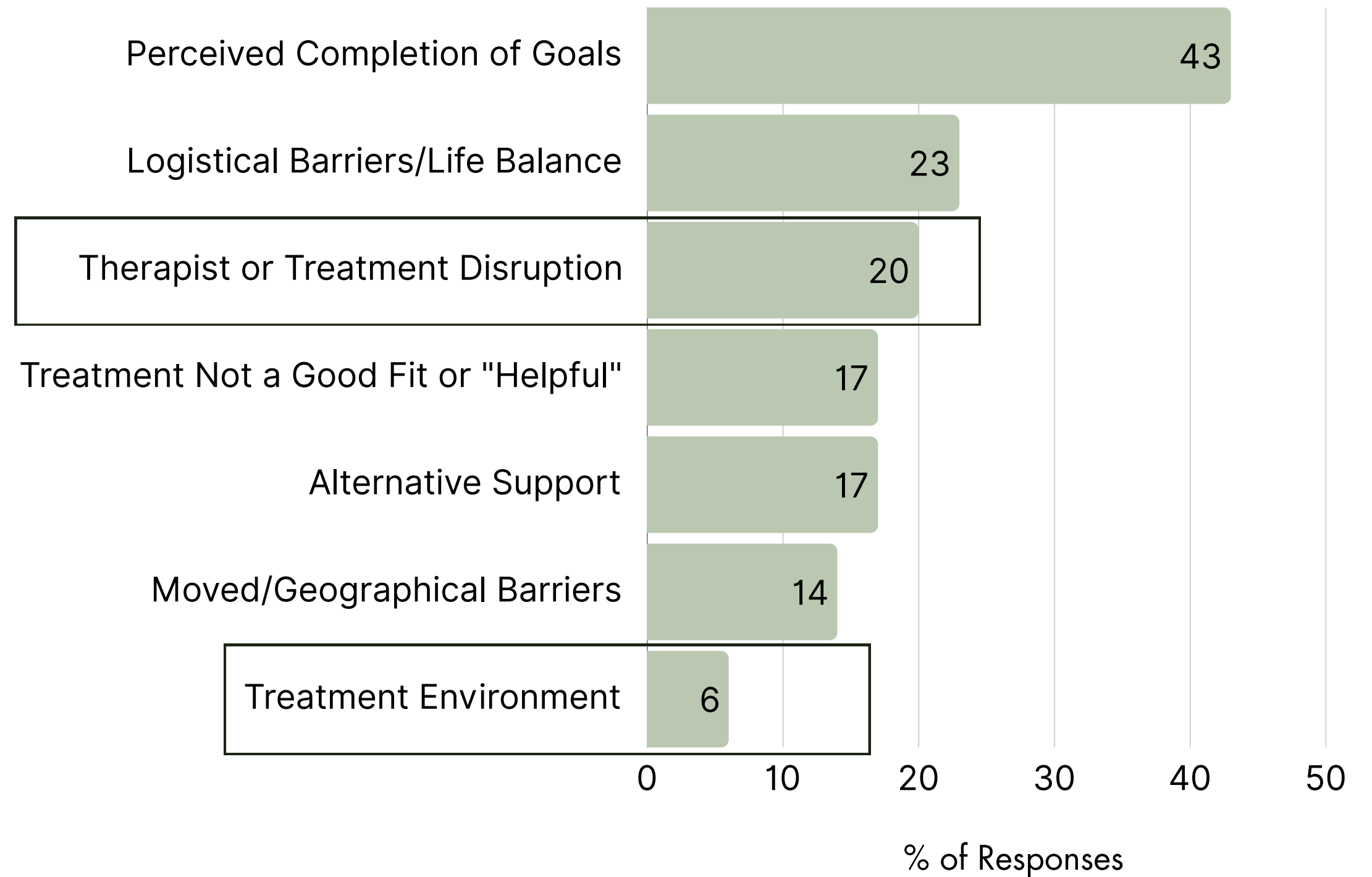
Step-Down Care. After treatment ends, offer regularly scheduled check-ins on a monthly basis, aftercare, and/or refer to groups.

Welcome with a Motivational Letter. Pfund and colleagues (2020) found that writing a letter to prospective clients with MI principles and addressing treatment/outcome expectations increased treatment attendance.

Client-Report: Why They Left Treatment

Treatment- Specific Factors

Treatment Exit Survey Response Themes (n = 34)



Treatment- Specific Factors

Some of the reasons clients left treatment were related to experiences specific to the clinic or treatment.

- When not well-coordinated, counselors going on leave, graduating, or leaving the clinic left clients feeling disconnected or unsupported. Others just did not want to re-establish with a new clinician.
- A distressing waiting room environment, lack of telehealth accommodations, and limited service options were barriers to continuing care.
- Treatment satisfaction was rated higher than average (4.1/5)

“After my counselor went on parental leave... I never heard from the new counselor.”

“It can be really triggering to be sitting in a waiting room with people who are actively on substances.”

Counselors also acknowledged that limited options (e.g., telehealth vs. in-person) in different regions, not feeling heard by their counselor, or not feeling engaged in group curriculum can be challenging for clients.



**What do you think
could help
address early
dropout** due to
treatment-specific
factors?

Share out loud or write in the chat



Reducing Premature Termination due to Treatment-Specific Factors



Develop Clear Transition Protocols. Clients should be aware of expected transitions (e.g., planned leave, graduations) early on, and aware of transfer protocols. Have warm handoffs when possible and avoid disrupting care as much as possible.

Track Disengagement Following Clinician Transitions. Review timelines and encounters, and determine if this is a pain point for your practice.

Attend to the Experience Outside of the Therapy Room. Ensure a trauma-informed experience, as much as possible. Space appointments strategically or utilize a separate entrance if sharing space with crisis or detox treatment.

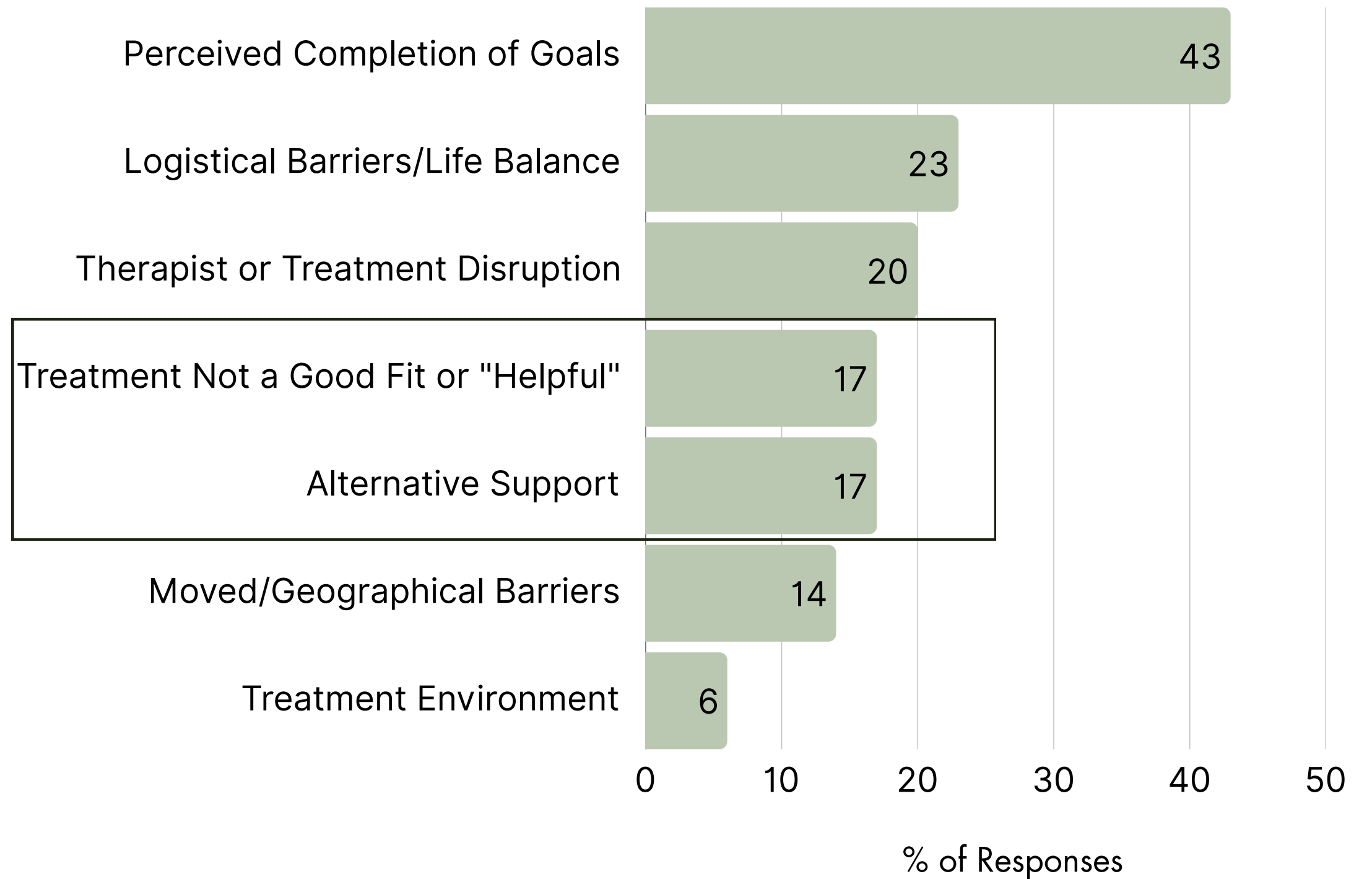
Expand Offerings. Your time is limited, so partnerships are key! Have telehealth and in-person referral options handy. Consider hosting or providing space for a gambling-specific group to be held, or provide virtual group referrals.

- Blended face-to-face + online/tech resource improves treatment engagement and attendance (Rodda, 2023)

Client-Report: Why They Left Treatment

Personal Factors

Treatment Exit Survey Response Themes (n = 34)



Personal Factors

Some left treatment because of personal preferences or feeling that their treatment was not helpful for them.

- The program or therapist felt misaligned with their needs, expectations, or preferences. Sometimes the material felt repetitive or too general.
- Other supports (e.g., community recovery groups, peer support, partners, or other forms of therapy) were meeting their needs.
- Treatment satisfaction was lower than average for match (2.8/5) and wanting alternative support (3.3/5)

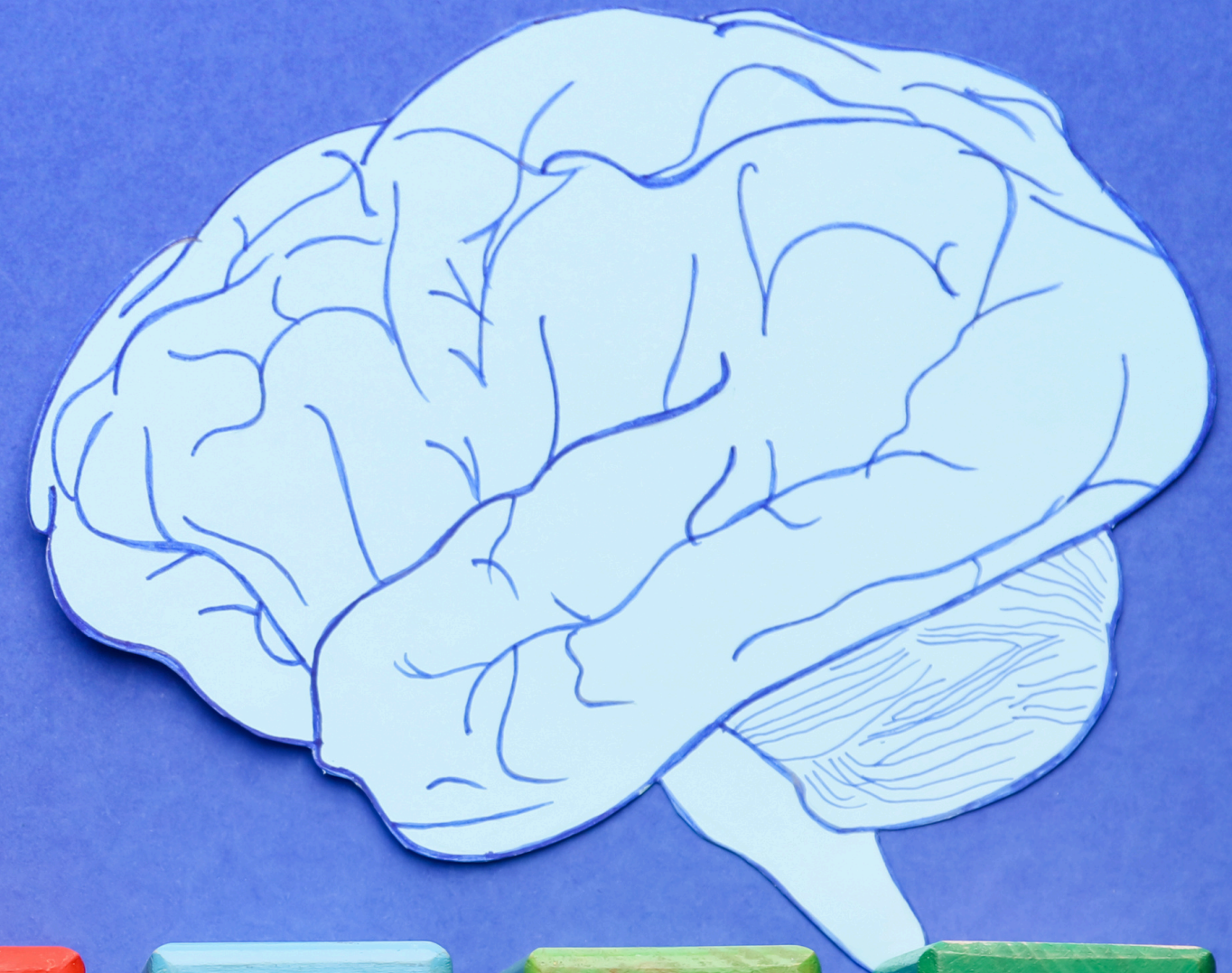
“I didn’t have that great of an experience; maybe the program wasn’t for me.”

“Working with a mentor... more faith-based routine.”



**What do you think
could help
address early
dropout** due to
personal factors?

Share out loud or write in the chat



Reducing Premature Termination due to **Personal Factors**



Regularly Assess Client Satisfaction. Administer satisfaction surveys or have conversations about the helpfulness of treatment with clients. *Remind them that they can say no, and you are there to help.*

Discuss and Normalize Therapist Switching. Inform clients that therapists have different approaches to care, and different personalities. It's okay to not have a "good fit" at first, and it's normal to switch to another therapist. Have open conversations early on.

Introduce Therapy as Complementary to Other Supports. Ask and encourage alternative supports, and introduce therapy as an additional source of unique support, not a replacement.

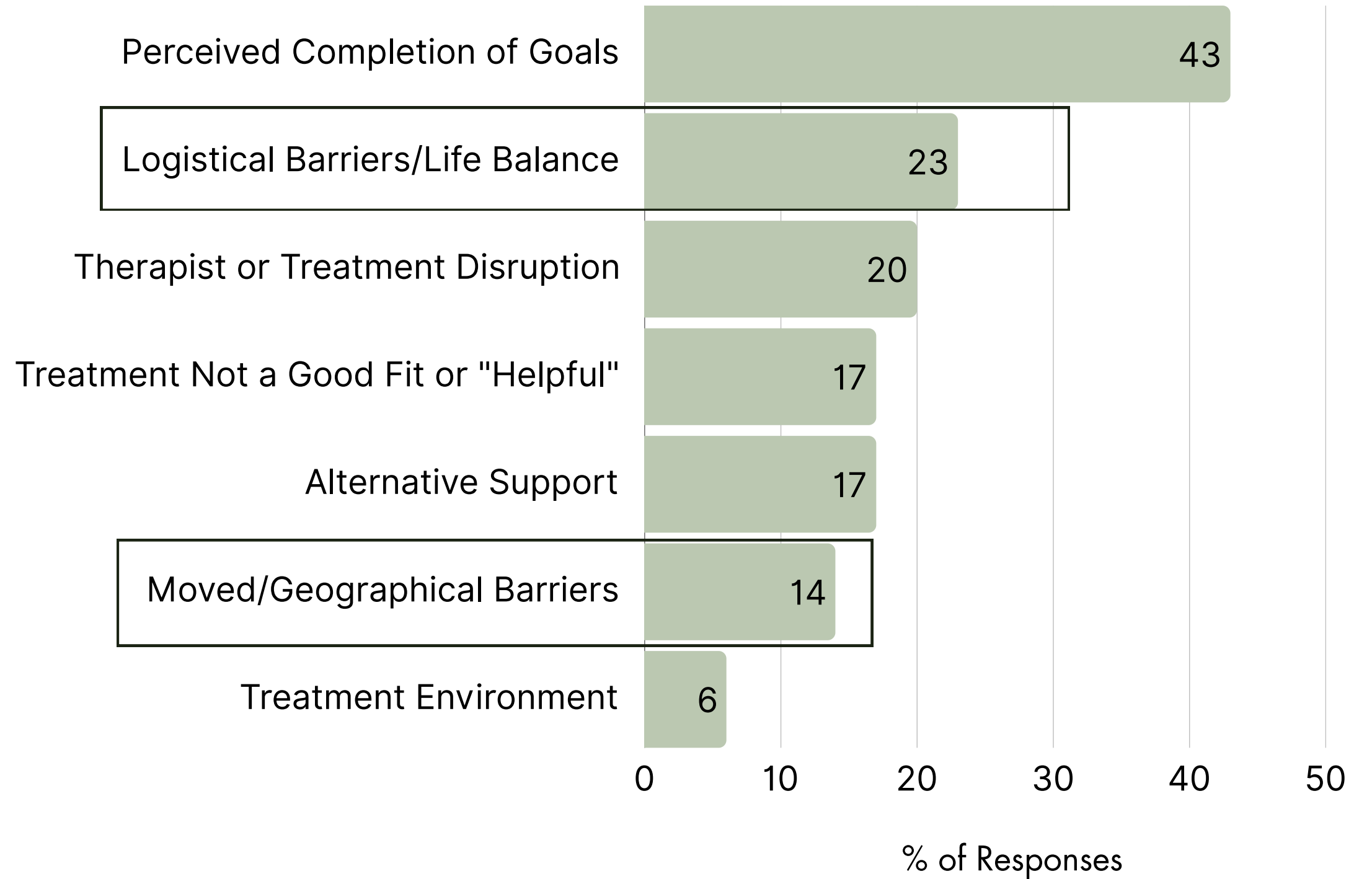
Build Confidence in Therapy. Explain the role of therapy and what clients can expect to take away, how it differs from other supports.

Utilize MI. The addition of MI to CBT for gambling improves attendance (Wulfert et al., 2025)

Client-Report: Why They Left Treatment

Practical Issues

Treatment Exit Survey Response Themes (n = 34)



Practical Issues

Practical and logistical barriers to continuing treatment accounted for several participants' ending treatment.

- Work, school, parenting responsibilities, or life in general made it difficult to sustain treatment with other obligations.
- Relocation or geographic distance intersecting with program-specific limitations (e.g., telehealth availability). Some participants described moves as coinciding with treatment completion, while others expressed intent to re-establish care elsewhere.
- Treatment satisfaction was lower than average (3.6/5)

"Life is just too chaotic, it's too hard to balance life, kids and going to a meeting"



**What do you think
could help
address early
dropout** due to
practical issues?

Share out loud or write in the chat





Empirical Insights:

Answering Two Questions



**Why do people leave
treatment early?**



**What helps people have
more success in their
treatment?**

Treatment Success

Oregon Health Authority, Problem Gambling Services

Successful completion: Client-

- Achieves at least 75% of their short-term treatment goals
- Completes a continued wellness plan (i.e., relapse prevention plan)
- Experiences a lack of engagement in problem gambling behaviors for at least 30 consecutive days before completing services

Variable definition of treatment success

▶ Different programs may use different definitions of success, which affects reported success rates and limits comparability across programs.

Client-defined meaning of success

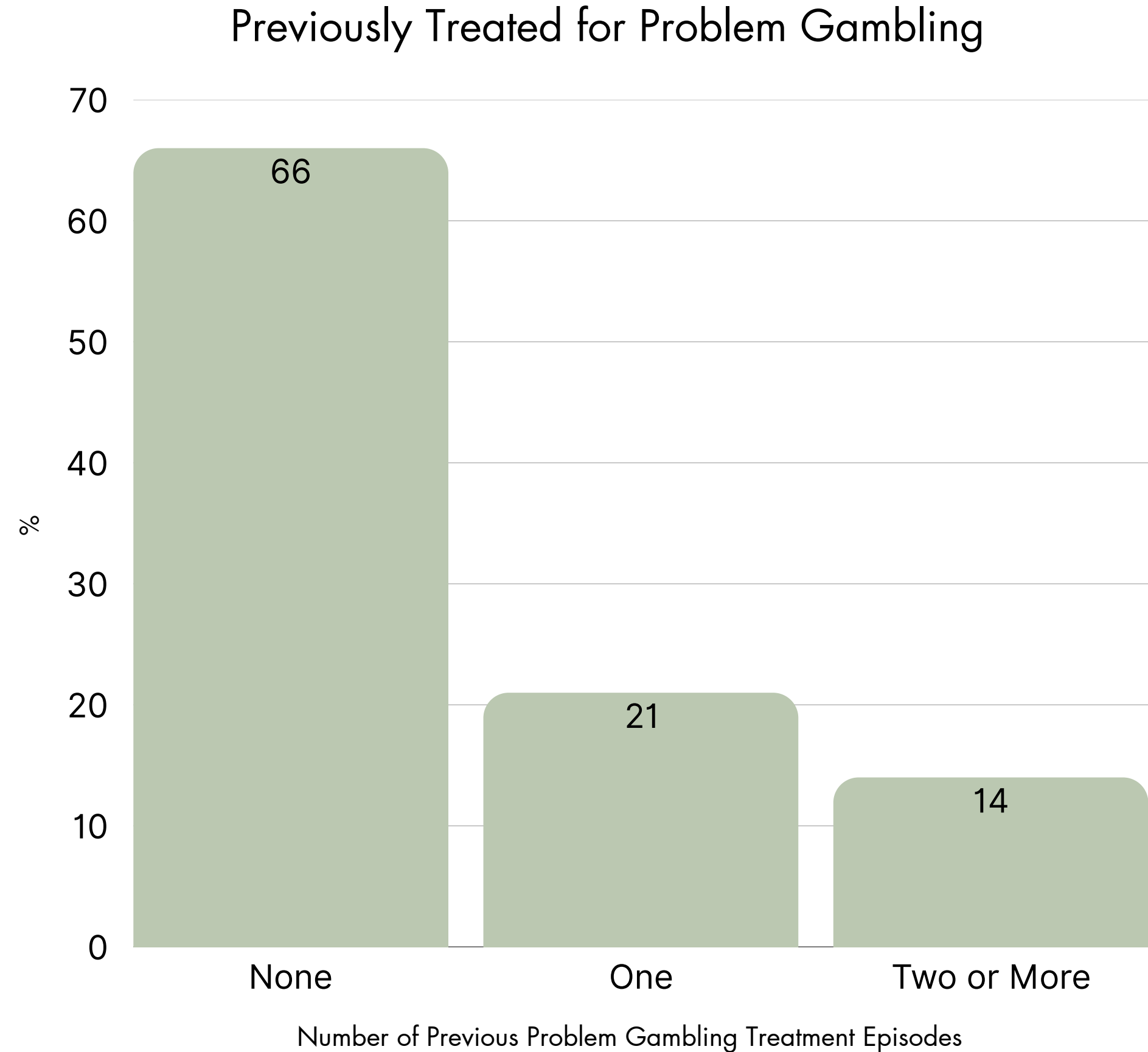
▶ Short-term treatment goals, defined by the client in coordination with treatment providers, largely shapes how treatment success is defined and interpreted.

Time-bound measure of success

▶ Success is partly defined by a 30-day period without engagement in problem gambling behaviors, which does not guarantee sustained long-term outcomes.

Treatment Recurrence in Problem Gambling

About 35% of clients had been previously treated for gambling-related issues, underscoring that treatment success does not necessarily represent a permanent outcome.

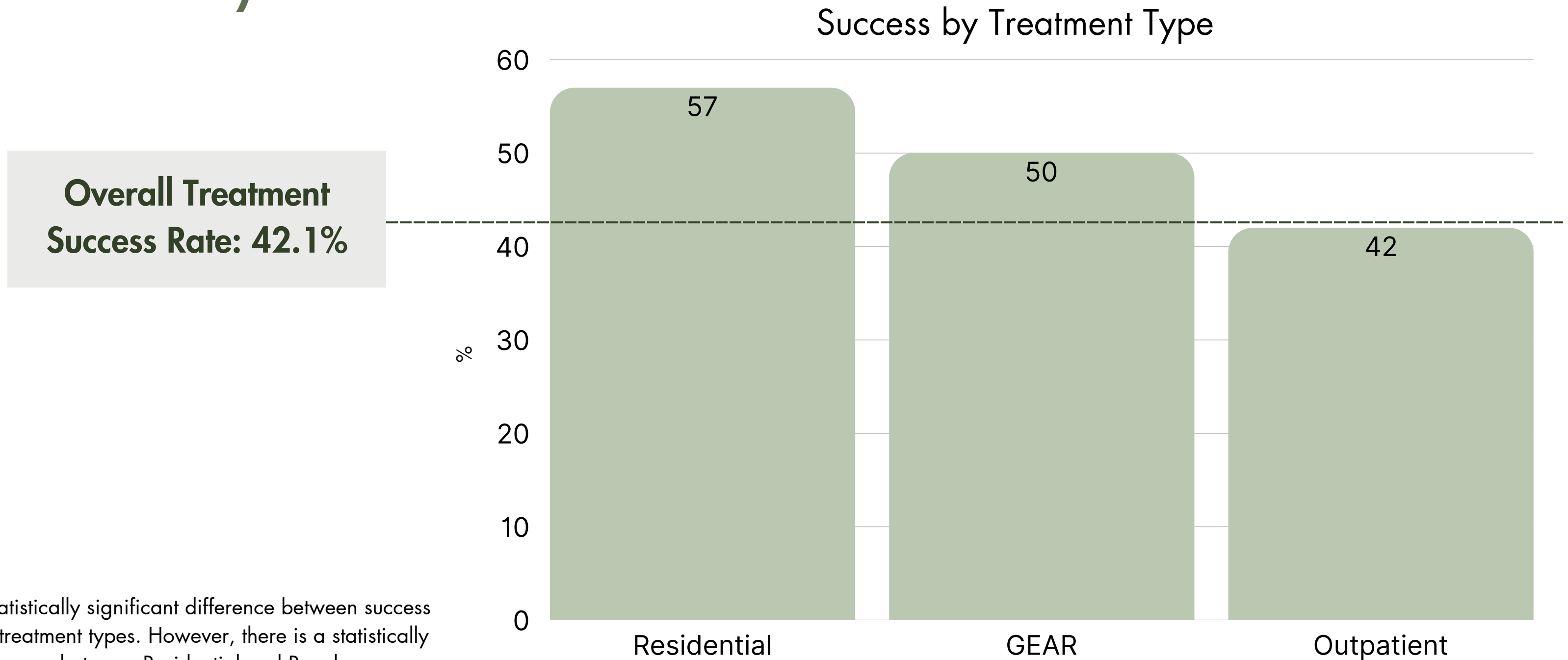


Gambling Discharge Reason (Clinican Code)	Proportion
Treatment Completed	38.5
Stopped Coming, Against Staff Advice	36.9
Further Treatment Not Appropriate at this Program	7.2
Client Refused Services	6.1
Moved from Catchment Area	4.5
Non-Compliance with Rules and Regulations	2.6
Physical/Mental Illness	1.6
Evaluation Services Only	1
Conflicting Hours	1
Incarcerated	0.3

Reason for Discharge

Nearly four in ten clients discontinued treatment against staff advice, a rate comparable to successful completions, underscoring retention as a primary challenge. Other discharge reasons were relatively uncommon and largely reflect individual circumstances or program fit rather than systemic barriers or factors directly within providers' control.

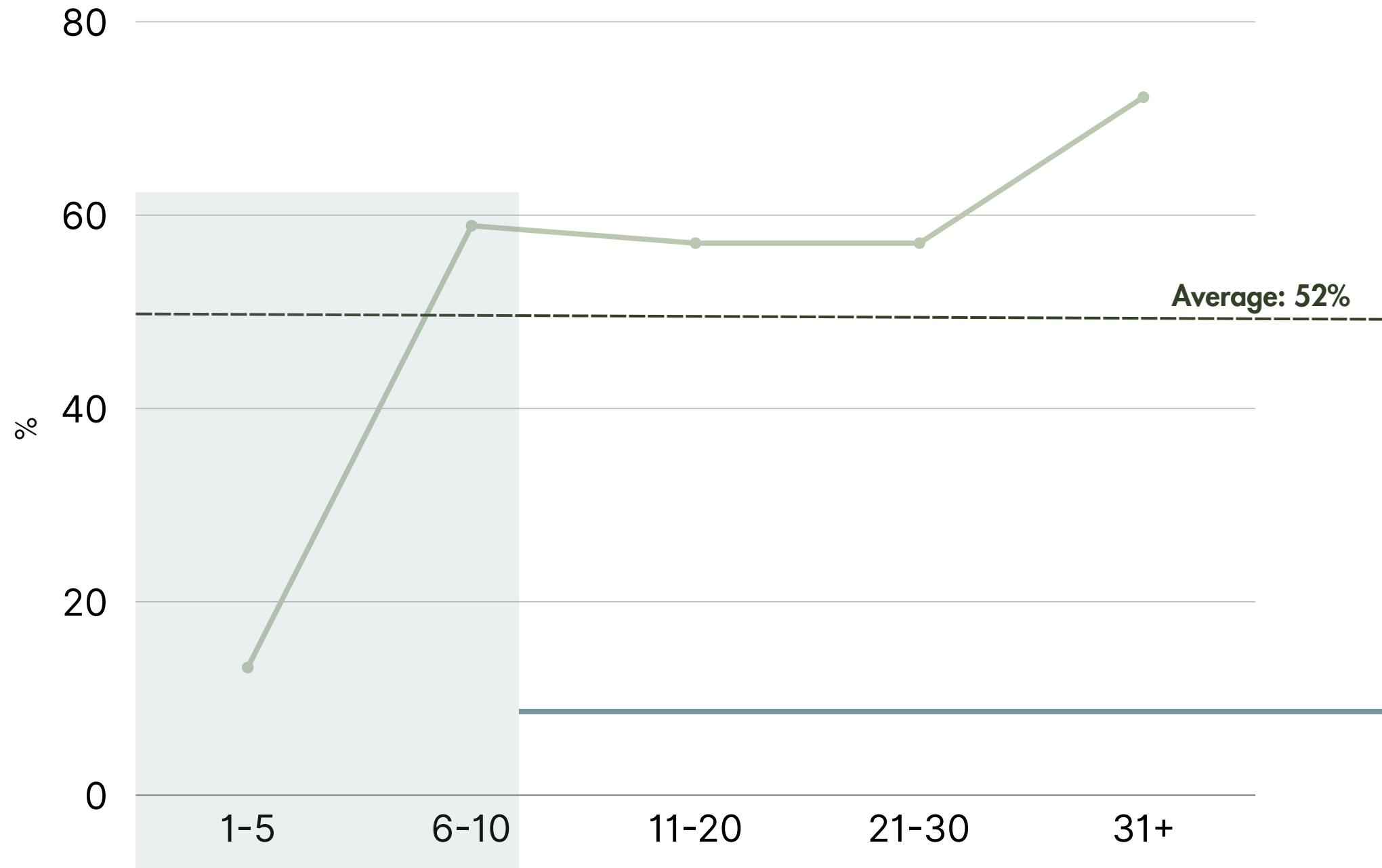
OHA PGS Gambling Treatment Success Rates (FY2024-25)



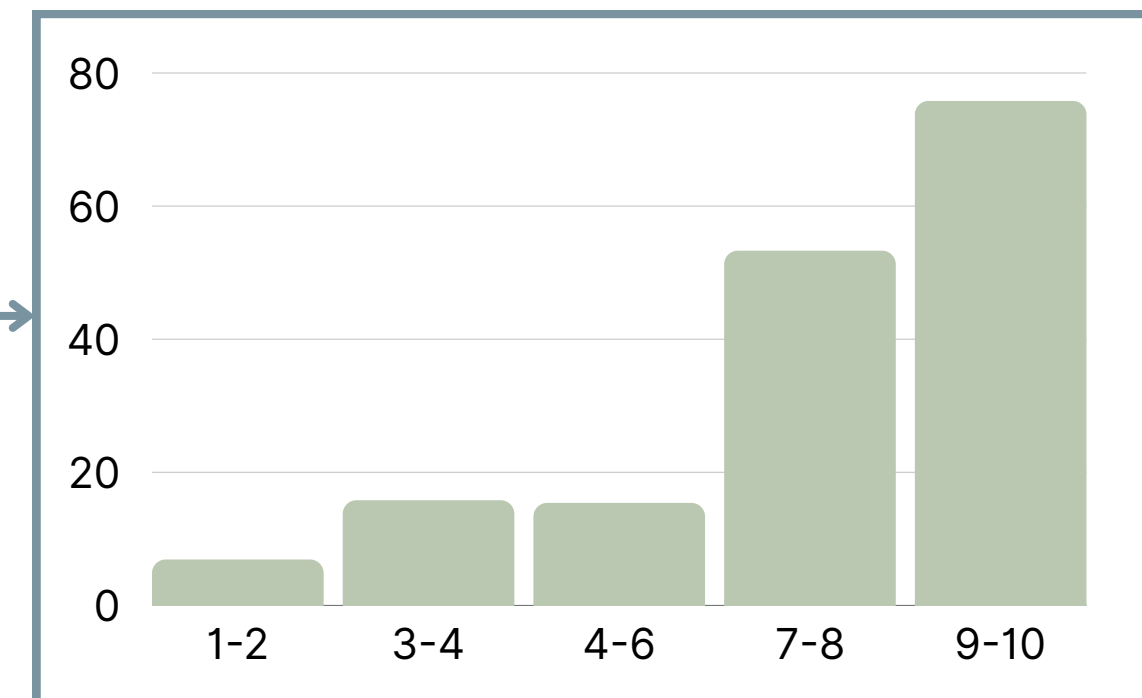
*There is no statistically significant difference between success rate across all treatment types. However, there is a statistically significant difference between Residential and Regular Treatment success rates at the 5% level of significance.

Client sustained engagement in treatment are among the strongest predictors of successful outcomes.

Success by Number of Encounters (N=268)

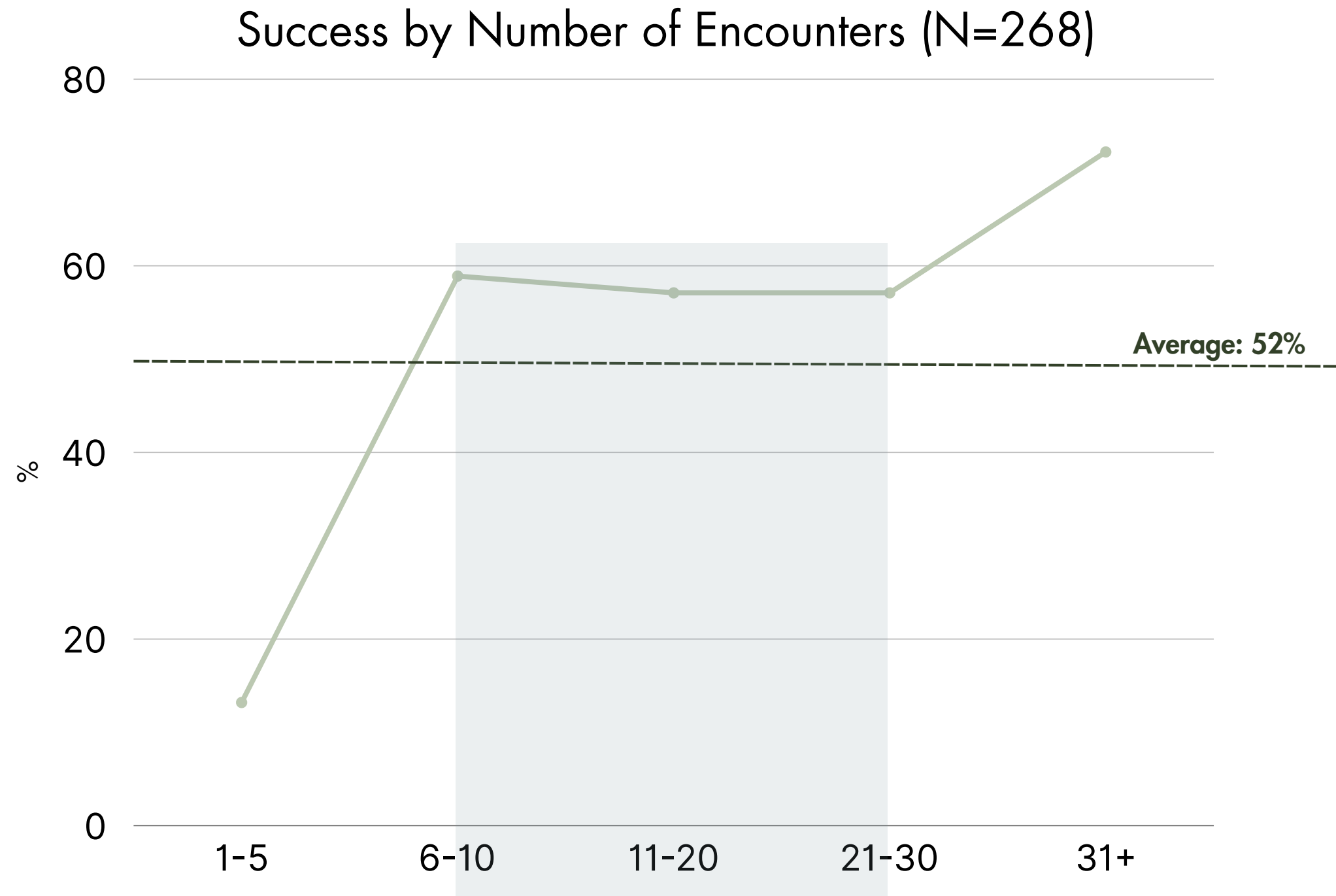


Rapid early increase (1-5 to 6-10 encounters): Success rates rise sharply once clients remain engaged beyond the initial phase of treatment, likely reflecting **early stabilization, goal clarification, and the resolution of less complex gambling-related concerns.***



* The difference is statistically significant at the 5% level of significance.

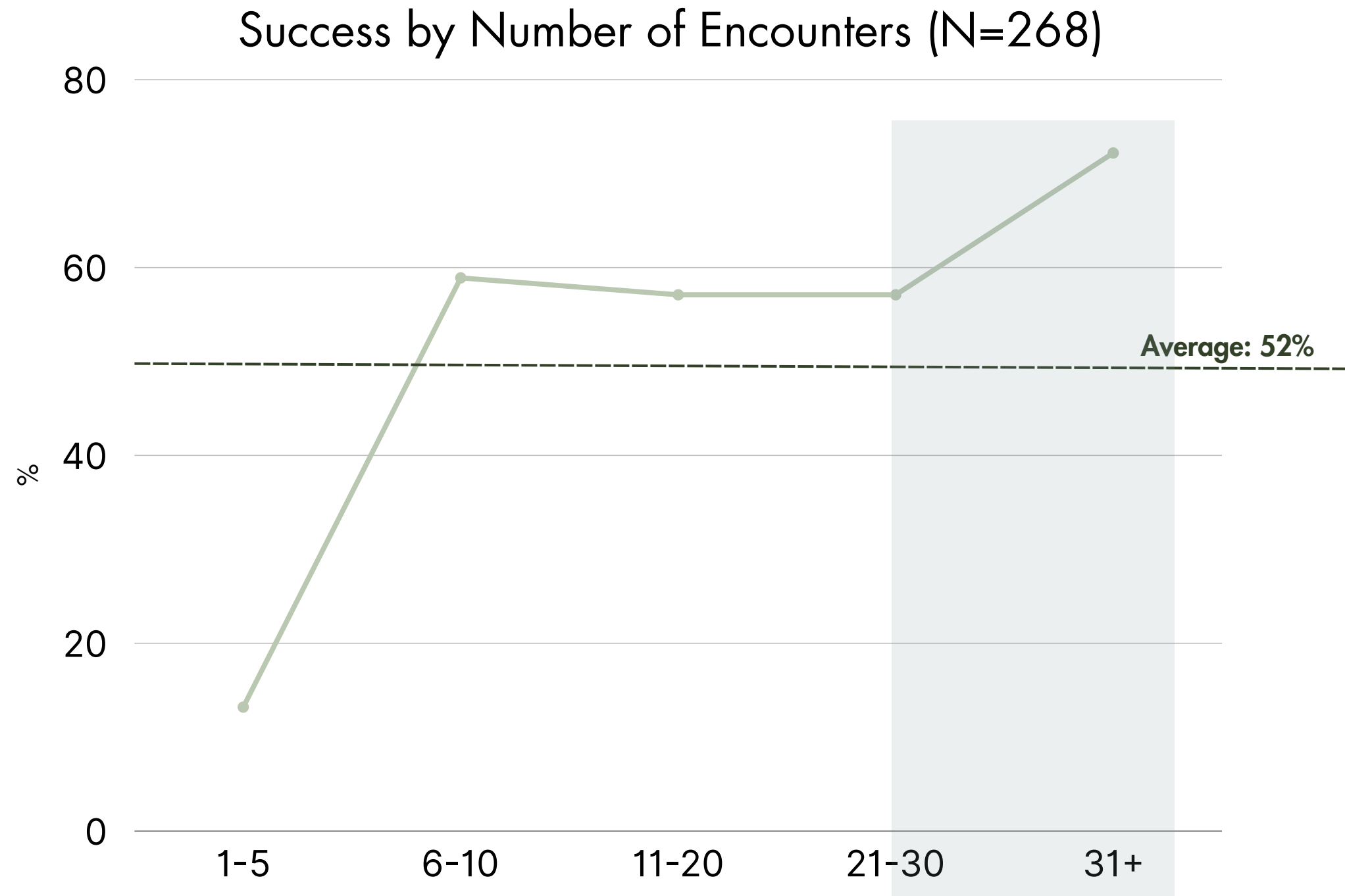
Client sustained engagement in treatment are among the strongest predictors of successful outcomes.



Plateau phase (6–10 to 11–30 encounters):
After the initial increase, success rates remain relatively stable across moderate levels of engagement, suggesting that many clients have already achieved or are maintaining their primary treatment goals. Additional encounters during this phase may reinforce skills and support ongoing behavior change rather than produce large increases in measured success rates.

* The difference is statistically significant at the 5% level of significance.

Client sustained engagement in treatment are among the strongest predictors of successful outcomes.



Secondary increase with extended engagement (31+ encounters):*

Among clients with extended participation in treatment, success rates increase again. This pattern suggests that sustained engagement provides additional benefits for clients with more complex needs. Longer treatment duration may support deeper skill development, relapse-prevention planning, and stabilization across multiple life domains.

* The difference is statistically significant at the 5% level of significance.

Success rate by issues with substances

Clients reporting substance-related problems had substantially lower success rates than the program average, suggesting that **co-occurring substance issues significantly impairs gambling treatment outcomes** and highlights the need for integrated treatment approaches.

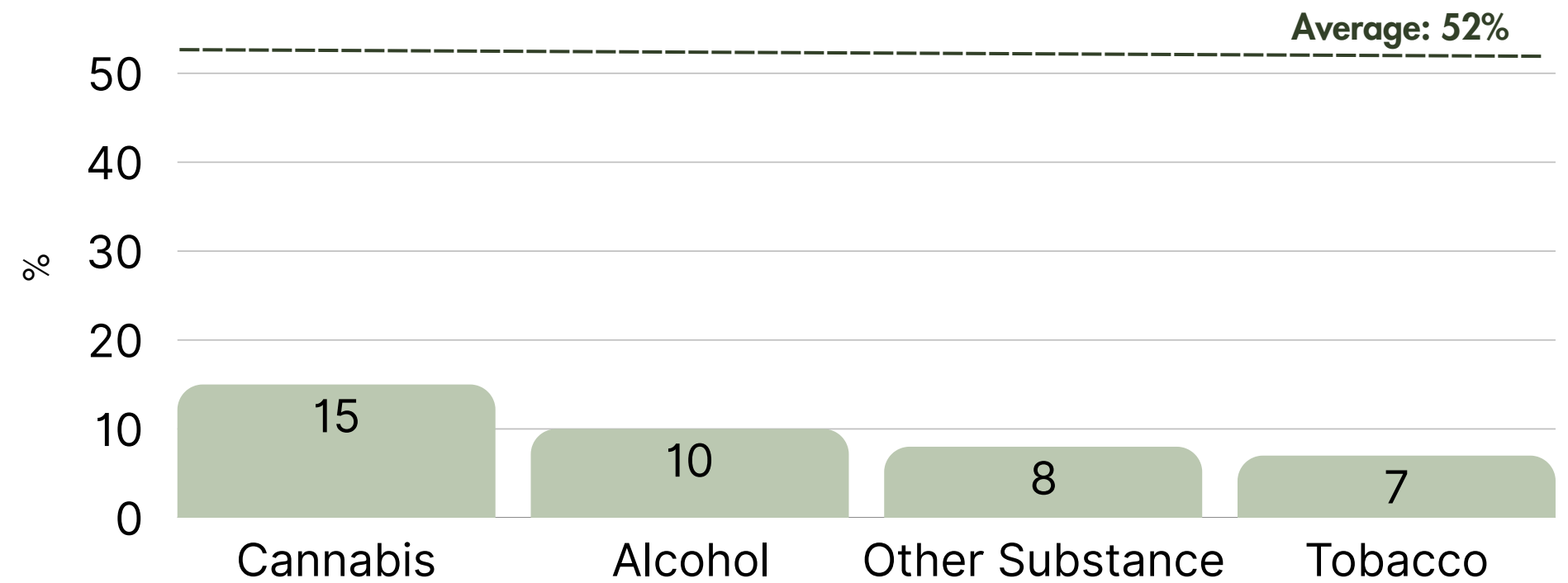
Tobacco-related problems might reflect broader addiction severity and psychosocial complexity rather than a direct effect, serving as a marker of elevated risk rather than a driver of poorer outcomes.

* The difference is statistically significant at the 5% level of significance.

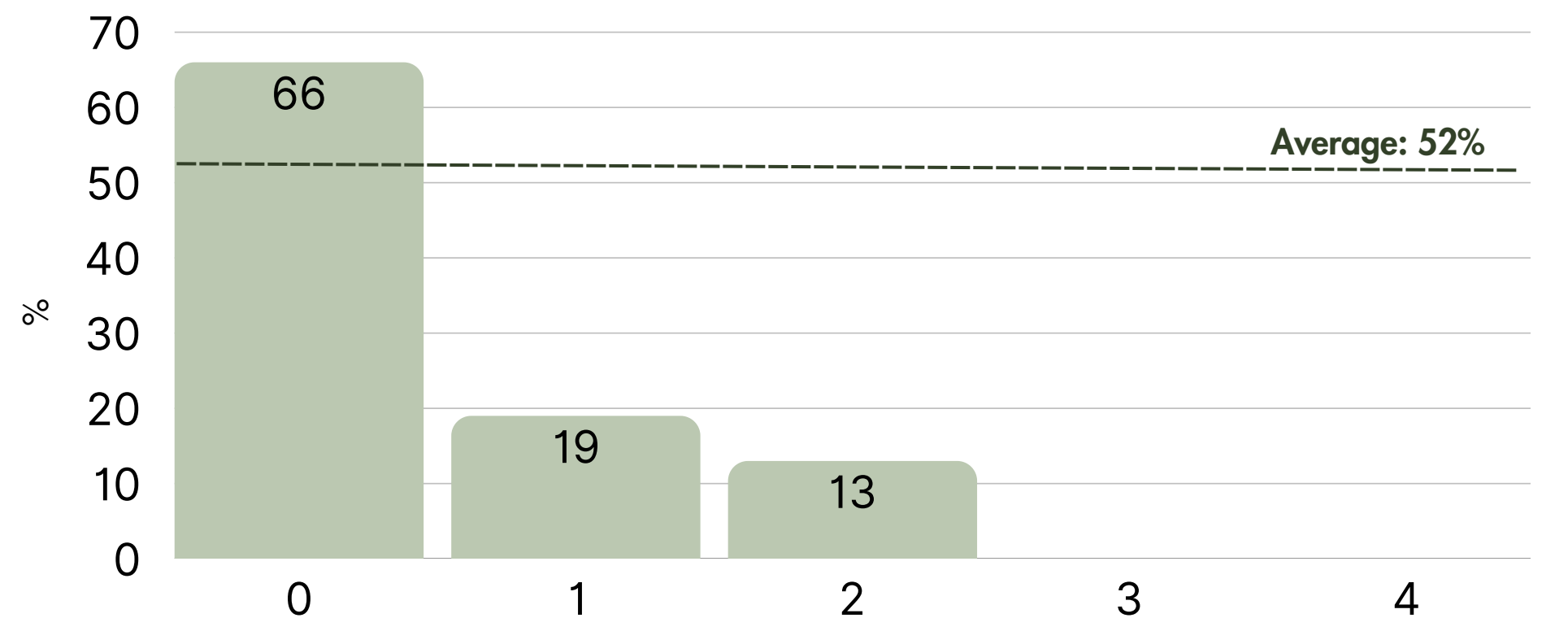
** Test between no substance issues and one or more is statistically significant at the 5% level of significance.

*** The sample in the bottom graph is different than in the top graph, which is why reporting one substance is not less than 15%.

Success Rates, by Issues with Substances*

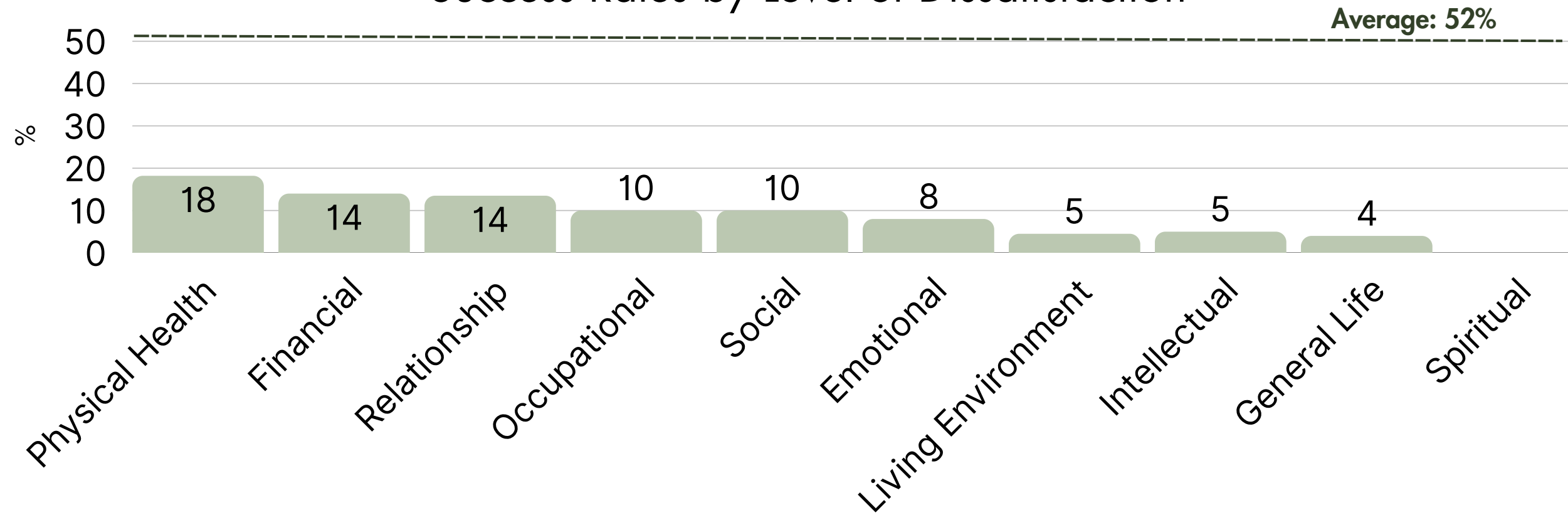


Success Rates, by Number of Substance Issues**, ***

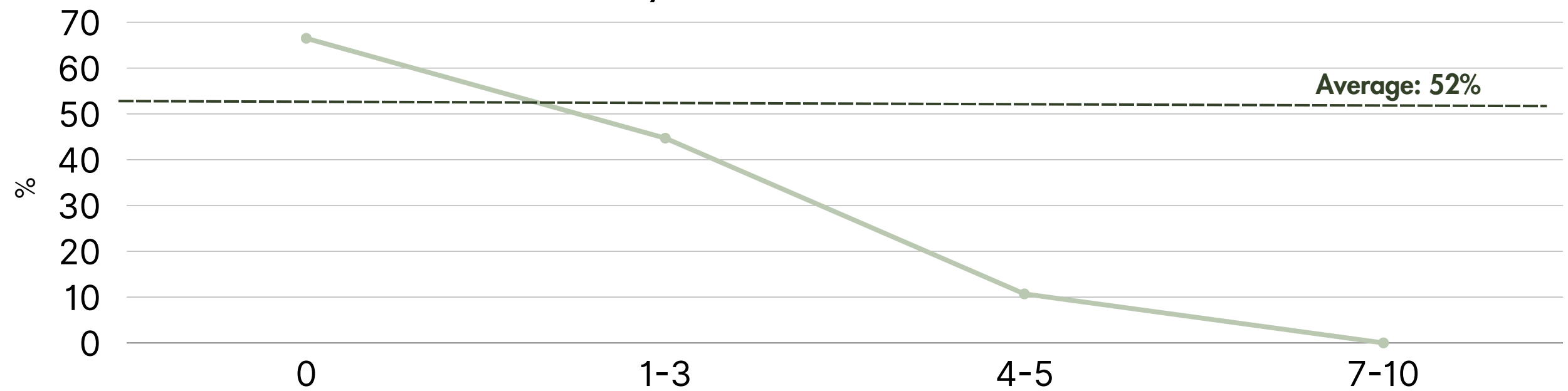


Well-Being

Success Rates by Level of Dissatisfaction*



Success by Level of Dissatisfaction**



Clients who reported dissatisfaction across multiple well-being domains experienced substantially lower treatment success rates compared to the overall program average of 52%. In many cases, success rates among dissatisfied clients fell well below half of the program average, **indicating that unmet needs undermine treatment outcomes.**

Moreover, treatment success decreases as the number of well-being domains in which clients report dissatisfaction increases.

* The differences are statistically significant at the 5% level of significance.

** Test between no dissatisfaction for any issues and one or more is statistically significant at the 5% level of significance.

What predicts treatment success?



7+ Encounters

Clients who stayed in treatment for at least seven sessions were **18X more likely** to succeed.



Well-Being

Clients who did not report dissatisfaction in any areas of their life were **4X more likely** to succeed.



First Treatment Episode

Clients who had not previously received gambling treatment are **twice as likely** to succeed.

Retention in treatment has the largest association with treatment success and providers should prioritize strategies that reduce early dropout.

Treatment approaches that address broader life contexts are more likely to be associated with successful treatment.

Repeat treatment episodes highlight the recurrent nature of problem gambling harm for some individuals. Continued support can be a helpful post-treatment tool.

* A decision tree was used to select the most impactful variables, after accounting for variable interactions. The variables were then used in a Logistic Regression in order to estimate their individual (statistically significant) associations.

How can we work on enhancing treatment success?

Share out loud or write in the chat.



Summary of Problem to Solve

POOR ENGAGEMENT

Some studies found as many as 28% of clients never return after their first gambling treatment session.

Hawker et al, 2025

POOR RETENTION

33%–47% of clients drop out before completing treatment. Higher drop out rates than SUD treatment or mental health treatment.

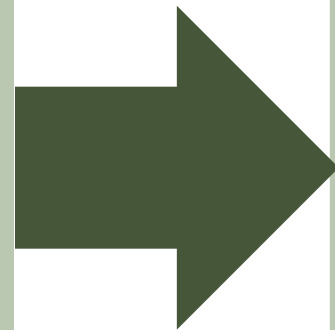
Pfund, et al, 2021

**We must
do better**

Take Aways

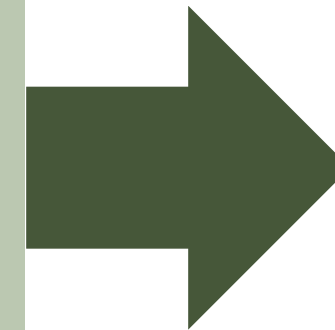
Strong Engagement Strategy

- PG Tx intentional website
- Welcome letter
- Rapid response to first contact
- 1st appointment within 48 hrs
- Motivational interviewing
- Hope via framing pain as an ally for change / opportunity



Personalized Retention Strategy

- Shared understanding of success
- Data informed approach
- Time limited first phase
- Community involvement
- Supports to match needs
- Tracked progress



Long-Term Success

References

- Bijker, R., Booth, N., Merkouris, S. S., Dowling, N. A., & Rodda, S. N. (2022). Global prevalence of help-seeking for problem gambling: A systematic review and meta-analysis. *Addiction, 117*(12), 2972-2985.
- Hawker, C., Dias, S., Dowling, N., Thomas, A., Thornley, B., Campbell, S., Quigley, K., & Merkouris, S. (2025). Understanding dropout during psychological treatment for gambling: A scoping review. *Clinical Psychology Review, 122*, 102653.
- Hawker, C. O., Dowling, N. A., Thornley, B. J., Campbell, S. L., Quigley, K. L., Thomas, A. C., Dias, S. E., Merkouris, S. S. (2025). Retention in outpatient psychological treatment services for gambling: A retrospective cohort analysis of real-world data over a 10-year period. *International Journal of Mental Health Addiction*.
- Nilsson, A., Simonsson, O., & Hellner, C. (2023). Reasons for dropping out of internet-based problem gambling treatment, and the process of recovery: A qualitative assessment. *Current Psychology, 42*(10), 10,987–10,998
- Pfund, R. A., Whelan, J. P., Peter, S. C., & Meyers, A. W. (2020). Can a motivational letter increase attendance to psychological treatment for gambling disorder? *Psychological Services, 17*(1), 102–109.
- Rodda, S. (2023). Blended in-person and e-mental health for the treatment of gambling disorder: A method to improve engagement and retention. In J. Landon, S. Rodda, & M. Zangeneh (Eds.), *Problem Gambling Counseling and Treatment Approaches* (pp. 112-136). CDS Press.
- Wulfert, E., Wemm, S. E., & Broussard, J. D. (2025). Betting on change: An analysis of cognitive motivational behavior therapy versus referral to Gamblers Anonymous for gambling disorder. *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors, 39*(4), 375-388.