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Participant reflections on gambling treatment services
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Background
The Iowa Gambling Treatment Outcomes Monitoring System is an ongoing project implemented by the UNI-CSBR for the purpose of assessing the extent to which state-sponsored problem gambling treatment services are associated with positive outcomes for clients. This study used six-month follow-up questionnaire data from 2013 to 2017 for those Iowans who received gambling treatment services from state licensed providers regarding their perception and opinions of services received while in treatment.

Methods
Qualitative coding methods were used to analyze short-answer responses to three open-ended questions collected from 256 Iowans six months after their discharge from gambling treatment services.

Two student research assistants (RA) developed a preliminary codebook for categorizing responses into topic areas. The RAs coded the data separately adding new codes as they emerged. The codebooks were compared to reach agreement on a final set of codes, and the data were coded separately a second time using the revised codebook. Final codes were used to identify themes across the open-ended responses.

Findings

My counselor is so thoughtful of others and is serious with her commitment to helping problem gamblers become healthy. She is the reason for my success.

I think the education was one of the best things for me. It helped me understand how my brain was working.

I think they would let it run longer for individuals that get depressed sometimes. I worry everyday of my weakness when I get depressed. Having her call me was good. It helped me get through the next day etc.

Therapist that could understand better. Not a 22-year-old who had never been addicted to gambling.

I think the program was good but more needs to be done about an after program. I could have used more help after I got out of treatment.

Get the word out more somehow! I had no idea that the services were so close to home.

Possibly be able to have groups or counseling on weekends.

More communication between calls; chat rooms where people could help each other out and talk.

Keep calling me! Do not let me slip through the cracks! I am worried about myself.

What was most helpful about the gambling treatment you received?
Responses to this question highlighted the positive impacts of “individual counseling,” “feeling supported, heard, and understood,” and “realizations about [harmful] behaviors and consequences.”

What was least helpful about the gambling treatment you received?
Respondents described “group therapy,” “incompatibility with counselor,” and “Counterproductive, unnecessary, or repetitive info from the counselor” as some of the least helpful aspects of gambling treatment.

How could gambling treatment services be improved?
The most common suggestions for improvement were reflected in statements such as “More group therapy sessions and information,” “Increase availability of counselors,” “Increase training and number of counselors,” and “Extend/expand treatment.”

Themes
Individual counseling was one of the most helpful program services, but some cited incompatibility or difficulty relating with their counselor.

Lack of scheduling availability was a barrier for both group therapy and individual counseling sessions.

Some participants desired a way to extend follow-up beyond the treatment period without having to re-enroll.

Individuals suggested the need for therapy options beyond in-person counseling.

Recommendations
Identify opportunities for coaching and professional development specific to gambling disorders for early career counselors to address a perceived lack of experience.

Address scheduling barriers by increasing the number of counselors or the number of sessions with evening and weekend options.

Increase awareness of phone counseling sessions that are currently available to participants upon request.

Expand treatment options to include online or tele-therapy, such as group therapy chat rooms or phone counseling sessions.

Establish a policy for continued care for participants who need follow-up beyond the current treatment timeline.

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