

Why People with Gambling Disorder Don't Seek Treatment

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The Gambling Clinic

Tennessee Institute for Gambling Education & Research

The University of Memphis

Objective

Present you with helpful science- based information as you engage individuals in treatment for gambling problems

Rules in Engagement

- ❖ Respectfully interrupt to add to the dialog
- ❖ Ask for clarification
- ❖ Engage with & learn from each other
- ❖ Excuse yourself as you need
- ❖ Ask questions
- ❖ Think about how you can implement change
- ❖ Anything I missed?



Small Groups?



In 1998...





**TN Institute for Gambling
Education & Research**

TGC


THE GAMBLING CLINIC

mission

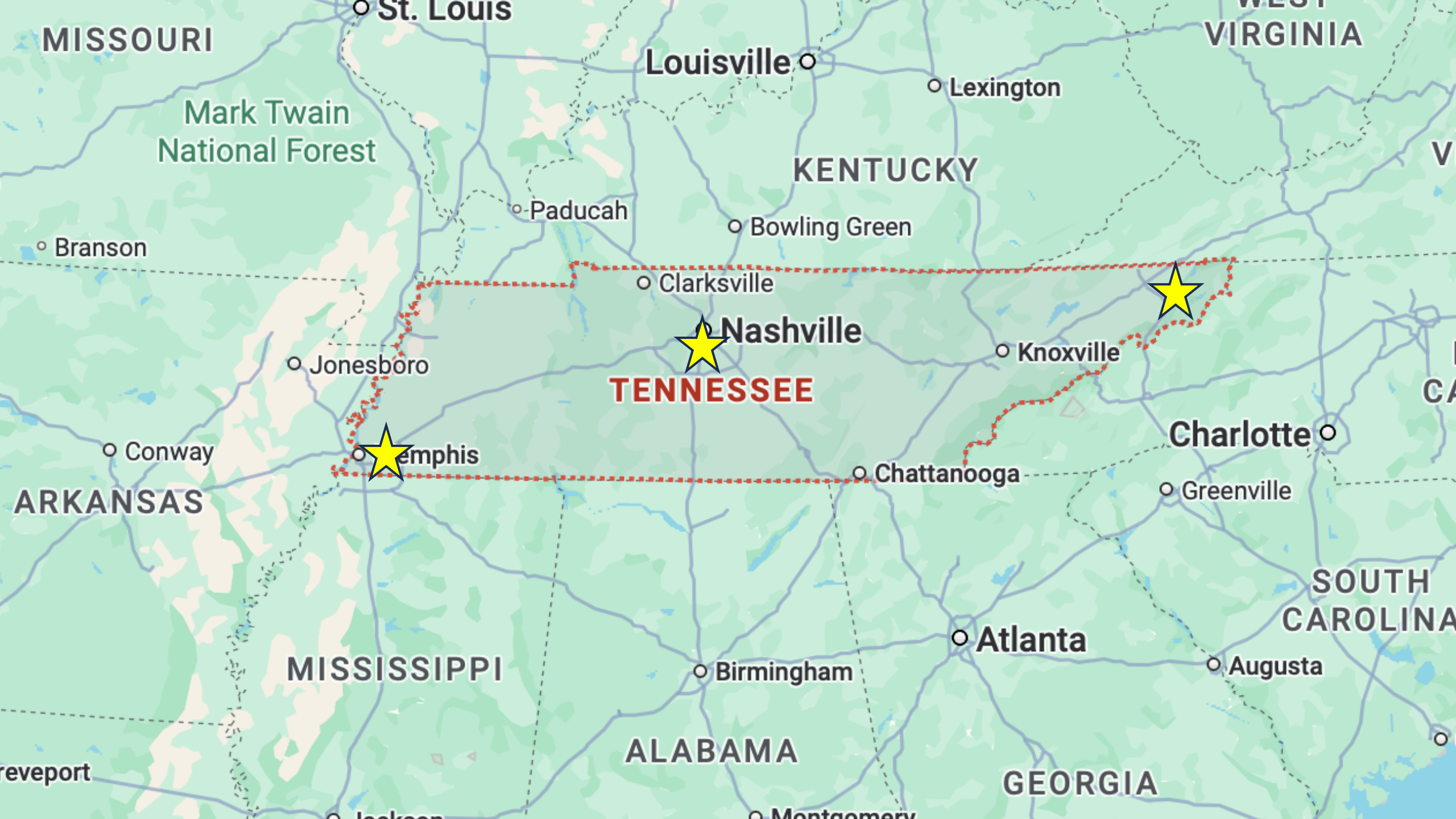
Provide a science-informed system of
care to reduce
the harms caused
by gambling for all Tennesseans.

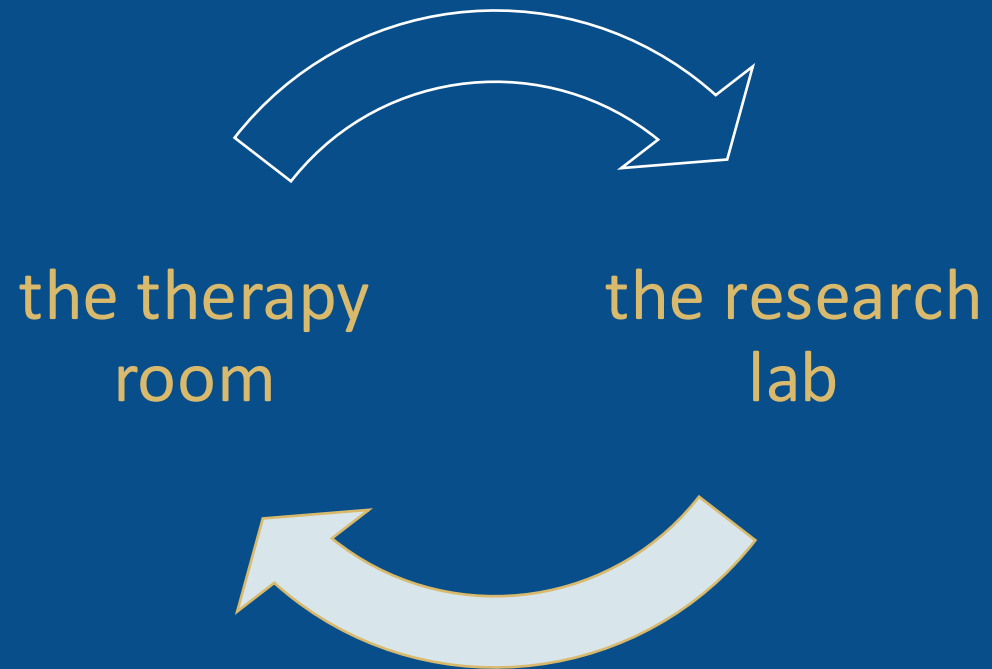


THE GAMBLING CLINIC

A group photograph of approximately 20 staff members of The Gambling Clinic. They are posed in three rows outdoors in front of a wooden building. Many are wearing dark blue t-shirts with the TGC logo. The background shows a brick building and some greenery.

15 therapists
5 Peer Recovery Specialists
Manual guided & supervised tx
3 in-person clinics
Telehealth option
210 individuals treated '24
21 significant others treated '24





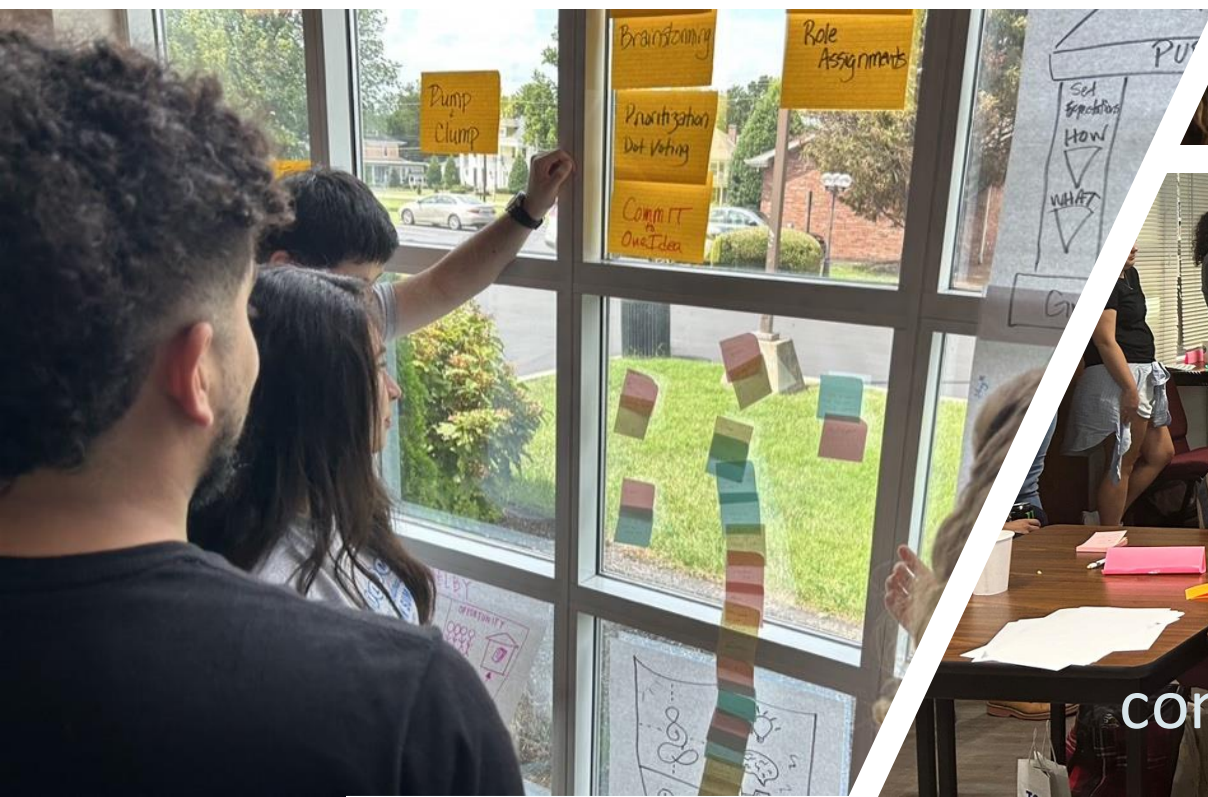
James P. Whelan
Meredith K. Ginley
Rory A. Pfund

Advances in Psychotherapy –
Evidence-Based Practice

Gambling Disorder

2nd edition





continuous improvement



Values as we approach problems

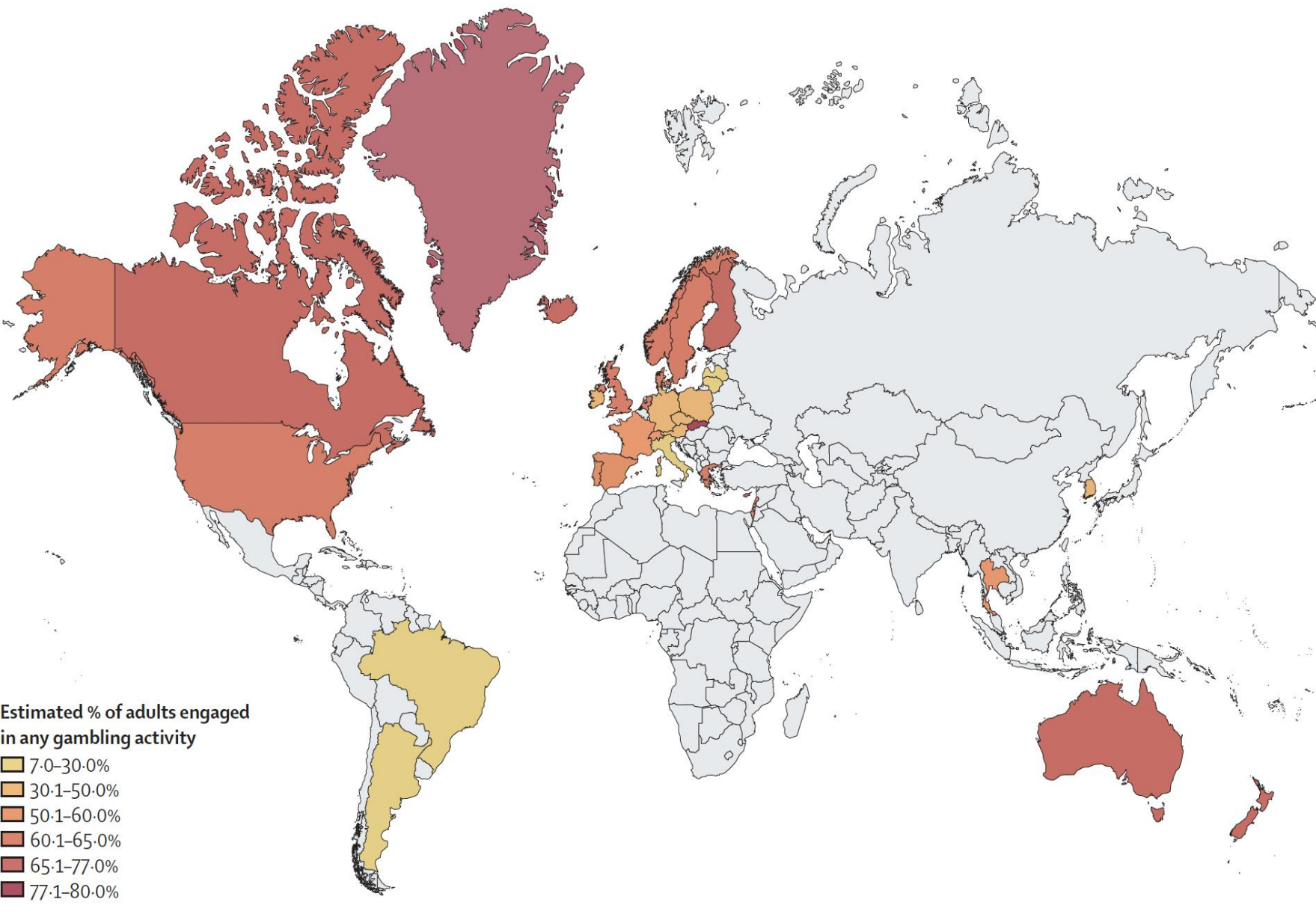
- ❖ Gambling neutral
- ❖ Reduce harm
- ❖ Respect for client autonomy
- ❖ Shared responsibility for motivation
- ❖ Build skills, capacity. & self-efficacy
- ❖ effectiveness

aligning ourselves

GAMBLING

Betting money or something of value on a game or event where the outcome is unknown in the hope of winning





prevalence

- ❖ 380 studies ('10-'24)
- ❖ 68 countries
- ❖ 46.2 % gambled past year
- ❖ 1-2% significant problems (GD)

Tran LT, Wardle H, Colledge-Frisby S, Taylor S, Lynch M, Rehm J, Volberg R, Marionneau V, Saxena S, Bunn C, Farrell M, Degenhardt L. (2024) The prevalence of gambling and problematic gambling: a systematic review and meta-analysis. *Lancet Public Health*. 2024 Aug;9(8):e594-e613. doi: 10.1016/S2468-2667(24)00126-9.

Global Gambling Involvement

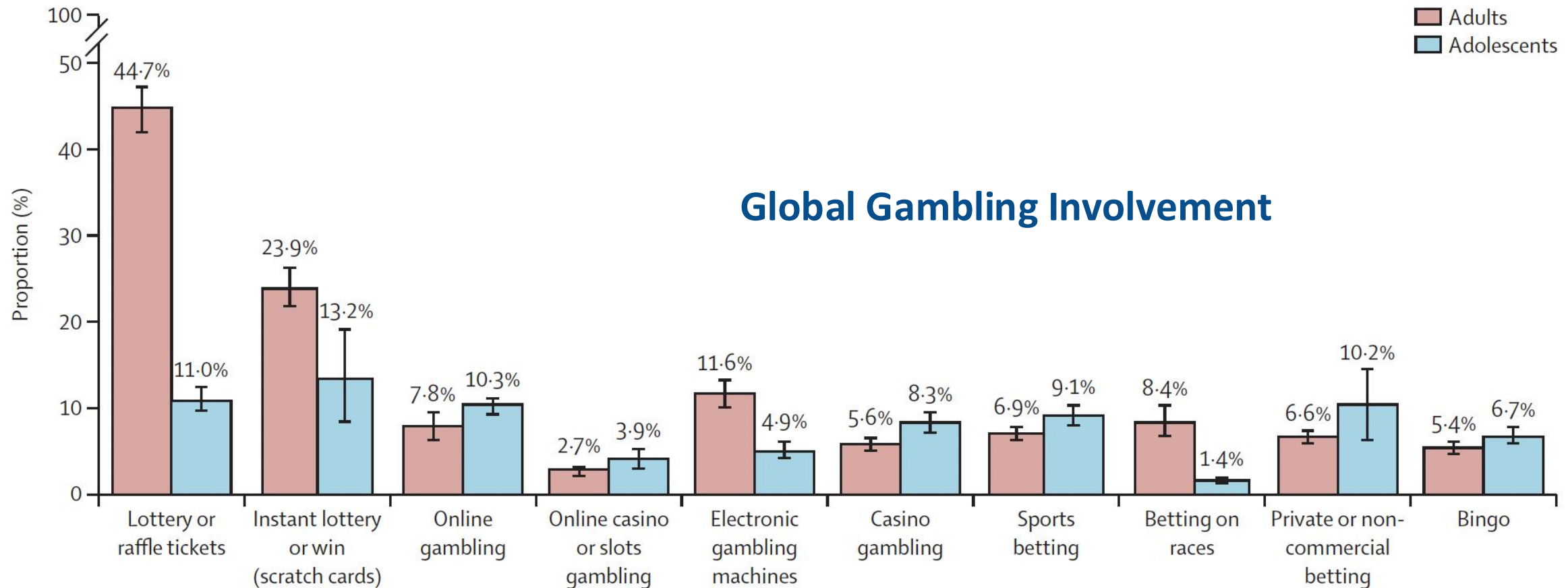


Figure 2: Past year participation in specific gambling activities, among adults and adolescents

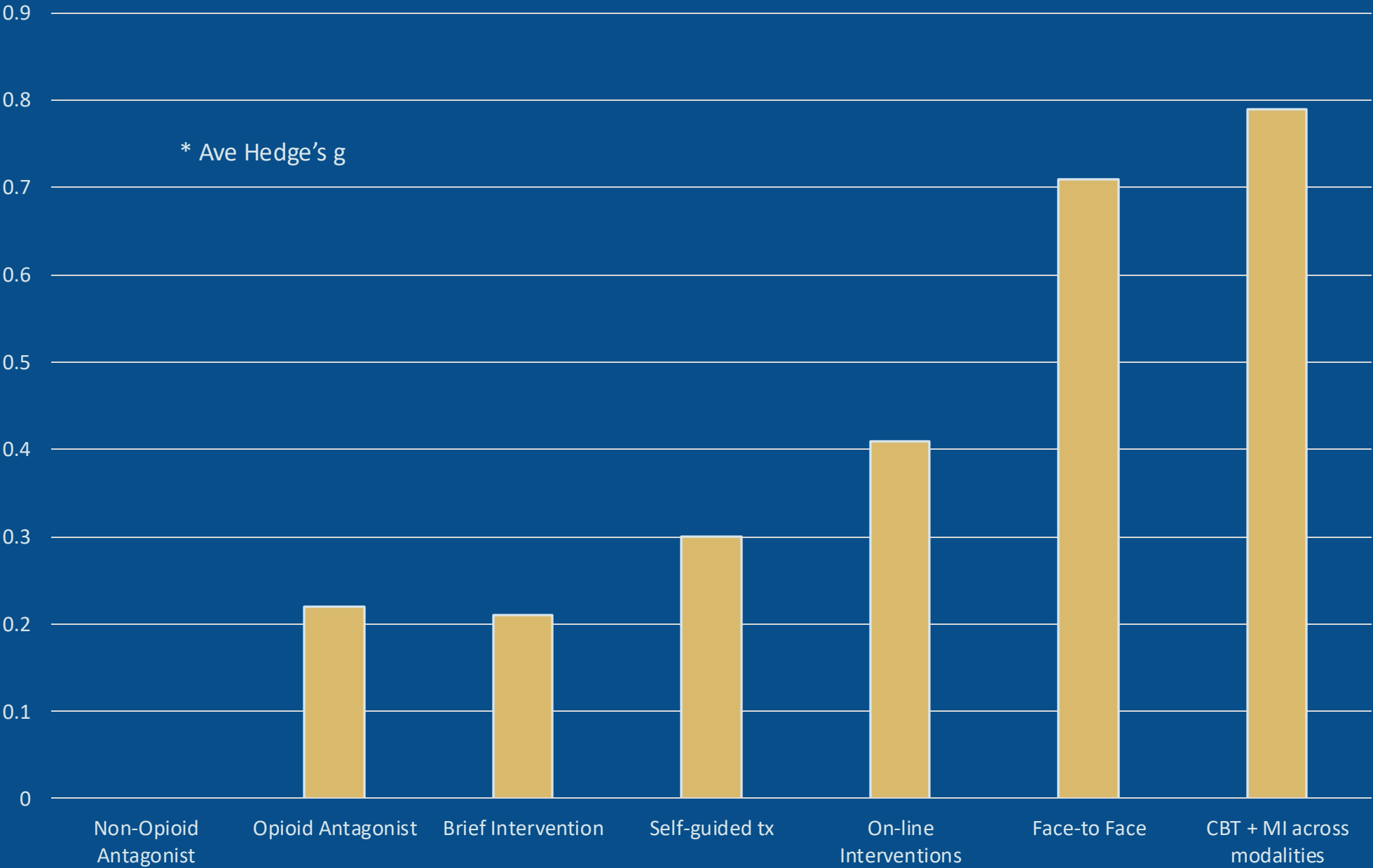


diagnostic criteria

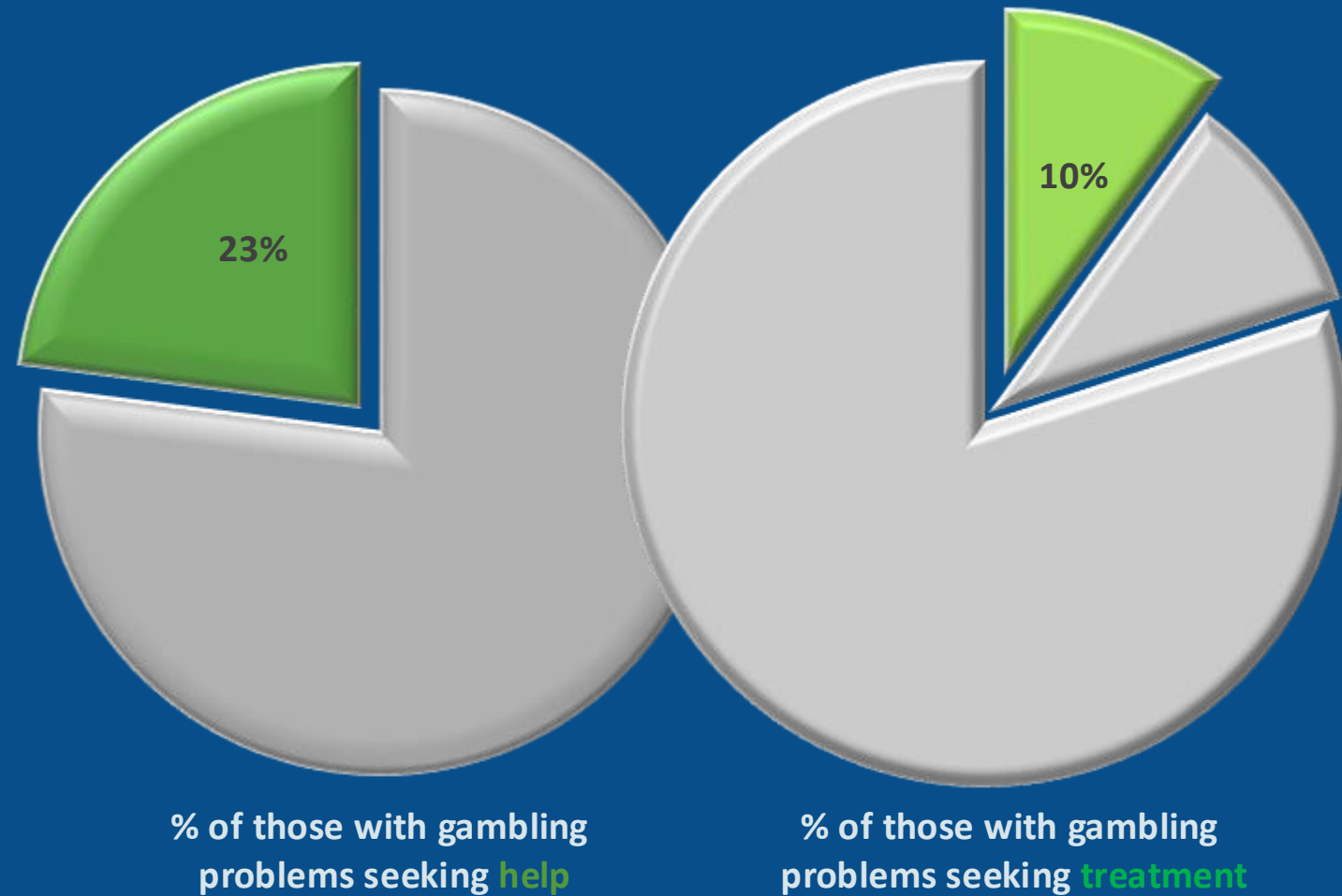
- ❖ Gambling with increasing amounts of money in order to achieve the desired level of excitement.
- ❖ Is restless or irritable when attempting to cut down or stop gambling.
- ❖ Repeated unsuccessful efforts to control, cut back, or stop gambling.
- ❖ Often preoccupied with gambling.
- ❖ Gambles when distressed.
- ❖ After losing money gambling, often returns another day to get even.
- ❖ Lies to conceal the extent of gambling involvement.
- ❖ Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- ❖ Relies on others to provide money to relieve a desperate financial situation caused by gambling.

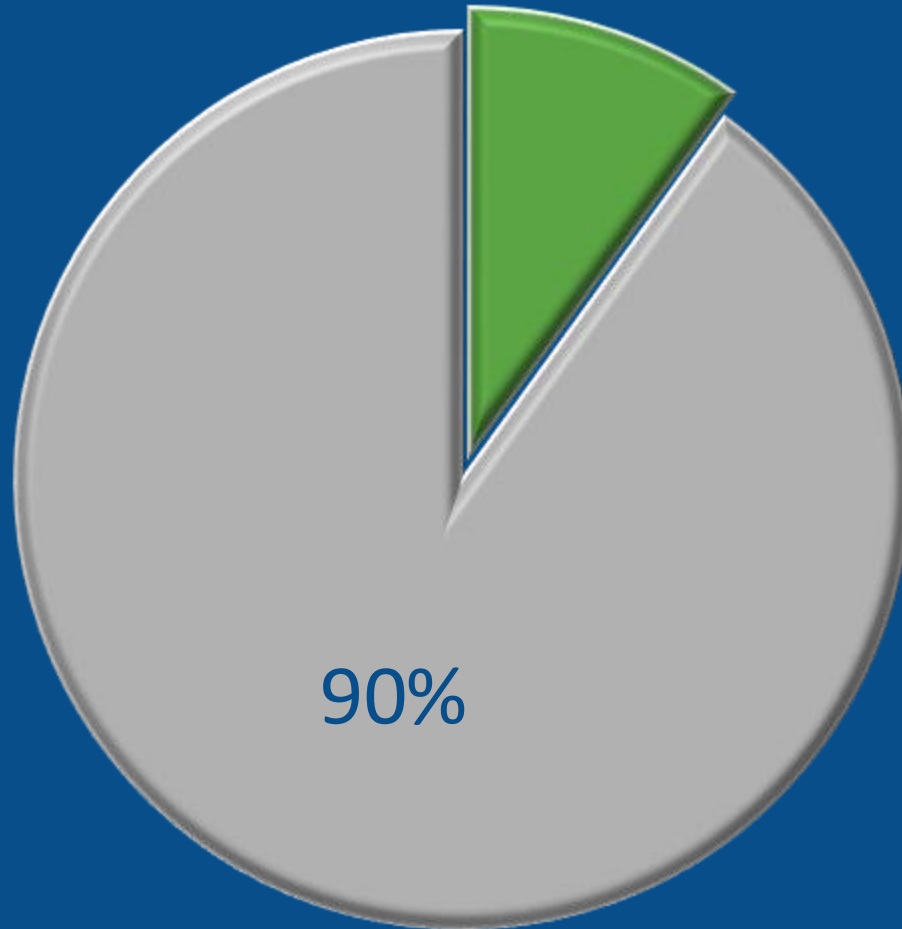
help seeking

Systematic Reviews of Gambling Disorder Treatments at Post-Treatment*



help seeking





treatment hesitance

What about engagement in alcohol treatment?

Table 1.

Summary of AUD and treatment seeking prevalence rates from national epidemiologic surveys.

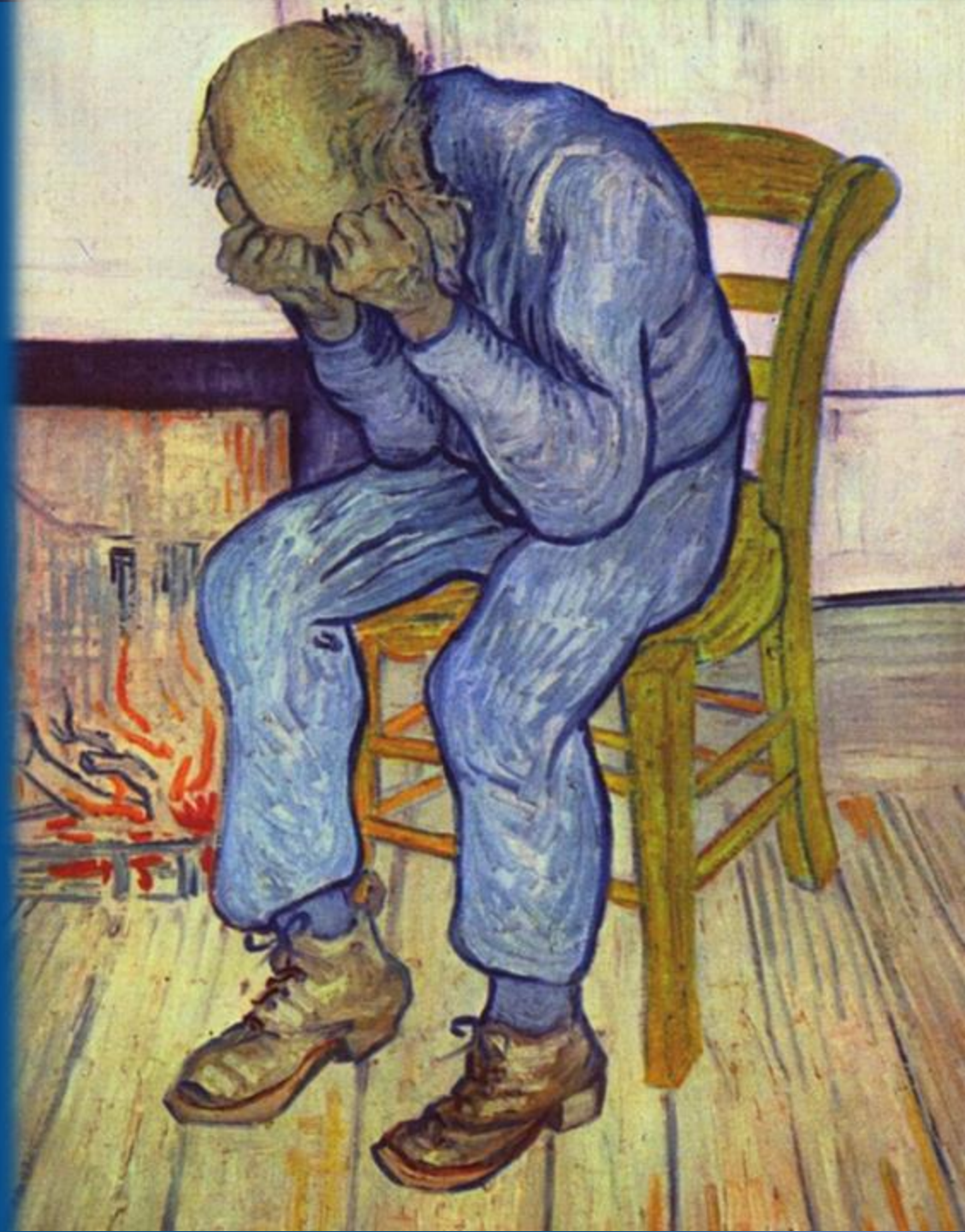
National Survey	Year(s) Surveyed	Diagnostic Criteria Used	Current (Past-Year) AUD Prevalence	Current (Past-Year) Treatment Seeking Prevalence	Lifetime AUD Prevalence	Lifetime Treatment Seeking Prevalence
Alcohol Supplement of the National Household Interview Survey (NHIS) ^a	1988	DSM-III-R	Abuse: 2.38% Dependence: 6.25% Total: 8.63%	<i>Not measured</i>	<i>Not measured</i>	<i>Not measured</i>
National Comorbidity Survey (NCS)	1990–1992	DSM-III-R	Abuse: 2.5% Dependence: 7.2%	Abuse: 11.6% Dependence: 24.4%	Abuse: 9.4% Dependence: 14.1%	8.0% ^d
National Longitudinal Alcohol Epidemiological Survey (NLAES)	1991–1992	DSM-IV	Abuse: 3.03% Dependence: 4.38% Total: 7.41%	Abuse: 4.4% Dependence: 13.8%	Abuse: 4.88% Dependence: 13.29% Total: 18.17%	Abuse: 9.2% Dependence: 23.5%
National Epidemiological Survey on Alcohol and Related Conditions (NESARC-I)	2001–2002	DSM-IV	Abuse: 4.7% Dependence: 3.8% AUD: 8.5%	Abuse: 3.1% Dependence: 12.1%	Abuse: 17.8% Dependence: 12.5% AUD: 30.3%	Abuse: 7.0% Dependence: 24.1% Total: 14.6%
NCS Replication (NCS-R)	2001–2003	DSM-IV	Abuse: 10.7% ^c Dependence: 6.3% ^c	Abuse: 37.2% Dependence: 38.4%	Abuse: 13.2% Dependence: 5.4%	Abuse: 12.4% Dependence: 20.7%
NESARC-II ^b	2004–2005	DSM-IV	Abuse: 5.23% Dependence: 3.28%	Abuse: 3.1% Dependence: 12.1%	<i>Not measured</i>	<i>Not measured</i>
NESARC-III	2012–2013	DSM-5	13.9%	7.7%	29.1%	19.8%

Venegas et al.

small group challenge:

Why not seek help?

(10 min)



treatment hesitancy: some evidence

Reasons for *not seeking gambling* treatment

barrier	how common?
manage by self	very
shame – secrecy – embarrassment	very
low awareness of harms	moderate
lack treatment awareness/understanding	moderate
not wanting to stop	moderate
no social support	low
Practical issues	low

Suurvali, H., Cordingley, J., Hodgins, D.C. *et al.* (2009). Barriers to Seeking Help for Gambling Problems: A Review of the Empirical Literature. *Journal of Gambling Studies*, **25**, 407–424. <https://doi.org/10.1007/s10899-009-9129-9>

treatment hesitancy: gambling research

- Reasons for *seeking* treatment

- Financial distress
- Conflict with others
- Negative Emotions
- Work or Legal problems
- Health & Well-being



- Reasons *not related* to seeking treatment

- Lifestyle change
- New understanding about gambling
- Loss of interest in gambling

from the psychotherapy research

- ❖ distress
- ❖ knowing what to expect
- ❖ belief in provider as knows how to help
- ❖ social system support

Now let's hear from
Paige Vazquez
with Oregon data?

small group challenge:

What brings people to treatment?

(10 min)



Perhaps a change in how we think

- Traditional View
 - Barrier = the client
 - Needs to want to change
 - has not hit bottom



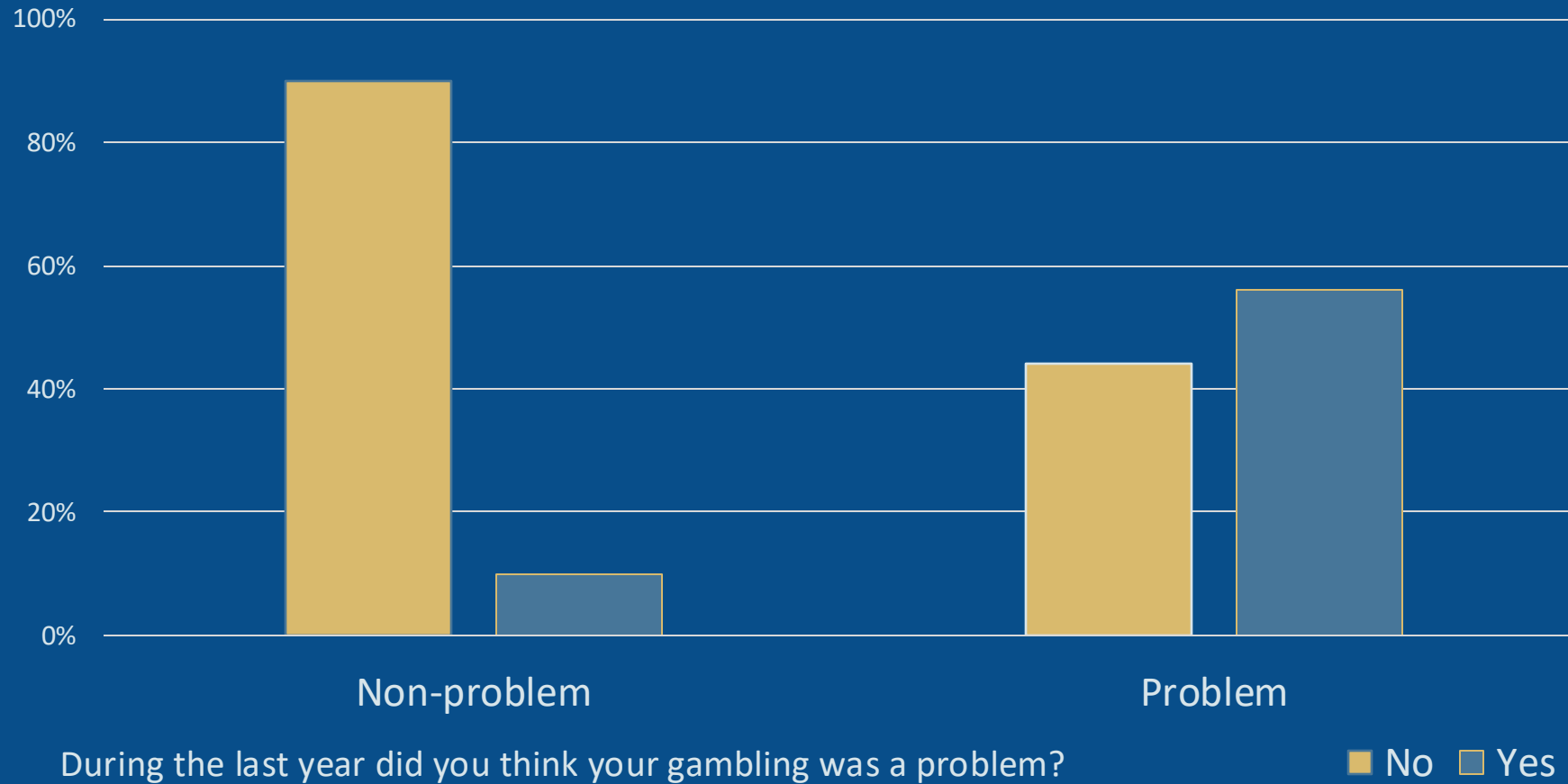
- **Systemic View**

- Collaboration
- Understanding contextual barriers
- Make people intrigued by the idea to pursue treatment

awareness of problem



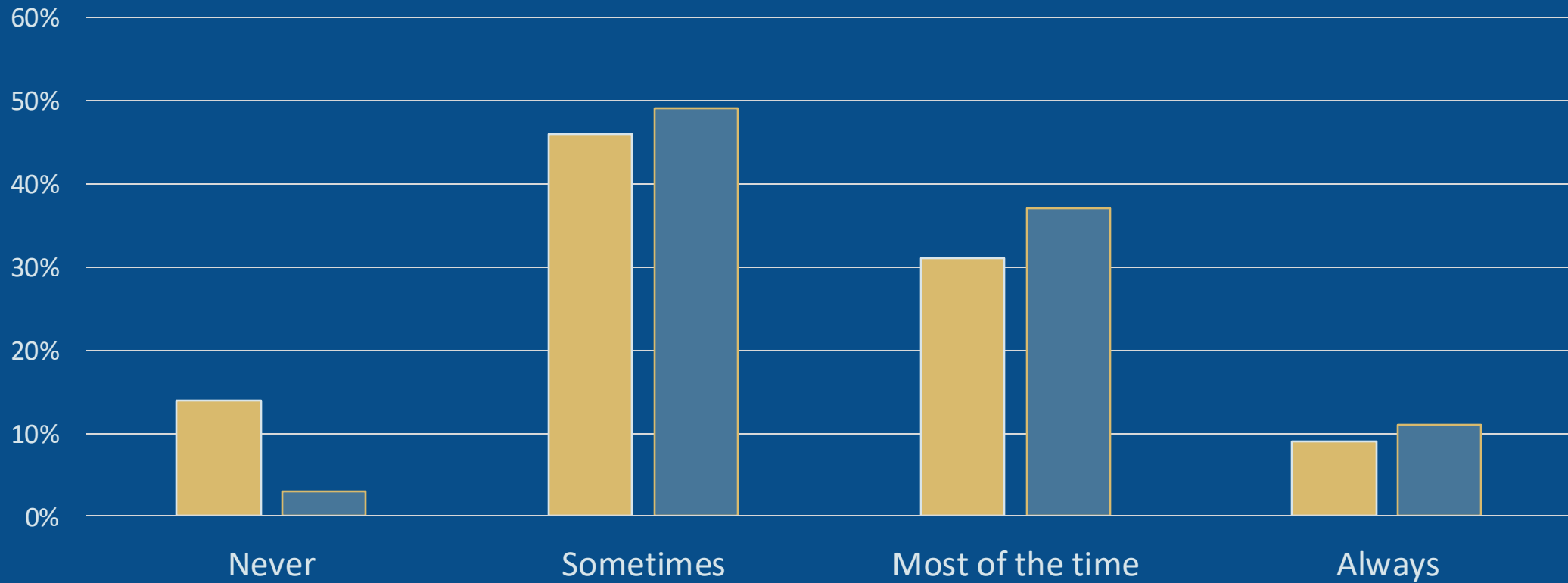
Awareness



Boughter, J. R., McPhail, A, & Whelan, J. P. (2022, October). Exploring frequent gamblers' insight into their own gambling problems. Presented at the annual conference of International Center for Responsible Gaming in Las Vegas, NV.

Awareness

PGSI: How often have you felt you had a gambling problem?



During the last year did you think your gambling was a problem?

■ No ■ Yes

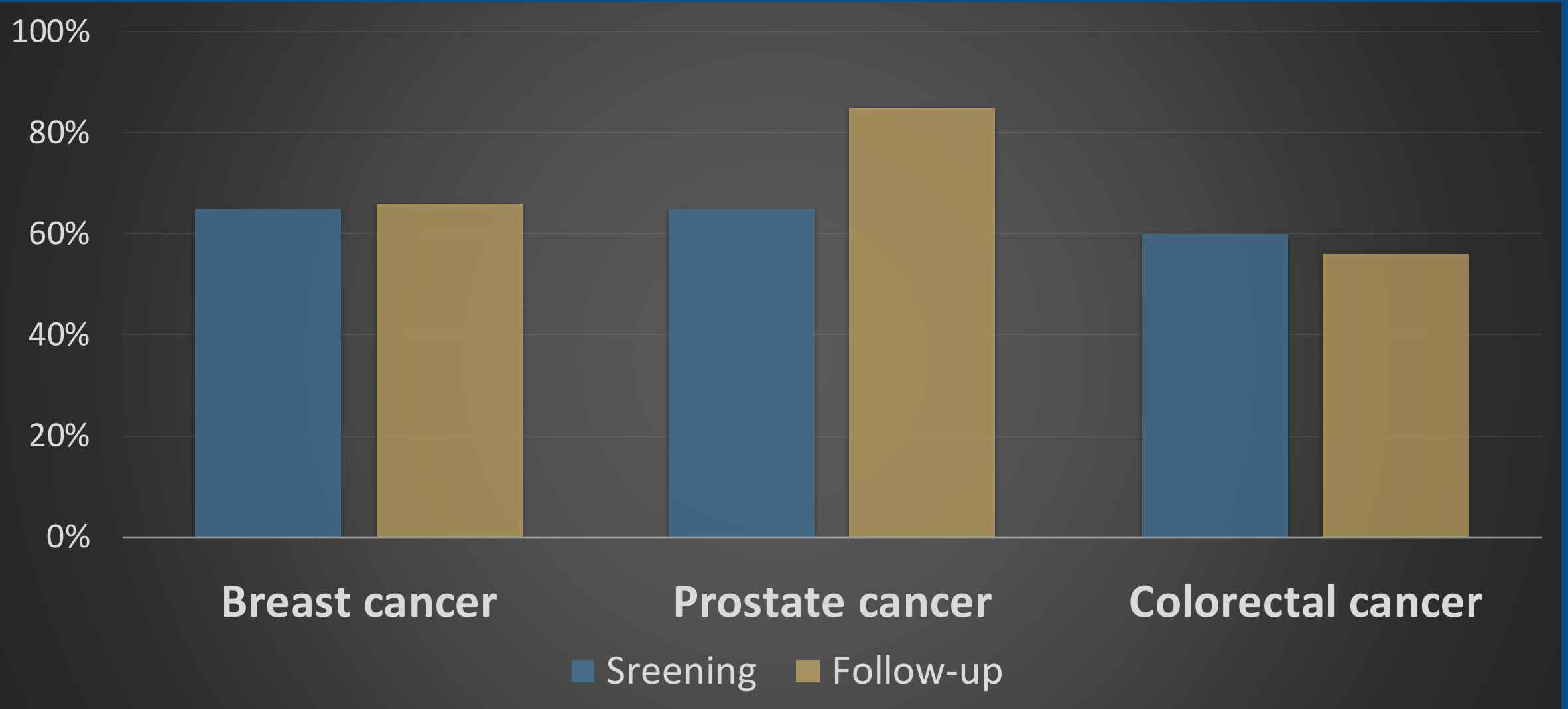
what options are people aware of?

Table 2 Awareness of gambling specific help services (N = 730): comparison by PGSI group

PGSI category	Face-to-face counselling	Online counselling	Telephone counselling	Mutual support groups	Venue assistance
Non-problem gamblers					
No.	39	13	56	10	37
%	27.1	8.6	36.8	6.6	24.7
Low risk gamblers					
No.	24	7	24	2	28
%	30.8	8.8	30.8	2.4	34.1
Moderate risk gamblers					
No.	32	7	44	8	29
%	30.5	6.0	41.1	6.8	24.8
Problem gamblers					
No.	59	33	79	70	123
%	21.9	9.5	42.5	20.3	35.9
Total					

Gainsbury S, Hing N, Suhonen N. (2014). Professional help-seeking for gambling problems: awareness, barriers and motivators for treatment. Journal of Gambling Studies, 30(2):503-19. doi: 10.1007/s10899-013-9373-x. PMID: 23494244.

interesting comparison...



Challenges when screening



Successful screenings tend to be convincing biological tests with definitive outcomes.



Screening outcomes connect to treatment consultations



Very different from how we screen...

Brief Biosocial Gambling Screen

During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?

During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?

During the past 12 months did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?

Problem Gambling Severity Index

- 1) Have you bet more than you could really afford to lose?
- 2) Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
- 3) When you gambled, did you go back another day to try to win back the money you lost?
- 4) Have you borrowed money or sold anything to get money to gamble?
- 5) Have you felt that you might have a problem with gambling?
- 6) Has gambling caused you any health problems, including stress or anxiety?
- 7) Have people criticized your betting or told you that you had a gambling problem, regardless of whether you thought it was true?
- 8) Has your gambling caused any financial problems for you or your household?
- 9) Have you felt guilty about the way you gamble or what happens when you gamble?

small group challenge:

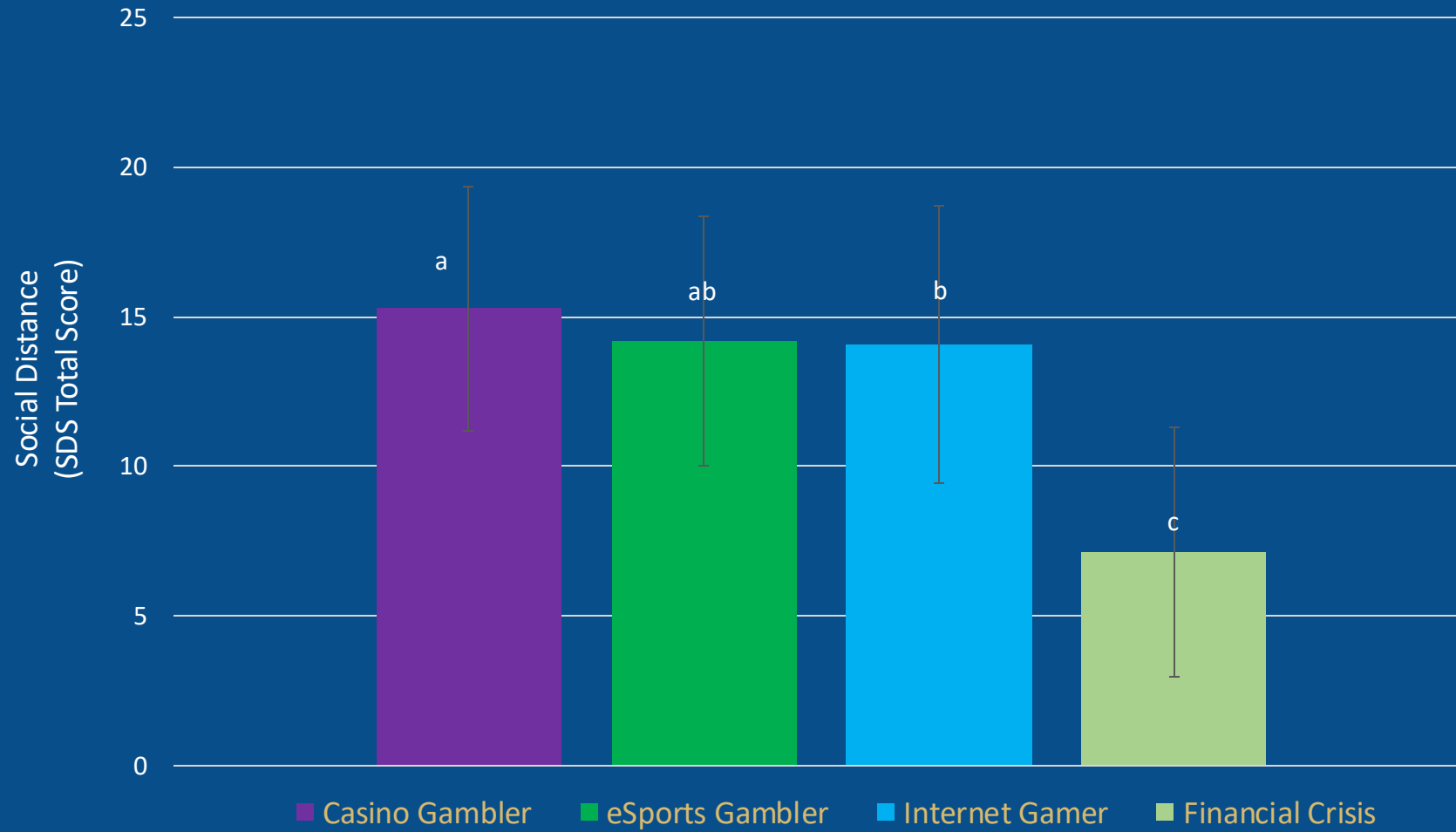
How can you promote awareness of
gambling problems within your
community

(15 min)

Stigma

	Study Condition						
AQ-27 Subscale	Casino Gambler	eSports Gambler	Internet Gamer	Financial Crisis	F(3, 393)	Partial η^2	p-value
Blame	19.26 (5.26) ^a	18.76 (5.43) ^a	18.81 (5.92) ^a	11.43 (5.51) ^b	62.79	.28	< .001
Anger	17.49 (6.70) ^a	16.38 (6.98) ^a	15.94 (7.14) ^a	6.87 (5.36) ^b	75.77	.32	< .001
Pity	17.59 (6.23) ^a	17.57 (4.86) ^a	17.11 (5.76) ^a	20.40 (5.13) ^b	10.34	.07	< .001
Helping	11.91 (5.66) ^a	11.51 (4.88) ^{ab}	11.64 (5.92) ^{ab}	9.95 (5.10) ^b	3.83	.03	.02
Danger	9.44 (5.39) ^a	8.42 (5.42) ^a	6.05 (4.42) ^b	5.57 (4.33) ^b	18.51	.11	< .001
Fear	7.62 (5.01) ^a	7.22 (5.10) ^{ab}	5.45 (3.91) ^{bc}	5.42 (4.73) ^c	7.75	.05	< .001
Avoidance	18.88 (5.24) ^a	17.58 (5.28) ^a	17.42 (6.10) ^a	10.06 (4.91) ^b	73.56	.31	< .001
Segregation	6.27 (4.40) ^{ab}	6.54 (4.99) ^a	5.62 (4.13) ^{ab}	5.09 (3.89) ^b	3.08	.02	.04
Coercion	12.00 (4.81) ^a	12.30 (5.20) ^a	10.79 (5.55) ^a	7.24 (4.58) ^b	29.36	.15	< .001

Stigma



small group challenges:

Challenges to using person first language?

Challenges when discussing harms and symptoms?

What language should be use with significant others?

What language would make change more desirable?

(10 min)

Promoting awareness of services



Carl's search for help

- Was his struggles a real problem?
- Will treatment help?
- How do I find a therapists?
- How do I know if that person is any good?

I believe meaningful connection changes people — this is what the therapeutic process is about. I am passionate about encouraging growth and restoration for those questioning their purpose and searching for meaning. I works with those facing questions, concerns, self-evaluation, personal development, and more.

I believe that your story is vital to understanding who you are. How you view the world, relate to people, your emotions and body responses all hold clues to where you may need heal. Raising your insight may be the clue to unlocking more of your story and creating the environment you need to live the flourishing life you desire.



Does this online information provide Carl with answers?

Does this self-help guidance provide answers?

to prepare for that moment, after a relapse, that moment of walking away from the casino when hopelessness and despair overwhelms them. That moment when suicide becomes the only way out.

The detailed, specific, and comprehensive preparation outlined in the first few chapters of this book is designed to intervene and derail the end stage suicidal process. At that existential moment, the Cliff Notes message of this book is this: Just wait, step back, keep trying, and please don't kill yourself today.

Okay then. Good. Read the first half of the book, understand and accept the advice to prepare seriously, then swallow your pride, get off your butt and DO the actual work! If you do, you probably won't kill yourself today. That's a good thing. *But* what about tomorrow?

The Letter Project

Dear Jimmy,

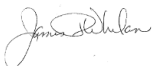
We are glad you called. Calling for an appointment can be hard to do. It means you are thinking about how gambling has caused you problems. It might help to think about how your recent gambling may conflict with the way you want to live your [life](#) and you may be unsure about what to do. We want to work with you to explore the costs and benefits of what you have been doing. Doing this often helps people to decide if they want to make changes. We are here to support you in making the changes that you want.

Let me tell you a little about us. The Gambling Clinic started in 1999. We had learned that many struggle due to their gambling. Since opening the clinic, we have worked with hundreds of people who have made changes in their gambling and life. We also have done a great deal of research on how to help people make changes. As a result of these efforts, we have become known as a national leader in helping people with their gambling.

Some people wonder about how our treatment works. There are several likely causes of your gambling problems and understanding how gambling has fit into your life is important. Together we find skills that can create new ways of thinking and behaving based on your gambling history. Once you start to change, it is important to be in control of your gambling and get on a path of better financial health. We believe that change happens if we work together to find options that work best for you. We have learned that most people can create and maintain change in fewer than 10 one-on-one meetings with a member of our staff.

We are here to help and support you in any changes you might want to make.

Sincerely,



Dr. James Whelan
Executive Director
The Gambling Clinic



The University of Memphis
Tennessee Institute for Gambling
Education & Research
400 Innovation Drive
Memphis, TN 38152

901.678.3531 | [Gambling Clinic](#)

- 50% do not show for 1st appointments
- Idea – Address hesitancy with mailed personal letter
 - Use motivational elements
 - Inform treatment expectations

Exercise: Your message to clients

Each group (4-5) will brainstorm what message they can send potential clients with gambling problems to more clearly communicate why the person should come to their treatment program

Para 1 & 2: Central Components of the MI Spirit

- Partnership
 - Message about being a companion who collaborates with the other person's own expertise
- Acceptance
 - Communicates nonjudgmental understanding of people as they are
- Compassion
 - Benevolent intention toward the person's well-being
- Evocation
 - Eliciting the other person's own motivation for a particular change

We are glad you called. Calling for an appointment can be hard to do. It means you are thinking about how gambling has caused you problems. It might help to think about how your recent gambling may conflict with the way you want to live your life and you may be unsure about what to do. We want work with you to explore the costs and benefits of what you have been doing. Doing this often helps people to decide if they want to make changes. While you need to decide about your gambling, we look forward to learning more about you. We are here to help and support you in any changes you might want to make.

partnership acceptance compassion evocation

We are glad you called. Calling for an appointment can be hard to do. It means you are thinking about how gambling has caused you problems. It might help to think about how your recent gambling may conflict with the way you want to live your life and **you may be unsure about what to do.** **We want work with you** to explore the costs and benefits of what you have been doing. Doing this often helps people to decide if they want to make changes. While you need to decide about your gambling, **we look forward to learning more about you.** **We are here to help** and support you in any changes **you might want to make.**

partnership **acceptance** **compassion** **evocation**

Para 3: From the research on treatment expectations

- Build Credibility
 - What do you know? How can you help?
- Treatment rationale
 - Why are offering the treatment you offer?
- Treatment experience
 - What is this treatment going to be like for the client?

In advance of your appointment, we would like to tell you about us. The Gambling Clinic started in 1999. We had learned that many struggle due to their gambling. Since opening the clinic, we have worked with over 1,000 individuals. We also have done a great deal of research on how to help people make changes. As a result of our work, we have become known as a national leader in helping people with their gambling.

Some people wonder about how our treatment works. There are several likely causes of your gambling problems. We know that understanding a person's gambling history is essential. Together we find skills that can create new ways of thinking and behaving. Once a person starts to change, it is important to be in control of your gambling and get on a path of better financial health. We believe that change happens if we work together to find different choices. We have learned that most people can create and maintain change in less than 10 one-on-one meetings with a member of our staff.

- Credibility
- Treatment rationale
- Treatment experience

Results

	regular reminders	motivational letter
% attending	51%	76%

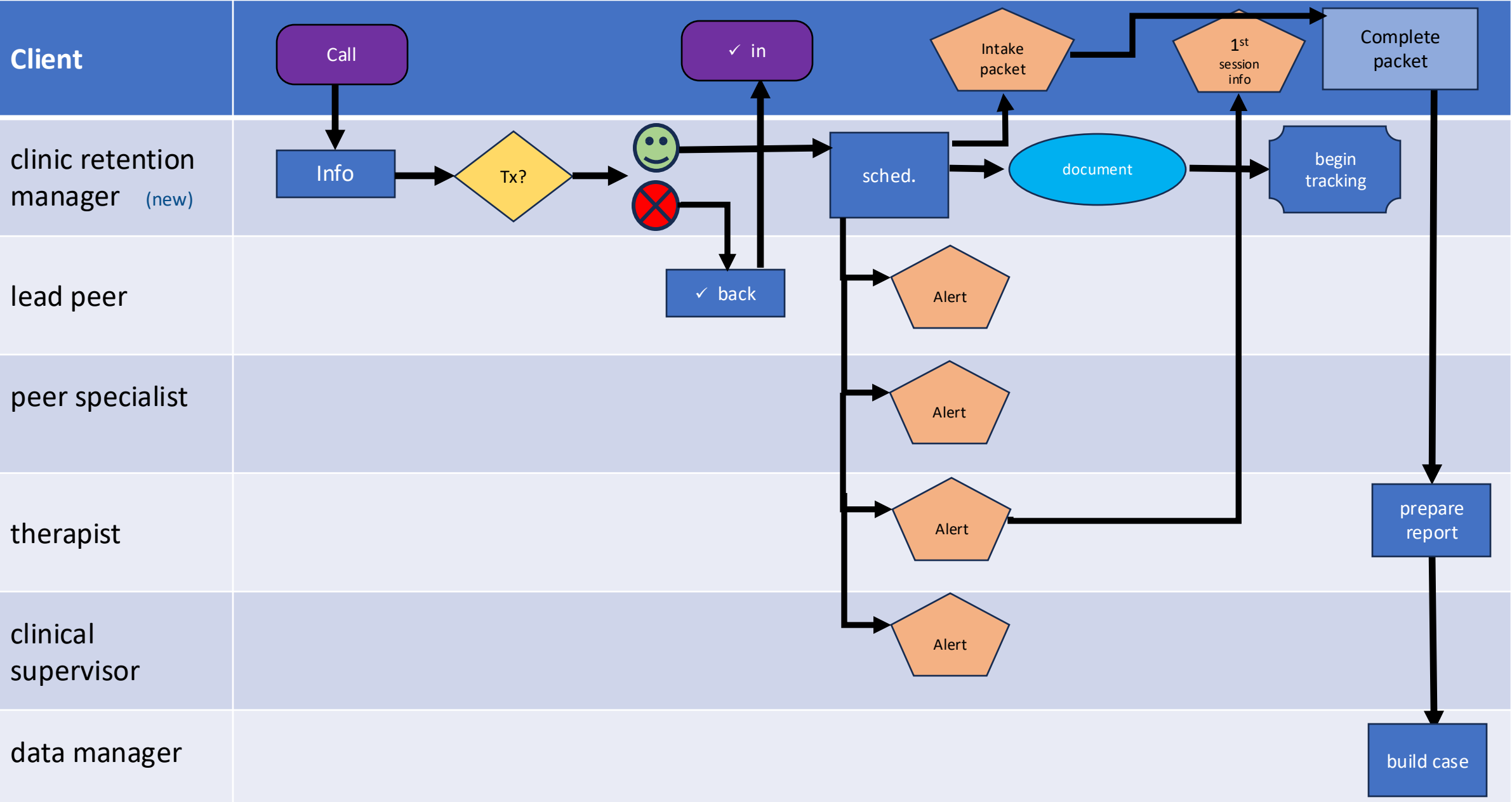
Then COVID

Email	Telehealth	In-Person
Telehealth	82%	88%



Pfund, R. A., Valencia, A. J., Hudson, E. A., Ginley, M. K., & Whelan, J. P. (in press). Effectiveness of a systems-wide initiative to address motivation and expectations for treatment on initial session attendance to outpatient gambling treatment. *Journal of Gambling Studies*

treatment: initiation workflow





small group challenge:
What are the steps needed to
make an appointment with
you?
(15 min)

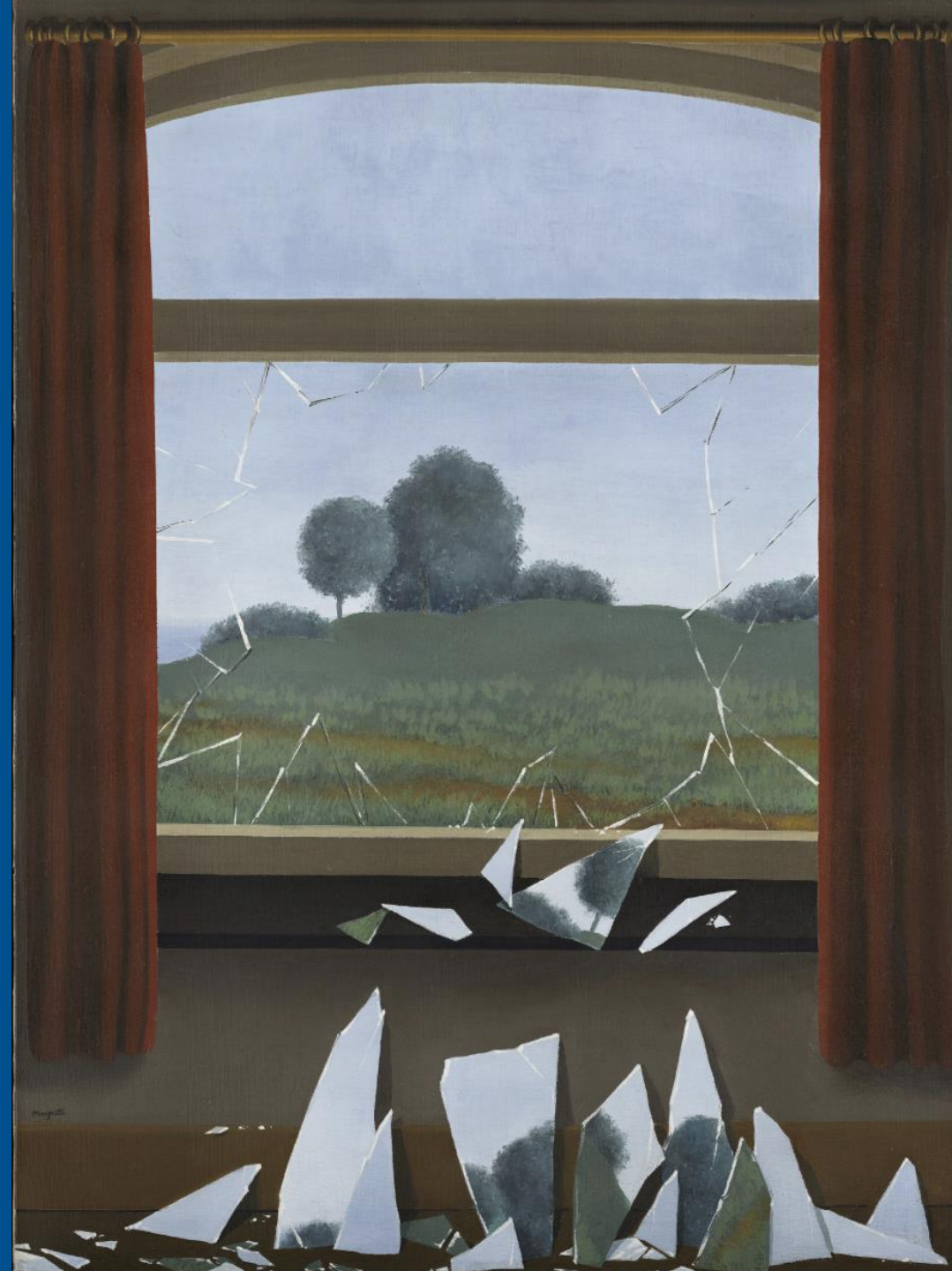
What we talked about

- Write a mission statement
- Know the **whys and why nots** for entering treatment
- Develop and disseminate local culture sensitive public awareness messages to inform and impact expectations
- Be aware of your messages offering support

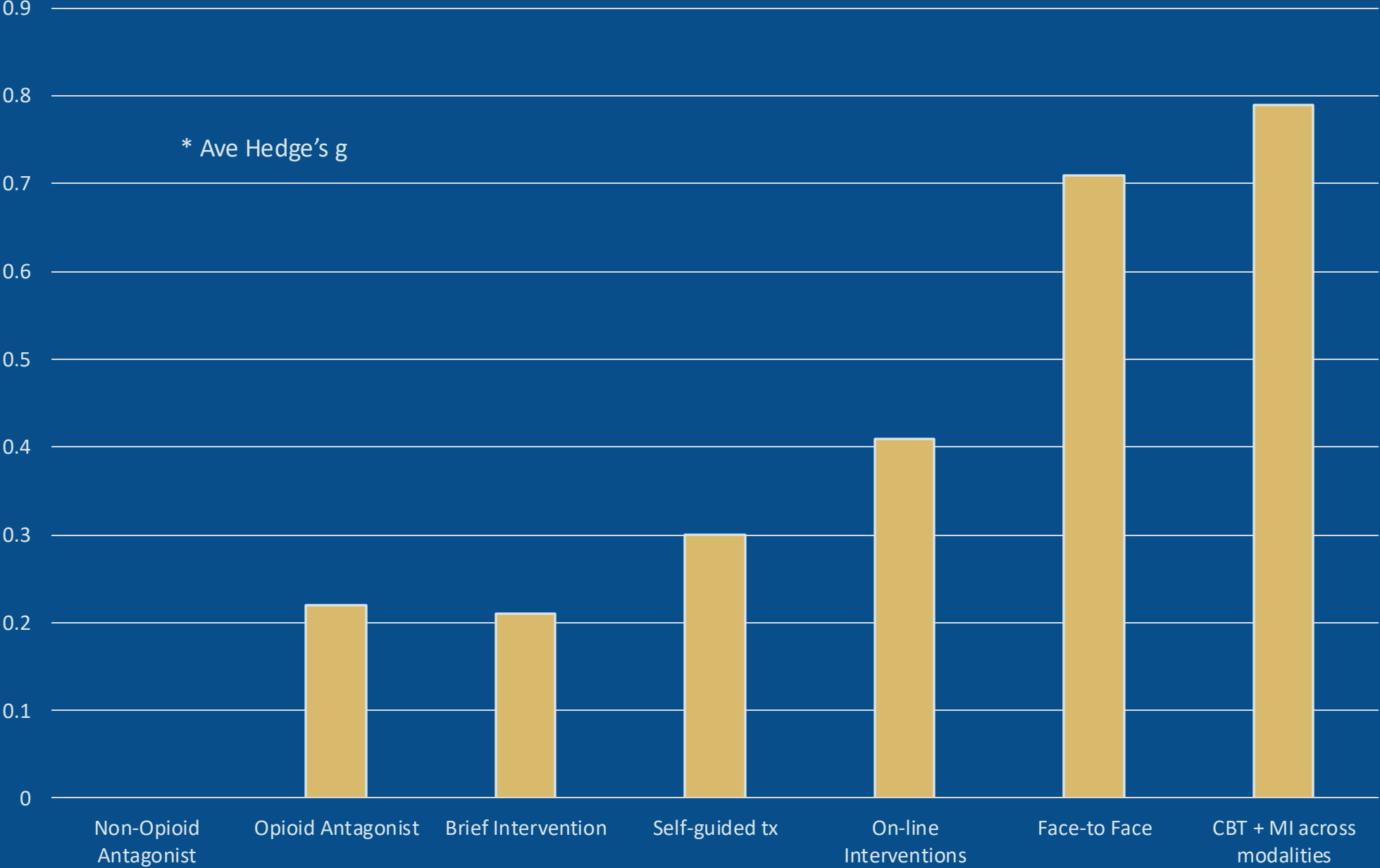
What we talked about

- Inform and control expectations
- Be aware of your language
- Treatment entry: Reduce transactions, remove surprises (except those you want)
- Understand and optimize your work flow
- Measure your impact

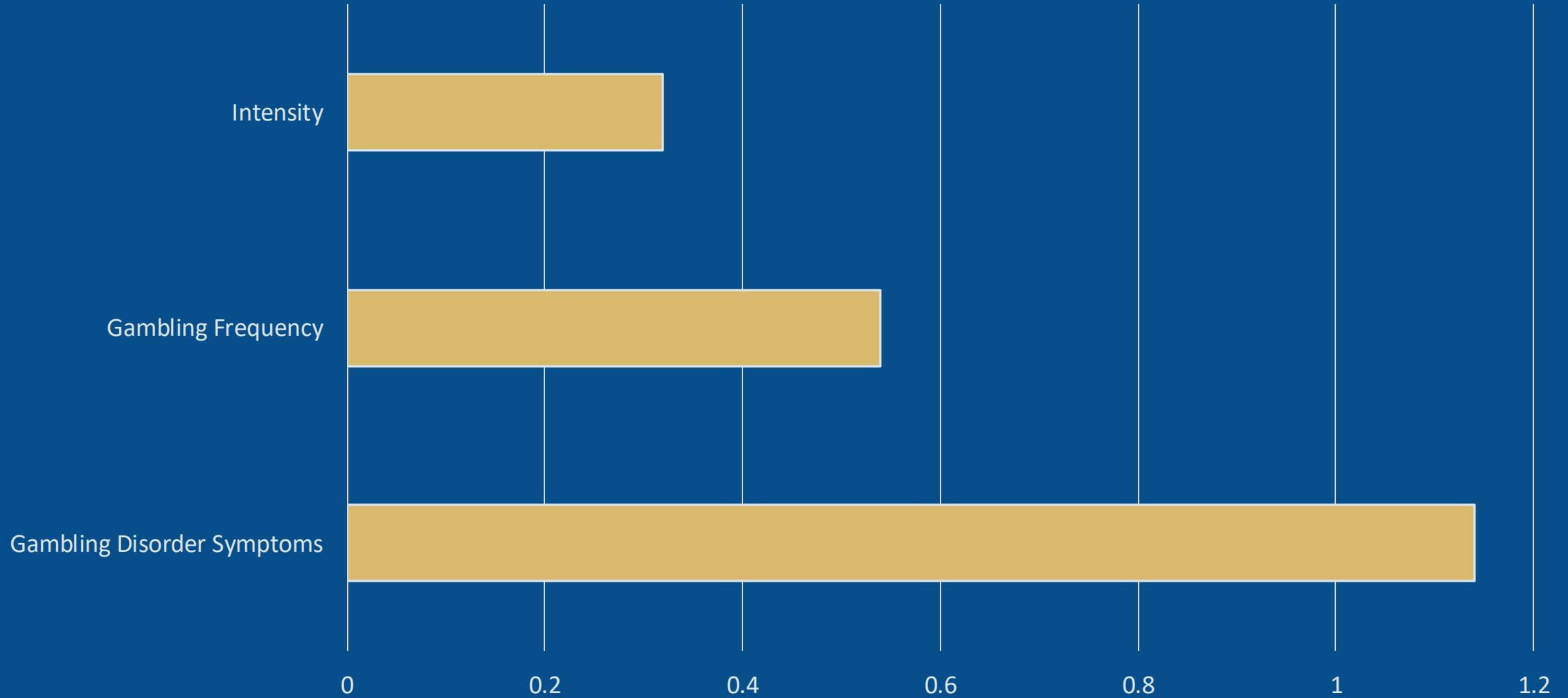
Please don't leave!



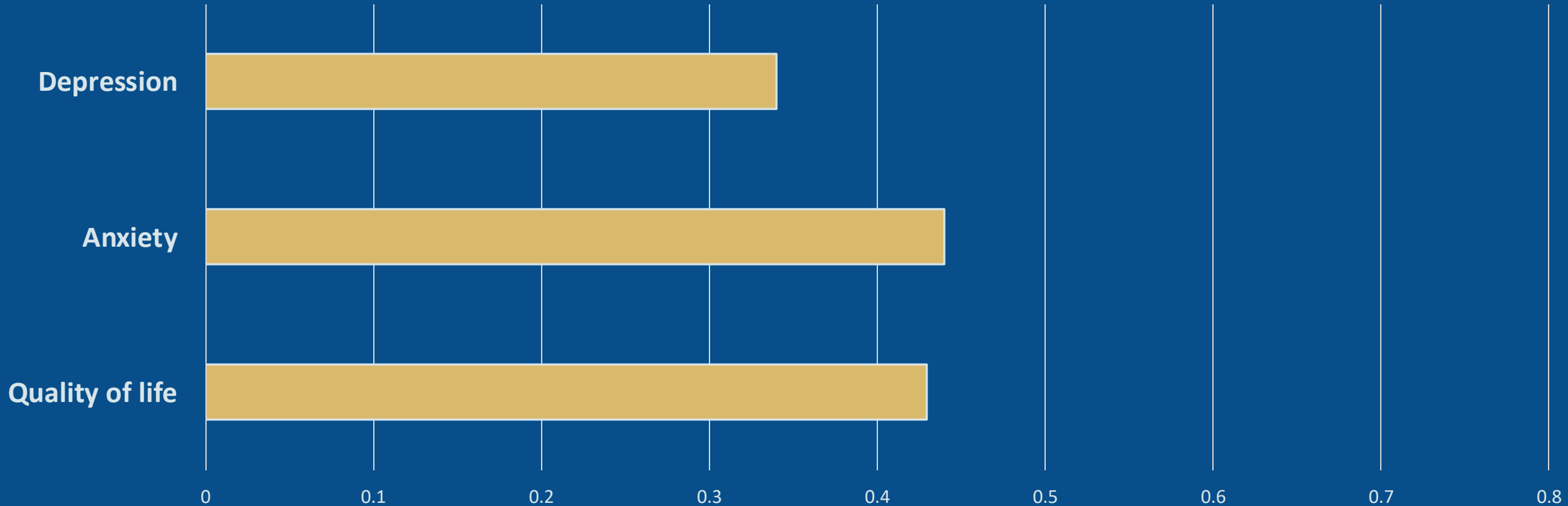
Systematic Reviews of Gambling Disorder Treatments at Post-Treatment*



GAMBLING OUTCOMES



OTHER OUTCOMES



Pfund RA, King SA, Forman DP, Zech JM, Ginley MK, Peter SC, McAfee NW, Witkiewitz K, Whelan JP.(2023). Effects of cognitive behavioral techniques for gambling on recovery defined by gambling, psychological functioning, and quality of life: A systematic review and meta-analysis. Psychol Addictive Behavior

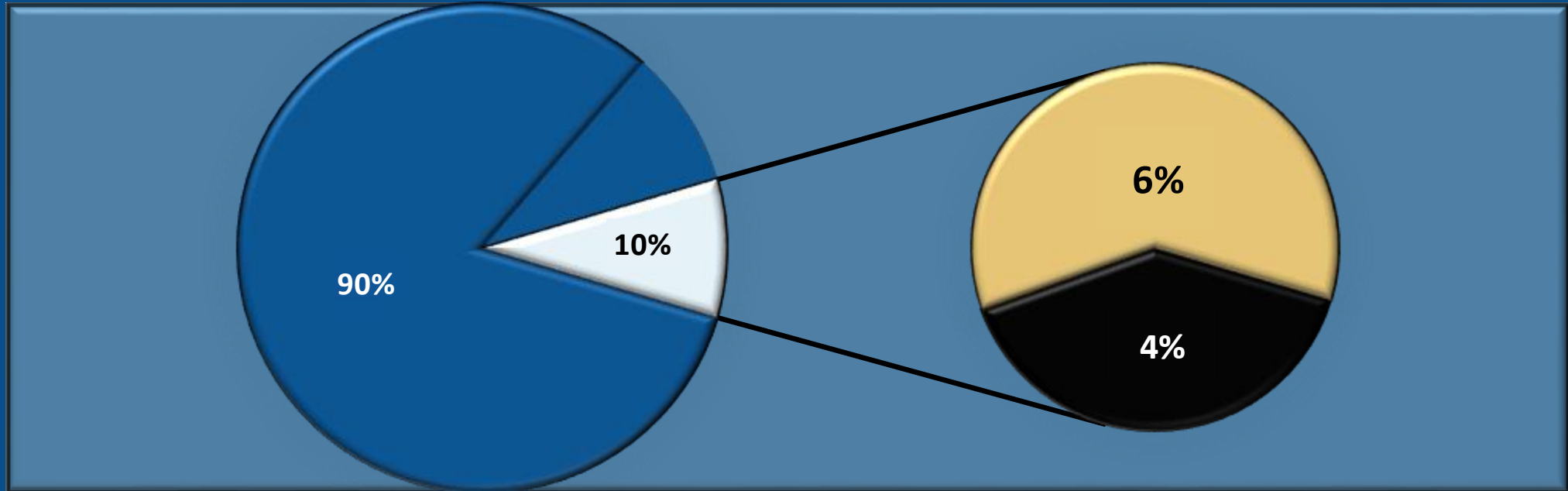
Common CBT Techniques

- ❖ Motivational Enhancement
- ❖ Psychoeducation
- ❖ Functional analysis
- ❖ Stimulus control
- ❖ Cognitive restructuring
- ❖ Relapse prevention



New Tools, Resources, and Discoveries to Inform Gambling Treatment

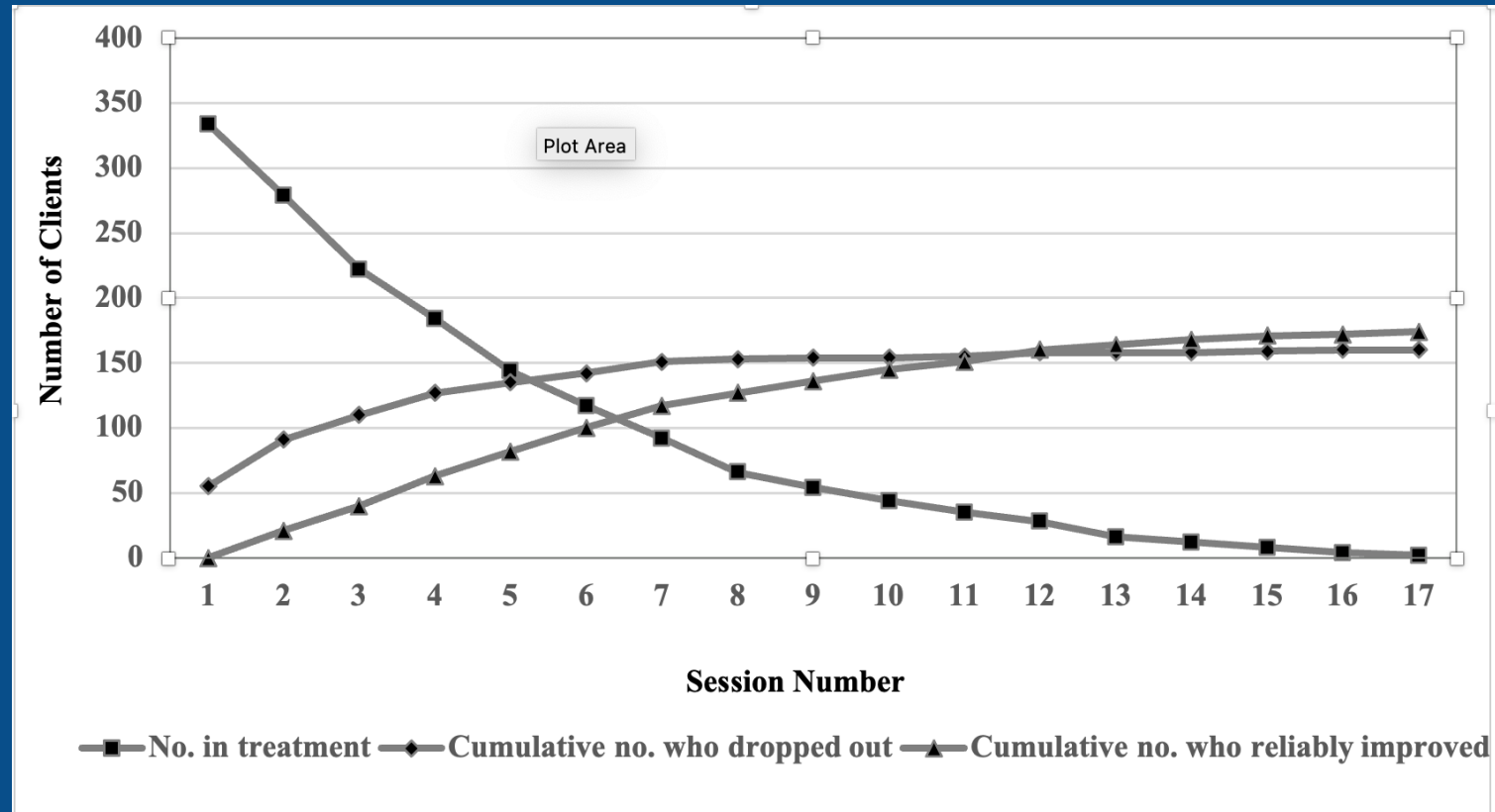
Problem Gambling Solutions, Inc.



Treatment Discontinuation 39%

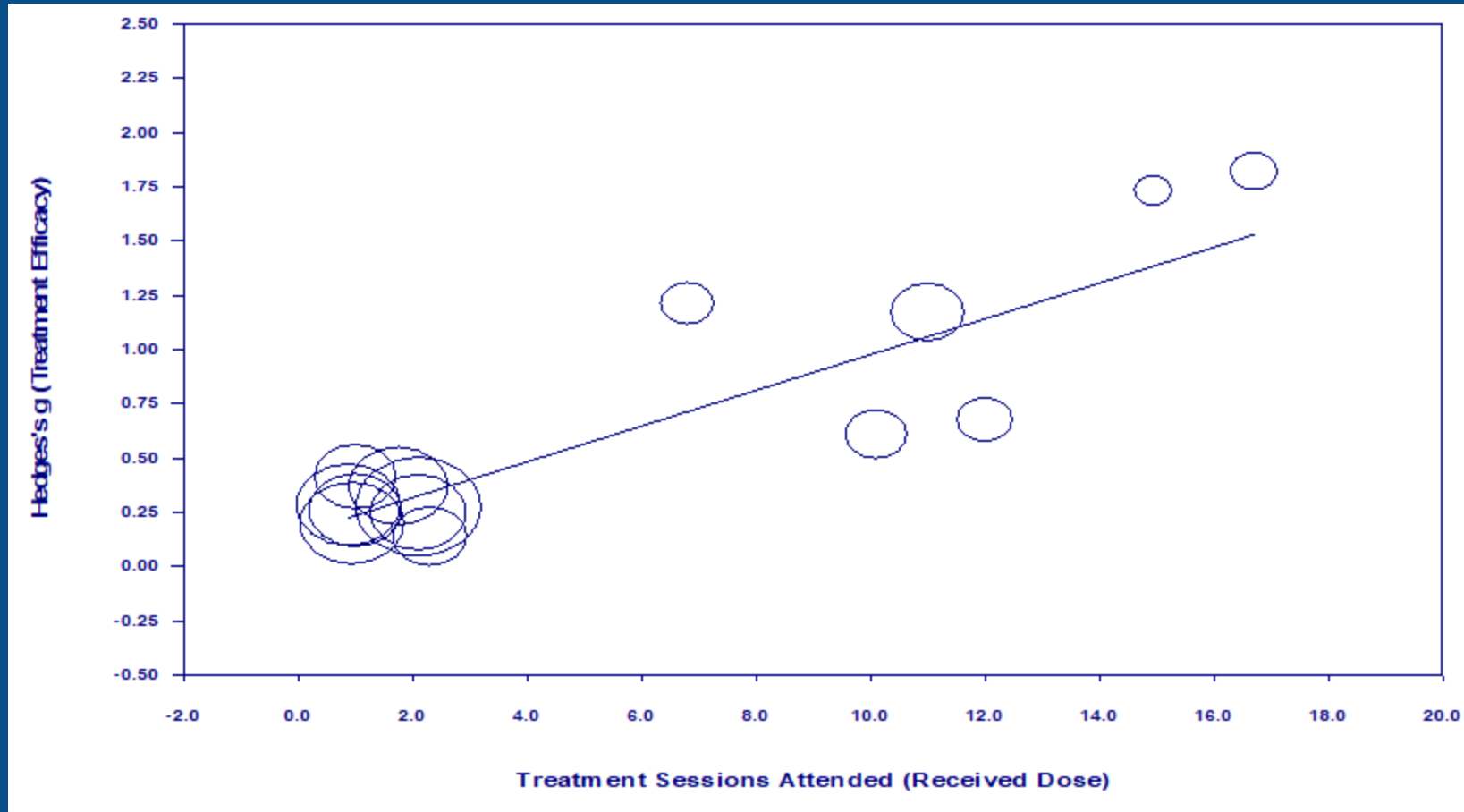
Pfund, R. A. *, Peter, S. C. *, Ginley, M. K. *, Whelan, J. P., & Meyers, A. W. (2021). Dropout from face-to-face, multi-session psychological treatments for problem and disordered gambling: A systematic review and meta-analysis. *Psychology of Addictive Behaviors*, 35(8), 901-913.

TREATMENT DISCONTINUATION



Pfund, R. A., Peter, S. C., Whelan, J. P., & Meyers, A. W. (2018). When does premature treatment termination occur? Examining session-by-session dropout among clients with gambling disorder. *Journal of Gambling Studies*, 32(2), 617-630.

THERAPEUTIC DOSE



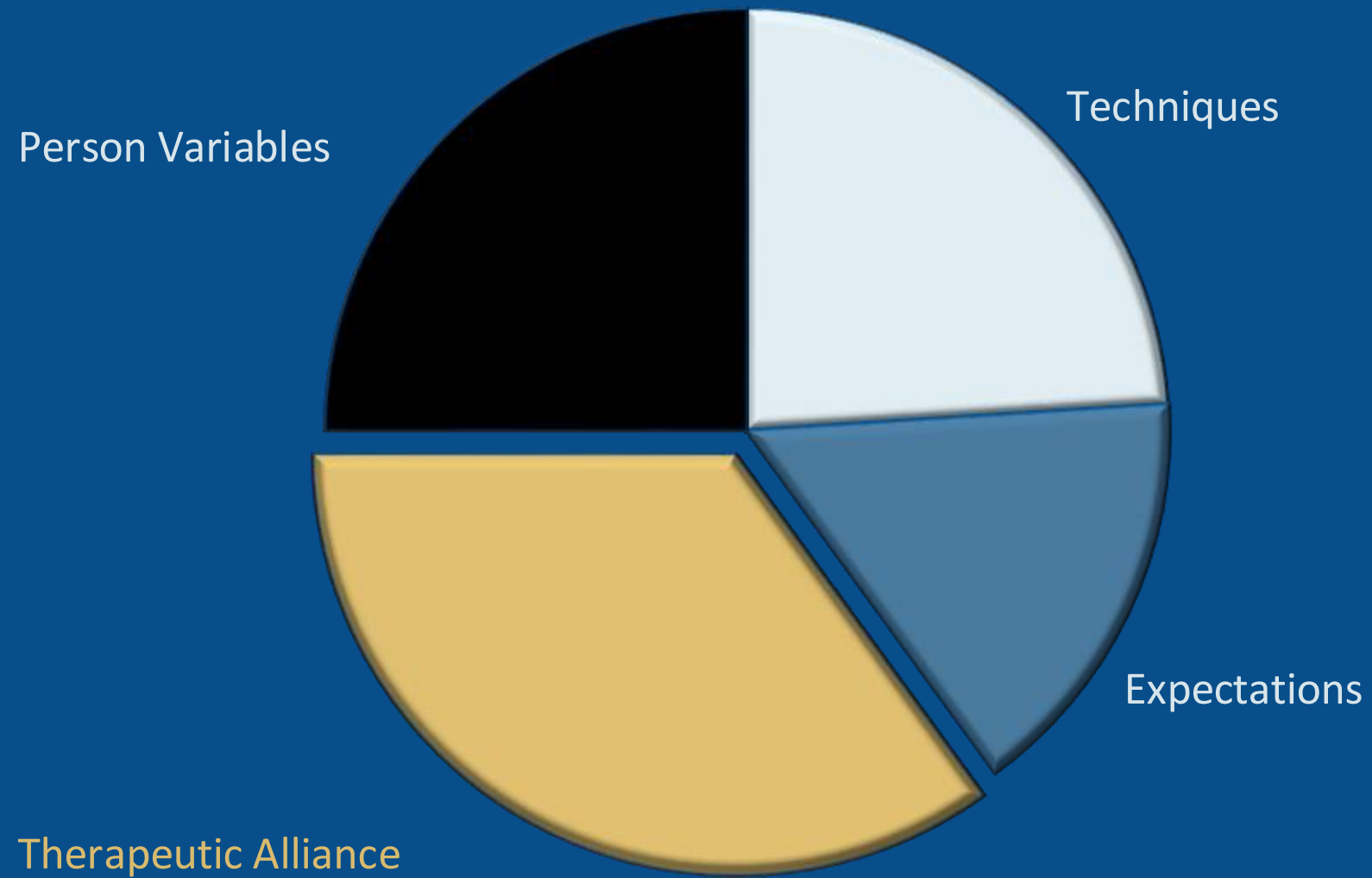
Pfund, R. A., Peter, S. C., Whelan, J. P., Meyers, A. W., Ginley, M. K., & Relyea, G. E. (2020). Is more better? A meta-analysis of dose and efficacy in face-to-face psychological treatments for problem and disordered gambling. *Psychology of Addictive Behaviors*, 34, 557-568.

Predictors of Discontinuation

Predictors (<i>k</i>)	
Age (22)	Age first gambled (4)
Gender (23)	Current debt (5)
Race (9)	Gambling disorder severity (22)
Martial status (12)	Comorbid anxiety symptoms (12)
Education level (14)	Comorbid depression symptoms (12)
Income (6)	Comorbid substance use (12)
Employment status (11)	Treatment satisfaction (3)

Perhaps a change in thinking?



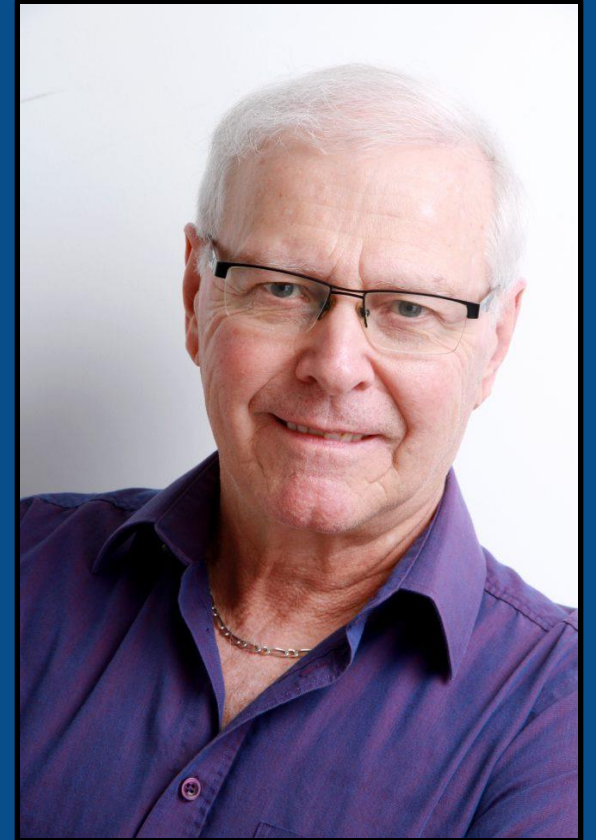


A painting of a fisherman and a young girl in a small boat on a misty sea. The fisherman, wearing a hat and a dark jacket, is sitting in the boat, looking down at the girl. The girl, wearing a light-colored dress, is standing in the boat, looking up at the fisherman. The background shows a misty sea with several sailboats in the distance. The overall mood is quiet and contemplative.

small group challenge:
identify ways you can leverage the therapeutic
relationship
(10 min)

TREATMENT DISCONTINUATION

- Talk about it!
- Process
 - Near end of 1st session
 - Describe the probability of not continuing
 - Ask about what likely factors for client
 - Why return
 - Why not return
 - Estimate probability
 - Discuss how to increase chance of returning



small group challenge:

What would you say?

Let's role play

(15 min)

CONTINGENCY MANAGEMENT

Contingency Management

- Operant reinforcement strategy
 - Tangible reward (money on gift card) for behavior adherence/change
- Empirically support – substance use treatment
 - Escalating payments for treatment attendance



The background of the slide is a blue-tinted photograph of an industrial setting. In the upper left, there is a large stack of flat, rectangular materials, possibly metal plates or sheets. Two workers are visible: one on the left wearing a light blue shirt and dark pants, and another in the center wearing a light-colored shirt and khaki pants. They appear to be working with a large, flat object on the floor. To the right, there is a large piece of machinery with thick, braided ropes or cables hanging down. The overall scene suggests a manufacturing or construction environment.

Individual challenge:

1. What is one thing you will do in next week
2. What is one thing you will do in next month

Thank you for engaging!

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