University of Sheffield

Exploring Experiences of Psychological Treatments for Gambling Addiction

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Declaration

This thesis has been submitted for the award of the Doctorate in Clinical Psychology at the University of Sheffield. I declare that this work has not been submitted for any other degree at the University of Sheffield or any other institution for any other qualification. This thesis is my own original work and all other sources have been referenced accordingly.

Structure and Word Count

Literature Review

Excluding references, tables, figures, and appendices: 8000

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Empirical Project

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Lay Summary

Literature Review

Gambling addiction is now a growing public health concern. However, our understanding of how individuals experience psychological treatment for gambling addiction is limited. It is important to understand such experiences more deeply, particularly as treatment guidance is under development. This qualitative review explored individual experiences of psychological treatment for gambling and what may be found helpful or challenging. A structured search was performed using three research databases. Eight studies meeting the inclusion criteria were included. These were analysed using a method called thematic synthesis. Four themes about individual's experience of psychological treatment for gambling addiction were found: *getting the treatment you need is difficult, treatment can make a difference, obstacles along the way*, and *gaining treatment perspectives.* Participants experienced challenges when seeking and accessing psychological treatment. However, it was found that psychological treatment can be helpful. These helpful experiences were not without both practical and internal challenges. Through their lived experiences, participants gained treatment perspectives. Such unique perspectives informed their knowledge and understanding of different gambling treatments and ongoing recovery from gambling addiction. These findings hold clinical implications and future recommendations for research. It was recommended to assess treatment accessibility, availability of support, psychological treatment approaches, helpful techniques, and online treatment delivery, including support networks, and recognising the value of lived experience was considered important.

Future research should aim to focus on better quality qualitative studies which explore individual experiences of psychological treatment, comparing various gambling treatments, and reasons why individuals may drop out of psychology treatment.

Empirical Project

The coronavirus disease 2019 pandemic led to significant impacts on individuals' daily lives. Individuals living with a gambling addiction were particularly vulnerable in the pandemic. Psychological treatment guidance is currently under development, and qualitative research exploring such experiences in the context of the pandemic is limited. This study aimed to make sense of individual experiences of psychological treatment for adults living with a gambling addiction in the United Kingdom in the context of the pandemic. The study analysed data using a method called interpretative phenomenological analysis. Eight participants took part, and semi-structured interviews were used. Participants were recruited from the Northern Gambling Service and had received psychological treatment since the pandemic. Qualitative findings included three themes: *out of control, taking back control*, and *a gambling shadow remains*. Most participants experienced significant negative challenges in their relationship with gambling during the pandemic. Participants sought psychological treatment, which helped them limit their gambling harms. Therapeutic relationships and family support further supported this. Participants spoke about ongoing vulnerabilities in their gambling recovery. Further gambling harms were risked by continued exposure to gambling advertising and limited wider gambling support available. The findings have implications for healthcare and policy.

It is important to screen to see if individuals experienced difficulties with their gambling during the pandemic. This research supported the delivery of flexible psychological treatment. Wider support and further reviews of limiting gambling exposure and gambling harms are needed. Future research should explore the experiences of harder-to-reach participants and different treatment options.

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Section One: Literature Review

Experiences of Psychological Treatment for Gambling Addiction:

A Qualitative Evidence Synthesis.

Abstract

Gambling addiction has become a public health concern. The current understanding of individual experiences of psychological treatment for gambling is limited. It is important to better understand these experiences as treatment options for gambling are still developing. This qualitative systematic review aimed to conduct a novel qualitative evidence synthesis exploring individual experiences of psychological treatment for gambling and what individuals may find helpful or challenging during this.

A systematic search of peer-reviewed research utilising qualitative research methods via three databases was conducted. Eight studies met the inclusion criteria and were analysed using a thematic synthesis approach. Four analytic themes were developed from across the individual psychology treatment experience: *getting the treatment you need is difficult*, *treatment can make a difference*, *obstacles along the way*, and *gaining treatment perspectives*. Individuals experienced challenges when seeking help and accessing psychological treatment but found that treatment can make a difference for gambling difficulties. Nevertheless, individuals did experience challenges alongside treatment. Individuals gained treatment perspectives through their lived experience, which informed their knowledge and understanding of gambling treatment and recovery.

Practitioner Points

- Clinicians should review an individual's readiness to engage in psychological treatment at referral and assessment.

- Clinicians should utilise evidence-based treatment options for gambling (identified in review). Alongside including support networks and lived experience.
- Future research would benefit from higher quality and further qualitative research into the individual experience of psychology treatment, comparisons of experiencing gambling treatments, and reasons for psychology treatment disengagement.

Keywords: gambling, psychological treatment, qualitative synthesis, systematic review

Introduction

Background

Gambling, from casinos to sports betting to gaming, has advanced to become a common social, cultural, and economic phenomenon worldwide (Abbott, 2020; Petry et al., 2017). This has created huge profits for the gambling industry and increased lucrative government tax duty income (Nikkinen, 2019). Unfortunately, alongside this, many individuals struggle with gambling difficulties and gambling addiction, thus now producing a healthcare issue (Abbott, 2020; Davies, 2020; van Schalkwyk et al., 2021). The prevalence of gambling addiction and difficulties with gambling present a complex understanding. Gambling addiction has been estimated to be growing in recent years across the globe and affects between 0.1%-0.7% of individuals (Ledgerwood, 2020; Petry et al., 2018). Calado and Griffiths (2016) estimate that gambling addiction affects up to 6.5% of individuals globally. Wide discrepancies in reported prevalence rates of gambling difficulties may be due to common methodological and population sampling errors in research (Calado & Griffiths, 2016; Sturgis, 2020).

Gambling addiction is now recognised as an addictive disorder and is described as behaviours consistent with gambling when distressed, which may jeopardise life, gambling after losing money, relying on others to fund this, and lying to conceal the extent of gambling difficulties (American Psychiatric Association, 2013; Petry et al., 2018). Difficulties with gambling have been found to pose several risks to individuals including financial harm, self-injury, anxiety, depression, higher comorbidities in substance misuse, and mental health difficulties, and increases in

risk-taking behaviours (Barrault et al., 2019; Dowling et al., 2015; Lorains et al., 2011; Kessler et al., 2008; Matheson et al., 2019; Moghaddam et al., 2015; Petry, 2005; Sinclair et al., 2015).

Gambling Interventions

Gambling addiction treatment options are still developing but are not as established as other addiction treatments like substance misuse (McIntosh & O'Neill, 2017). Most formal gambling treatments across the world are offered by specialised gambling treatment clinics (Petry et al., 2017). There is a range of varied interventions available for those who seek support for gambling difficulties, including psychological, pharmacological, and mutual aid options.

Psychological Treatments

Gambling psychoeducation, including consideration of neuroscience explanations, cognitions, gambling technology designs, e.g., how slot machines work, mathematics and probability, can offer valuable insights to individuals living with gambling difficulties (McIntosh & O'Neil, 2017, pp.9-17). Cognitive therapies and Cognitive Behavioural Therapy (CBT) is the most effective treatment available for gambling addiction (Di Nicola et al., 2020; Petry et al., 2017; Ribeiro et al., 2021; Thomas et al., 2011). CBT can include identifying cognitive distortions and restructuring (Penfold & Ogden, 2022a). Motivational interviewing (MI), which can be combined effectively with CBT (Petry et al., 2017; Thomas et al., 2011), aims to enhance motivation for change and has been evidenced by systematic review and meta-analysis to be an effective treatment at least, in the short-term (Di Nicola et al.,

2020; Yakovenko et al., 2015). Online and mobile interventions, informed mainly by CBT and MI, have also shown promising impacts in the short term via systematic review (Giroux et al., 2017). Whilst CBT and MI are well-established and are effective psychological interventions for gambling, there are also emerging evidence bases for other psychological interventions, including mindfulness (de Lisle et al., 2012; Maynard et al., 2015; McIntosh et al., 2016), acceptance and commitment therapy (Dixon et al., 2016), and dialectical behaviour therapy (Christensen et al., 2013). It must be noted that psychological treatment for gambling whilst aiding recovery (Petry et al., 2017), is also associated with high relapse and drop-out rates (Aragay et al., 2015; Petry, 2005). Bodor et al. (2021) argue that psychological treatment for gambling addictions needs to be adapted to be accessible and flexible whilst also focused on sustaining effectiveness in the long term. In comparison, psychological interventions such as CBT, MI, and relapse prevention strategies have also been found to be effective for substance misuse psychological treatment (Jhanjee, 2014).

Other Interventions

Pharmacological interventions are also available to individuals experiencing difficulties with gambling. Such pharmacological treatments aim to modulate reward mechanisms, e.g., opioid antagonists, selective reuptake inhibitors, mood stabilisers, atypical antipsychotics, and glutamate antagonists (Dowling et al., 2022; McIntosh & O'Neill, 2017; Piquet-Pessôa & Fontenelle, 2016). Some pharmacological treatments for gambling have demonstrated reductions in urges to gamble and gambling severity (Dowling et al., 2022; Grant et al., 2014; Ward et al., 2018). However,

caution should be applied due to low-quality evidence and the need for further research (Dowling et al., 2022).

Mutual aid, sometimes called peer support or self-help, may also offer beneficial support for individuals living with gambling difficulties. Influenced by Alcoholics Anonymous, Gamblers Anonymous is a popular mutual aid group and was founded in the 1950s (Browne, 1994; Schuler et al., 2016). Mutual aid aims to address a shared problem by bringing people together in a helpful manner (Humphreys, 2004). Gamblers Anonymous typically focuses on a 12-step recovery programme for gambling centred around recognising individual deficits and the importance of abstinence (Ferentzy et al., 2006; George et al., 2013). However, the research evidence supporting the effectiveness and underlying mechanisms of Gamblers Anonymous is inconsistent and limited (Penfold & Ogden, 2022b; Schuler et al., 2016).

Informal recovery

Historically, relatively few people experiencing difficulties with gambling seek treatment (Bijker et al., 2022; Cunningham, 2005; Gainsbury et al., 2014; Kaufman et al., 2017; Penfold & Ogden, 2022a; Petry, 2005; Slutske, 2006; Suurvali et al., 2008). It was found that only one in 25 moderate-risk gamblers and one in five individuals who experience gambling addiction seek formal help (Bijker et al., 2022). However, recently, in the United Kingdom (UK), referrals for additional support with gambling have significantly increased by over 80% in the last two years (National Health Service [NHS] England, 2023). Barriers to seeking help for gambling

difficulties can include denial, stigma, lack of quality treatment availability, and a desire to support difficulties individually (Baxter et al., 2015; Gainsbury et al., 2014; Kaufman et al., 2017; Loy et al., 2019; Suurvali et al., 2009). It has been agreed that recovery from gambling is a complex and individualistic process (Gavriel-Fried & Lev-el, 2020; Pickering et al., 2019). Indeed, many people informally recover from gambling addictions without formal treatment (Bischof et al., 2020; Hodgins et al., 2022; Vasiliadis & Thomas, 2018).

Rationale

Gambling narrative reviews, systematic reviews, and meta-analyses have identified what types of gambling treatment are effective and for whom (Bergeron et al., 2022; Bijker et al., 2022; Di Nicola et al., 2020; Dowling et al., 2017; Dowling et al., 2022; Giroux et al., 2017; Kourgiantakis et al., 2013; Loy et al., 2019; Maynard et al., 2015; McIntosh & O'Neil, 2017; Moreira et al., 2023; Petry et al., 2017; Pfund et al., 2023; Raybould et al., 2021; Ribeiro et al., 2021; Stark et al., 2021; Vassallo et al., 2023; Wöhr & Wuketich, 2021; Yakovenko et al., 2015). However, as of June 2023, to the authors' knowledge, there is no known or recent qualitative review exploring the individual experiences of psychological treatments for gambling addictions and difficulties with gambling. Exploring experiences of psychology treatment for gambling addiction is important, to better understand and adapt treatment to prevent further gambling harms (Johnstone & Regan, 2020; Molander et al., 2022). Monson et al. (2023) have explored and supported the relationship between trauma and gambling via a qualitative scoping review. The authors also called for further important qualitative research into exploring gambling experiences.

It is argued that a qualitative evidence synthesis (QES) can establish a richer understanding of complex and nuanced experiences (Flemming & Noyes, 2021), such as how individuals experience psychological treatments for gambling difficulties. Understanding such experiences can go beyond exploring the efficacy of interventions (Carroll, 2017), therefore better informing such interventions and future guidance (Glenton et al., 2013; Noyes et al., 2019). Therefore, a novel QES review can help to understand psychological treatment for gambling difficulties better, whilst offering significant and nuanced future psychological treatment implications for services, service users, and local and national guidance.

Aims and Research Questions

This review aimed to conduct a systematic QES which explores the individual experiences of psychological treatment for gambling addiction or difficulties with gambling. QES aimed to answer the following research questions:

- How do individuals experience their psychological treatment for gambling addiction or difficulties with gambling?
- What do individuals find helpful or challenging during their psychological treatment for gambling addiction or difficulties with gambling?

Methodology

This review protocol was registered via the international register PROSPERO (reference: CRD42023448164).

Search Strategy

A pre-planned comprehensive search strategy was conducted following guidance from the Preferred Reporting Items for Systematic Reviews (PRISMA; Moher et al., 2009). The updated PRISMA guidance (Page et al., 2021) was not used as it is intended for systematic reviews 'utilising statistical synthesis methods' (Page et al., 2021, p.2) whereas the 2009 guidance can be used for reporting other types of reviews (Moher et al., p.2). Initial scoping searches via Scopus and Google Scholar were performed to explore the viability of the literature review on 26th June 2023. Databases were searched on 10th July 2023, including Scopus, PsycINFO (via Ovid), and MEDLINE (via Ovid). Scopus is a leading science database for peer-reviewed journal research. PsycINFO is a trusted index of psychological science and peer-reviewed records. MEDLINE covers an extensive collection of journal articles primarily interested in healthcare research. Initial database searches screened titles, abstracts, and keywords. Due to challenges and lack of empirical evidence in identifying qualitative literature for systematic review (Booth, 2016), forward and backwards referencing of citations and references was also used to identify potential studies for inclusion, i.e., using Google Scholar to find all articles that cite back to included study and reading through the citations of the initially included papers. The 'SPIDER' (Sample, a Phenomenon of Interest, Design, Evaluation, Research) tool (Appendix A) for qualitative literature searches (Cooke et al., 2012) was used to help develop the

search strategy. The search syntaxes used across databases (Table 1) considered wildcards, MeSH terms and keywords, e.g., 'Gambl*' AND 'Intervention' OR 'Treatment' OR 'Therapy'. A data range filter (ten years, 2013-2023) was added across the searched databases.

Table 1

Search Syntaxes

Construct	**Search terms**
Gambling	"gambl*"
Treatment	"treatment" OR "intervention" OR "therapy" OR "therapeutic" OR "psychology" OR "psychological" OR "counsel*ing"
Experience	"experience*" OR "attitude*" OR "view*" OR "perception*" OR "perspective*" OR "life event*" OR "memor*" OR "understand*" OR "opinion*" OR "insight*"
Qualitative research	"qualitative" OR "qualitative method*" OR "interview*" OR "focus group*" OR "diar*" OR "ethnograph*" "interpretative phenomenological analysis" OR "IPA" OR "thematic analysis" OR "grounded theory" OR "content analysis" OR "narrative analysis" OR "mixed method*"

Note.

Individual search terms within each construct were combined with the Boolean operator 'OR'; constructs were combined with the Boolean operator 'AND'.

The search strategy outcomes are outlined in Figure 1. Duplicates were identified and removed using EndNote v.21 software (Clarivate, 2023). Search results and the consequent identified studies were first screened via titles and abstracts in consideration of the inclusion criteria by the primary author. Studies entering the second screening stage were read via full-text review for eligibility following the inclusion criteria and selected by the primary author. One-third (n=10) of the studies at the full-text review stage were then cross-checked against the inclusion and exclusion criteria by the research supervisor [1]. Five of these studies were randomly selected from the initial included papers, and five were randomly selected from the initial excluded papers. There were no disagreements between reviewers after cross-checks.

Eligibility

The full inclusion and exclusion criteria are outlined in Table 2. Due to the rationale and aims of the QES, only research studies with significant qualitative data collection methodology, data analysis, and qualitative findings were eligible for review. Adults-only participant research studies were identified as most countries across the world do not permit individuals under the age of 18 to gamble. It was thought that this review would add more meaningful contributions to the current research knowledge, focusing on adult samples only.

[1] The research supervisor has experience in conducting literature reviews alongside addictions and gambling research.

The studies must focus on the individual experience of receiving psychological treatment for gambling addiction or difficulties with gambling to meet the rationale and aims of the review. To be eligible for inclusion, research must have been conducted within the last 10 years, 2013-2023. This is due to rapid advances in gambling consumer technology, evolving guidance for gambling psychological treatment, and increases in gambling prevalence and referrals (Conolly et al., 2017; Gambling Commission, 2023; McIntosh & Neil, 2017; National Institute for Health and Clinical Excellence [NICE], 2021; NHS England, 2023).

As an attempt to control for the general quality of research and consequent interpretations, only peer-reviewed research studies published in peer-reviewed journals were eligible for inclusion. Research has highlighted limited UK research investigating interventions for gambling addiction amidst calls to improve this (Bowden-Jones et al., 2016; Penfold & Ogden, 2022a). Therefore, international research was eligible for inclusion. Studies were only considered for review if the full text was available in the English language.

Table 2

Inclusion and Exclusion Criteria

Inclusion Criteria	**Exclusion Criteria**
1. Research conducted within the past 10 years, from 2013-2013. 2. Research studies published in peer-reviewed journals only.	1. Any articles that do not meet the aforementioned inclusion criteria. 2. Studies conducting quantitative methods without significant qualitative

	methodology and demonstrating qualitative findings.
3. Studies conducting significant qualitative research methodology with qualitative findings. 4. Adult participants only. 5. International research included. 6. Research is focused on the individual experience of receiving psychological treatment for gambling addiction or difficulties with gambling.	3. Studies with full texts not available in the English language.

Data Extraction

Data extracted from reviewed studies included the name(s) of authors, publication date, country of study, the research aims and questions, participant descriptives (sample size, age, sex, ethnicity), qualitative data collection method, analysis, and a summary of main findings. A summary of study characteristics is available in Table 3.

Data Analysis and Synthesis

Thematic synthesis, analysis through a narrative approach, was conducted in three stages as outlined by Thomas and Harden (2008) before presenting a narrative synthesis of the interpretations. Thematic synthesis was conducted in three stages: firstly, each study's qualitative findings and quotes were coded 'line-by-line' to identify

concepts from findings or results sections, secondly, descriptive themes were generated to capture meaning, and thirdly, new relevant analytic themes were interpreted from the descriptive themes. Studies were coded inductively, considering the research questions; subsequent studies were coded either into pre-existing definitions or new definitions were created. Thomas and Harden explain that the process of thematic synthesis offers accessible outcomes whilst also flexibly identifying patterns in qualitative data. Analytic themes were discussed through a transparent narrative synthesis (Campbell et al., 2019). The themes were coded using NVivo v.14 software (Lumivero, 2023), which supported qualitative analysis transparency and efficiency (Hoover & Koerber, 2011). Examples of the thematic synthesis review process are available in Appendix B. Data analysis and synthesis were conducted by the primary author. To enhance quality and rigour, the enhancing transparency in reporting the synthesis of qualitative research (ENTREQ; Tong et al., 2012) checklist was completed by an independent researcher [2] (Appendix C). One reviewed study (Penfold & Ogden, 2022a) included participants who experienced a wider range of interventions (e.g., Gamblers Anonymous). Qualitative data sections in this study were only analysed if there was clear relevance to the research questions, e.g., psychological treatment experiences or comparisons. Such experiences were deemed inclusive to criterion and valuable.

Quality Appraisal

The quality of the included studies was appraised using the Critical Appraisal Skills Programme (CASP) qualitative checklist (CASP, 2018), which is available in

[2] Clinical psychologist with experience of conducting qualitative reviews.

Appendix D. CASP is commonly administered for assessing qualitative research and easy to use for novice qualitative researchers (Dixon-Woods et al., 2004; Dixon-Woods et al., 2007). Each study was subject to 10 CASP checklist questions and whether they had met each criterion (Yes), not met them (No), or could not tell (Can't Tell) due to unclear information. The CASP checklist assesses each study for transparency, robustness, validity, and contributions to the research knowledge base. Individual studies were not scored via an 'overall score' as per Tod et al. (2022, pp. 57-58). The quality appraisal was conducted to critically examine the confidence that can be applied to included studies' findings. Studies were not excluded from the review due to their quality appraisal, as there is no methodological consensus in implementing such strategies in qualitative reviews (Carroll et al., 2012; Garside, 2014). An overview of quality appraisal results is provided in the findings section and Table 4. Two initial studies (n=2, one-quarter of reviewed studies) were independently quality appraised by the primary author and the research supervisor. Two disagreements were discussed, reviewed within a meeting between the primary author and the research supervisor, and then agreed upon. This process also helped to refine the quality appraisal criteria using CASP. The remaining studies were then appraised by the primary author only (n=6).

Reflexivity

Reflexivity, demonstrating an awareness and exploration of researcher influences, is vital for quality improvement and rigour in qualitative research (Barret et al., 2020). The primary author considered and reflected upon their views and understanding of qualitative evidence synthesis, gambling addiction, and consequent

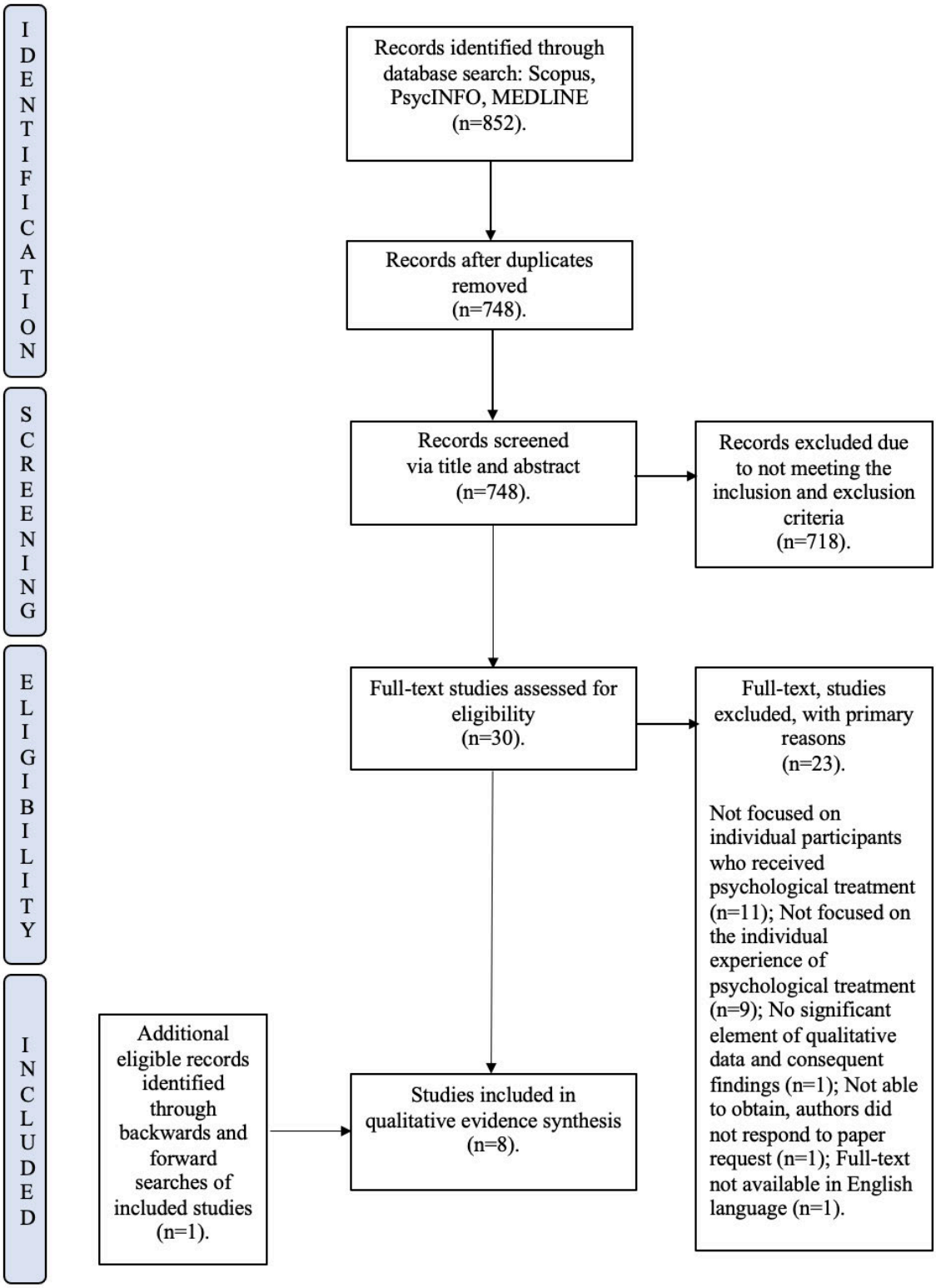
gambling interventions. A reflexive statement is presented, and a reflective log was kept by the primary author (Appendix E), helping to record preconceptions and influences, which were then further reflected upon to improve qualitative rigour throughout the appraisal, analysis, and critiques (Finlay, 2008; Mitchell et al., 2021; Smith, 1999).

Results

Figure 1 outlines the PRISMA diagram and search outcomes. 852 records were initially identified. After duplicates were removed, 748 records remained. Initial screening excluded 718 records, and 30 were assessed for eligibility via full-text review. 23 studies, with primary reasons detailed, were excluded at this stage. One additional record was identified via backwards and forward searching of included studies. Eight studies were included in this review.

Figure 1

PRISMA Diagram



Study Characteristics

Table 3 outlines a summary of the included study characteristics. Included studies were conducted between 2013 – 2022. Six studies included adult male and female participants, and two focused on adult female participants only (Boughton et al., 2016; Kaufman et al., 2017). Five studies did not provide precise ethnicity demographics (Kaufman et al., 2017; Mänsson et al., 2022; Rodda et al., 2013; Rodda et al., 2015; Smith et al., 2016). Four studies utilised a mixed-methods design (Boughton et al., 2016; Harris & Mazmanian., 2016; Mänsson et al., 2022; Smith et al., 2016). All of the studies included significant qualitative data collection, analysis, and discussion of findings. Qualitative data collection methods included semi-structured interviews (n=4), open-ended questions via surveys (n=3), and counselling transcripts (n=1). Qualitative analyses included thematic analysis (n=6), interpretative phenomenological analysis (n=1), and qualitative content analysis (n=1). Types of psychological treatment participants experienced included CBT (individual and group), cognitive therapy, exposure therapy, counselling, and emotion regulation group therapy.

Table 3

Summary of Study Characteristics

Authors (Date), Country	Research aims and questions	Participant descriptive characteristics (sample size, age, sex, ethnicity, type of psychological treatment)	Qualitative data collection and analysis	Summary of qualitative findings, with emergent themes
Boughton et al. (2016), Canada.	To test an online treatment intervention not previously offered to women who gamble.	n=25, age range 28-70, all females, 85% White European descent, 15% other. Online counselling webinars, teleconference, and supplementary workbooks.	Open-ended questions via survey. Thematic analysis.	Counselling webinars, teleconferences, and supplementary self-help workbooks were valuable for women who gamble. Women-only groups were beneficial for treatment. Emergent themes: (1) dealing with gambling, (2) improved coping, (3) positive psychological impact, (4) decreased isolation.

Harris & Mazmanian. (2016), Canada.	To analyse internet gamblers' perspectives of their experiences of individual problem gambling treatment	n=24, age range 24-52, male 13, female 11, 71% Caucasian/White, 21% Aboriginal, 4% Hispanic, 4% African-Canadian/Black. Group CBT.	Open-ended questions via survey. Thematic analysis.	Access to the internet led to challenges in limiting gambling activities. The treatment helped decrease internet gambling. The most helpful treatment components included group support, behavioural strategies, and motivational interviewing. Emergent themes: (1) internet gambling accessibility and problem gambling behaviours, (2) the lack of alternative activities, stress, and the importance of behavioural activation in reducing internet gambling behaviours, (3) importance of behavioural strategies in reducing internet gambling behaviours, (4) motivational interviewing and the importance of motivation for change early in treatment, (5) the importance of support from group members.
Kaufman et al. (2017), UK.	To explore the lived experiences of female problem gamblers who have received	n=8, age range 30-55, female 8, ethnicity not identified.	Semi-structured interviews. Interpretative	Women experience waiting, time, cost, healthcare professionals, and limited information as practical barriers to treatment. Internal barriers to treatment

	gambling treatment. Interpret the participant's meaning of the challenges of seeking and receiving treatment.	CBT.	phenomenological analysis.	include feeling misunderstood, shame, denial, fear, ambivalence, and stigma. Emergent themes: (1) external barriers to treatment, (2) internal barriers to treatment
Mänsson et al. (2022), Sweden.	Examine the acceptability, feasibility, and long-term change associated with the gambling treatment.	n=21, age range 25-57, male 17, female 4, ethnicity not identified. Group CBT and Emotion Regulation Group Therapy.	Semi-structured interviews. Thematic analysis.	There were no negative impacts of the gambling treatment. Helpful components included increased strategies to cope with difficult emotions and awareness of emotional processes. Emergent themes: (1) keys to success and treatment components, (2) treatment delivery, (3) potential negative effects
Penfold & Ogden (2022a), UK.	To explore problem gamblers' experiences of available gambling interventions* whilst	n=10, age range 28-68, one participant did not disclose their age*, male 9,	Semi-structured interviews. Thematic analysis.	Participants experienced themes included: (1) "degrees of investment", factors of investment in and shared experiences of different interventions, (2) "social

	focusing on their reasoning and insights into the advantages and disadvantages of approaches.	female 1, all participants White British. n=5 received CBT and counselling.		comparison" of gambling experiences to others bolsters recovery goals, (3) "what works", what was effective for participants and why. Overarching these themes was that "experience is expertise", lived experience gamblers should be considered recovery experts, over and above professionals.
Rodda et al. (2013), Australia.	To define reasons for choice and recommendations of online counselling.	n=235, age range included 'younger than 30 years'** – 'older than 50 years', male 57.4%, female 42.6%, ethnicity not identified. Online counselling.	Open-ended questions via survey. Qualitative content analysis.	Motivations for using online counselling for gambling difficulties over the telephone or face-to-face counselling are due to barriers experienced of accessibility, shame, and stigma. Emergent themes: (1) confidentiality and anonymity, (2) convenience and accessibility, (3) service system access, (4) therapeutic medium.
Rodda et al. (2015), Australia.	To describe any concerns of service users presenting to an	n=85, age range included 'younger than 30 years'** –	Counselling transcripts. Thematic analysis.	Service users urgently presented for help in a crisis which involved significant recent gambling harms, emotional disturbance,

	online counselling service and to further describe counselling session contents from the service user perspective.	'older than 50 years', male 43, female 42, ethnicity not identified. Online counselling.		distress, and suicidal ideation. Service users also presented for information, advice, guidance, and support. Findings emphasised high readiness levels to change, often associated with low self-efficacy. Emergent themes: (1) telling their story, (2) exploring opportunities and readiness, (3) strategies and options.
Smith et al. (2016), Australia.	To evaluate the efficacy of Cognitive Therapy compared to Exposure Therapy.	n=8, age range 29-65, male 4, female 4, ethnicity not identified. Cognitive Therapy and Exposure Therapy groups.	Semi-structured interviews, Thematic analysis.	Positive outcomes from reductions in problematic gambling to improved psychosocial well-being. Participants described symptom improvement from both therapies. Exposure therapy participants described the acquisition of 'rational thought'. Cognitive therapy participants had 'taken over' gambling urges. Emergent themes: (1) participant's overall evaluation of the intervention (outcome), (2) how participant's experienced the intervention and its effects (process), (3) experiences of the therapy

	specific effects for CT participants, (4) experiences of the therapy specific effects for ET participant's, (5) relational interpretation of CT and ET specific effects.

Note.

** Penfold & Ogden (2022a). It also included comparisons of other gambling interventions, e.g., Gamblers Anonymous, to psychological gambling treatment, including CBT and counselling. Adult participants, 18 years old or over.*

*** Rodda et al. (2013); Rodda et al. (2015). Adult participants, 18 years old or over.*

Quality Appraisal Results

A summary of quality appraisal results is provided in Table 4. Quality appraisal suggested that reviewed studies were of variable quality. Most of the eight reviewed studies shared similar limitations when considering CASP (2018) criteria.

All studies clearly stated the aims of the research. Qualitative methodology was considered appropriate for all studies aside from Boughton et al. (2016). Only half of the reviewed studies were assessed to have utilised and justified an appropriate research design in consideration of specified aims. The majority of studies used appropriate participant recruitment. Three studies were considered not to have collected data in an adequate and justified manner to address the research issues. Only Penfold & Ogden (2022a) considered the relationship between the researcher and participants (reflexivity) fully and adequately. Similarly, this was the only study to adequately consider ethical issues, conduct sufficiently rigorous qualitative data analysis, and meet all criteria to an adequate standard. Half of the studies clearly stated, discussed, and considered their research findings. Finally, five of the studies were deemed to have offered valuable research contributions.

Table 4

Quality Appraisal Summary

Authors (Date)	CASP Checklist Questions* and Criteria Responses									
	1	2	3	4	5	6	7	8	9	10
	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Boughton et al. (2016)	Y**	N	N	CT	N	N	CT	N	N	CT

Harris & Mazmanian (2016)	Y	Y	Y	Y	Y	N	N	CT	CT	N
Kaufman et al. (2017)	Y	Y	Y	Y	Y	CT	N	CT	Y	Y
Mänsson et al. (2022)	Y	Y	CT	Y	Y	N	CT	CT	CT	N
Penfold & Ogden (2022a)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rodda et al. (2013)	Y	Y	Y	Y	CT	N	CT	CT	Y	Y
Rodda et al. (2015)	Y	Y	CT	CT	CT	N	CT	CT	CT	Y
Smith et al. (2016)	Y	Y	CT	Y	Y	N	N	CT	Y	Y

Note.

* Questions from the CASP qualitative checklist (2018).

** Criteria response options, Y = YES, CT = CAN'T TELL, N = NO, as defined by the CASP qualitative checklist (2018).

Overview of Themes

78 initial codes were identified across the eight reviewed studies. 17 descriptive themes were translated from the initial coding. Four analytic themes and 13 sub-themes were then interpreted from the descriptive themes. The theme development process stages are outlined in Appendix B. Table 5 outlines the analytic themes and sub-themes.

Table 5

Analytic Themes and Sub-themes

Analytic Themes	Analytic Sub-themes
Getting the treatment you need is difficult	Seeking and waiting
	Limited awareness and availability
	Internal barriers
Treatment can make a difference	Psychological models and techniques
	The therapeutic relationship
	Individual development
	Experience of treatment delivery mode varies
Obstacles along the way	Practical challenges
	Internal challenges
Gaining treatment perspectives	Adding perspective
	Comparing treatments and interventions
	Professional vs lived experience
	Recovery is an individual process

Thematic Synthesis

Themes and interpretations were deemed relevant to this review's research questions rather than those most prevalent in the review (Dixon-Woods et al., 2006; Toye et al., 2013). A 'transparent' narrative synthesis is presented with quotes, findings, and contributions to themes clearly outlined (Campbell et al. 2019). Additional quotes to support themes are in Appendix F. Figure 2 outlines a novel experiential process model. The model attempts to illuminate further the review themes.

Getting the Treatment You Need Is Difficult

This theme covers the difficult challenges that some participants experienced in first accessing psychological treatment for gambling difficulties. Five studies contributed to this theme.

Seeking and Waiting. Participants attempted to access and seek out psychological treatment when identifying they were in a gambling crisis (Kaufman et al., 2017; Rodda et al., 2013; Rodda et al., 2015; Smith et al., 2016). *"I am in the grips of a gambling hangover and having thoughts of doing stupid things"* (Rodda et al., 2015, p.120). Seeking psychological treatment was seen as an important step in getting help for their gambling addiction (Mänsson et al., 2022; Rodda et al., 2015). This included wanting to seek practical skills that would help (Rodda et al., 2015). Participants agreed that the process of waiting for psychological treatment is challenging and can result in difficult emotions and thoughts (Kaufman et al., 2017; Rodda et al., 2013; Rodda et al., 2015; Smith et al., 2016), *"…waiting seems to evoke anxiety, frustration and even desperation, with an element of uncertainty"* (Kaufman et al., 2017, p.981).

Limited Awareness and Availability. Gambling support was also seen as more available and commonplace for men rather than women by women (Kaufman et al., 2017). Participants described a limited general awareness of the types of psychological treatment or services that were available for gambling addiction (Kaufman et al., 2017; Rodda et al., 2013; Rodda et al., 2015). *"Four participants said that they did not know what other services were available or were not able to find any information on other options"* (Rodda et al., 2013, p.5). This limited awareness extended to healthcare professionals, and psychological treatment was also viewed as more available for drugs and alcohol than it is for gambling addiction (Kaufman et al., 2017). *"…I didn't realise there was an NHS thing… I don't think many people know about it… I went to the doctor a few times… they never advised me about it"* (Kaufman et al., 2017, p.982).

Internal Barriers. Participants also described internal barriers that impacted them when trying to access psychological treatment support. *"…clients discussed barriers to accessing support… conflict… perceived lack of support… feeling judged…"* (Rodda et al., 2015, p.125). Such internal barriers included difficult defences or ambivalence towards getting psychological support (Kaufman et al., 2017; Rodda et al., 2015), avoiding treatment (Kaufman et al., 2017; Rodda et al., 2015), thinking psychological treatment was too challenging for them (Kaufman et al., 2017; Rodda et al., 2015; Smith et al., 2016), denial of experiencing a gambling addiction (Kaufman et al., 2017; Mänsson et al., 2022), and experiencing shame and the stigma of having a gambling addiction (Kaufman et al., 2017; Rodda et al., 2013; Rodda et al., 2015). *"I didn't think I had a big problem, but clearly I did, that was me in denial…"* (Kaufman et al., 2017, p.982).

Treatment Can Make a Difference

This theme encompasses the experiences and views that psychological treatment was helpful and made a difference for most participants in this sample. Seven studies contributed to this theme.

Psychological Models and Techniques. Psychoeducation content about gambling and addiction was experienced as helpful (Boughton et al., 2016; Harris & Mazmanian, 2016; Mänsson et al., 2022; Rodda et al., 2013; Smith et al., 2016). *"… getting the home truth about the difference between talent and skill what chance is really about…"* (Smith et al., 2016, p.1251). Motivational interviewing was experienced as facilitating change (Harris & Mazmanian, 2016). However, mixed views are presented on the helpfulness of mindfulness (Boughton et al., 2016; Mänsson et al., 2022). Cognitive and exposure therapies were viewed as helpful for changing cognitions and limiting gambling (Smith et al., 2016). Structured, direct, and targeted treatment, including homework use was experienced positively (Smith et al., 2016). Using diaries within treatment was seen as helpful but challenging to keep up with consistently (Smith et al., 2016). Modifying the physical environment and gambling-related behaviours was useful (Harris & Mazmanian, 2016; Mänsson et al., 2022; Smith et al., 2016). *"Participants frequently reported that an important component of treatment… was to modify their environment and behaviours…"* (Harris & Mazmanian, 2016, p.890).

The Therapeutic Relationship. Being open and honest during treatment was an important component of psychological treatment, which was enabled by supportive relationships (Mänsson et al., 2022; Smith et al., 2016). *"being open and honest was an important part of the treatment. It felt a bit melancholic to terminate everything"* (Mänsson et al., 2022, p.8). Therefore, the therapeutic relationship between the treatment

professional and the client was experienced as a critical component of helpful psychological treatment (Rodda et al., 2013; Rodda et al., 2015; Smith et al., 2016). *"…it's good to talk to someone who, you know, totally different who's not a friend… it was someone who actually cared and just caring about the way she did her job"* (Smith et al., 2016, p.1249).

Individual Development. During psychological treatment, participants developed psychological insight and learned new skills to cope with their gambling addiction (Boughton et al., 2016; Harris & Mazmanian, 2016; Mänsson et al., 2022; Rodda et al., 2013; Rodda et al. 2015, Smith et al., 2016). *"I have developed an ongoing treatment plan for myself and recognize my abilities as well as the liabilities I still need to address"* (Boughton et al., 2016, p.1089). Participants came to accept that gambling was a difficulty in their lives and were motivated to change (Boughton et al., 2016; Harris & Mazmanian, 2016; Kaufman et al., 2017; Mänsson et al., 2022; Rodda et al., 2015; Smith et al., 2016). Emotional awareness (Boughton et al., 2016; Mänsson et al., 2022; Rodda et al., 2015; Smith et al., 2016) and self-compassion (Boughton et al., 2016; Harris & Mazmanian, 2016) developed. Participants identified gambling triggers and retained hope due to their treatment (Boughton et al., 2016; Harris & Mazmanian, 2016; Rodda et al., 2015; Smith et al., 2016). *"What happens in one's head and how to think in order to calm oneself, even if one cannot make the craving go away, but how to calm oneself in the moment, that has been the best part"* (Mänsson et al., 2022, p.7). Treatment was perceived as hard but worth it as new life goals developed (Harris & Mazmanian, 2016; Rodda et al., 2015; Smith et al., 2016). Participants recognised their strengths and extended psychological learning beyond their treatment (Boughton et al., 2016; Smith et al., 2016).

Experience of Treatment Delivery Mode Varies. Group psychological treatment was viewed as helpful, reduced isolation, supportive, and safe (Boughton et al., 2016; Harris & Mazmanian, 2016; Mänsson et al., 2022). *"…helped to have the support of other group members because they have a pretty good idea as to what I am going through"* (Harris & Mazmanian, 2016, p.891). Online psychological treatment was perceived as helpful (Boughton et al., 2016; Kaufman et al., 2017; Rodda et al., 2013), easy to access, safe, and a good place to start (Rodda et al., 2013). *"As was evident in their narratives, the webinar group was thought to be a critical component…"* (Boughton et al., 2016, p.1091). However, one study also identified it as not being helpful and could increase a sense of isolation (Penfold & Ogden, 2022a). *"When you're heavily in addiction it's very, er, solitary, and you're isolating so… having something online… for me would enhance my addiction"* (Penfold & Ogden, 2022a, p.8).

Obstacles Along the Way

This theme details the obstacles and challenges that some participants experienced during their psychological treatment. Five studies contributed to these challenges.

Practical Challenges. Limited physical accessibility to attend treatment was identified as a challenge (Kaufman et al., 2017). Completing psychometrics (Smith et al., 2016) and life responsibilities contributed to difficulties engaging in psychological treatment (Kaufman et al., 2017; Rodda et al., 2015; Smith et al., 2016). *"He terminated therapy though because of working 'a stupid amount of hours' that conflicted with operation times of the therapy centre"* (Smith et al., 2016, p.1249).

> *being a single female has because of the childcare side of it and also I've got a very big fear of separation anxiety over my children so… unless there was something*

available at meetings I wouldn't want to leave them with anybody

(Kaufman et al., 2017, p.982).

Internal Challenges. Participants identified internal challenges which made experiences of psychological treatment more challenging, such as not being ready to change their gambling behaviours (Kaufman et al., 2017; Mänsson et al., 2022; Rodda et al., 2015; Smith et al., 2016) and finding it difficult to hear other people's gambling stories (Mänsson et al., 2022; Penfold & Ogden, 2022a).

If you haven't decided to one hundred percent that 'I will do everything in my power to stop.' … if you hear the others who have gambled and their stories, I think that you yourself could experience urges… it depends on where you are simply in your 'stop gambling-process' (Mänsson et al., 2022, p.9).

Some participants described that ending their psychological treatment was challenging (Mänsson et al., 2022), and some did not want to lose gambling in their lives, which led to challenges within treatment (Kaufman et al., 2017; Mänsson et al., 2022; Smith et al., 2016). *"I am very shy, but then I was never shy in gambling… I do miss the confidence I had with it, I could walk into any casino and feel confident… I don't think I'll ever stop completely"* (Kaufman et al., 2017, p.986).

Gaining Treatment Perspectives

This theme comprises the perspectives many participants gained through individual experience of psychological treatment for gambling addiction, including views on recovery and comparisons of gambling interventions received to psychological treatment. Eight studies contributed to this theme.

Adding Perspective. Participants valued the importance of having a support network alongside their psychological treatment experiences for practical and emotional support (Harris & Mazmanian, 2016; Kaufman et al., 2017; Månsson et al., 2022; Rodda et al., 2015). Additionally, treatment alongside partners was recommended for individuals (Mänsson et al., 2022).

> *Family members and friends were often utilized for support, and to help carry out behavioural strategies, such as having a friend in place to contact in case of a strong urge to gamble and having family members hold onto money for them* (Harris & Mazmanian, 2016, p.890).

The psychological treatment experience was described as empowering (Smith et al., 2016). Such treatment was recommended to be personalised (Penfold & Ogden, 2022a) and offered at the right time for the individual experiencing gambling addiction (Kaufman et al., 2017; Rodda et al., 2015). *"… treatment came too late, highlighting the importance of timing for intervention."* (Kaufman et al., 2017, p.981).

Comparing Treatments and Interventions. Some participants in one study did not find the psychological treatment of counselling or CBT helpful and experienced Gamblers Anonymous interventions as more helpful (Penfold & Ogden, 2022a). *"I've done some CBT and I do find it's useful at the time but at the minute it stops, it's gone."* (Penfold & Ogden, 2022a, p.9). *"Participants conveyed that CBT did not provide for them something to 'truly believe in', that is, when embarking on a programme of CBT, whereas attending their first Gamblers Anonymous meetings did provide this for them."* (Penfold & Ogden, 2022a, p.7). However, other participants experienced psychological treatments as more helpful than other treatments (Boughton et al., 2016; Smith et al., 2016). *"They wrote of experiencing more positive benefits than they had gleaned from other forms of treatment."*

(Boughton et al., 2016, p.1089). Additional comparisons through treatment experience included that online counselling could be beneficially offered alongside other treatments, e.g., as support between sessions (Rodda et al., 2013), group psychological treatment could be combined with tailored individual sessions (Mänsson et al., 2022), and that structured gambling psychological treatment was more helpful than general counselling options (Smith et al., 2016).

Professional vs Lived Experience. Participants valued the support of a psychological treatment professional (Rodda et al., 2013).

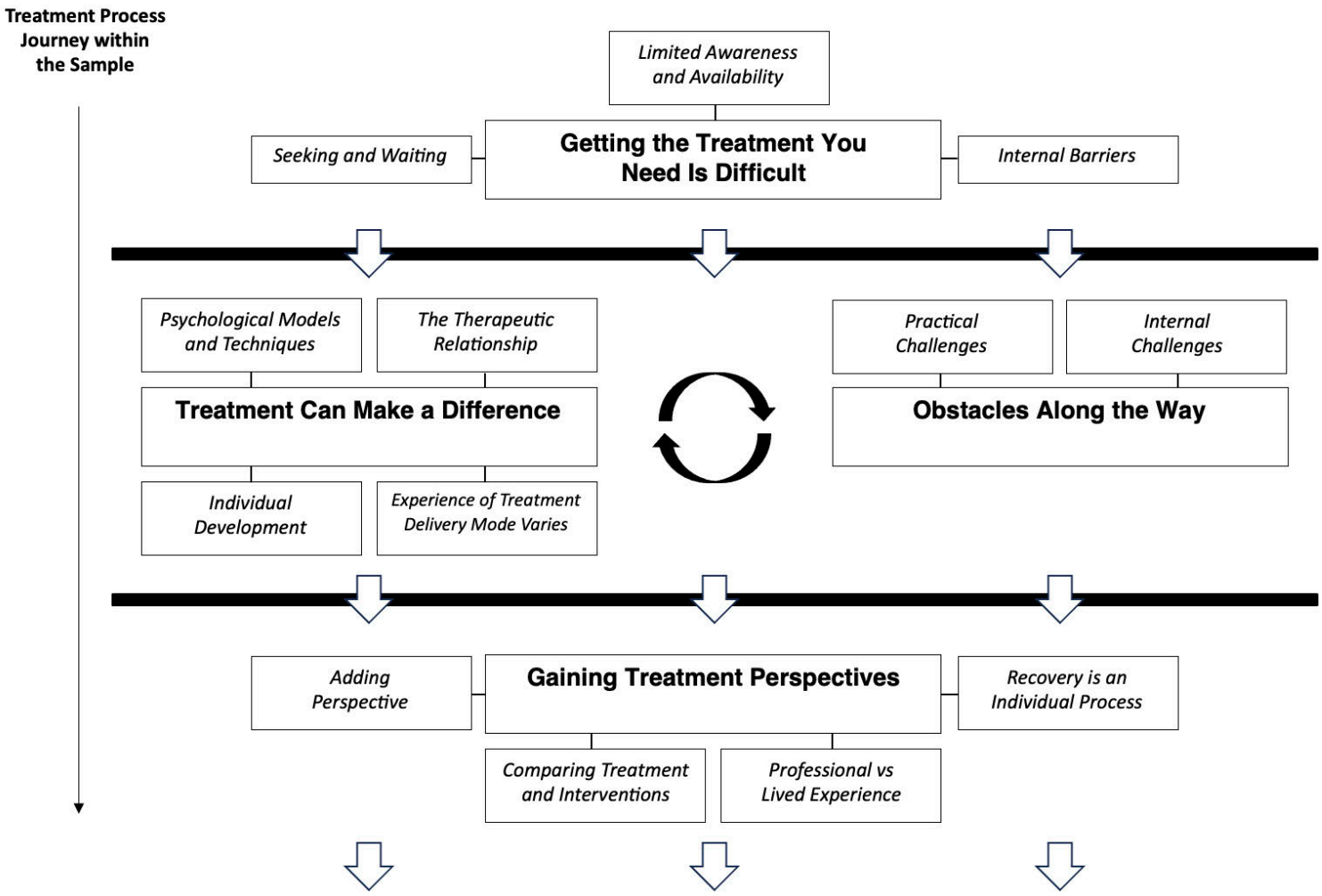
> *Eighteen participants reported that they experienced the relationship with the online counsellor as non-judgemental and understanding… the counsellor knew what they were going through… being able to access an independent/neutral professional was viewed as helpful in problem-solving… the counsellor was viewed as empathic, expert, and credible* (Rodda et al., 2013, p.5).

However, some other participants found that healthcare professionals had a limited understanding of their gambling addictions (Kaufman et al., 2017). *"I'm sure if you were going to a bereavement counsellor they would have experience of bereavement, so why should you be a gambling counsellor and not have experience of gambling"* (Kaufman et al., 2017, p.985). Moreover, lived experience support was also perceived by some participants as being fundamental to recovery from gambling addiction (Kaufman et al., 2017; Penfold & Ogden, 2022a). *"Transcending the main themes was that experience is expertise and that gamblers are the authority on gambling addiction recovery over and above 'trained professionals' with no gambling experience."* (Penfold & Ogden, 2022a, p.12).

Recovery is an Individual Process. Participants acknowledged that informal recovery is possible, without psychological treatment, through learning from their own experiences and using self-help strategies (Kaufman et al., 2017; Rodda et al., 2015). *"She explains she was already abstinent 'by the time' she was offered help."* (Kaufman et al., 2017, p.981). Participants described that what helps individuals recover from gambling addiction is different for everyone (Kaufman et al., 2017; Penfold & Ogden, 2022; Smith et al., 2016). Additionally, participants in the majority of studies explained that gambling addiction recovery is an ongoing process post-psychological treatment. *"Some viewed the treatment as the start of a 'change process'…"* (Mänsson et al., 2016, p.9). *"It helps keep me vigilant and aware that I shouldn't take recovery for granted – it is something that has to be continually worked at"* (Boughton et al., 2016, p.1089).

Figure 2

Process Model of Analytic Themes



Discussion

Summary

This review conducted a novel systematic and qualitative evidence synthesis exploring the individual experience of psychological treatment for gambling addiction or difficulties with gambling. Such experiences, including what was experienced as helpful and challenging in an individual's psychological treatment journey, were synthesised under four analytic themes: *getting the treatment you need is difficult*, *treatment can make a difference*, *obstacles along the way*, and *gaining treatment perspectives*.

Getting the Treatment You Need Is Difficult

This review identified difficulties and challenges individuals experienced when seeking and waiting for psychological treatment. These included individuals seeking psychological treatment amid a gambling crisis. This finding is supported by wider research, although it is not an experience shared by all individuals seeking gambling treatment (Bellringer et al., 2008; Evans & Delfabbro, 2005; Itäpuisto, 2019; Pulford et al., 2009). The reviewed sample established a limited awareness and availability of gambling psychological treatment, which has also been identified as a general difficulty in wider gambling research (Gainsbury et al., 2014; McMillen et al., 2004). Wider literature indeed acknowledges that relatively few people seek gambling treatment (Bijker et al., 2022). As found in this review, waiting for addiction treatment is a common detrimental experience and is also a challenge for individuals within universal healthcare systems (Pascoe et al., 2013). Internal barriers to accessing treatment, such as ambivalence, avoidance, denial, shame, and stigma, were also found within the review. Such internal barriers to accessing treatment have been highlighted within the existing gambling research literature (Baxter et al., 2015; Gainsbury et al., 2014; Hing et al., 2014; Loy et al., 2019; Pulford et al., 2009;

Suurvali et al., 2009) and similar barriers to accessing treatment have also been found within substance use addictions (Farhoudian et al., 2022).

Treatment Can Make a Difference

Individuals in this review mostly found specific psychological models and techniques helpful in making a difference. Gambling psychoeducation was found to be a helpful intervention, as supported by McIntosh and O'Neill (2017). Cognitive therapies, including CBT, the use of exposure techniques, modifying behaviours, environments, and structured, directly targeted work, were helpful interventions within gambling treatment. Such findings are supported by research investigating the effectiveness of psychological gambling treatments (Di Nicola et al., 2020; Petry et al., 2017; Ribeiro et al., 2021; Thomas et al., 2011). Motivational interviewing was also found within this review to be a helpful intervention, as reported by existing research (Di Nicola et al., 2020; Yakovenko et al., 2015). This review identified some mixed views towards the helpfulness of mindfulness, which is generally reported as a positive intervention in wider literature (de Lisle et al., 2012; Maynard et al., 2015; McIntosh et al., 2016).

The review found that extending such models and techniques was the importance of the therapeutic relationship in gambling psychological treatment. This relationship between client and therapist strongly predicts gambling treatment effectiveness (Dowling & Cosic, 2011; Smith et al., 2004) and is also perceived as significant for substance misuse treatment (Kothari et al., 2010; Meier et al., 2005). Importantly, individuals from this sample were found to experience significant psychological development, e.g., developing insight, emotional awareness, and new coping skills, resulting from their psychological treatment. Such findings are supported via investigations of individual impacts, change

mechanisms, and targets of psychological treatment for gambling (Gomes & Pascual-Leone, 2009; McIntosh & O'Neill, 2017; Menchon et al., 2018; Petry et al., 2007). Psychological treatment incorporating group therapy for gambling has previously been identified as helpful (Carlbring et al., 2009; Ede et al., 2020; Jiménez-Murcia et al., 2007; Piquette-Tomei et al., 2008), and this review supported such findings due to group therapies reducing isolation, alongside being a supportive, shared, and safe space. Online psychological treatment experiences were found to be experienced positively; online treatment effectiveness has also been supported by review and meta-analysis (Augner et al., 2022). However, as identified within this review, online treatment may risk increasing isolation (Penfold & Ogden, 2022a).

Obstacles Along the Way

Whilst treatment was able to make a difference, individuals in this review experienced some practical challenges with their psychological treatment, such as limited physical accessibility, completing psychometrics, and more frequently reported, life responsibilities detrimentally impacting an individual's ability to engage with treatment. Such practical engagement challenges within treatment have previously been identified by Suurvali et al. (2009) review of barriers to gambling treatment. Obstacles during treatment were also found to be experienced internally within the research sample, including limited readiness to change, difficulties in hearing gambling-related stories and experiencing endings within psychology treatment. Previous research has emphasised the high relapse and dropout rates of psychological treatment for gambling (Aragay et al., 2015; Melville et al., 2007; Petry, 2005) and for substance addictions (Lappan et al., 2019). Interestingly, Pfund et al. (2018) found that gambling treatment drop-out was most likely during earlier psychology treatment sessions. However, further research is required to explore how

challenges experienced within psychology treatment may contribute to psychology treatment disengagement or gambling relapses.

Gaining Treatment Perspectives

Individuals, through their experiences, added their perspectives towards gambling psychological treatment. These perspectives included the importance of the right timing for psychological treatment, having support networks alongside their treatment, and recommendations of treatment with respective partners. In a comparative qualitative study conducted by Tremblay et al. (2018), the authors found that gambling therapy alongside partners was experienced more positively than individual therapy. The involvement of support networks and partners within gambling treatment has also been positively supported by wider literature (Ingle et al., 2008; Kourgiantakis et al., 2013; Petry & Weiss, 2009). The importance of personalising psychological treatment to the individual was also found within this review, and such adaptations are supported by Bodor et al. (2021). Individualised treatment has been further recommended via Pickering et al. (2019) qualitative study involving the lived experience perspectives of gambling service users who had experienced gambling interventions.

This review's findings also included comparisons of psychological treatment and interventions for gambling. Although the review findings offered general support towards the helpful experience of psychological treatment for gambling, this was not an all-inclusive finding. The reviewed Penfold & Ogden (2022a) study findings included participants explaining that CBT was not as helpful as Gamblers Anonymous, and that CBT was only useful in the short term. However, Penfold & Ogden acknowledge that research is limited in supporting Gamblers Anonymous as a gambling intervention (further acknowledged by

Schuler et al., 2016) or research that compares the helpfulness of Gamblers Anonymous with gambling psychological treatment experiences. Furthermore, CBT has been found, via the research and reviews mentioned earlier, to be the most effective gambling psychological treatment. Moreover, this review also identified individuals in this sample, describing psychological treatments as more helpful than other treatments. Such treatments may be combined effectively, such as group and individual, considering between-session support, and structured treatment being more helpful than general counselling. This review has therefore identified that further research exploring the experience of gambling treatments and comparisons between lived experiences of gambling treatment options would be beneficial.

Individuals compared the helpfulness of professional vs. lived experience within gambling psychological treatment. Mixed views were found on the benefits of experiencing professionals delivering treatment (Rodda et al., 2013), limited professional understanding (Kaufman et al., 2017), and lived experience being valued above professional experience (Kaufman et al., 2017; Penfold & Ogden, 2022a) when considering recovery from gambling. Nonetheless, the value of involving gambling lived experience individuals is fundamental when considering future gambling treatment, gambling harms, and research (Norrie et al., 2022; Nyemcsok et al., 2022; Ortiz et al., 2021). Ultimately, recovery from gambling and what was helpful for gambling treatment within this review was seen as an individual and ongoing process. The wider literature acknowledges that some individuals may recover without formal treatment (Bischof et al., 2020; Hodgins et al., 2022; Vasiliadis & Thomas, 2018) and that recovery from gambling is complex and an individualistic process (Gavriel-Fried & Lev-el, 2020; Pickering et al., 2019).

Quality Appraisal Critique

The findings of this review should be interpreted with significant caution due to the variability in the quality of the research. The overall quality of the research sample was particularly weak when considering limits on sufficiently rigorous qualitative data analysis, consideration of ethical issues, and exploration of the relationship between participants and researchers (reflexivity). Considering reflexivity, potential ethical issues, and conducting rigorous data analysis through established qualitative methodology are essential to good qualitative research (Johnson et al., 2020; Kendall & Halliday, 2014; Newton et al., 2011; Rae & Green, 2016). Each reviewed study was given equal weighting, regardless of appraised quality, when considering theme development as weaker quality research contributed to the qualitative evidence synthesis. Application of a post-hoc sensitivity analysis (Lewin et al., 2018) could have identified weighting and contributions issues, thus increasing the confidence that could be applied to the review findings (Carroll & Booth, 2015).

Quality appraisal is a critical process within systematic review (Carroll et al., 2013). However, the appraisal of qualitative research is contested, and using CASP risks further biases (Garside, 2014; Noyes et al., 2019). CASP can be considered weak in evaluation and favouring research with limited value (Dixon-Woods et al., 2007; Hannes et al., 2010). The reviewed studies may have had difficulties in meeting CASP quality considering journal word limits and mixed-methodology research (n=4).

Limitations

Several other limitations of this review are important to consider. It is important to remember that this QES offers limited transferability, as themes only represent the

interpreted reviewed sample, not real-world phenomena. There are opportunities for biases and subjectivity to present when conducting qualitative systematic reviews and evidence syntheses (Bearman & Dawson, 2013). Inter-rater reliability checks and discussions were included to limit biases within the eligibility process, quality appraisal, and an independent reviewer also assessed the overall quality and rigour of the review. Nonetheless, interpreting the synthesis was conducted by a single reviewer. Attempts to limit subjectivity included attending to reflexivity considerations. The primary author attempted to describe and capture gambling experiences within the research sample with a non-biased and openly analytical lens. Contradictory data is also considered and presented within the synthesis. However, the primary author's prior experiences of gambling and offering psychological treatment to individuals with gambling addiction are important to consider. This relationship, when synthesising data, may have offered a greater understanding of gambling experiences but may have also interpreted the helpful impacts of psychological treatment more favourably.

The lack of the use of grey literature may have resulted in missing out on the contributions of some valuable gambling psychological treatment research evidence (Baxter et al., 2021). Cultural differences in experiences of gambling and psychological treatment for gambling will also be present within this review as behaviours, social norms, availability of psychological treatment, and national gambling policies differ (Raylu & Oei, 2004). The reviewed studies only represent samples of psychological treatment experiences from Australia (n=3), the UK (n=2), Canada (n=2), and Sweden (n=1). The reviewed research included treatment experiences of both men and women. Unfortunately, five of the eight reviewed studies did not fully present sample ethnicity demographics; the three studies that did recruited mostly White participants. Health inequalities and gambling

harms are dependent upon specific demographics (Raybould et al., 2021), which may include barriers to treatment, and there is a limited (known) representation of different participant ethnicities in this review sample.

Implications and Future Directions

First, clinical psychological gambling treatment services should review individual accessibility of their treatment services, increase awareness, and signpost to or offer support to individuals seeking help while waiting for psychological treatment. Such psychological treatments should look to incorporate psychoeducation, direct, targeted, and structured cognitive models, e.g., CBT and exposure therapies, and motivational interviewing techniques. Mindfulness strategies may also be helpful for some, but not all. Awareness of facilitators of change and challenges experienced within treatment, identified in this review, is likely to be particularly helpful. Clinicians should be wary that the therapeutic relationship developed and held with service users is critical to successful gambling treatment outcomes. Services may want to review their offers of group therapy, online therapy, between-session support, and interventions offered alongside partners to ensure that these interventions are person-centred, flexible, and aligned with individualised treatment goals. The importance of lived experience support has been emphasised and should be offered alongside or as part of service psychological treatment offers. It is also important to remember that recovery from gambling is an ongoing process, and services should offer treatment pathways back into services and the ongoing offer of both formal and informal support options.

Future research would benefit from higher quality and further qualitative research into the individual experience of psychological treatment for gambling. Particularly

conducting rigorous qualitative data analysis, considerations of ethical issues and reflexivity. Future research that would benefit the current literature may include comparisons of gambling treatment experiences and qualitative research exploring reasons for psychological treatment disengagement or treatment dropout.

Conclusion

The findings from this synthesis illuminate the individual experiences of psychological treatment for gambling. Individuals explained their experiences of getting the psychological treatment they needed as difficult. There was limited awareness and availability, whilst the process of seeking and waiting for treatment was unhelpful, alongside experiencing internal barriers to accessing this. Most individuals found psychological treatment helpful, with particular models and techniques experienced as beneficial, resulting in individual psychological development, supported by good therapeutic relationships, although participant experiences of delivery mode formats varied. However, this was not without obstacles, as practical and internal challenges were experienced within psychology treatment and were barriers to treatment engagement. Finally, individuals gained treatment perspectives through their experiences, which informed their views, ideas, comparisons of treatment, values, and understanding of gambling recovery.

References

Abbott, M. W. (2020). Gambling and gambling-related harm: Recent World Health Organization initiatives. *Public Health, 184*, 56-59. https://doi.org/10.1016/j.puhe.2020.04.001

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Aragay, N., Jiménez-Murcia, S., Granero, R., Fernández-Aranda, F., Ramos-Grille, I., Cardona, S., Garrido, G., Anisul Islam, M., Menchón, J. M., & Vallès, V. (2015). Pathological gambling: Understanding relapses and dropouts. *Comprehensive Psychiatry*, *57*, 58–64. https://doi.org/10.1016/j.comppsych.2014.10.009

Augner, C., Vlasak, T., Aichhorn, W., & Barth, A. (2022). Psychological online interventions for problem gambling and gambling disorder – A meta-analytic approach. *Journal of Psychiatric Research, 151*, 86-94. https://doi.org/10.1016/j.jpsychires.2022.04.006

Barrault, S., Mathieu, S., Brunault, P., & Varescon, I. (2019). Does gambling type moderate the links between problem gambling, emotion regulation, anxiety, depression and gambling motives. *International Gambling Studies*, *19*(1), 54–68. https://doi.org/10.1080/14459795.2018.1501403

Barrett, A., Kajamaa, A., & Johnston, J. (2020). How to … be reflexive when conducting qualitative research. *The Clinical Teacher, 17*(1), 9-12. https://doi.org/10.1111/tct.13133

Baxter, A., Salmon, C., Dufresne, K., Carasco-Lee, A., & Matheson, F. I. (2015). Gender differences in felt stigma and barriers to help-seeking for problem gambling. *Addictive Behaviors Reports, 3*, 1-8. https://doi.org/10.1016/j.abrep.2015.10.001

Baxter, D. G., Nicoll, F., & Akcayir, M. (2021). *Grey literature is a necessary affect in a critical approach to gambling research* [Conference session]. Twentieth-Second International Conference on Grey Literature, Online Conference.

Bearman, M., & Dawson, P. (2013). Qualitative synthesis and systematic review in health professions education. *Medical Education, 47(3).* 252-260. https://doi.org/10.1111/medu.12092

Bellringer, M., Pulford, J., Abbott, M., DeSouza, R., & Clarke, D. (2008). *Problem gambling – barriers to help seeking behaviours.* Auckland University of Technology. Gambling Research Centre. https://phmhri.aut.ac.nz/__data/assets/pdf_file/0007/7567/barrier_report_2008.pdf

Bergeron, P. -Y., Giroux, I., Chrétien, M., & Bouchard, S. (2022). Exposure therapy for gambling disorder: Systematic review and meta-analysis. *Current Addiction Reports*, *9*(3), 179–194. https://doi.org/10.1007/s40429-022-00428-5

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. https://doi.org/10.1111/add.15952

Bischof, A., Bischof, G., Meyer, C., Ulrich, J., Hodgins, D., & Rumpf, H. J. (2020). Untreated pathological gamblers: Who recovers and who does not?. *International Gambling Studies, 20*(2), 200-213. https://dx.doi.org/10.1080/14459795.2019.1703201

Bodor, D., Ricijaš, N., & Filipčić, I. (2021). Treatment of gambling disorder: Review of evidence-based aspects for best practice. *Current Opinion in Psychiatry, 34*(5), 508-513. https://doi.org/10.1097/YCO.0000000000000728

Booth, A. (2016). Searching for qualitative research for inclusion in systematic reviews: A structured methodological review. *Systematic Reviews, 5*, 74, https://doi.org/10.1186/s13643-016-0249-x

Boughton, R. R., Jindani, F., & Turner, N. E. (2016). Group treatment for women gamblers using web, teleconference, and workbook: Effectiveness pilot. *International Journal of Mental Health and Addiction, 14*(6), 1074-1095. https://doi.org/10.1007/s11469-016-9700-4

Bowden-Jones, H., Drummond, C., & Thomas, S. (2016, December). *Rapid evidence review of evidence-based treatment for gambling disorder in Britain*. Retrieved July 16, 2021, from https://www.rcpsych.ac.uk/docs/default-source/members/faculties/addictions-psychiatry/addictions-resources-for-specialists-rapid-evidence-for-gambling.pdf?sfvrsn=736e144a_2

Browne, B. R. (1994). Really not god: Secularization and pragmatism in Gamblers Anonymous. *Journal of Gambling Studies, 10*(3), 247-260. https://doi.org/10.1007/bf02104966

Calado, F., & Griffiths, M. D. (2016). Problem gambling worldwide: An update and systematic review of empirical research (2000–2015). *Journal of Behavioral Addictions*, *5*(4), 592–613. https://doi.org/10.1556/2006.5.2016.073

Campbell, M., Katikireddi, S. V., Sowden, A., & Thomson, H. (2019). Lack of transparency in reporting narrative synthesis of qualitative data: A methodological assessment of systematic reviews. *Journal of Clinical Epidemiology, 105*, 1-9. https://doi.org/10.1016/j.jclinepi.2018.08.019

Carlbring, P., Jonsson, J., Josephson, H., & Forsberg, L. (2010). Motivational interviewing versus cognitive behavioral group therapy in the treatment of problem and

pathological gambling: A randomized controlled trial. *Cognitive Behaviour Therapy*, *39*(2), 92–103. https://doi.org/10.1080/16506070903190245

Carroll, C. (2017). Qualitative evidence synthesis to improve implementation of clinical guidelines. *BMJ*, j80. https://doi.org/10.1136/bmj.j80

Carroll, C., & Booth, A. (2015). Quality assessment of qualitative evidence for systematic review and synthesis: Is it meaningful, and if so, how should it be performed? *Research Synthesis Methods, 6*(2), 149-164. https://doi.org/10.1002/jrsm.1128

Carroll, C., Booth, A., Leaviss, J., & Rick, J. (2013). “Best fit” framework synthesis: refining the method. *BMC Medical Research Methodology, 13*(1), 37. https://doi.org/10.1186/1471-2288-13-37

Carroll, C., Booth, A., & Lloyd-Jones, M. (2012). Should we exclude inadequately reported studies from qualitative systematic reviews? An evaluation of sensitivity analyses in two case study reviews. *Qualitative Health Research, 22*(10), 1425-1434. https://doi.org/10.1177/1049732312452937

Christensen, D. R., Dowling, N. A., Jackson, A. C., Brown, M., Russo, J., Francis, K. L., & Umemoto, A. (2013). A proof of concept for using brief dialectical behaviour therapy as a treatment for problem gambling. *Behaviour Change, 30*(2), 117-137. https://doi.org/10.1017/bec.2013.10

Clarivate. (2023). *EndNote (Version 21)* [Computer software]. https://endnote.com/

Critical Appraisal Skills Programme. (2018). *CASP Qualitative Checklist*. CASP-UK. www.casp-uk.net/casp-tools-checklists/

Conolly, A., Fuller, E., Jones, H., Maplethorpe, N., Sondaal, A., & Wardle, H. (2017, August). *Gambling behaviour in Great Britain in 2015: Evidence from England, Scotland, and Wales.* https://www.eprints.gla.ac.uk/239091/

Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: The SPIDER tool for qualitative evidence synthesis. *Qualitative Health Research, 22*(10), 1435-1443. https://doi.org/10.1177/1049732312452938

Cunningham, J. A. (2005). Little use of treatment among problem gamblers. *Psychiatric Services, 56*(8), 1024-1025. https://doi.org/10.1176/appi.ps.56.8.1024-a

Davies, R. (2020, December 4). 'Reformer's shopping list': Gambling laws review starts next week. *The Guardian.* https://www.theguardian.com/society/2020/dec/04/uk-gambling-laws-review-to-consider-ban-sports-sponsorship

De Lisle, S. M., Dowling, N. A., & Allen, J. S. (2012). Mindfulness and problem gambling: A review of the literature. *Journal of Gambling Studies*, *28*(4), 719–739. https://doi.org/10.1007/s10899-011-9284-7

Di Nicola, M., De Crescenzo, F., D'Alò, G. L., Remondi, C., Panaccione, I., Moccia, L., Molinaro, M., Dattoli, L., Lauriola, A., Martinelli, S., Giuseppin, G., Maisto, F., Crosta, M. L., Di Pietro, S., Amato, L., & Janiri, L. (2020). Pharmacological and psychosocial treatment of adults with gambling disorder: A meta-review. Journal of Addiction Medicine, 14(4), e15-e23. https://doi.org/10.1097/adm.0000000000000574

Dixon, M. R., Wilson, A. N., & Habib, R. (2016). Neurological evidence of acceptance and commitment therapy effectiveness in college-age gamblers. *Journal of Contextual Behavioral Science, 5(*2), 80-88. Htttps://doi.org/10.1016/j.jcbs.2016.04.004

Dixon-Woods, M., Bonas, S., Booth, A., Jones, D. R., Miller, T., Sutton, A. J., Shaw, R. L., Smith, J. A., & Young, B. (2006). How can systematic reviews incorporate qualitative research? A critical perspective. *Qualitative Research, 6*(1), 27-44. https://doi.org/10.1177/1468794106058867

Dixon-Woods, M., Shaw, R. L., Agarwal, S., & Smith, J. A. (2004). The problem of appraising qualitative research. *Quality and Safety in Health Care, 13(3)*, 223-225.

https://doi.org/10.1136/qhc.13.3.223

Dixon-Woods, M., Sutton, A., Shaw, R., Miller, T., Smith, J., Young, B., Bonas, S., Booth, A., & Jones, D. (2007). Appraising qualitative research for inclusion in systematic reviews: A quantitative and qualitative comparison of three methods. *Journal of Health Services Research & Policy, 12(1),* 42-47. https://doi.rg/10.1258/135581907779497486

Dowling, N. A., & Cosic, S. (2011). Client engagement characteristics associated with problem gambling treatment outcomes. *International Journal of Mental Health and Addiction, 9*(6), 656-671. https://doi.org/10.1007/s11469-010-9298-x

Dowling, N. A., Cowlishaw, S., Jackson, A. C., Merkouris, S. S., Francis, K. L., & Christensen, D. R. (2015). Prevalence of psychiatric co-morbidity in treatment-seeking problem gamblers: A systematic review and meta-analysis. *Australian & New Zealand Journal of Psychiatry*, *49*(6), 519–539. https://doi.org/10.1177/0004867415575774

Dowling, N. A., Merkouris, S. S., Greenwood, C. J., Oldenhof, E., Toumbourou, J. W., & Youssef, G.J . (2017). Early risk and protective factors for problem gambling: A systematic review and meta-analysis of longitudinal studies. *Clinical Psychology Review, 51*, 109-124. https://doi.org/10.1016/j.cpr.2016.10.008

Dowling, N. A., Merkouris, S. S., Lubman, D., Thomas, S., Bowden-Jones, H., & Cowlishaw, S. (2022). Pharmacological interventions for the treatment of disordered and problem gambling. *The Cochrane Database of Systematic Reviews*, *9*(9). https://doi.org/10.1002/14651858.CD008936.pub2

Ede, M. O., Omeje, J. C., Ncheke, D. C., Agah, J. J., Chinweuba, N. H., & Maoke, C. V. (2020). Assessment of the effectiveness of group cognitive behavioural therapy in reducing pathological gambling. *Journal of Gambling Studies, 36*(4), 1325-1339. https://doi.org/10.1007/s10899-020-09981-y

Evans, L., & Delfabbro, P. H. (2005). Motivators for change and barriers to help-seeking in Australian problem gamblers. *Journal of Gambling Studies, 21*(2), 133-155. https://doi.org/10.1007/s10899-005-3029-4

Farhoudian A., Razaghi, E., Hooshyari, Z., Noroozi, A., Pilevari, A., Mokri, A., Mohammadi, M. R., & Malekinejad, M. (2022). Barriers and facilitators to substance use disorder treatment: An overview of systematic reviews. *Substance Abuse: Research and Treatment, 16*, 117822182211184. https://doi.org/10.1177/1178221118462

Ferentzy, P., Skinner, W., & Antze, P. (2006). Recovery in Gamblers Anonymous. *Journal of Gambling Issues, 17,* 1-21. https://doi.org/10.4309/jgi.2006.17.6

Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the "phenomenological psychological attitude". *Journal of Phenomenological Psychology*, *39*(1), 1–32. https://doi.org/10.1163/156916208X311601

Flemming, K., & Noyes, J. (2021). Qualitative evidence synthesis: Where are we at?. *International Journal of Qualitative Methods, 20*, 1-13. https://doi.org/10.1177/1609406921993276

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), 503-519. https://doi.org/10.1007/s10899-013-9373-x

Gainsbury, S. M. (2014). Review of self-exclusion from gambling venues as an intervention for problem gambling. *Journal of Gambling Studies*, *30*(2), 229–251. https://doi.org/10.1007/s10899-013-9362-0

Gambling Commission (2023, May). *Statistics on participation and problem gambling for the year to March 2023.* https://www.gamblingcommission.gov.uk/statistics-and-

research/publication/statistics-on-participation-and-problem-gambling-for-the-year-to-march-2023

Garside, R. (2014). Should we appraise the quality of qualitative research reports for systematic reviews, and if so, how?. *Innovation: the European Journal of Social Science Research, 27*(1), 67-79. https://doi.org/10.1080/13511610.2013.777270

Gavriel-Fried, B., & Lev-el, N. (2020). Mapping and conceptualizing recovery capital of recovered gamblers. *American Journal of Orthopsychiatry, 90*(1), 22-36. https://doi.org/10.1037/ort0000382

George, S., Ijeoma, O., & Bowden-Jones, H. (2013). Gamblers Anonymous: Overlooked and underused?. *Advances in Psychiatric Treatment*, *19*(1), 23–29. https://doi.org/10.1192/apt.bp.111.009332

Giroux, I., Goulet, A., Mercier, J., Jacques, C., & Bouchard, S. (2017). Online and mobile interventions for problem gambling, alcohol, and drugs: A systematic review. *Frontiers in Psychology, 8*, 8. https://doi.org/10.3389/fpsyg.2017.00954

Glenton, C., Colvin, C., Carlsen, B., Swartz, A., Lewin, S., Noyes, J., & Rashidian, A. (2013). Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: Qualitative evidence synthesis. *The Cochrane Database of Systematic Reviews, 2013*(10), CD010414. https://doi.org/10.1002/14651858.cd010414

Gomes, K., & Pascual-Leone, A. (2009). Primed for change: Facilitating factors in problem gambling treatment. *Journal of Gambling Studies, 25*(1), 1-17. https://doi.org/10.1007/s10899-008-9111-y

Grant, J. E., Odlaug, B. L., & Schreiber, L. R. N. (2014). Pharmacological treatments in pathological gambling. *British Journal of Clinical Pharmacology, 77*(2), 375-381. https://doi.org/10.1111/j.1365-2125.2012.04457.x

Hannes, K., Lockwood, C., & Pearson, A. (2010). A comparative analysis of three online appraisal instruments' ability to assess validity in qualitative research. *Qualitative Health Research, 20(12),* 1736-1743. https://doi.org/10.1177/1049732310378656

Harris, N., & Mazmanian, D. (2016). Cognitive behavioural group therapy for problem gamblers who gamble over the internet: A controlled study. *Journal of Gambling Issues, 33*, 170-188. https://doi.org/10.4309/jgi.2016.33.10

Hing, N., Breen, H., Gordon, A., & Russell, A. (2014). Gambling harms and gambling help-seeking amongst indigenous Australians. *Journal of Gambling Studies, 30*(3), 737-755. https://doi.org/10.1007/s10899-013-9388-3

Hodgins, D. C., Williams, R. J., Belanger, Y. D., Christensen, D. R., El-Guebaly, N., McGrath, D. S., Nicoll, F., Shaw, C. A., & Stevens, R. M. G. (2022). Making change: Attempts to reduce or stop gambling in a general population sample of people who gamble. *Frontiers in Psychiatry*, *13*, 892238. https://doi.org/10.3389/fpsyt.2022.892238

Hoover, R. S. & Koerber, A. L. (2011). Using NVivo to answer the challenges of qualitative research in professional communication: Benefits and best practices tutorial. *Transactions on Professionals Communication, 54*(1), 68-82. https://doi.org/10.1109/TPC.2009.2036896

Humphreys, K. (2004). *Circles of recovery: Self-help organizations for addictions*. Cambridge Press.

Ingle, P. J., Marotta, J., McMillan, G., & Wisdom, J. P. (2008). Significant others and gambling treatment outcomes. *Journal of Gambling Studies*, *24*(3), 381–392. https://doi.org/10.1007/s10899-008-9092-x

Itäpuisto, M. (2019). Problem gambler help-seeker types: Barriers to treatment and help-seeking processes. *Journal of Gambling Studies, 35*(3), 1035-1045. https://doi.org/10.1007/s10899-019-09846-z

Jhanjee, S. (2014). Evidence based psychosocial interventions in substance use. *Indian Journal of Psychological Medicine, 36*(2), 112-118. https://doi.org/10.4103/0253-7176.130960

Jiménez-Murcia, S., Álvarez-Moya, E. M., Granero, R., Neus Aymami, M., Gómez-Peña, M., Jaurrieta, N., Sans, B., Rodriguez-Marti, J., & Vallejo, J. (2007). Cognitive–behavioral group treatment for pathological gambling: Analysis of effectiveness and predictors of therapy outcome. *Psychotherapy Research*, *17*(5), 544–552. https://doi.org/10.1080/10503300601158822

Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education*, *84*(1), 7120. https://doi.org/10.5688/ajpe7120

Johnstone, P., & Regan, M. (2020). Gambling harm is everybody's business: A public health approach and call to action. *Public Health, 184,* 63-66. https://doi.org/10.1016/j.puhe.2020.06.010

Kaufman, A., Jones Nielsen, J. D., & Bowden-Jones, H. (2017). Barriers to Treatment for Female Problem Gamblers: A UK Perspective. *Journal of Gambling Studies*, *33*(3), 975–991. https://doi.org/10.1007/s10899-016-9663-1

Kendall, S., & Halliday, L. E. (2014). Undertaking ethical qualitative research in public health: Are current ethical processes sufficient? *Australian and New Zealand Journal of Public Health, 38*(4), 306-310. https://doi.org/10.1111/1753-6405.12250

Kessler, R. C., Hwang, I., LaBrie, R., Petukhova, M., Sampson, N. A., Winters, K. C., & Shaffer, H. J. (2008). DSM-IV pathological gambling in the national comorbidity

survey replication. *Psychological Medicine*, *38*(9), 1351–1360. https://doi.org/10.1017/S0033291708002900

Kothari, G., Hardy, G., & Rowse, G. (2010). The therapeutic relationship between therapists and substance-using clients: A qualitative exploration. *Journal of Substance Use, 15*(4), 257-271. https://doi.org/10.3109/14659890903040060

Kourgiantakis, T., Saint-Jacques, M. C., & Tremblay, J. (2013). Problem gambling and families: A systematic review. *Journal of Social Work in Practice in the Addictions, 13*(4), 353-372. https://doi.org/10.1080/1533256X.2013.838130

Lappan, S. N., Brown, A. W., & Hendricks, P. S. (2020). Dropout rates of in-person psychosocial substance use disorder treatments: A systematic review and meta-analysis. *Addiction, 115*(2), 201-217. https://doi.org/10.1111/add.14793

Ledgerwood, D. M. (2020). Nancy Petry's impact on the gambling disorder field" Mechanisms, treatment, and the DSM-5. *Psychology of Addictive Behaviors, 34*(1), 194-200. https://doi.org/10.1037/adb0000490

Lewin, S., Booth, A., Glenton, C., Munthe-Kaas, H., Rashidian, A., Wainwright, M., Bohren, M. A., Tunçalp, Ö., Colvin, C. J., Garside, R., Carlsen, B., Langlois, E. V., & Noyes, J. (2018). Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series. *Implementation Science*, *13*(S1). https://doi.org/10.1186/s13012-017-0688-3

Lorains, F. K., Cowlishaw, S., & Thomas, S. A. (2011). Prevalence of comorbid disorders in problem and pathological gambling: Systematic review and meta-analysis of population surveys. *Addiction*, *106*(3), 490–498. https://doi.org/10.1111/j.1360-0443.2010.03300.x

Loy, J. K., Grüne, B., Braun, B., Samuelsson, E., & Kraus, L. (2019). Help-seeking behaviour of problem gamblers: A narrative review. *SUCHT Interdisciplinary Journal of Addiction Research, 64*, 259-272. https://doi.org/10.1024.0939-5911/a000560

Lumivero. (2023). *NVivo (Version 14)* [Computer software]. www.lumivero.com/products/nvivo/

Mänsson, V., Molander, O., Carlbring, P., Rosendahl, I., & Berman, A. H. (2022). Emotion regulation-enhanced group treatment for gambling disorder: A non-randomized pilot trial. *BMC Psychiatry, 22*(1). https://doi.org/10.1186/s12888-021-03630-3

Matheson, F. I., Hamilton-Wright, S., Kryszajtys, D. T., Wiese, J. L., Cadel, L., Ziegler, C., Hwang, S. W., & Guilcher, S. J. T. (2019). The use of self-management strategies for problem gambling: A scoping review. *BMC Public Health*, *19*(1). https://doi.org/10.1186/s12889-019-6755-8

Maynard, B. R., Wilson, A. N., Labuzienski, E., & Whiting, S. W. (2015). Mindfulness-based approaches in the treatment of disordered gambling: A systematic review and meta-analysis. *Research on Social Work Practice, 25*, 1-15. https://doi.org/10.1177/1049731515606977

McIntosh, C. C., Crino, R. D., & O'Neill, K. (2016). Treating problem gambling samples with cognitive behavioural therapy and mindfulness-based interventions: A clinical trial. *Journal of Gambling Studies*, *32*(4), 1305–1325. https://doi.org/10.1007/s10899-016-9602-1

McIntosh, C., & O'Neill, K. (2017). *Evidence-based treatments for problem gambling.* Springer.

McMillen, J., Marshall, D., Murphy, L., Lorenzen, S., & Waugh, B. (2004, October). *Help-seeking by problem gamblers, friends and families: A focus on gender and cultural groups.* The Australian National University. Centre for Gambling Research.

https://www.gamblingandracing.act.gov.au/__data/assets/pdf_file/0006/745062/Help-Seeking-by-Problem-Gamblers.pdf

Meier, P. S., Barrowclough, C., & Donmall, M. C. (2005). The role of the therapeutic alliance in the treatment of substance misuse: A critical review of the literature. *Addiction, 100*(3), 304-316. https://doi.org/10.1111/j.1360-0443.2004.00935.x

Melville, K. M., Caey, L. M., & Kavanagh, D. J. (2007). Psychological treatment dropout among pathological gamblers. *Clinical Psychology Review, 27*(8), 944-958. https://doi.org/10.1016/j.cpr.2007.02.004

Menchon, J. M., Mestre-Bach, G., Steward, T., Fernández-Aranda, F., & Jiménez-Murcia, S. (2018). An overview of gambling disorder: From treatment approaches to risk factors. *F1000research, 7*, 434. https://doi.org/10.12688/f1000research.12784.1

Mitchell, K. M., Roberts, T., & Blanchard, L. (2021). Reflective writing pedagogies in action: A qualitative systematic review. *International Journal of Nursing Education Scholarship, 18(*1), 10.1515/ijnes-2021-0057. https://doi.org/10.1515/ijnes-2021-0057

Moghaddam, J. F., Campos, M. D., Myo, C., Reid, R. C., & Fong, T. W. (2015). A longitudinal examination of depression among gambling inpatients. *Journal of Gambling Studies, 31*(4), 1245–1255. https://doi.org/10.1007/s10899-014-9518-6

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *BMJ, 339*, 2535-2535. https://doi.org/10.1136/bmj.b2535

Molander, O., Ramnerö, J., Bjureburg, J., & Berman, A. H. (2022). What to target in cognitive behavioral treatment for gambling disorder – A qualitative study of clinically relevant behaviors. *BMC Psychiatry, 22*, 510. https//doi.org/10.1186/s12888-022-04152-2

Monson, E., Villotti, P., & Hack, B. (2023). Trauma and gambling: A scoping review of qualitative research. *Critical Gambling Studies*. https://doi.org/10.29173/cgs113

Moreira, D., Azeredo, A., & Dias, P. (2023). Risk factors for gambling disorder: A systematic review. *Journal of Gambling Studies*, *39*(2), 483–511. https://doi.org/10.1007/s10899-023-10195-1

National Institute for Health and Care Excellence. (2021, June). *Harmful gambling: Identification, assessment and management. In development [GID-NG10210].* https://www.nice.org.uk/guidance/indevelopment/gid-ng10210

Newton, B. J., Rothlingova, Z., Gutteridge, R., LeMarchand, K., & Raphael, J. H. (2011). No room for reflexivity? Critical reflections following a systematic review of qualitative research. *Journal of Health Psychology, 17*(6), 866-885. https://doi.org/10.1177/1359105311427615

NHS England. (2023, July). *NHS doubles gambling clinics as referrals soar.* https://www.england.nhs.uk/2023/07/nhs-doubles-gambling-clinics-as-referrals-soar/

Nikkinen, J. (2019). Funding of gambling studies and its impact on research. *Nordic Studies on Alcohol and Drugs*, *36*(6), 491–495. https://doi.org/10.1177/1455072519878127

Norrie, C., Bramley, S., Lipman, V., & Manthorpe, J. (2022). Transferable learning about patient and public involvement and engagement in gambling support service from health and social care: Findings from a narrative review and workshop with people with lived experience. *Journal of Integrated Care, 30*(2), 189-202. https://doi.org/10.1108/jica-06-2021-0030

Noyes, J., Booth, A., Moore, G., Flemming, K., Tunçalp, Ö., & Shakibazadeh, E. (2019). Synthesising quantitative and qualitative evidence to inform guidelines on complex

interventions: Clarifying the purposes, designs and outlining some methods. *BMJ Global Health*, *4*(Suppl 1), e000893. https://doi.org/10.1136/bmjgh-2018-000893

Nyemcsok, C., Pitt, H., Kremer, P., & Thomas, L. S. (2022). Expert by experience engagement in gambling reform: Qualitative study of gamblers in the United Kingdom. *Health Promotional International, 37*(2). https://doi.org/10.1093/heapro/daab077

Ortiz, V., Cain, R., Formica, S. W., Bishop, R., Hernández, H., & Lama, L. (2021). Our voices matter: Using lived experience to promote equity in problem gambling prevention. *Current Addiction Reports, 8*(2), 255-262. https://doi.org/10.1007/s40429-021-00369-5

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., McGuinness, L. A., Stewart, L. A., Thomas, J., Tricco, A. C., Welch, V. A., Whiting, P., & Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ,* n71. https://doi.org/10.1136/bmj.n71

Pascoe, R. V., Rush, B., & Rotondi, N. K. (2013). Wait times for publicly funded addiction and problem treatment agencies in Ontario, Canada. *BMC Health Services Research, 13(*1), 483. https://doi.org/10.1186/1472-6963-13-483

Penfold, K. L., & Ogden, J. (2022a). Exploring gamblers' experiences of problem gambling interventions: A qualitative study. *Cogent Psychology*, *9*(1). https://doi.org/10.1080/23311908.2022.2138805

Penfold, K. L., & Ogden, J. (2022b). Exploring the experience of gamblers anonymous meetings during COVID-19: A qualitative study. *Current Psychology*, *41*(11), 8200–8213. https://doi.org/10.1007/s12144-021-02089-5

Petry, N. M. (2005). *Pathological gambling: Etiology, comorbidity, and treatment*. American Psychological Association. https://doi.org/10.1037/10894-000

Petry, N. M., Ginley, M. K. & Rash, C. J. (2017). A systematic review of treatments for problem gambling. *Psychology of Addictive Behaviors, 31*(8), 951-961. https://doi.org/10.1037/adb0000290

Petry, N. M., Litt, M. D., Kadden, R., & Ledgerwood, D. M. (2007). Do coping skills mediate the relationship between cognitive-behavioural therapy and reductions in gambling in pathological gamblers? *Addiction, 102*(8), 1280-1291. https://doi.org/10.1111/j.1360-0443.2007.01907.x

Petry, N. M., & Weiss, L. (2009). Social support is associated with gambling treatment outcomes in pathological gamblers. *The American Journal on Addictions*, *18*(5), 402–408. https://doi.org/10.3109/10550490903077861

Petry, N. M., Zajac, K., & Ginley, M. K. (2018). Behavioral addictions as mental disorders: To be or not to be?. *Annual Review of Clinical Psychology, 14*(1), 399-423. https://doi.org/10.1146/annurev-clinpsy-032816-045120

Pfund, R. A., King, S. A., Forman, D. P., Zech, J. M., Ginley, M. K., Peter, S. C., McAfee, N. W., Witkiewitz, K., & Whelan, J. P. (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. *Psychology of Addictive Behaviors*. https://doi.org.10.1037/adb0000910

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, 34*(2), 617-630. https://doi.org/10.1007/s10899-017-9733-z

Pickering, D., Spoelma, M. J., Dawczyk, A., Gainsbury, S. M., & Blaszczynski, A. (2019). What does it mean to recover from a gambling disorder. Perspectives of gambling help service users. *Addiction Research & Theory, 28,* 132-143. https://doi.org/10.1080/16066359.2019.1601178

Piquet-Pessôa, M., & Fontenelle, L. F. (2016). Opioid antagonists in broadly defined behavioral addictions: A narrative review. *Expert Opinion on Pharmacotherapy*, *17*(6), 835–844. https://doi.org/10.1517/14656566.2016.1145660

Piquette-Tomei, N., Norman, E., Dwyer, S. C., & McCaslin, E. (2008). Group therapy for women problem gamblers: A space of their own. *Journal of Gambling Issues, 22*, 275-296. https://opus.uleth.ca/server/api/core/bitstreams/801cc19c-783a-485a-9329-23473ca6bebe/content

Pulford, J., Bellringer, M., Abbott, M., Clarke, D., Hodgins, D., & Williams, J. (2009). Reasons for seeking help for a gambling problem: The experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. *Journal of Gambling Studies, 25*(1), 19-32. https://doi.org/10.1007/s10899-008-9112-x

Rae, J., & Green, B. (2016). Portraying reflexivity in health services research. *Qualitative Health Research, 26*(11), 1543-1549. https://doi.org/10.1177/1049732316634046

Raybould, J. N., Larkin, M., & Tunney, R. J. (2021). Is there a health inequality in gambling related harms? A systematic review. *BMC Public Health*, *21*(1). https://doi.org/10.1186/s12889-021-10337-3

Raylu, N., & Oei, T. P. (2004). Role of culture in gambling and problem gambling. *Clinical Psychology Review, 23*(8), 1087-1114. https://doi.org/10.1016/j.cpr.2003.09.005

Ribeiro, E. O., Afonso, N. H., & Morgado, P. (2021). Non-pharmacological treatment of

gambling disorder: A systematic review of randomized controlled trials. *BMC Psychiatry*, *21*(1). https://doi.org/10.1186/s12888-021-03097-2

Rodda, S. Lubman, D.I ., Dowling, N. A., Bough, A., & Jackson, A. C. (2013). Web-based counselling for problem-gambling: Exploring motivations and recommendations. *Journal of Medical Internet Research, 15*(5), e99. https://doi.org/10.2196/jmir.2474

Rodda, S. N., Lubman, D. I., Cheetham, A., Dowling, N. A., & Jackson, A. C. (2015). Single session web-based counselling: A thematic analysis of content from the perspective of the client. *British Journal of Guidance & Counselling, 43*(1), 117-130. https://doi.org/10.1080/03069885.2014.938609

Schuler, A., Ferentzy, P., Turner, N. E., Skinner, W., McIsaac, K. E., Ziegler, C. P., & Matheson, F. I. (2016). Gamblers Anonymous as a Recovery Pathway: A Scoping Review. *Journal of Gambling Studies*, *32*(4), 1261–1278. https://doi.org/10.1007/s10899-016-9596-8

Sinclair, H., Pasche, S., Pretorius, A., & Stein, D. J. (2015). Clinical profile and psychiatric comorbidity of treatment-seeking individuals with pathological gambling in South-Africa. *Journal of Gambling Studies*, *31*(4), 1227–1243. https://doi.org/10.1007/s10899-014-9516-8

Slutske, W. S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. national surveys. *American Journal of Psychiatry*, *163*(2), 297–302. https://doi.org/10.1176/appi.ajp.163.2.297

Smith, B. A. (1999). Ethical and methodologic benefits of using a reflexive journal in hermeneutic-phenomenologic research. *The Journal of Nursing Scholarship, 31*(4), 359-363. https://doi.org/10.1111/j.1547-5069.1999.tb00520.x

Smith, D., Pols, R., Lavis, T., Battersby, M., & Harvey, P. (2016). Experiences and perceptions of problem-gamblers on cognitive and exposure therapies when taking

part in a randomised controlled trial: A qualitative study. *Journal of Gambling Studies, 32*(4), 1243-1260. https://doi.org/10.1007/s10899-015-9589-z

Smith, S. A., Thomas, S. A., & Jackson, A. C. (2004). An exploration of the therapeutic relationship and counselling outcomes in a problem gambling counselling service. *Journal of Social Work Practice, 18*(1), 99-112. https://doi.org/10.1080/0265053042000180581

Stark, S., Kunduru, B., & Robinson, J. (2021, June). *Evidence review of remote treatment intervention & support for gambling harm.* https://www.begambleaware.org/sites/default/files/2021-11/RGC_Evidence_Review_Remote_Intervention_and_Support%20_for_Gambling_Harm.pdf

Sturgis, P. (2020, March). *An assessment of the accuracy of survey estimates of the prevalence of problem gambling in the United Kingdom.* Be Gamble Aware. https://www.begambleaware.org/sites/default/files/2020-12/an-assessment-of-the-accuracy-of-survey-estimates-of-the-prevalence-of-problem-gambling-in-the-united-kingdom.pdf

Suurvali, H., Cordingley, J., Hodgins, D. C., & Cunningham, J. (2009). Barriers to seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies, 25*(3), 407-424. https://doi.rg/10.1007/s10899-009-9129-9

Suurvali, H., Hodgins, D., Toneatto, T., & Cunningham, J. (2008). Treatment seeking among Ontario problem gamblers: Results of a population survey. *Psychiatric Services, 59(*11), 1343-1346. https://doi.org/10.1176/ps.2008.59.11.1343

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology, 8*(1), 45. https://doi.org/10.1186/1471-2288-8-45

Thomas, S., Merkouris, S., Dowling, N. A., Radermacher, H., Jackson, A., Misso, M., & Anderson, C. (2011). Guideline for screening, assessment and treatment in problem gambling. *Guideline for Screening, Assessment and Treatment in Problem Gambling.* https://www.mja.com.au/journal/2011/195/11/australian-guideline-treatment-problem-gambling-abridged-outline

Tod, D., Booth, A., & Smith, B. (2022). Critical appraisal. *International Review of Sport and Exercise Psychology, 15*(1), 52-72. https://doi.org/10.1080/1750984x.2021.1952471

Tong, A., Flemming, K., McInnes, E., Oliver, S., & Craig, J. (2012). Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Medical Research Methodology, 12*(1), 181. https://doi.org/10.1186/1471-2288-12-181.

Toye, F., Seers, K., Allcock, N., Briggs, M., Carr, E., Andrews, J., & Barker, K. (2013). 'Trying to pin down jelly' – exploring intuitive processes in quality assessment for meta-ethnography. *BMC Medical Research Methodology, 13*(1), 46. https://doi.org/10.1186/1471-2288-12-46

Tremblay, J., Dufour, M., Bertrand, K., Blanchette-Martin, N., Ferland, F., Savard, A. C., Saint-Jacques, M., & Côté, M. (2018). The experience of couples in the process of treatment of pathological gambling: Couple vs. individual therapy. *Frontiers in Psychology*, *8*, 2344. https://doi.org/10.3389/fpsyg.2017.02344

van Schalkwyk, M. C. I., Petticrew, M., Cassidy, R., Adams, P., McKee, M., Reynolds, J., & Orford, J. (2021). A public health approach to gambling regulation: countering powerful influences. *The Lancet Public Health*. https://doi.org/10.1016/s2468-2667(21)00098-0

Vasiliadis, S., & Thomas, A. (2018). Recovery agency and informal recovery pathways from gambling problems. *International Journal of Mental Health and Addiction, 16*(4), 874-887. https://doi.org/10.1007/s11469-017-9747-x

Vassallo, M., Degiovanni, K., & Montgomery, P. (2023). The efficacy of psychosocial interventions in minimising the harm caused to affected others of problem gambling: A systematic review and meta-analysis. *Journal of Gambling Studies*. https://doi.org/10.1007/s10899-023-10220-3

Ward, S., Smith, N., & Bowden-Jones, H. (2018). The use of naltrexone in pathological and problem gambling: A UK case series. *Journal of Behavioral Addictions, 7*(3), 827-833. https://doi.org/10.1556/2006.7.2018.89

Wöhr, A., & Wuketich, M. (2021). Perception of gamblers: A systematic review. *Journal of Gambling Studies*, *37*(3), 795–816. https://doi.org/10.1007/s10899-020-09997-4

Yakovenko, I., Quigley, L., Hemmelgarn, B. R., Hodgins, D. C., & Ronksley, P. (2015). The efficacy of motivational interviewing for disordered gambling: Systematic review and meta-analysis. *Addictive Behaviors, 43*, 72-82. https://doi.org/10.1016/j.addbeh.2014.12.011

Appendices

Appendix A: SPIDER tool developed by Cooke et al. (2012)

SPIDER tool	
Sample	Adult individuals living with a gambling addiction or experiencing difficulties with gambling.
Phenomenon of **I**nterest	Studies relating to gambling addiction and the individual's experience of psychological treatment for gambling.
Design	That gather or collate qualitative data: interviews, focus groups, observations.
Evaluation	Qualitative studies that relate to and evaluate the lived experiences of individuals with a gambling addiction and their experiences of gambling psychological treatment.
Research	Qualitative or mixed methods with a component of qualitative data and analysis.

Appendix B: Thematic synthesis (Thomas & Harden, 2008) process, excerpts from NVivo v.14 (Lumivero, 2023)

An analysis example: Highlighted 'lines' and 'line by line coding' then contributing to a descriptive theme, 'psychoeducation content is helpful', in Mänsson et al (2022), via and using NVivo

0.91, $p = .000$ and PHQ-9, $W(20) = 0.97$ $p = .723$). The main outcomes showed a negative estimate, indicating a trend towards reduced GD-symptoms over time (β: -0.1599, 95% CI: −0.2526 to −0.0500). Neither depression nor anxiety symptoms changed significantly from baseline to 12-month follow-up (β: -0.0421, 95% CI −0.0953 to 0.0203 for depression; β: -0.0297, 95% CI: -0.0296 to 0.0367 for anxiety). No changes were observed pre- to post-treatment for difficulties in ER, nor at 12-month follow-up. See Table 3.

The mean number of symptoms according to the SCI-GD interview declined from 7.0 (1.81) at baseline to 2.1 (2.36) at follow up. Among those available for SCI-GD interview at 12- month follow-up, 4 out of 12 (33%) still qualified for a GD diagnosis.

Time and money spent

Weekly measures of time and money spent gambling (Fig. 2abc) indicated a declining trend. At 12-month follow up, one participant (Fig. 2b) reported gambling expenditures during the previous week.

Acceptability and feasibility measures

Participants' post-treatment mean score on the CSQ-8 was 27.3 (2.74, range 24–32). Item 8 yielded no variance, meaning all would come back to the service if seeking treatment again; for items 1–7 Cronbach's alpha was acceptable (α = .79). The TAQ score showed a mean of 32.31(2.90, range = 27–36). See Table 4.

Feasibility interviews and thematic analysis

Fourteen participants took part in the post-treatment interview. Varied from 15 to 50 min. The results of the analysis are reported according to the themes *keys to success and treatment components*, *treatment delivery* and *potential negative effects*, with sub-themes below.

Keys to success and treatment components

Overall, the specific components mentioned as helpful were the analysis of gambling behavior (AGB), awareness and coping with emotions, being given written homework assignments, and the psychoeducational parts. The participants were divided regarding the value of the brief mindfulness exercises, where some commented them as "not helpful" and others as important. The AGB focus during the sessions was mentioned as important, in particular when the analysis involved describing emotional processes for participants who identified their gambling as a way to regulate emotional experience: "Recognizing situations and recognizing what emotion you experience, I like that it was a lot of focus on emotions.(...) I am like that, I gamble on emotions a lot."

The texts handed out at each session was helpful as a reminder of themes covered in treatment such as raising emotional awareness and strategies to cope with difficult emotions. One participant describes: "...these parts, about coping with emotion. It was perhaps not just one session but several... it was, it was so good, well described in these texts we were given, and I still read them. They are very useful." Another participant highlighted the importance of coping when experiencing craving to gamble: "What happens in one's head and how to think in order to calm oneself, even if one cannot make the craving go away, but how to calm oneself in the moment, that

Line-by-line coding, all 78 initial codes from all reviewed studies, via NVivo

Name	Files	References
'Homework' was helpful to develop insight	1	1
Acceptance that gambling is a difficulty	5	15
Ambivalence towards getting psychological help is a barrier to accessing treatment	2	11
Anyone can find gambling difficult	1	1
Avoiding psychological support	2	9
Being open and honest is important during treatment	2	3
CBT and counselling proved not helpful	1	3
CBT not as helpful as Gamblers Anonymous	1	3
Cognitive therapy and exposure therapy helpful to limit gambling	1	6
Cognitive therapy helped to change gambling cognitions	1	6
Combining group and individual treatment could be helpful	1	1
Denial of gambling difficulty is a barrier to accessing treatment	2	7
Developing emotional awareness	4	15
Developing new life goals not related to gambling	3	4
Developing psychological insight	6	44
Developing self-compassion	2	8
Direct and targeted treatment for gambling was helpful	1	1
Endings of psychological treatment is challenging	1	2
Exposure therapy helped limit gambling	1	7
Filling in a diary consistently was an issue	1	1
Gambling recovery is an ongoing process	6	11
Gambling support is more available for males	1	5
Group support is helpful	3	11
Group treatment helped me to think I am not alone	3	6
Group treatment provided safety	3	6
Healthcare professionals have a limited understanding of treatment for gambling	1	3
Informal recovery without psychological treatment	2	4
Internal barriers in accessing treatment	1	3
It is challenging to hear other peoples gambling stories	2	4
Learning new skills	6	42
Life responsibilities can make accessing psychological treatment difficult	3	6
Limited general awareness of psychological support available	3	5
Limited physical accessibility to psychological treatment is challenging	1	6
Lived experience of gambling difficulties is important	2	6
Low self-esteem. Too difficult	1	1
Mixed views on helpfulness of mindfulness	1	1
Modifying environment and behaviours is helpful	3	8
Motivation to change	5	15

Name	Files	References
Motivational interviewing facilitated change	1	3
Not ready for change	3	3
Not wanting to lose gambling	3	4
Online counselling can support other treatment	1	1
Online counselling is easy to access	1	6
Online counselling is safe, secure, anonymous	1	7
Online counselling was a good place to start	1	4
Online interventions increase isolation which is already experienced in gambling	1	1
Online interventions not helpful	2	3
Online psychological treatment is helpful	3	10
Professional involvement was helpful	1	1
Proud of seeking help	1	1
Psychoeducation content is helpful	5	11
Psychological group treatment reduced isolation	2	5
Psychological learning can be applied towards other areas of life	2	7
Psychological treatment is accessed when in a gambling crisis	4	6
Psychological treatment is empowering	1	6
Psychological treatment is hard but worth it	3	11
Psychological treatment is perceived as too challenging	3	5
Psychological treatment more helpful than other treatments	2	2
Psychological treatment needs to be offered at the right time	2	3
Psychological treatment with partners could be helpful	1	1
Psychometrics during treatment can be challenging	1	1
Quitting gambling is a goal for my life	3	6
Recognising gambling triggers	4	15
Recognising strengths	2	12
Retaining hope due to psychological treatment	4	16
Seeking practical skills to help gambling difficulties	1	2
Seeking psychological treatment is important	2	2
Shame of gambling difficulty is a barrier to accessing treatment	3	20
Structure within psychological treatment was helpful	1	4
Structured therapy more helpful than general counselling treatment	1	2
Support network alongside treatment is helpful	4	6
Therapeutic relationship is important	3	6
There is limited psychological support available for gambling	1	2
Treatments need to be personalised	1	3
Use of diaries during treatment was helpful	1	3
Waiting for psychological treatment is challenging	1	10

What helps gambling difficulties is different for everyone	3	4
Writing within an online counselling treatment can be more helpful than talking	1	3

Initial codes translating into 17 descriptive themes, via NVivo

- Barriers within psychology treatment
  - Endings of psychological treatment is challenging
  - Filling in a diary consistently was an issue
  - It is challenging to hear other peoples gambling stories
  - Life responsibilities can make accessing psychological treatment...
  - Limited physical accessibility to psychological treatment is challe...
  - Low self-esteem. Too difficult
  - Not ready for change
  - Not wanting to lose gambling
  - Psychometrics during treatment can be challenging

- Comparisons of psychological treatment
  - Combining group and individual treatment could be helpful
  - Online counselling can support other treatment
  - Psychological treatment more helpful than other treatments
  - Structured therapy more helpful than general counselling treatment

- Evaluating group psychology treatment
  - Group support is helpful
  - Group treatment helped me to think I am not alone
  - Group treatment provided safety
  - Psychological group treatment reduced isolation

- Evaluating online psychology treatment
  - Online counselling is easy to access
  - Online counselling is safe, secure, anonymous
  - Online counselling was a good place to start
  - Online interventions increase isolation which is already experienced in gambling
  - Online interventions not helpful
  - Online psychological treatment is helpful
  - Writing within an online counselling treatment can be more helpful than talking

- Helpful psychological models
  - Cognitive therapy and exposure therapy helpful to limit gambling
  - Cognitive therapy helped to change gambling cognitions
  - Exposure therapy helped limit gambling
  - Mixed views on helpfulness of mindfulness
  - Motivational interviewing facilitated change
  - Psychoeducation content is helpful

- Helpful psychological treatment techniques
  - 'Homework' was helpful to develop insight
  - Direct and targeted treatment for gambling was helpful
  - Modifying environment and behaviours is helpful
  - Structure within psychological treatment was helpful
  - Use of diaries during treatment was helpful

- Individual development during psychology treatment
  - Acceptance that gambling is a difficulty
  - Anyone can find gambling difficult
  - Developing emotional awareness
  - Developing psychological insight
  - Developing self-compassion
  - Learning new skills
  - Motivation to change
  - Proud of seeking help
  - Psychological treatment is hard but worth it
  - Quitting gambling is a goal for my life
  - Recognising gambling triggers
  - Recognising strengths
  - Retaining hope due to psychological treatment

- Internal barriers when seeking psychology treatment
  - Ambivalence towards getting psychological help is a barrier to accessing treatment
  - Avoiding psychological support
  - Denial of gambling difficulty is a barrier to accessing treatment
  - Internal barriers in accessing treatment
  - Psychological treatment is perceived as too challenging
  - Shame of gambling difficulty is a barrier to accessing treatment

- Limited availability of psychology treatment
  - Gambling support is more available for males
  - There is limited psychological support available for gambling

- Limited awareness of psychology treatment
  - Limited general awareness of psychological support available

- Perspectives on psychological treatment
  - Psychological treatment is empowering
  - Psychological treatment needs to be offered at the right time
  - Psychological treatment with partners could be helpful
  - Support network alongside treatment is helpful
  - Treatments need to be personalised
  - What helps gambling difficulties is different for everyone

- Positive impacts of psychology treatment outside of gambling
  - Developing new life goals not related to gambling
  - Psychological learning can be applied towards other areas of life

- Professional experience vs Lived experience
  - Healthcare professionals have a limited understanding of treatment for gambling
  - Lived experience of gambling difficulties is important
  - Professional involvement was helpful

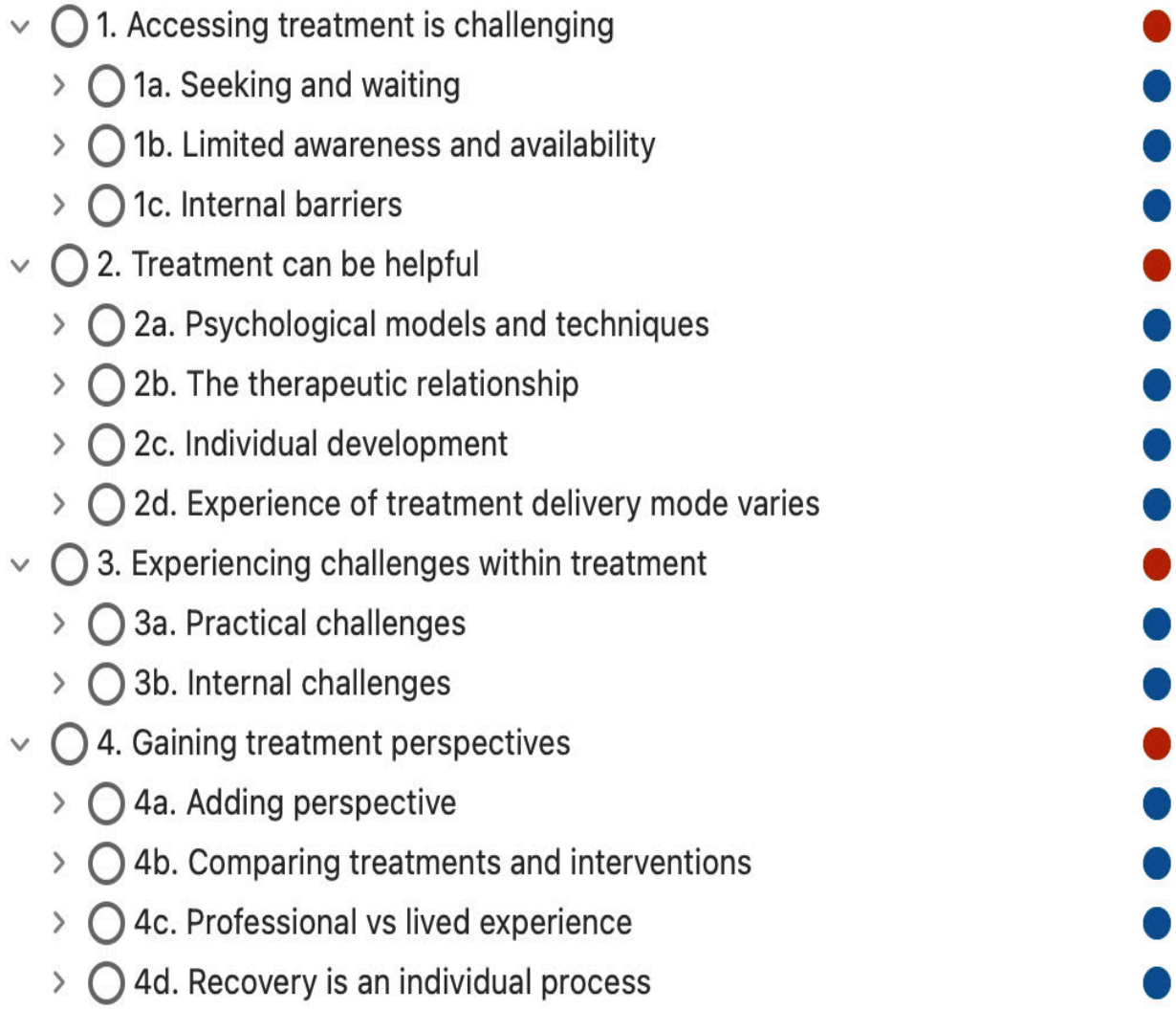
- Psychological treatment not helpful
  - CBT and counselling proved not helpful
  - CBT not as helpful as Gamblers Anonymous

- Recovery from gambling
  - Gambling recovery is an ongoing process
  - Informal recovery without psychological treatment

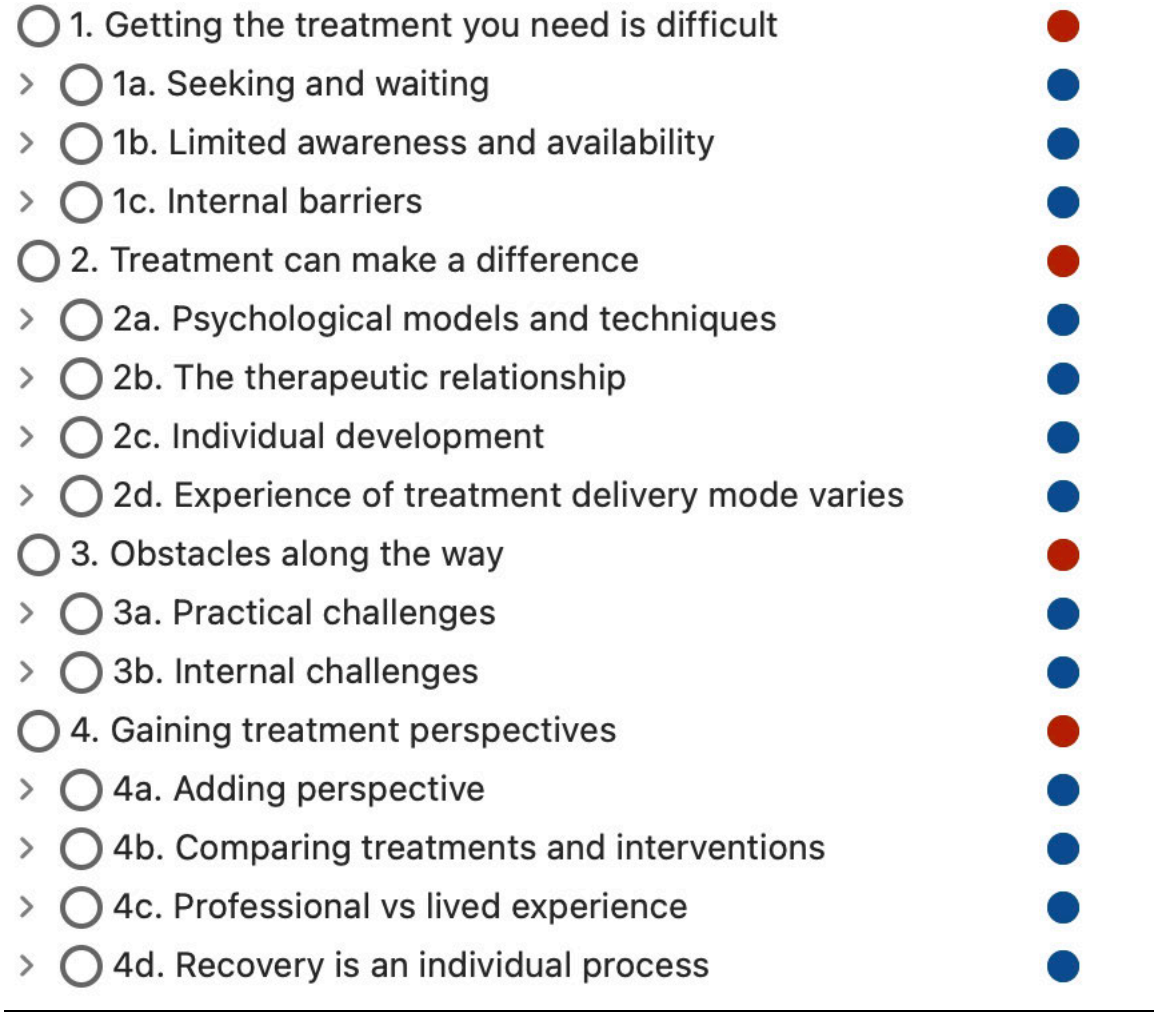
- Seeking psychological treatment
  - Psychological treatment is accessed when in a gambling crisis
  - Seeking practical skills to help gambling difficulties
  - Seeking psychological treatment is important
  - Waiting for psychological treatment is challenging

- Therapeutic relationship is important
  - Being open and honest is important during treatment
  - Therapeutic relationship is important

Descriptive themes develop into initial analytic themes (with hierarchical subthemes), via NVivo



Further refining of the final analytic (top level) themes, with hierarchical sub-themes, via NVivo



Appendix C: ENTREQ checklist (Tong et al., 2012), completed by an independent reviewer

Item	Guide and description	Location in document
Aim	State the research question the synthesis addresses.	Page 9
Synthesis methodology	Identify the synthesis methodology or theoretical framework which underpins the synthesis and describe the rationale for choice of methodology *(e.g., meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theory synthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis).*	Page 13
Approach to searching	Indicate whether the search was pre-planned (*comprehensive search strategies to seek all available studies)* or iterative (*to seek all available concepts until they theoretical saturation is achieved)*.	Page 12
Inclusion criteria	Specify the inclusion/exclusion criteria *(e.g., in terms of population, language, year limits, type of publication, study type).*	Page 11
Data sources	Describe the information sources used (e.g., *electronic databases (MEDLINE, EMBASE, CINAHL, PsycInfo, Econlit), grey literature databases (digital thesis, policy reports), relevant organisational websites, experts, information specialists,*	Page 12

	generic web searches (Google Scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources.	
Electronic search strategy	Describe the literature search *(e.g., provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits)*.	Page 12
Study screening methods	Describe the process of study screening and sifting *(e.g., title, abstract and full text review, number of independent reviewers who screened studies).*	Page 12-13
Study characteristics	Present the characteristics of the included studies *(e.g., year of publication, country, population, number of participants, data collection, methodology, analysis, research questions).*	Page 18-23
Study selection results	Identify the number of studies screened and provide reasons for study exclusion *(e.g., for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications the research question and/or contribution to theory development).*	Page 12-13, 17

Rationale for appraisal	Describe the rationale and approach used to appraise the included studies or selected findings *(e.g., assessment of conduct (validity and robustness), assessment of reporting (transparency), assessment of content and utility of the findings).*	Page 14-15
Appraisal items	State the tools, frameworks and criteria used to appraise the studies or selected findings *(e.g., Existing tools: CASP, QARI, COREQ, reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting).*	Page 14-15 & Table 4
Appraisal process	Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.	Page 14-15
Appraisal results	Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.	Page 24 & Table 4
Data extraction	Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies? *(e.g., all text under the headings "results /conclusions" were extracted electronically and entered into a computer software).*	Page 13

Software	State the computer software used, if any.	Page 14
Number of reviewers	Identify who was involved in coding and analysis.	Page 14
Coding	Describe the process for coding of data *(e.g., line by line coding to search for concepts).*	Page 13-14
Study comparison	Describe how were comparisons made within and across studies *(e.g., subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary).*	Page 13-14
Derivation of themes	Explain whether the process of deriving the themes or constructs was inductive or deductive	Page 13-14
Quotations	Provide quotations from the primary studies to illustrate themes/constructs and identify whether the quotations were participant quotations of the author's interpretation.	Page 28-36
Synthesis output	Present rich, compelling, and useful results that go beyond a summary of the primary studies (e.g., *new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct).*	Page 28-46

Appendix D: CASP (2018) qualitative study checklist, 10 questions

CASP
Critical Appraisal Skills Programme

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CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

CASP
Critical Appraisal Skills Programme

Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- what was the goal of the research
- why it was thought important
- its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

CASP
Critical Appraisal Skills Programme

4. Was the recruitment strategy appropriate to the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

CASP
Critical Appraisal Skills Programme

6. Has the relationship between researcher and participants been adequately considered?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

CASP
Critical Appraisal Skills Programme

8. Was the data analysis sufficiently rigorous?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

CASP
Critical Appraisal Skills Programme

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:	

Appendix E: Reflexive statement and summary of reflective log

Reflexive statement

The primary author identifies as a white British male. He has prior experience in conducting qualitative evidence syntheses. He had experienced being a gambling consumer, e.g., sports betting, had worked part-time in a casino when younger, and later in his professional career, had offered individuals gambling psychological treatments. A keen research interest in the experiences of individuals with gambling addictions developed. He believes that gambling addiction is a growing concern in the UK and that more can be done to better protect individuals from gambling harms. He is currently employed as a trainee clinical psychologist in the NHS. He offers clinical work alongside research, e.g., psychological interventions to service users.

Summary of entries for the quality appraisal process

- CASP seems to set a high bar for qualitative research. Although other qualitative appraisal methods are similar. This quality is difficult to achieve for mixed-methods research projects amidst limits on journal publication word counts too. Perhaps this explains limits on explanations of criteria such as ethical issues, discussion of reflexivity, rigorous data analysis, discussion of contradictory data, presentation of qualitative data, etc.
- The process of inter-rater reliability checks on quality appraisal was helpful. There was good consensus on criteria responses and explanations for these. The disagreements were even very closely related. The process of refining these agreements was particularly useful for thinking about the remaining response criteria.
- It is disappointing to see limited or no reflexivity, lack of rigorous data analysis, and limited discussion of ethical issues across the majority of studies. These are really

essential components of qualitative research projects. This limits the credibility of the research findings as the reviewed research quality significantly varies.

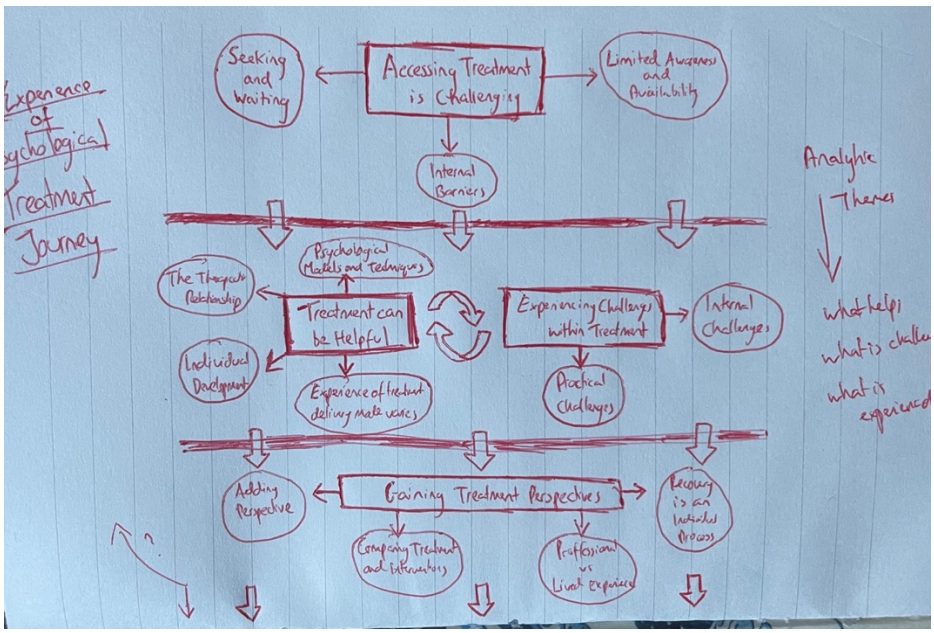
- The CASP process is quite enjoyable and increases understanding of the research sample.
- CASP is a helpful tool, and despite its limitations, it will be helpful to apply this tool to my own qualitative research project. Would be useful for preparation for Viva too.

Summary of entries for analysis/synthesis process

- What participants find helpful seems to be strongly linked to theoretical links, evidence-base of CBT and motivational interviewing for gambling psychological treatment.
- Barriers to treatment are evident particularly denial, stigma, shame… I have witnessed this in the gambling world as a previous consumer, when working, and as a clinical professional.
- Group treatment is more helpful than I thought it would be. Shared journeys, and narratives seems to reduce shame and some of the barriers? Useful to know for my own practice in the future but also for the themes of this review.
- It is really useful as a clinician too to identify the 'golden nuggets' of what participants have found helpful and mixed usefulness during psychological treatment for gambling.
- I am a clinician/psychologist and a researcher too! It may be that because I am a clinician who offers psychological treatments, I am more likely to view such

treatments favourably. It is important to also focus on the contradictory data and present this within the themes too. Consider this as reflexivity within the discussion of the findings, how I have interpreted the data, is this reliable? Change 'Treatment is helpful' to 'Treatment can be helpful'? Mixed views on mindfulness, online psychology treatment, professional experience vs lived experience, and comparisons of those who have received mutual aid and finding this more helpful than CBT or counselling. Don't shy away from this data as it is useful for the research questions and present in the research data.

- Experiences of treatment are varied and diverse but there is consensus on what is helpful e.g., skills, psychoeducation, awareness, retaining hope. The relationship between client and professional. A lot of codes and concepts are being generated. It will be a challenge to structure these into cohesive and relevant themes.
- Initial codes are quite descriptive, developing these into descriptive themes and 'grouping' is not too difficult. However, many ways of organising these. Trial and error. Another reviewer may do this a completely different way!
- I am wanting to go beyond with the analytic themes, but I need to stay with the data and the individual experiences rather than interpreting these too much. Stay close to the experience and how these relate to the research questions.
- The analytic themes are developing almost like a journey, a treatment experience held by the reviewed research. Could this become a process model? Led by experiences in this sample, what was helpful… what was challenging. Draft a model. This could illuminate the themes and interpretation of findings…
- Initial draft of a shared experience of psychological treatment, with challenges, a process model, from the research sample, within the reflexivity log which was developed into Figure 2 (initial names of analytic themes).



Summary of entries during the consideration of the review critiques

- Clinician vs. researcher is presented as a key theme of reflexivity. Also, my own experience with gambling. There is subjectivity in how I may interpret the findings compared to someone else. However, any researcher is likely to interpret qualitative rich data differently? My own experience as a clinician, and with gambling, may help me to interpret such experiences and develop the analytic themes but of course, could limit this too. The review is limited on cross-checks of developed themes. However, a quality checklist process is applied.
- The use of a post-hoc sensitivity analysis could have been considered. Lower-quality studies may have contributed more than better quality to particular themes? Papers within the study have been given equal weighting when considering themes.
- Themes were not just about prevalence but also relevance to the original research questions. A less prevalent theme could be really valuable to better understanding experience.

- During the search process, it was clear there was limited qualitative research in the United Kingdom. Also limited internationally. It must be said that there are significant cultural differences when it comes to perceptions of gambling, gambling related behaviours, types of treatment available, and indeed local government/business policies, laws, advertising, sports, casinos etc…
- The use of only peer-reviewed research… publication bias! Has the review missed out on valuable experiences from the grey literature?
- It is important to note that the experiences described and analysed are an interpretation of the findings within this research and not to be 'transferred' as an understanding of real-world phenomena.
- Glad that there was specific accounts of women and gambling in the research sample as stigma of gambling is a male issue? This was explained by the research.
- Search and criteria did not include carers/significant others views of treatment.
- Limited ethnicity data available – not recorded. For those that have, White British seems to be dominant?

Appendix F: Examples of additional quotes to support the final analytic themes

Analytic Theme	**Analytic Sub-theme**	**Additional Supportive Quotes**
Getting the treatment you need is difficult	Seeking and waiting	"*Several participants admit to non-acknowledgement of their problem, or attempting to control it or manage it themselves prior to feeling desperation of hitting 'rock bottom' and seeking help…"* (Kaufman et al., 2017, p.982). *"Here Diane reflects on what held her back from seeking help sooner; she acknowledges only asking for help when things are 'really bad'."* (Kaufman et al., 2017, p.983). *"contact was typically in response to distress related to gambling behaviour and wanting to speak with someone immediately".* (Rodda et al., 2013, p.4) *"clients stated that they were seeking programmes or books that would be helpful, tips to kick the habit, guidance or insight, general rules to follow to reduce gambling or options for cutting back".* (Rodda et al., 2015, p.120). *"It is just really hard to stop if you have any strategies that could help me that would be great".* (Rodda et al., 2015, p.124). *"… the importance of seeking treatment in itself".* (Mänsson et al., 2022, p.9).

	"When you're waiting it is one of those things where you just need it now, like that's usually the point where you ask for help." (Kaufman et al., 2017, p.981).
	"She recalls 'just waiting' illustrating her preoccupation and sense of powerlessness." (Kaufman et al., 2017, p.981).
Limited awareness and availability	*"Amy sees the norm for gambling as being male-dominated…"* (Kaufman et al., 2017, p.983).
	"feeling 'out of her depth' at the idea of sitting in a treatment group with male gamblers, as though she does not deserve to be there." (Kaufman et al., 2017, p.984).
	"I think men would dominate it… they are more common and we are a bit rarer…" (Kaufman et al., 2017, p.984).
	"These narratives highlight several accessibility issues in treatment, highlighting the significance of time, waiting, distance, childcare and available information and support." (Kaufman et al., 2017, p.982).
	"You can get help for drugs and alcohol but gambling there isn't much help in London." (Kaufman et al., 2017, p.984).

	"clients asked questions about face-to-face counselling, including the cost… time and location (clients assumed face-to-face was only available during business hours) and the amount of disclosure required (personal details, name and address)." (Rodda et al., 2015, p.125).
	"I think the hardest thing to cope with is that it's not understood very well. One social worker said to my face that she doesn't see why I do it either, which hurt a lot." (Kaufman et al., 2017, p.984).
Internal barriers	*"A number of internal barriers' also emerged from the participants' narratives, and they appear to have prevented females from accessing support sooner. These range from denial of the problem, fear, stigma, and ambivalence."* (Kaufman et al., 2017, p.982).
	"Multiple clients raised the issue of shame and embarrassment and described face-to-face problem gambling counselling as a last resort." (Rodda et al., 2015, p.125).
	"I wouldn't want my parents to know." (Kaufman et al., 2017, p.983).
	"… it feels like there's a stigma on gambling even in comparison to, I got told you're worse than a crack addict." (Kaufman et al., 2017, p.984).
	"I feel sick in the stomach every time I have tried to tell him…" (Rodda et al., 2015, p.121).
	"…I will find it very hard to tell her in fear that it will change her perception of me." (Rodda et al., 2015, p.125).

		"she describes her concerns that 'it wouldn't work', 'how can it work?'." (Kaufman et al., 2017, p.983).
		"Because I was very worried if I gave up the pokies completely what else might take over and that's one of the things that was stopping me coming for the treatment as well, or help…". (Smith et al., 2016, p.1248).
		"I need to stop this habit, but don't believe that I can." (Rodda et al., 2015, p.120).
Treatment can make a difference	Psychological models and techniques	*"Looking at the pros and cons to gambling early In treatment was a good start for me. I knew that I had to do something about gambling, but laying out the advantages and disadvantages seemed to be helpful."* (Harris & Mazmanian, 2016, p.890).
		"…about coping with emotion. It was perhaps not just one session but several… it was, it was so good, well described in these texts we were given, and I still read them. They are very useful." (Mänsson et al., 2022, p.7).
		"I gained useful facts that opened my eyes and helped me to realize that the machine is designed to make money and for you to lose it." (Smith et al., 2016, p.5).
		"… many participants reported utilizing behavioural strategies to help them avoid or refrain from gambling..." (Harris & Mazmanian, 2016, p.890).

“Overall, the specific components mentioned as helpful were the analysis of gambling behaviour… awareness and coping with emotions, being given written homework assignments, and the psychoeducational parts.” (Mänsson et al., 2022, p.7).

“In terms of symptom change, the identification and reduction of urge ‘feelings’ was central for all interviewees that completed exposure therapy.” (Smith et al., 2016, p.1251).

“Increased cognitive awareness using the ABCD (situation, thoughts, behaviour, consequences) model and exercises to focus on the gambling thoughts or ‘inner dialogue’…” (Smith et al., 2016, p.1250).

“when you take the sheets to the pub or you then home and you actually do that, I think that’s probably one of the most beneficial things too…” (Smith et al., 2016, p.1254).

“The participants were divided regarding the value of the brief mindfulness exercises, where some commented them as ‘not helpful’ and others as important.” (Mänsson et al., 2022, p.7).

“The regular practice of mindfulness and the stress reduction strategies were reported as especially beneficial by some of the women.” (Boughton et al., 2016, p.1089).

	"The motivational interviewing aspects of the treatment program were often identified as particularly helpful by increasing their motivation for positive behaviour change." (Harris & Mazmanian, 2016, p.890).
	"Whereas this was, this is your problem, let's attack your problem kind of thing. More direct I suppose to the problem itself." (Smith et al., 2016, p.1250).
	"Now, well then, the treatment itself, I thought that was – to me it just sort of worked well because it was very logical and I knew – and it was like a progressive – it was in stages, so like every week or two weeks, whatever we did, progressed on and slotted in, so I think it was well structured and it made sense to me." (Smith et al., 2016, p.1250).
The therapeutic relationship	*"Eighteen participants reported that they experienced the relationship with the online counsellor as non-judgmental and understanding, and indicated that the counsellor knew what they were going through."* (Rodda et al., 2013, p.5).
	"… the counsellor was viewed as empathic, expert, and credible: 'because I feel much better in myself and I didn't feel judged in any way". (Rodda et al., 2013, p.6).
	"Early termination was due to a range of factors… and/or lack of rapport with the counsellor." (Rodda et al., 2015, p.124).

	"… 'a combination of trusting (the therapist) and she cared' and therefore '… I was willing to give that (diary) a shot." (Smith et al., 2016, p.1249).
Individual development	*"…it was helpful to look at my life goals and how gambling a lot does not really fit in with them.."* (Harris & Mazmanian, 2016, p.890)
	"General comments on keys to treatment success were that treatment facilitated 'a new way of thinking', or 'gaining a different perspective'." (Mänsson et al., 2022, p.9).
	"Gambling was often discussed as a means of relieving sadness. Depression, regret, anger, loneliness, disappointment, stress, and distress: I dunno, like sometimes I get really angry and when I play them it helps calm me down, I suppose…" (Rodda et al., 2015, p.123).
	"At this point in my recovery, I find reviewing strategies and tools, especially on avoiding relapses very beneficial." (Boughton et al., 2016, p.1089).
	"But now we've put a plan into place where it's going to work and it has been working which, going to that therapy did help with that side of things, whereas I'm giving him my ATM card the night before I got paid and then when I get paid he takes me down and we pay the bills I have to pay on my side." (Smith et al., 2016, p.1252).

“I guess I want to not lose control, and if I can stop gambling altogether then that would be a plus.” (Rodda et al., 2015, p.124).

“I still dream about it, urm, about the gambling… I don’t think I’ll ever get over it” (Kaufman et al., 2017, p.985).

“That is often what your problem has been about, when you had this problem that you kept things to yourself, but there you felt like you could let go and tell it like it is.” (Mänsson et al., 2022, p.8).

“For three clients, imagining a life without gambling meant a good relationship, job, and being able to go shopping. One client talked of pride in taking a stand with his gambling and registering for the online service.” (Rodda et al., 2015, p.124).

“The women felt more hope and improved self-esteem as they made healthier choices and began to practice more self-compassion.” (Boughton et al., 2016, p.1090).

“considering my values in life and long-term goals. How gambling is keeping me stuck in [not] moving forward.” (Harris & Mazmanian, 2016, p.890).

Experience of treatment delivery mode varies	*"The group offered a supportive environment to both learn new gambling related information and coping strategies and also provide a safe space to discuss other pertinent issues connected to gambling."* (Boughton et al., 2016, p.1090). *"… because you have become a group, you have come close to each other, these stories, everybody has been very honest regarding everything. That is often what your problem has been about, when you had this problem that you kept things to yourself, but there you felt like you could let go and tell it like it is."* (Mänsson et al., 2022, p.8). *"Furthermore, some participants reported that they learned from other group members, helping them develop insight into their own struggles with gambling…"* (Harris & Mazmanian, 2016, p.891). *"… who works in a supermarket on minimum wage, the distance, cost and wait were also a barrier for her to access support; it is as thought she feels unwelcome by the prospect of travelling so far, but she was offered remote therapy, on the telephone, which met her needs."* (Kaufman et al., 2017, p.982).

		"For some, online counselling provided a safe, private, and secure option where family, friends, or co-workers would not overhear the individual discussing the problem: "My phone bills are viewable by work or family; I don't wish to be traced to calling for help." (Rodda et al., 2013, p.4). *"Early termination was due to a range of factors, including technical issues…"* (Rodda et al., 2015, p.124).
Obstacles along the way	Practical challenges	*"… those forms are just forms and they can be filled out any way you like… to try and get a true picture of how you feel and how your urges are, I do find it difficult to produce that in an office."* (Smith et al., 2016, p.1253). *"I feel that I needed further help but I couldn't access it because of how far away it was and because it was late."* (Kaufman et al., 2017, p.981). *"Early termination was due to a range of factors… lack of time…"* (Rodda et al., 2015, p.124).
	Internal challenges	*"… this might 'change her opinions', 'brain', or even 'personality'.* (Kaufman et al., 2017, p.983). *"Because I was very worried if I gave up the pokies completely what else might take over and that's one of the things that was stopping me coming for the treatment as well, or help, you know, yeah, because I feel like I do have an addictive personality."* (Smith et al., 2016, p.1248).

		"… letting go of gambling also signifies a loss of 'confidence'. She felt accepted as a gambler; protected and validated. It is as though the casino provided a temporary respite with a new sense of 'confidence'." (Kaufman et al., 2017, p.986).
		"The fact that you can see that someone is a worse position and… you know realistically you should go 'oh Christ, thank God I'm not in that position. Maybe I should stop', instead it's like 'oh thank God I'm not in that position. Maybe I'll just do it a little more'." (Penfold & Ogden, 2022a, p.9)
		"… terminating treatment was difficult after being open about their gambling." (Mänsson et al., 2022, p.9).
Gaining treatment perspectives	Adding perspective	*"Another person stated that after attending each of two therapy sessions he 'definitely left them feeling a lot more empowered'."* (Smith et al., 2016, p.1249).
		"Some of the participants were struggling with negative consequences in their relationship to their partners and brought up the importance of involving concerned significant others in a more structured way, such as a devoted session for couples." (Mänsson et al., 2022, p.10).

	"It has to be personal. It has to be at least a bit personal because if you don't make it relatively personal to the person then it's not going to work… like what's the point?" (Penfold & Ogden, 2022a, p.10).
	"It would be really useful to kind-of personalise it because if you feel like you're just kind-of part of the system and you're just a number or just a spec on a chart or something then that really demoralises me…" (Penfold & Ogden, 2022a, p.10).
Comparing treatments and interventions	*"The need for more individual attention. Was mentioned and some interviewees suggested combining the group with tailored individual sessions."* (Mänsson et al., 2022, p.9).
	"… it was a method of accessing support between counselling appointments, for relapse prevention, or when their counsellor was unavailable." (Rodda et al., 2013, p.5).
	" and just yeah, it just, getting to home and doing something 'cause look I've been to counsellors before earlier on but I didn't keep going… they weren't really dealing with the issue, whereas this, it was more dealing with the issue, it wasn't just come here, talk, rah-rah-rah, have you gambled this week, no, alright, okay bye. It was more in depth." (Smith et al., 2016, p.1250).

Professional vs lived experience	*"'why should you be a gambling counsellor and not have experience?', articulating that her therapist was not able to make a real connection with her since it felt as if she were being spoken to from a 'text book'."* (Kaufman et al., 2017, p.985). *"Paul is contemptuous of treatment providers and, despite acknowledging their training, dismisses them as unqualified to treat gambling problems, implying that only through shared experience does one become qualified."* (Penfold & Ogden, 2022a, p.13).
Recovery is an individual process	*"Overall, women participating in the webinar group shared that they were learning new tools for their gambling, accepting the influence of gambling in their lives and the implementing new strategies to deal with it."* (Boughton et al., 2016, p.1090). *"… but they would relapse once the course of treatment is complete."* (Penfold & Ogden, 2022a, p.9). *"So you lapse every now and again…"* (Smith et al., 2016, p.1249). *"Even though we have all got the same thing, we're all compulsive gamblers… we might have different gambling issues with different reasons and I think something that might work for the lady sitting next to me might not, you know, it might not work for you know, yeah it might not work me what works for the next person."* (Kaufman et al., 2017, p.985).

“By the time I got to the sessions I was already urm I was in a period of abstinence…” (Kaufman et al., 2017, p.981).

“Clients also spent time discussing replacement activities for gambling, such as projects around the house, work, or study activities, sports and exercise and other pleasurable activities (including those with family and friends).” (Rodda et al., 2015, p.124).

Section Two: Empirical Project

Psychological Treatment for Gambling Addiction during the Pandemic. 'It took over my life at the time': An Interpretative Phenomenological Analysis.

Abstract

The coronavirus disease pandemic had a significant impact on daily lives. Those living with a gambling addiction were identified as particularly vulnerable during this time. Guidance for psychological treatment for gambling addiction is under development. Qualitative research exploring the experience of psychological treatment in the context of the pandemic is limited. This qualitative study aimed to explore and interpret individual experiences of psychological treatment for adults living with a gambling addiction in the United Kingdom in the context of the pandemic.

Using semi-structured interviews, a qualitative design utilising interpretative phenomenological analysis was employed with eight individuals. Participants were living with a gambling addiction and had experienced psychological treatment delivered by the Northern Gambling Service since the pandemic. Three themes (with ten sub-themes) were found: *“out of control”, “taking back control”*, and *“a gambling shadow remains”*. Most participants experienced negative impacts on their gambling during the pandemic. This led to seeking treatment. Such treatment helped individuals limit their gambling addiction aided by therapeutic and family relationships. Participants perceived ongoing recovery vulnerabilities. Further harms were risked by continued exposure and limited support. The qualitative findings have several important clinical implications for healthcare and national policy.

Practitioner Points

- Findings highlighted the importance of screening for gambling difficulties during the pandemic whilst supporting the delivery of tailored psychological treatment.
- Future qualitative research should consider the experiences of harder-to-reach participants and wider gambling treatment options.

Keywords: gambling, COVID-19, pandemic, psychological treatment, qualitative research

Introduction

Gambling addiction [1] is recognised as an addictive disorder alongside substance use disorders (Petry et al., 2018). The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) category for Substance-related and Addictive Disorders solely includes gambling disorder. DSM-5 criteria include gambling when distressed, after losing money, lying to conceal extent, jeopardising life, and relying on others to provide money. The reclassification of gambling disorder as an addictive disorder is supported by shared domain-specific compulsivity, neurobiological, experimental, and clinical evidence (Fauth-Bühler et al., 2017; Ross et al., 2012). Classifications of dysregulated behavioural patterns as mental and addictive disorders are strongly debated (Perales et al., 2020). Research is well-established, supporting both biological (Heilig et al., 2021; Kalivas & Volkow, 2005; Leshner, 1997; Nestler & Malenka, 2004; Volkow, 2005) and socio-cultural addiction development models (Henderson & Dressler, 2017; Kushner, 2010; Levine, 1978; Lewis, 2018; Wiens & Walker, 2015). Research investigating differences between addictions is also well-established amongst a wide variety of health disciplines, but such research focuses most frequently on drugs and alcohol (Blobaum, 2013).

The United Kingdom (UK) government and the Department for Digital, Culture, Media and Sport proposed a Gambling Review in 2020, with the previous review published in 2005. The new policy, 'High Stakes: Gambling Reform for the Digital Age', was recently published by the Department (2023a). This white paper acknowledged that gambling in the UK has significantly changed over the last 18 years and seeks to improve public safety, via

[1] The majority of participants in this research project chose 'gambling addiction' as their preferred terminology.

evidence-led practice, from gambling harms. As the white paper acknowledges, services have evolved for consumers, and gambling is becoming increasingly recognised as a public health concern (Davies, 2020; Gambling Commission, 2021, 2023; van Schalkwyk et al., 2021).

Global prevalence rates of gambling disorder have been recorded as between 0.1%-0.7% by Petry et al. (2018). Conolly et al. (2017) report that rates of problem gambling in Great Britain rose by more than 50% between 2012-2015. Recent research has demonstrated considerable variance in the prevalence of gambling in the UK (Gamble Aware, 2020; Gambling Commission, 2020, 2021). Most recently, the Gambling Commission (2023) explained that gambling participation is trending in a general reduction, particularly since the global pandemic of coronavirus disease 2019 (COVID-19) and an estimated 0.3% of the UK population were problem gamblers. Conversely, Gamble Aware (2021) annual survey estimated that 2.8% of the UK population were problem gamblers, and gambling rates were now returning to pre-pandemic levels. Discrepancies in the prevalence rates above may be due to the difficulty in accurately reporting the prevalence of problem gambling due to common sampling errors in the contributing research (Sturgis, 2020). Acknowledging such sampling errors, the Gambling Commission (2022) piloted a new methodology for collecting gambling prevalence statistics using random probability sampling and found the rate in the UK to be at 1.3%.

Gambling addiction treatments continue to develop but are not yet as established for other addictions, e.g., substance misuse. (McIntosh & O'Neill, 2017). The National Institute for Health and Care Excellence (2023a) guidance for psychological treatment of problem gambling is currently being developed and will be published in 2024. However,

psychological treatment for gambling addiction has been investigated by Thomas et al. (2011), with guidance developed in Australia and in association with the Problem Gambling Research and Treatment Centre through randomised controlled trials. These guidelines argue that cognitive behavioural therapy (CBT) is the evidence-based treatment for problem gambling. Motivational interviewing and enhancement therapies were also more effective than comparator treatments.

Service user referrals for gambling support via the National Health Service (NHS) in the UK have increased by almost 80% compared to two years ago (NHS England, 2023). Current UK NHS specialist clinic services include, but are not limited to, the National Problem Gambling Clinic and the Northern Gambling Service (NGS; n.d.). The NGS provides psychological treatment recommended by Thomas et al. (2011) guidelines across multiple clinics. Seven new gambling addiction clinics are due to open in addition to the eight already available (NHS England, 2023). Other common UK specialist treatment services for gambling also include counselling provided via GamCare (n.d.), residential treatment and psychological therapy provided by Gordon Moody (n.d.), and peer-support programmes offered by Gamblers Anonymous (n.d.). However, this is not an exhaustive list of UK gambling treatment options, and many individuals engage in private therapy with a focus on gambling addiction and non-specialist psychological treatment service options, e.g., community mental health teams.

Upon reviewing the guidance, treatment, and current gambling research, Bowden-Jones et al. (2016) called for further UK research investigating treatment for gambling addiction. The formal psychological treatment of gambling addiction aids recovery (Petry et al., 2017). However, Vasiliadis and Thomas (2018) argue many people recover without

treatment and that strength-based informal recovery strategies (like Gamblers Anonymous) are important to incorporate into gambling treatment pathways too. There is a consensus that the recovery process following gambling treatment is complex, highly individualistic, continuous and with no consensus on an individual recovery definition (Gavriel-Fried & Lev-el, 2020; Hing et al., 2016; Pickering et al., 2019; Reith & Dobbie, 2012; Wood & Griffiths, 2007).

The COVID-19 pandemic had a significant impact on the daily lives of individuals. In the UK, the government implemented drastic lockdown and self-isolation strategies to help control the spread of the virus. The impact of such strategy and continued changes to day-to-day life affected individuals' access to and engagement with addictive behaviours and treatment (Marsden et al., 2020). Despite a reduction in overall gambling, engaged problematic gamblers were found to be gambling more, spending more money, and spending more time on gambling since COVID-19 (Fluharty et al., 2022; Hodgins & Stevens, 2021). Moreover, such gamblers were identified as particularly vulnerable during the pandemic (van Schalkwyk et al., 2021) as risk factors of gambling advertising, financial insecurity, boredom, social isolation, and lack of social support are increased (Blaszczynski et al., 1990; Håkansson et al., 2020; Haushofer & Fehr, 2014; Holdsworth et al., 2015; King et al., 2010; Mercer & Eastwood, 2010; Orford, 2004; Thomas et al., 2009; Weinstein & Stone, 2018; Yahya & Khawaja, 2020).

Research has suggested general increases in depression and anxiety during COVID-19 in the UK (Jia et al., 2020). However, a large-scale survey provided contrary evidence when finding little psychological distress progression during the pandemic (Shevlin et al., 2021). Problematic gamblers are likely to possess increased levels of

depression and anxiety when compared to the general population (Barrault et al., 2019; Dowling et al., 2015; Lorains et al., 2011; Moghaddam et al., 2015; Petry, 2005; Sinclair et al., 2015). Sharman et al. (2021) found that the combined effects of living with COVID-19 are exacerbating psychological comorbidities of depression, stress, and anxiety in such gamblers. The authors argued that these findings suggest a likely increase in demand for mental health services and treatment for gambling addiction. Moreover, Turner et al. (2023) found that gambling counselling treatment clinicians in Canada experienced more stress during the pandemic as they moved towards online therapy delivery, as well as observed increased stress levels in their clients. Sachdeva et al. (2022) argue that the pandemic has had a diverse impact on gambling, with some experiencing a reduction in current or future problems, but others may have experienced increases in difficulties in gambling.

After review, there is a significant gap in the current literature of qualitative studies amid calls to better understand the experiences of psychological treatment for gambling addiction in COVID-19 (Brodeur et al., 2021; Johnstone & Regan, 2020). Previous qualitative research has suggested themes of positive and helpful experiences of psychological treatment for gambling addiction (Boughton et al., 2016; Harris & Mazmanian, 2016; Mänsson et al., 2022; Rodda et al., 2013; Rodda et al., 2015; Smith et al., 2016). However, Penfold & Ogden (2022a) found that individuals also experienced Gamblers Anonymous as valuable. Treatment experiences will likely have changed in the context of a global pandemic as services and individuals responded to challenges, e.g., remote delivery, staff shortages, health implications, isolation, working from home, and being in and out of national lockdowns. Research has suggested that the enduring impact of COVID-19 has increased risk factors and psychological difficulties for those

experiencing difficulties gambling and presenting to gambling treatment services. This paper aimed to explore this and interpret the individual experiences of psychological treatment for adults living with gambling addiction in the context of COVID-19. It was aimed that implications from this empirical research project could inform psychologists and services providing treatments for gambling addiction whilst also informing gambling support and regulation.

Research Questions

- What are individuals with a gambling addiction experiences in psychological treatment since the onset of COVID-19 in the UK?
- How do individuals with a gambling addiction make sense of their experiences of treatment in the context of the pandemic?

Methodology

Design

This retrospective qualitative design collected rich data and experiences in a complex context (Busetto et al., 2020; Creswell et al., 2007). An interpretative phenomenological qualitative approach was adopted to attempt to understand the meaning of individual experiences by describing and interpreting them (Crotty, 1996; Rodriguez & Smith, 2018). The research collected and explored a breadth of individual experiences from over three years of living with COVID-19 in the UK. This timeframe helped to understand the effects of initial impacts, coming in and out of lockdown, ongoing

impacts, treatment, adjusting to life after lockdowns, and restrictions for individuals living with a gambling addiction.

This research study employed interpretative phenomenological analysis (IPA). According to Smith et al. (2009), IPA is a thorough and systematic analysis of how people make sense of significant life experiences. It does not test theoretical assumptions but is phenomenological in that it is concerned with exploring experience in its own terms and significance to the individual. IPA is situated on a continuum between phenomenology (Husserl, 1927) and hermeneutics (Heidegger, 1962). IPA is 'double hermeneutic' in that the researcher makes sense of and gives voice to the participants sense-making (Larkin et al., 2006). It stems from critical realism and relativist ontology (Fade, 2004; Kvale, 1996). IPA is well suited to exploring and interpreting complex individual experiences (Alase, 2017; Brocki & Wearden, 2006). This approach suited the research questions for understanding and exploring how people make sense and meaning of a shared experience in a particular context (the COVID-19 pandemic) for people who share a particular phenomenon (psychological treatment for gambling addiction). IPA was chosen over other qualitative techniques, such as grounded theory (Glaser & Strauss, 1967) and discourse analysis (Potter & Wetherall, 1995). This research did not aim to produce deductive theories from idiographic experiences or test how language functions in a specific context.

Lived Experience Involvement

The primary author sought out involvement and consultation from individuals with lived experience of gambling addiction or providing treatment. Research should be done 'with' members of the public rather than 'to' them (National Institute of Health Research,

2019). This helped ensure the project was appropriate, sensitive, and relevant, enhancing the research materials and methodology. Online meetings were held with the Sheffield Addiction Recovery Research Group including lived experience of addiction (n=4), gambling addiction (n=2), and consultation with a senior clinician working in NGS. Their contributions are outlined in Appendix A.

Ethics

Ethical approval was sought via the Integrated Research Application System (IRAS, 316348). The project was pre-registered and approved through Research Ethics Committee review, the Health Research Authority (22/NW/0244), and via the local NHS Foundation Trust for audit and governance purposes. Ethical approval documentation is provided in Appendix B.

Recruitment and Participants

Purposive sampling (Palinkas et al., 2015; Smith et al., 2009, p.49) was used to recruit participants. Recruitment and sampling methods helped to identify information-rich cases with extensive knowledge of their treatment and who were available and willing to participate (Bernard, 2017; Cresswell & Plano Clark, 2011; Patton, 2002; Spradley, 2016). Recruitment included service clinicians being contacted in the NGS clinics. NGS has different clinics located across the Northern geographical area. NGS provides specialist treatment, e.g., CBT, to individuals affected by gambling addiction situated across the whole of the North of England, including the North Midlands. Online interventions have commonly been offered since the pandemic. Clinicians identified potential participants relevant to inclusion criteria, briefly explained the project, and asked for their consent to be contacted by the primary author.

'There is no right answer to the question of the sample size' (Smith et al., 2009, p.51). Successful IPA takes time, reflection, dialogue, and entering the participant's world, which is compromised by larger sample sizes (Smith et al., 2009, 2021). Data saturation processes are not a goal of IPA; each individual possesses full and rich personal accounts, so data saturation cannot be achieved (Brocki & Wearden, 2006; Hale et al., 2008). Relatively small and reasonably homogenous samples are deemed appropriate for IPA (Smith et al., 2009). A sample size of three participants is usually considered sufficient size. However, for a doctoral thesis project, between eight and 10 participants are recommended (Smith et al., 2009). Eight participants were recruited. This represents a substantial number of individual accounts of psychological treatment for gambling in the context of COVID-19, in which interpretations were critically appraised whilst crucially retaining the voice of individuals (Newton et al., 2007). All participants received psychological treatment via the NGS and lived across the North of England, including the North Midlands. Participants consisted of adults meeting the criteria outlined in Table 1.

Table 1

Inclusion and Exclusion Criteria

Inclusion Criteria	**Exclusion Criteria**
Living in the UK.	Not fluent in English.
Adults (aged over 18).	Do not have access to telephone, internet or cannot use virtual video calls.
Have received or are receiving psychological treatment for gambling difficulties with the NGS since the onset	Not able to provide informed consent.

of COVID-19 in the UK (March 2020).	
	Have recently started psychological assessment or treatment in the last three months before potentially taking part in the research*.

Note.

* ethical consideration to help protect against any potential initial vulnerability.

After identification by NGS clinicians, potential participants were contacted via their preferred method with the research poster (Appendix C) and information sheet (Appendix D) and provided opportunities to ask further questions. Participants provided informed consent via consent form (Appendix E) to be involved in the research. All potential participants were offered opportunities to meet, familiarise themselves with the researcher and ask further questions before providing consent. 16 people were invited to take part, with eight recruited. The participation rate was 50%. Individuals were not asked to give a reason for not taking part.

Data Collection

A demographic questionnaire (Appendix F) was collected before the interview. Participant demographic details are outlined in Table 3. IPA is typically conducted via semi-structured interviews (Smith et al., 2021). Semi-structured interviews used an interview schedule to help capture relevant rich data from individuals. A pilot interview was conducted with an independent research colleague to help refine the primary author's interview style and technique. Participants could choose online virtual interviews (n=6) or telephone interviews (n=2). The semi-structured interviews lasted between 60 - 90 minutes. Interviews were conducted from January 2023 to May 2023. Interviews were

recorded via an encrypted digital recorder and transcribed verbatim by an approved transcriber (n=6) and primary author (n=2). Recordings were destroyed after transcription. Confidentiality is protected via the use of anonymised pseudonym names. The interview schedule (Appendix G) was developed with a lived experience group. Advised amendments from this group are in Appendix A. After the interview, participants were provided with a debrief form (Appendix H). This provided sign-posting to further support. Participants were offered a small financial reimbursement voucher.

Data Analysis

Data was analysed utilising the guidance of Smith et al. (2021). 'Free coding' was applied and ensured the researcher read the transcripts in an open, creative, and subjective manner. IPA was employed in an idiographic nature by analysing interview transcripts case-by-case, line-by-line. The intense seven stages of IPA analysis (Smith et al., 2021) and idiosyncratic researcher notes on the process are outlined in Table 2.

Table 2

Steps to IPA Analysis and Idiosyncratic Researcher Notes

Steps to IPA Analysis (Smith et al., 2021, p.78)	Idiosyncratic Researcher Notes
1. Starting with the first case: reading and re-reading.	The primary author listened back to the audio of each interview before transcription and engaged with the reflective log (see reflexivity) during this. The primary author read each transcript, at least three times during this step.

2. Exploratory noting.	Colour coding was used to differentiate between exploratory noting (purple) and experiential statements (green) whilst writing within and analysing transcripts. Exploratory noting including highlighting sections of 'interesting' text and writing down initial reflections on the data.
3. Constructing experiential statements.	The primary author moved towards working with the exploratory notes and the data during this step. This step furthered the researcher's interpretative sense making whilst still giving voice to the participants choice of words, phrases, and imagery.
4. Searching for connections across experiential statements.	All experiential statements were typed for each participant, printed them out, and laid them out on a flat table to aid searching for connections. This helped to move and re-organise statements in a manner that helped search for new connections.
5. Naming the personal experiential themes (PETs) and consolidating and organising them in a table.	PETs were translated from connections of experiential statements. This involved using writing on multiple post-it notes which were

PETs are individual to each participant and represent their, researcher interpreted, personal experienced themes from analysis of the data.	grouped to connected experiential statements. After a process of naming and renaming PETS, these were then organised into a table of PETs.
6. Continuing the individual analysis of other cases.	The primary author repeated the steps above for each participant until each participant had a table of PETs.
7. Working with PETs to develop group experiential themes (GETs) across cases. *GETs aim to a higher-level interpretation of the shared and unique experiences of participant's PETs rather than produce group aggregates or norms of experiences.*	Each participant's PETs were individually printed (colour coded for each participant), cut out, and laid out on a flat table. The researcher then searched for connections of PETs to form GETs. Post-it notes were used to initially name and rename grouped PETs as GETs before typing these up.

A worked example of the IPA process, from transcript exploratory noting to PETs for 'Lesley' [2], is presented in Appendix I. Identified PETs for each participant are outlined in Appendix J. Appendix K then outlines the process of developing PETs to GETs via photo-elicitation. GETs are structured and presented visually in Table 4. Individual participant contributions to themes are in Table 5.

The primary author, responsible for data analysis, holds an underlying interpretivist (Junjie & Yingxin, 2022) and critical realist (Maxwell, 2012) epistemological position. The researcher believes individual experience is shaped by subjective social contexts (interpretivism) and that there are layers to each individual's experiential understanding which require contextual and critical evaluation (critical realist). Such a position holds implications for how the researcher interprets qualitative data. Therefore, a careful unfolding experiential thematic narrative account is presented using participant quotes which looks to 'take it deeper' (Smith et al., 2021, p.106) by translating interpretations, nuances, and patterns whilst attending to both convergence and divergence (Nizza et al., 2021).

Quality and Rigour

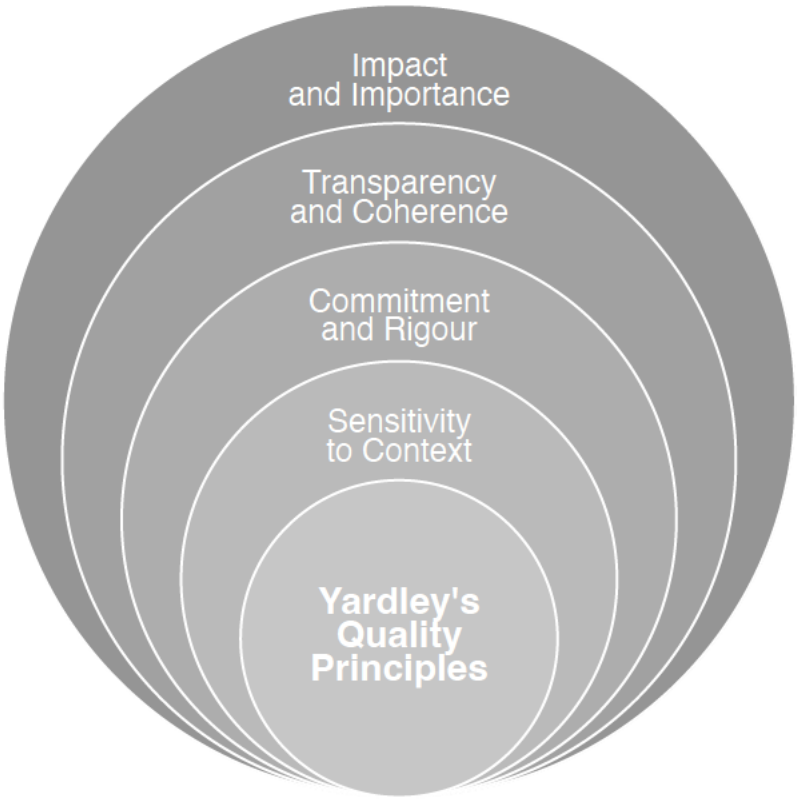
It is difficult and not helpful to apply the same specific standards of validity and control in qualitative research as opposed to quantitative (Smith et al., 2009; Spencer & Ritchie, 2011). However, Smith et al. (2021) recommend using Yardley's (2000; 2008) principles to ensure validity and control, as outlined in Figure 1. Yardley's principles were discussed in research supervision, applied, and further evidenced through using a peer-credibility audit checklist, adapted from Dugdale (2020), and completed by the research

[2] 'Lesley' along with all participant names presented are pseudonym names; to protect confidentiality.

supervisor [3] (Appendix L). A clear audit trail was maintained to support quality, rigour, and the use of the checklist. This involved cross-checking annotated transcripts with codes, notes, and themes to check for quality control, credibility, and method application. An independent researcher [4] completed the Critical Appraisal Skills Programme (CASP; 2018) qualitative checklist to assess for quality and risk of bias (Appendix M). Use of a reflective log (see reflexivity) also enhanced quality and rigour for data analysis.

Figure 1

Yardley's Quality Principles (2000; 2008)



[3] The research supervisor has experience in conducting addiction and gambling research.
[4] The independent researcher has experience in conducting and reviewing qualitative research.

Reflexivity

Reflexivity, an awareness and acknowledgement of a researcher's position, influences, similarities, and differences are important in IPA research (Berger, 2013; Biggerstaff & Thompson, 2008; Clancy, 2013; Langdridge, 2007; Smith et al., 2009). A reflexive statement and a summary of entries from the reflective log are available in (Appendix N). Reflexivity helped record preconceptions and influences throughout data collection and analysis (Finlay, 2008). The primary author, due to previous experiences, carried such preconceptions into the double hermeneutic IPA analysis process i.e., an expectation that psychological treatment for gambling addiction would be experienced favourably and an assumption that individuals would have experienced worsening relationships with gambling behaviours during the pandemic.

Results

Table 3

Participant Demographic Information

Pseudonym	Age	Sex	Gender	Sexuality	Ethnicity	Religion	Highest Qualification	Employment	History of Psychological Treatment
Alan	38	Male	Male	Heterosexual	White British	None	AS level	Employed full-time	- Online group CBT (NGS) from October 2020 to October 2021
Max	29	Male	Male	Heterosexual	White British	None	Vocational	Employed full-time	- Online group CBT (NGS) from May 2022 to September 2022
Benjamin	31	Male	Male	Heterosexual	White British	None	A Level	Employed full-time	- In-person group CBT (NGS) from

Lesley	35	Female	Gender queer	Lesbian	Asian other	None	Postgraduate degree	Employed full-time	March 2022 to June 2022 - Online group CBT (NGS) from May 2022 to September 2022
Maggie	30	Female	Female	Heterosexual	White British	Christian	A Level	Student	- Online group CBT (NGS) from May 2022 to September 2022 - Previous counselling provided by GamCare in August 2020 and December 2020

Derek	40	Male	Male	Heterosexual	White British	Christian	GCSE	Employed full-time	- Online group and individual CBT (NGS) from April 2021 to March 2022 - Previous private counselling in 2003 and 2013
Jerry	32	Male	Male	Heterosexual	White British	Atheist	Undergraduate degree	Employed full-time	- Online group and individual CBT (NGS) from March 2022 to October 2022
Poppy	32	Female	Female	Heterosexual	White British	None	Vocational	Unemployed	- Online individual and group CBT (NGS) from

			September 2020 to January 2021 - Individual in-person eye movement desensitisation and reprocessing (EMDR) treatment (NGS) from October 2021 to February 2022

Summary

IPA resulted in three GETs, with ten group level sub-themes (Table 4). Themes are presented with extracted quotes, and further illustrative quotes, demonstrating depth and breadth, are in Appendix O. Table 5 outlines participant's contributions to developed themes.

Table 4

Group Experiential Themes

Group Experiential Themes	Group Level Sub-themes
Out of control	Lost in a dangerous and unfamiliar world
	Gambling to escape
	Overwhelming shame, guilt, and desperation
Taking back control	Acceptance in a crisis
	Sharing in an online connection
	Coping and changing through treatment
	Contained and guided
A gambling shadow remains	A vulnerable journey ahead
	Resisting temptation
	Help us, protect us

Table 5

Participant's Contributions to Themes

Group Experiential Themes and	**Participant's Contributions to Themes**							
Group Level Sub-themes	**Alan**	**Max**	**Benjamin**	**Lesley**	**Maggie**	**Derek**	**Jerry**	**Poppy**
Out of control								
Lost in a dangerous and unfamiliar world		✓	✓	✓	✓	✓	✓	✓
Gambling to escape			✓	✓	✓	✓	✓	✓
Overwhelming shame, guilt, and desperation	✓	✓	✓	✓	✓	✓	✓	✓
Taking back control								
Acceptance in a crisis	✓	✓	✓	✓	✓	✓	✓	✓
Sharing in an online connection		✓		✓	✓	✓	✓	✓
Coping and changing through treatment	✓	✓	✓	✓	✓	✓	✓	✓
Contained and guided	✓	✓	✓	✓	✓	✓	✓	✓
A gambling shadow remains								
A vulnerable journey ahead	✓	✓	✓	✓	✓	✓		✓
Resisting temptation	✓	✓	✓	✓	✓		✓	✓
Help us, protect us	✓	✓	✓		✓			✓

Out of Control

This GET explored the impacts of the COVID-19 pandemic on participants' relationship with gambling, how this led to seeking gambling psychological treatment and interpreted divergence from this. Participants expressed a sense of being lost, using addiction to escape, and portrayed overwhelming emotions in response to this.

Lost in a Dangerous and Unfamiliar World. Nearly all participants experienced challenges in adjusting to a pandemic world with their gambling thoughts and behaviours. Participants conveyed a sense of losing control *"I felt more control before it and during COVID I didn't" (Benjamin)* as gambling became a *"struggle"* (Jerry), *"relentless"* (Maggie), and *"skyrocketed"* (Lesley). Gambling occupied and consumed participants' lives; *"it took over my life at the time"* (Poppy) and dominated day-to-day pandemic life, *"gambling probably nineteen hours a day. erm yeah just not healthy"* (Max) with *"nothing else to do so it's constant"* (Benjamin). Lockdowns and restrictions imposed a loss of connection with others, *"just feeling so detached from the world"* (Max), loss of structure *"that whole routine out the window"* (Jerry), and ways of coping with gambling *"but in COVID. you couldn't go out. couldn't play golf. couldn't go for a drink… couldn't really speak to anyone"* (Derek), *"you couldn't even go for walks with people… you know I even walked doing it (LAUGHS). gambling"* (Poppy).

Such devastating changes and worsening relationships with gambling particularly threatened Maggie and Poppy's perceived sense of self and identity. *"affected how I was going to be as a professional… as a parent… time that I was spending gambling rather than with my family"* (Maggie), *"I was a single mum and I was under social workers… the addiction was a concern for a lot of agencies…mostly because of my children"* (Poppy).

With hindsight, although he found lockdowns and associated gambling difficult, Derek found comfort in a silver lining. *"COVID was terrible… but it's probably quite good maybe because it made me find gambling service… like a blessing in disguise"* (Derek). Alan acknowledged that COVID risked other's gambling but did not want to blame his addiction on this, even though boredom triggered his gambling behaviours during the pandemic. *"I can't firstly blame COVID for it. erm but I can understand why a lot of people did go into gambling…"* (Alan), *"being cooped up in the house… I think that's what started it without a shadow of a doubt just boredom" (Alan)*. Alan distanced blame and the pandemic from his gambling due to his history of gambling addiction. However, he also displayed an uncomfortableness reflecting upon his pandemic experiences, suggesting suppression and denial of feelings relating to this *"it was like a once in a lifetime thing wasn't it… the whole lockdown thing. it was like an eerie experience wasn't it. yeah. so the next question sir"* (Alan).

Gambling to Escape. Participants used gambling to escape pandemic life *"took you to a different place and where all your worries weren't even there"* (Poppy). Maggie lost freedom, *"you can get lost for hours"* (Maggie) and found gambling *"the only escape I had because of COVID"* (Maggie), whilst she sought excitement *"just couldn't stop. it was chasing that high"* (Maggie). Other participants also needed exciting escapes. *"I wasn't bothered about winning. it was more about being entertained"* (Derek), *"just the escape. the feeling. the buzz. you know the excitement"* (Poppy). Jerry's growing need for gambling built during lockdowns and a gambling escape released after finding some freedom. *"just the release and I think mentally struggled through the whole lockdown and then I yeah I had a big relapse"* (Jerry), *"lack of life… I felt I needed that buzz back to*

replace everything that had gone before… led me into the casino at various points when I was allowed" (Jerry).

For many participants, this gambling escape was particularly found online, *"it was always online"* (Maggie), as this was easy to access *"lay home in bed or sat watching telly or play in the bath"* (Poppy), during the pandemic *"it's there at your fingertips"* (Benjamin). Lesley thought that online gambling was easy, she was enticed then trapped, *"online. gambling is so colourful so buzzing and so addictive"* (Lesley), *"… so easy to gamble. because of online… how astonishing that everything is designed to make you stay longer on the website everything"* (Lesley).

Overwhelming Shame, Guilt, and Desperation. Gambling during the pandemic and its impacts led to difficult feelings, thoughts, and desperate actions for all participants. Benjamin felt ashamed when thinking he needed help, *"quite embarrassing to think that you need help for anything"* (Benjamin). Maggie and Lesley connected to a stigmatisation of gambling addiction and perceived a sense of non-belonging, difference, and shame about being a woman who gambles. *"at one point I felt that I was the only woman in the world that was. had a gambling addiction"* (Maggie), *"more men than women having problem gambling. or women are more like hidden"* (Lesley).

Participants expressed a need to hide, *"you're letting the family down. you might get seen…"* (Derek), their gambling from significant others due to embarrassment and shame. *"I hid a lot from friends and family out erm embarrassment more than anything"* (Poppy). Lesley was consumed by guilt for the hurt she construed, *"I hurt a lot of people. I hurt the people that I value the most…"* (Lesley). Max repeatedly tried to stop his feelings of guilt

from losses but was powerless to prevent the overwhelming nature of this feeling, *"I try not to be guilty. I try not to be guilty but you sort of can't help it"* (Max). Similarly, Alan's losses and consequent guilt held power over him, *"it was on my mind a lot you know… what a waste and you know. beating myself up about it"* (Alan).

Pandemic challenges led to an increase in gambling difficulties but also desperation to find a way to cope, to self-soothe, through another common addiction, alcohol, for Benjamin and Jerry, *"I probably was drinking a little bit more again due to the reasons why I was probably gambling more"* (Benjamin).

> *I kind of refused to acknowledge that I had a gambling problem… I would kind of say 'oh no it's the alcohol that's the problem' and then not really acknowledge it but yeah. it was actually the other way around* (Jerry).

Taking Back Control

This second GET explores how participants took back control of their gambling addiction, from being *'out of control'* in the pandemic, through acceptance of difficulties, seeking treatment after self-identified crises, the recognised value of psychological treatment, and additional support alongside this.

Acceptance in a Crisis. All participants accepted that gambling was a problem and sought help for this when it became a personal crisis during the pandemic. Participants experienced difficulties through gambling losses in the pandemic and finally sought help *"enough is enough"* (Poppy). *"when I lost the money in October 2020 when I started speaking to [Therapist]"* (Alan), *"late 2021 when I had my most recent and last gambling blip..."* (Max), *"… it develops during of course during lockdown and then um. I start looking*

for therapist related to gambling. in April 2022. that was the time where I just know that financially. there's no point that I can recover…" (Lesley).

Derek identified needing the support of a specialist service *"led up to getting back in touch with gambling service… I felt I needed to do it…"* (Derek). Maggie recognised that previous counselling helped her to pause intrusive gambling thoughts, but she needed specialised support to stop *"… I had the counselling I managed to stop…. I had like intrusive thoughts… in-terms of actually stopping gambling. I didn't think it was sort of the best for me…"* (Maggie). Jerry initially experienced denial, he thought he could control his addiction, but this eventually developed into an acceptance that he needed help.

> *because I was kind of refusing to admit defeat… I was like 'I can do this' like 'I can control this'. like 'I can manage this on my own'… and it finally just got that point. I was like actually a bit of help around it (LAUGH) would be nice* (Jerry).

Pandemic difficulties led to Benjamin committing to and accepting help *"… I said right. I'm gonna stop full stop"* (Benjamin) and he took pride in ownership of seeking this *"the time that I did need it obviously did come through COVID… a self-referral. I referred myself…"* (Benjamin).

Sharing in an Online Connection. Most participants found group psychological treatment helpful. Max found a valuable place to connect, *"confidential space to sort. like I say confide in people"* (Max). Lesley appreciated the group's openness, which helped her feel safe *"everyone is willing to open up about their experiences"* (Lesley) and gained knowledge of *"really useful tactics to deal with gambling urges"* (Lesley) from group treatment. Shared stories of gambling recovery in the group inspired hope for Maggie, *"sort of something to aim for"* (Maggie) and *"boost each other up"* (Maggie). Normalisation

provided relief *"so many people from all different walks of life"* (Poppy), reduced gambling stigma *"it's not just you that thinks that way or acts that way"* (Derek), and a sense of not being alone *"meeting people who've had the same experience"* (Jerry).

The service provision of group psychological treatment online, due to the pandemic, helped facilitate a shared voiced space for Max *"just through like a video call. like an open forum"* (Max), reduced Maggie and Jerry's felt shame of gambling addiction *"that's actually helped me because… there's a lot of shame"* (Maggie), "*it took away a lot of the maybe embarrassment"* (Jerry). Moreover, online treatment increased Lesley and Poppy's safety, engagement, and comfort. *"I feel a little bit more safe… make me more willing to participate"* (Lesley), *"when you're in a video call. you could just end it if you're not feeling it… I was at ease. really comfortable"* (Poppy).

Although online CBT group treatment was beneficial for Poppy, she found that pandemic restrictions, limited and controlled face-to-face consistency of her, otherwise helpful EMDR treatment *"EMDR was restricted and I don't think COVID helped that treatment"* (Poppy). Benjamin appreciated treatment provision flexibility as he preferred connecting face-to-face *"I just feel as a person that I respond better in a face-to-face environment"* (Benjamin), and this also shaped his perspective on COVID treatment impacts *"… a negative affect in the gambling but on the help it didn't as such"* (Benjamin).

Coping and Changing Through Treatment. All participants found the service delivery of CBT to be a helpful psychological treatment for taking back control of their gambling addiction in the context of a pandemic. Opportunities for learning *"they were teaching us different… coping strategies"* (Poppy), *"like a toolkit"* (Lesley) were

appreciated and empowering. Participants made sense of their CBT treatment being helpful through specific ways of *"implementing"* (Max) coping skills, *"evaluating"* (Alan), *"justify yourself and talk through it… good coping mechanism"* (Derek), *"even though you can think about things… you don't have to act on it"* (Benjamin), in helping to reduce their gambling behaviours. Maggie built stability and strength going forward into her gambling recovery as *"CBT was building a foundation"* (Maggie). Jerry and Max reflected on the success of their treatment, demonstrating pride and confidence in where they were to where they are now, *"just chalk and cheese"* (Jerry), *"proofs in the pudding"* (Max).

Contained and Guided. In addition to CBT techniques for coping with gambling addiction, all participants reflected on the importance of good relationships with therapists and family. Good therapeutic relationships with clinicians helped participants *"she explained things"* (Alan) and *"they didn't sugar coat anything"* (Maggie), feel able to take back control of their addictions. Participants felt accepted, *"he doesn't judge you. very down to earth"* (Derek), *"making sure that no one is uncomfortable. no one is being judged"* (Lesley), and consistently held *"would always check-in"* (Max) by their clinicians. Poppy's clinician safely guided her through her darkness (trauma and addiction) with light, *"he took me to some like the darkest places… always reassured me and put me at ease"* (Poppy).

Alongside therapeutic relationships, participants found value in being supported, encouraged, and understood by their respective support networks. *"I have a network of people that are kind of with me"* (Jerry), *"adds that rationale in… it's good to have somebody else on board"* (Benjamin). The service involving this support network in treatment had significant meaning for the future of gambling addiction recovery for Poppy

and Benjamin. *"[therapist] offered a meeting with my support network… my aunty came… it made her realise a lot about it"* (Poppy), *"the first session. the last session. my partner was allowed to come… so that was really beneficial"* (Benjamin).

A Gambling Shadow Remains

This final GET explores the gambling shadow that remains from all participants' difficult gambling experiences and threatens their ongoing recovery. It includes participants perceiving their vulnerabilities, challenges ahead, resisting gambling temptations, and conveying a need for greater, broader gambling support.

A Vulnerable Journey Ahead. Participants took back control through treatment and support. However, nearly all participants explained vulnerabilities that would contribute to challenging recovery journeys. Participants sensed that gambling addiction and urges were always going to be a part of them, *"… I know I will always have a gambling addiction"* (Poppy), *"I'm always gonna get these thoughts"* (Alan), *"I still think about gambling every single day without fail"* (Benjamin). Derek thought that gambling will always remain a threat to his safety, *"I don't think I'll ever be safe from it"* (Derek). Max and Lesley, *"I'm susceptible to it"* (Max)*, "like being neurodivergent. being self-critical. vulnerable to stress…"* (Lesley) identified their vulnerabilities, which suggested a felt sense of helplessness towards their gambling addiction. Maggie remained fearful yet conscious and motivated to *"not be complacent and go back because of complacency"* (Maggie).

Resisting Temptation. Nearly all participants related to difficulties in resisting the temptations of gambling advertising. Due to Max's lived experience, gambling advertising frustrated him, *"really winds me up"* (Max). Participants expressed their concern about the persistent presence and uninvited nature of gambling advertising *"it's all over the place"*

(Jerry), *"I am actually astonished by the amount of advertising"* (Lesley), *"…rammed in people's faces"* (Poppy). Maggie had nowhere to hide from her vulnerable addiction, *"inundated with adverts for gambling. free spins here, free spins there"* (Maggie). For Alan, advertising temptations triggered urges and continued to risk a fragile recovery *"… it brings back memories… temptations… you know it's like the devil isn't it attracting you"* (Alan).

Using gambling blocks and bans was advised during treatment. For some participants, this proved effective, *"I self-excluded myself from everything"* (Lesley), *"I block myself… from pretty much everything online"* (Jerry). Nonetheless, Benjamin was annoyed at the time-consuming process, *"quite lengthy and quite frustrating"* (Benjamin). However, participants also explained ways around blocks and bans. Alan had been tempted before, *"I used to ask a friend if he could put a bet on"* (Alan). In comparison, Maggie's desperation to gamble revealed a vulnerability to gamble in the unknown *"I blocked all those accounts…go into Google. typing in casinos not on GAMSTOP… that's the desperation of it… I was gambling with cryptocurrency? I don't understand cryptocurrency…"* (Maggie).

Help Us, Protect Us. Most participants expressed significant worry and frustration, processed through lived experience, about broader gambling harms. Alan reflected that *"gambling has changed"* (Alan), expressing his concern for gambling's growing influence. Max shone a light on a *"darker side to gambling"* (Max) and portrayed his dissatisfaction at the current support level *"the help doesn't pay money does it?"* (Max). Benjamin reflected upon gambling company marketing, which he compared in stark contrast, a frustrating cognitive dissonance, to his own gambling experiences during the pandemic, *"they sell it as like a social event…you're far from being social"* (Benjamin). Gambling harms and

gambling companies perceived responsibility for this infuriated Maggie *"pure greed… profiting from other's people misery"* (Maggie) as she was critical of current prevention *"who actually stops. when the fun stops?"* (Maggie). Finally, Poppy and Maggie voiced and embodied protectiveness, so what happened to them ultimately does not happen to their children. *"I would never let my children go on them"* (Maggie), *"I do not want them to go down the same path that I went down"* (Poppy).

Discussion

Summary

This research met the initial aims and questions of making sense of and interpreting experiences of psychological treatment for individuals living with gambling addiction in the context of COVID-19. Three themes (with ten sub-themes) were identified: *"out of control", "taking back control",* and *"a gambling shadow remains*".

This study offers expansive and novel findings to the wider literature due to the scope of the research exploring experiences of gambling in the pandemic and psychological treatment. Specific original findings include lived experience of worsening relationships with gambling during the pandemic and further negative impacts upon self-identity (please see *Out of Control* below), and positively experienced adaptations of psychology treatment which influenced positive change for gambling addiction during the pandemic (please see *Taking Back Control* below). The study findings are now compared to the current understanding and wider literature, 'dialogue with theory' (Smith et al., 2021, p.116), of gambling addiction, psychological treatment, and the pandemic.

Out of Control

This first GET identified participants being *out of control* with their gambling during the pandemic. The pandemic led to a worsening of gambling behaviours, as evidenced by most participants who expressed a sense of being lost with their gambling. This resulted in feeling a loss of control and consequent increases in addictive gambling behaviours, which then culminated in these participants seeking gambling treatment. This pattern is supported by wider research (Fluharty et al., 2022; Hodgins & Stevens, 2021; Marsden et al., 2020). However, Sachdeva et al. (2022) narrative review argued that the pandemic had more diverse impacts on individual gambling. This study contributes important new findings into how worsening gambling behaviours in the pandemic impacted and threatened participants' self-identity. Indeed, in this study, participants were isolated, bored, and lost their routines and coping methods, risk factors previously identified by Sharman et al. (2021), and a sense of self during the pandemic. Critically, participants used gambling to escape the pandemic and sought escape via easy-to-access and enticing online gambling. Similar coping strategies of gambling to escape difficult emotions have been demonstrated in pre-pandemic qualitative research (Wood & Griffiths, 2007) and in the pandemic too (Renard et al., 2022). Hodgins & Stevens' (2021) review also found those with increased gambling addiction severity then increased their online gambling during the pandemic.

Furthermore, current literature has identified that people living with a gambling addiction are likely to possess increased levels of depression and anxiety (Barrault et al., 2019; Dowling et al., 2015; Moghaddam et al., 2015; Sinclair et al., 2015), which were exacerbated by the pandemic (Sharman et al., 2021). Therefore, participants in this research may have been more vulnerable to experiencing overwhelming emotions.

Indeed, this study did identify difficult, overwhelming emotions and actions, e.g., shame, guilt, and desperation, within participant's experiences. Moreover, some participants experienced shame and stigma about being a woman who gambles, and this stigma is supported by wider research (Holdsworth et al., 2012; Kaufman et al., 2017). Interestingly, this research also found that some participants, in desperation, used alcohol as a coping mechanism for feelings of loss of control. This observed comorbidity of coping with alcohol and gambling use during the pandemic again supports wider research findings (Håkansson, 2020; Price, 2022; Xuereb et al., 2021) and is in keeping with the larger pattern of overwhelming vulnerabilities. *'Out of control'* findings are also relevant outside of a pandemic (as supported by the wider literature above) as risk factors are identified e.g., losing control, isolation, and escape-based coping strategies, experiencing overwhelming emotions and responses, which can be associated with worsening gambling behaviours in a post-pandemic world too.

Taking Back Control

The second GET found that individuals were *taking back control* of their gambling addiction during the pandemic, aided by psychological treatment, crucially adding new knowledge to the current literature. When accessing treatment during the pandemic, the findings interpreted participants moving to acceptance from gambling addiction denial. The acceptance process has been identified as an essential factor in seeking pre-pandemic treatment (Matheson et al., 2019; Suurvali et al., 2009). After seeking treatment, participants positively experienced the service offer of group psychological treatment. The use of group treatments for gambling addiction has been further supported via the Petry et al. (2017) review. Participants valued this group treatment, particularly the inclusion of peer lived experience. Such beneficial inclusion has previously been identified (Penfold &

Ogden, 2022a) and is also a core value of informal support, e.g., Gamblers Anonymous (Penfold & Ogden, 2022b).

Interestingly, in this sample, the pandemic did not seem to have a significant negative impact on the availability, engagement, or successful outcomes of psychological treatment for gambling addiction. However, it should be noted that not all individuals seeking treatment share this experience (Bellringer et al., 2008; Evans & Delfabbro, 2005; Itäpuisto, 2019; Pulford et al., 2009). The research also highlighted that online psychology treatment provision during the pandemic was also mostly well-experienced by participants. Such online provision has previously been supported via meta-analysis and scoping review (Augner et al., 2022; van der Maas et al., 2019). Nonetheless, one participant expressed a personal preference for post-lockdown face-to-face treatment, and another experienced the pandemic as treatment interfering with their face-to-face EMDR treatment. The treatment service offered CBT (primarily online delivered), and participants' received this positively for coping with and changing gambling addiction. Indeed, CBT is identified as an evidence-based psychological treatment for gambling (Di Nicola et al., 2020; Petry et al., 2017; Ribeiro et al., 2021; Thomas et al., 2011). Therefore, this research, aided by individual experiences in the context of a pandemic, offers support to the current qualitative literature on the efficacy of CBT and psychological treatments for gambling addiction (Boughton et al., 2016; Harris & Mazmanian, 2016; Mänsson et al., 2022; Rodda et al., 2013; Rodda et al., 2015; Smith et al., 2016). Alongside treatment, participants were contained and guided via therapeutic relationships and family support, which not only supports the importance of therapeutic relationships in the outcomes of gambling addiction treatment (Dowling & Cosic, 2011; Smith et al., 2004) but also supports the benefits of utilising family support alongside psychological treatment (Ingle et al., 2008; Kourgiantakis

et al., 2013; Petry & Weiss, 2009; Tremblay et al., 2018). Furthermore, considering the likelihood of future pandemics, *'Taking back control'* findings outlined above detail helpful adaptations and considerations, supported by the wider literature for gambling and addiction, e.g., use of CBT, online delivery, group treatment, support of therapeutic relationships and family involvement, for treatment services that can result in positive change (and during a pandemic).

A Gambling Shadow Remains

Whilst this final GET did not directly link to gambling experiences during the pandemic, such themes did arise from participant's individual lived experience of treatment at this time. This theme conveyed participants' ongoing vulnerability in gambling recovery even though they experienced successful psychological treatment in the pandemic, in keeping with the current understanding of gambling recovery processes (Gavriel-Fried & Lev-el, 2020; Hing et al., 2016; Pickering et al., 2019; Reith & Dobbie, 2012; Wood & Griffiths, 2007). Indeed, participants in this study self-identified their persistent vulnerabilities which have persisted in a post-pandemic context, e.g., neurodivergence or regular urges to gamble. How participants made sense of their experiences contributed to perceptions that their recovery would be individual, complex, and enduring.

Supporting the current understood risks of gambling advertising in causing further gambling harms (Bouguettaya et al., 2020; Hanns et al., 2015; McGrane et al., 2023), participants also strongly reported frustrations surrounding the current levels of gambling advertising, temptations they resulted in, and ongoing risks to gambling recovery. These temptations and continuing urges to gamble also risked finding ways around initially effective gambling self-exclusion. This finding further questions the effectiveness of self-

exclusion programmes in reducing gambling harms, as deliberated in the current literature (Drawson et al., 2017; Gainsbury, 2014; Hayer & Meyer, 2011). Finally, most participants called for further gambling support amidst concerns that the gambling industry is not doing enough to protect individuals from gambling harms. The findings from this study support wider literature in identifying issues of current gambling support and the need for further modernised prevention of gambling harms (Abbott, 2020; Blank et al., 2021; Marionneau et al., 2023).

Critique

This study offers novel research, aided by service user and professional involvement, whilst addressing a gap in the wider qualitative literature of experiences of psychological treatment for gambling addiction in the context of COVID-19. The CASP (2018) qualitative checklist was used to review the quality of the study, and criteria was fully met.

Clear subjectivity limitations (credibility) were present due to themes and qualitative findings not being developed in collaboration with multiple analysts, member-checked with participants, or subject to qualitative data triangulation. The rigorous IPA process is highly interpretative (double hermeneutic). Therefore, ‘owning one’s perspective’ (Elliot et al., 1999, p.221) through engagement in reflexivity was an essential component and strength of this research. For example, due to the primary author’s role and experiences, one could argue that findings related to the effectiveness of psychological treatment and the impacts of gambling advertising may present opportunities for researcher bias. Therefore, the use of reflexivity, transparency, evidence of the analytical process, Yardley’s quality principles

(2000; 2008), and an audit checklist was crucial to improve the quality and rigour of this research.

The study utilises a purposive and small sample. There are evident variances in the sample characteristics, e.g., age, sex, religion, and psychological treatment contexts, e.g., previous treatment, and timing of treatment. Such variability limits a homogenous sample. Participants are likely to have understood and interpreted their gambling treatment experiences in the context of COVID-19 differently due to this variance. Nonetheless, the analysis tries to account for this variability by carefully exploring thematic patterns, individual experiences, and contexts. Participants were identified by practitioners and volunteered to participate; therefore, sampling bias opportunities were present (Robinson, 2014). Recruitment only focused on one umbrella treatment service. Other treatment services may provide more diverse treatment approaches, and such individual experiences were not included. Moreover, 50% of the participants contacted decided not to participate, and they were not asked to provide a reason.

Participants were asked to self-report and retrospectively make sense of their experiences of psychological treatment for gambling addiction in the context of COVID-19. Participants reflected on meaningful and broader processes of complex and multi-faceted experiences. However, one could argue that asking participants to reflect on their past experiences may result in difficulties of recall bias (Althubaiti, 2016). Finally, although not a goal of IPA research, transferability and generalisability are limited in developing a wider understanding of the studied phenomenon. This is due to a smaller sample, alongside highly individualistic and researcher-interpreted participant experiences.

Implications and Future Directions

It is recommended that gambling treatment services screen if individuals experienced pandemic difficulties in their relationships with gambling during assessment. Such experiences are important when considering how an individual makes sense of their gambling experiences. New incoming guidance (National Institute for Health and Care Excellence, 2023b) recommends that healthcare professionals screen for gambling difficulties. Considering the growing referrals for gambling in the UK and observed problems with pandemic gambling, such screening processes are crucial to the prevention of further gambling harms.

Individual experiences of CBT were found to be helpful for gambling addiction. It is recommended that treatment services adhere to the current evidence-based guidance, outlined above, for CBT. Moreover, significant value was found in normalisation and peer recovery within group treatment. It is recommended that services consider group treatment options, including lived experience. Implementing ongoing peer-led recovery groups held within the service may be helpful. Participants were also supported through their treatment journeys via good therapeutic relationships and family involvement. Treatment services should look to include family within treatment whilst creating opportunities to develop one-to-one, regular, consistent, therapeutic relationships with clinicians. Furthermore, online treatment provision was experienced favourably; however, flexibility and person-centred choice of delivery should also be embraced.

Gambling advertising and ineffective self-exclusion programmes led to further gambling harm and additional recovery challenges. This research calls for reducing the widespread dangerous nature of gambling advertising, together with reviewing the

effectiveness of current gambling self-exclusion bans. Participants also identified the availability and awareness of gambling support options as inadequate. Such voices are crucial and including lived experience in reducing and preventing gambling harms is now essential (Nyemcsok et al., 2022). The UK government, public health, and the gambling industry should now aim to promote supportive services better.

New funding (Department for Culture, Media, and Sport, 2023b), £100 million, has been made available for the NHS to explore gambling support, awareness, and research. Therefore, future independent qualitative research should aim to consider further varied gambling treatment options. Focusing on harder-to-reach participants and participants who dropped out of treatment may provide a sample of more diverse experiences. Future research, inclusive of such participants, may contribute valuable experiences and insights when considering the helpful provision of psychological treatment for gambling addiction.

Conclusion

This study identified that participants experienced *'out of control'* gambling during the pandemic. Such difficult experiences were exacerbated by isolation, loss of structure, coping, and threatened identities. This then led to a self-identified crisis and acceptance of needing to access gambling treatment services. Psychological treatment, in the context of the pandemic, helped individuals *'take back control'* of their gambling addiction. Participants mostly connected to online treatment, found meaning in group treatment and peer recovery, benefited from CBT, and were additionally supported through therapeutic relationships and family involvement. However, *'a gambling shadow remains'*, and participants perceived an ongoing vulnerability whilst being consistently exposed to gambling addiction and possible further gambling harms. The qualitative findings have

several important clinical implications, recommendations, and considerations for healthcare and national policies.

References

Abbott, M. W. (2020). Gambling and gambling-related harm: Recent World Health Organization initiatives. *Public Health, 184*, 56-59. https://doi.org/10.1016/j.puhe.2020.04.001

Alase, A. (2017). The Interpretative Phenomenological Analysis (IPA): A Guide to a Good Qualitative Research Approach. *International Journal of Education and Literacy Studies*, *5*(2), 9. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Althubaiti, A. (2016). Information bias in health research: Definition, pitfalls, and adjustment methods. *Journal of Multidisciplinary Healthcare, 9*, 211-217. https://doi.org/10.2147/jmdh.s104807

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Augner, C., Vlasak, T., Aichhorn, W., & Barth, A. (2022). Psychological online interventions for problem gambling and gambling disorder – A meta-analytic approach. *Journal of Psychiatric Research, 151*, 86-94. https://doi.org/10.1016/j.jpsychires.2022.04.006

Barrault, S., Mathieu, S., Brunault, P., & Varescon, I. (2019). Does gambling type moderate the links between problem gambling, emotion regulation, anxiety, depression and gambling motives. *International Gambling Studies*, *19*(1), 54–68. https://doi.org/10.1080/14459795.2018.1501403

Bellringer, M., Pulford, J., Abbott, M., DeSouza, R., & Clarke, D. (2008). *Problem gambling – barriers to help seeking behaviours.* Auckland University of Technology. Gambling Research Centre. https://phmhri.aut.ac.nz/__data/assets/pdf_file/0007/7567/barrier_report_2008.pdf

Berger. R. (2013). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219-234. https://doi.org/10.1177%2F1468794112468475

Bernard, H. R. (2017). *Research methods in anthropology: Qualitative and quantitative approaches.* Rowman & Littlefield.

Biggerstaff, D., & Thompson, A. R. (2008). Interpretative Phenomenological Analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology, 5*(3), 214-224. https://doi.org/10.1080/14780880802314304

Blank, L., Baxter, S., Woods, H. B., & Goyder, E. (2021). Interventions to reduce the public health burden of gambling-related harms: A mapping review. *The Lancet Public Health*, *6*(1), e50–e63. https://doi.org/10.1016/s2468-2667(20)30230-9

Blaszczynski, A., McConaghy, N., & Frankova, A. (1990). Boredom proneness in pathological gambling. *Psychological Reports, 67*(1), 35-42. https://doi.org/10.2466/pr0.1990.67.1.35

Blobaum, P. M. (2013). Mapping the literature of addictions treatment. *Journal of the Medical Library Association, 101*(2), 101-109. https://doi.org/10.3163/1536-5050.101.2.005

Boughton, R. R., Jindani, F., & Turner, N. E. (2016). Group treatment for women gamblers using web, teleconference, and workbook: Effectiveness pilot. *International Journal of Mental Health and Addiction, 14*(6), 1074-1095. https://doi.org/10.1007/s11469-016-9700-4

Bouguettaya, A., Lynott, D., Carter, A., Zerhouni, O., Meyer, S., Ladegaard, I., Gardner, J., & O'Brien, K. S. (2020). The relationship between gambling advertising and gambling attitudes, intentions and behaviours: A critical and meta-analytic review.

Current Opinion in Behavioral Sciences, 31, 89-101. https://doi.org/10.1016/j.cobeha.2020.02.010

Bowden-Jones, H., Drummond, C., & Thomas, S. (2016, December). *Rapid evidence review of evidence-based treatment for gambling disorder in Britain*. https://www.rcpsych.ac.uk/docs/default-source/members/faculties/addictions-psychiatry/addictions-resources-for-specialists-rapid-evidence-for-gambling.pdf?sfvrsn=736e144a_2

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health*, *21*(1), 87–108. https://doi.org/10.1080/14768320500230185

Brodeur, M., Audette-Chapdelaine, S., Savard, A. -C., & Kairouz, S. (2021). Gambling and the COVID-19 pandemic: A scoping review. *Progress in Neuro-psychopharmacology and Biological Psychiatry*, *111*, 110389. https://doi.org/10.1016/j.pnpbp.2021.110389

Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and Practice, 2*(1). https://doi.rg/10.1186/s42466-020-00059-z

Clancy, M. (2013). Is reflexivity the key to minimising problems of interpretation in phenomenological research? *Nurse Researcher*, *20*, 12–16. https://doi.org/10.7748/nr2013.07.20.6.12.e1209

Conolly, A., Fuller, E., Jones, H., Maplethorpe, N., Sondaal, A., & Wardle, H. (2017, August). *Gambling behaviour in Great Britain in 2015: Evidence from England, Scotland, and Wales.* https://www.eprints.gla.ac.uk/239091/

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs. *The Counseling Psychologist, 35(2),* 236-264. https://doi.org/10.1177/0011000006287390

Creswell, J., & Plano Clark, V. L. (2011). *Designing and conducting mixed method research* (2nd ed.). SAGE Publications.

Critical Appraisal Skills Programme. (2018). *CASP Qualitative Checklist*. CASP-UK. www.casp-uk.net/casp-tools-checklists/

Crotty, M. (1996). *Phenomenology and Nursing Research.* Churchill Livingstone.

Davies, R. (2020, December 4). 'Reformer's shopping list': Gambling laws review starts next week. *The Guardian.* https://www.theguardian.com/society/2020/dec/04/uk-gambling-laws-review-to-consider-ban-sports-sponsorship

Department for Digital, Culture, Media, and Sport (2020, December). *Review of the Gambling Act 2005: Terms of reference and call for evidence.* https://www.gov.uk/government/publications/review-of-the-gambling-act-2005-terms-of-reference-and-call-for-evidence/review-of-the-gambling-act-2005-terms-of-reference-and-call-for-evidence

Department for Digital, Culture, Media and Sport (2023a, April). *High stakes: Gambling reform for the digital age* [White paper]. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1153228/1286-HH-E02769112-Gambling_White_Paper_Book_Accessible1.pdf

Department for Digital, Culture, Media, and Sport (2023b, October). *New support for NHS to treat gambling addiction* [Press release]. https://www.gov.uk/government/news/new-support-for-nhs-to-treat-gambling-addiction

Di Nicola, M., De Crescenzo, F., D'Alò, G. L., Remondi, C., Panaccione, I., Moccia, L., Molinaro, M., Dattoli, L., Lauriola, A., Martinelli, S., Giuseppin, G., Maisto, F., Crosta, M. L., Di Pietro, S., Amato, L., & Janiri, L. (2020). Pharmacological and psychosocial treatment of adults with gambling disorder: A meta-review. Journal of Addiction Medicine, 14(4), e15-e23. https://doi.org/10.1097/adm.0000000000000574

Dowling, N. A., & Cosic, S. (2011). Client engagement characteristics associated with problem gambling treatment outcomes. *International Journal of Mental Health and Addiction, 9*(6), 656-671. https://doi.org/10.1007/s11469-010-9298-x

Dowling, N. A., Cowlishaw, S., Jackson, A. C., Merkouris, S. S., Francis, K. L., & Christensen, D. R. (2015). Prevalence of psychiatric co-morbidity in treatment-seeking problem gamblers: A systematic review and meta-analysis. *Australian & New Zealand Journal of Psychiatry*, *49*(6), 519–539. https://doi.org/10.1177/0004867415575774

Drawson, A. S., Tanner, J., Mushquash, C. J., Mushquash, A. R., & Mazmanian, D.. (2017). The use of protective behavioural strategies in gambling: A systematic review. *International Journal of Mental Health and Addiction*, *15*(6), 1302–1319. https://doi.org/10.1007/s11469-017-9754-y

Dugdale, A. S. (2020). *Lived experiences of autistic mothers: An interpretative phenomenological analysis* (Identification No. uk.bl.ethos.815537) [Doctoral dissertation, University of Sheffield]. White Rose eTheses Online Repository.

Elliot, R., Rischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related studies. *The British Journal of Clinical Psychology, 38*(3), 215-229. https://doi.org/10.1348/014466599162782

Evans, L., & Delfabbro, P. H. (2005). Motivators for change and barriers to help-seeking in Australian problem gamblers. *Journal of Gambling Studies, 21*(2), 133-155. https://doi.org/10.1007/s10899-005-3029-4

Fade, S. (2004). Using interpretative phenomenological analysis for public health nutrition and dietetic research: A practical guide. *Proceedings of the Nutrition Society, 63*, 647-653. https://doi.org/10.1079/PSN2004398

Fauth-Bühler, M., Mann, K., & Potenza, M. N. (2017). Pathological gambling: A review of the neurobiological evidence relevant for its classification as an addictive disorder. *Addiction Biology, 22*(4), 885-897. https://doi.org/10.1111/adb.12378

Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the "phenomenological psychological attitude." *Journal of Phenomenological Psychology*, *39*(1), 1–32. https://doi.org/10.1163/156916208X311601

Fluharty, M., Paul, E., & Fancourt, D. (2022). Predictors and patterns of gambling behaviour across the COVID-19 lockdown: Findings from a UK cohort study. *Journal of Affective Disorders, 298*, 1-8. https://doi.org/10.1016/j.jad.2021.10.117

Gainsbury, S. M. (2014). Review of self-exclusion from gambling venues as an intervention for problem gambling. *Journal of Gambling Studies*, *30*(2), 229–251. https://doi.org/10.1007/s10899-013-9362-0

Gamblers Anonymous. (n.d.). *Gamblers Anonymous.* Retrieved December 1, 2022, from https://www.gamblersanonymous.org.uk/

Gamble Aware. (2020, May 19). *Treatment needs gap analysis* [press release]. https://www.begambleaware.org/sites/default/files/2020-12/2020-05-19-treatment-needs-gap-analysis-press-release.pdf

Gamble Aware (2021). Annual GB treatment and support survey 2021: On behalf of Gamble Aware. https://www.begambleaware.org/sites/default/files/2022-03/Annual%20GB%20Treatment%20and%20Support%20Survey%20Report%202021%20%28FINAL%29.pdf

Gambling Commission. (2020, November). *National strategic assessment 2020*. https://www.gamblingcommission.gov.uk/print/national-strategic-assessment-2020

Gambling Commission. (2021). *Our strategy for the next three years.* https://www.gamblingcommission.gov.uk/about-us/guide/our-strategy-for-the-next-three-years

Gambling Commission (2022, May). *Improving our statistics: Gambling participation and prevalence.* https://www.gamblingcommission.gov.uk/blog/post/improving-our-statistics-gambling-participation-and-prevalence

Gambling Commission (2023, May). *Statistics on participation and problem gambling for the year to March 2023.* https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-participation-and-problem-gambling-for-the-year-to-march-2023

GamCare. (n.d.). *Gambling support starts here*. Retrieved December 1, 2022, from https://www.gamcare.org.uk/

Gavriel-Fried, B., & Lev-el, N. (2020). Mapping and conceptualizing recovery capital of recovered gamblers. *American Journal of Orthopsychiatry, 90*(1), 22-36. https://doi.org/10.1037/ort0000382

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Aldine.

Gordon Moody. (n.d.). *A gambling treatment landmark in the UK.* Retrieved December 1, 2022, from https://www.gamblingtherapy.org/about-us/gordon-moody/?gclid=Cj0KCQjwmtGjBhDhARIsAEqfDEdLrLT9SV1IhKBoD2EncAnbL7ylyPGlogDFSfzeOT7uKUef-rzxwSMaAjQ7EALw_wcB

Håkansson, A. (2020). Changes in gambling behavior during the COVID-19 pandemic —A web survey study in Sweden. *International Journal of Environmental Research and Public Health*, *17*(11), 4013. https://doi.org/10.3390/ijerph17114013

Håkansson, A., Fernández-Aranda, F., Menchón, J. M., Potenza, M. N., & Jiménez-Murcia, S. (2020). Gambling during the COVID-19 crisis – a cause for concern. *Journal of Addiction Medicine, 14,* 10-12. https://doi.org/10.1097/ADM.0000000000000690

Hale, E. D., Treharne, G. J., & Kitas, G. D. (2008). Qualitative methodologies II: A brief guide to applying interpretative phenomenological analysis in musculoskeletal care. *Musculoskeletal Care*, *6*(2), 86-96. https://doi.org/10.1002/msc.113

Hanss, D., Mentzoni, R. A., Griffiths, M. D., & Pallesen, S. (2015). The impact of gambling advertising: Problem gamblers report stronger impacts on involvement, knowledge, and awareness than recreational gamblers. *Psychology of Addictive Behaviors, 29*(2), 483-491. https://doi.org/10.1037/adb0000062

Harris, N., & Mazmanian, D. (2016). Cognitive behavioural group therapy for problem gamblers who gamble over the internet: A controlled study. *Journal of Gambling Issues, 33*, 170-188. https://doi.org/10.4309/jgi.2016.33.10

Haushofer, J., & Fehr, E. (2014). On the psychology of poverty. *Science, 344*(6186), 862-867. https://doi.org/10.1126/science.1232491

Hayer, T., & Meyer, G. (2011). Internet self-exclusion: Characteristics of self-excluded gamblers and preliminary evidence for its effectiveness. *International Journal of Mental Health and Addiction*, *9*(3), 296–307. https://doi.org/10.1007/s11469-010-9288-z

Heidegger, M. (1962). *Being and time.* Blackwell.

Heilig, M., Mackillop, J., Martinez, D., Rehm, J., Leggio, L. & Vanderschuren, L. J. M. J. (2021). Addiction as a brain disease revisited: Why it still matters, and the need for consilience. *Neuropsychopharmacology, 46,* 1715-1723. https://doi.org/10.1038/s41386-020-00950-y

Henderson, N. L., & Dressler, W. W. (2017). Medical disease of moral defect? Stigma attribution and cultural models of addiction causality in a university population. *Culture, Medicine, and Psychiatry, 41*(4), 480-498. https://doi.org/10.1007/s11013-017-9531-1

Hing, N., Nuske, E., Gainsbury, S. M., Russell, A. M. T., & Breen, H. (2016). How does the stigma of problem gambling influence help-seeking, treatment and recovery?. A view from the counselling sector. *International Gambling Studies*, *16*(2), 263–280. https://doi.org/10.1080/14459795.2016.1171888

Hodgins, D. C., & Stevens, R. M. G. (2021). The impact of COVID-19 on gambling and gambling disorder: Emerging data. *Current Opinion in Psychiatry, 34*(4), 332-343. https://doi.org/10.1097/YCO.0000000000000709

Holdsworth, L., Hing, N., & Breen, H. (2012). Exploring women's problem gambling: A review of the literature. *International Gambling Studies*, *12*(2), 199–213. https://doi.org/10.1080/14459795.2012.656317

Holdsworth, L., Nuske, E., & Hing, N. (2015). A grounded theory of the influence of significant life events, psychological co-morbidities, and related social factors on gambling involvement. *International Journal of Mental Health and Addiction, 13*, 257-273. https://doi.org/10.1007/s11469-014-9527-9

Husserl, E. (1927). *Phenomenology*. Encyclopaedia Britannica. https://doi.org/10.1080/00071773.1971.11006182

Ingle, P. J., Marotta, J., Mcmillan, G., & Wisdom, J. P. (2008). Significant others and gambling treatment outcomes. *Journal of Gambling Studies*, *24*(3), 381–392. https://doi.org/10.1007/s10899-008-9092-x

Itäpuisto, M. (2019). Problem gambler help-seeker types: Barriers to treatment and help-seeking processes. *Journal of Gambling Studies, 35*(3), 1035-1045. https://doi.org/10.1007/s10899-019-09846-z

Jia, R., Ayling, K., Chalder, T., Massey, A., Broadbent, E., Coupland, C., & Vedhara, K. (2020). Mental health in the UK during the COVID-19 pandemic: Cross-sectional analyses from a community cohort study. *BMJ Open, 10*(9), e040620. https://doi.org/10.1136/bmjopen-2020-040620

Johnstone, P., & Regan, M. (2020). Gambling harm is everybody's business: A public health approach and call to action. *Public Health, 184,* 63-66. https://doi.org/10.1016/j.puhe.2020.06.010

Junjie, M., & Yingxin, M. (2022). The discussions of positivism and interpretivism. *Global Academic Journal of Humanities and Social Sciences*, *4*(1), 10-14. https://doi.org/10.36348/gajhss.2022.v04i01.002

Kalivas, P. W., & Volkow, N. D. (2005). The neural basis of addiction: A pathology of motivation and choice. *American Journal of Psychiatry, 162*(8), 1403-1413. https://doi.org/10.1176/appi.ajp.162.8.1403

Kaufman, A., Jones Nielsen, J. D., & Bowden-Jones, H. (2017). Barriers to treatment for female problem gamblers: A UK perspective. *Journal of Gambling Studies*, *33*(3), 975–991. https://doi.org/10.1007/s10899-016-9663-1

King, D., Delfabbro, P., & Griffiths, M. (2010). The convergence of gambling and digital media: Implications for gambling in young people. *Journal of Gambling Studies, 26(*2), 175-187. https://doi.org/10.1007/s10899-009-9153-9

Kourgiantakis, T., Saint-Jacques, M. C., & Tremblay, J. (2013). Problem gambling and families: A systematic review. *Journal of Social Work in Practice in the Addictions, 13*(4), 353-372. https://doi.org/10.1080/1533256X.2013.838130

Kushner, H. (2010). *Historical Perspectives of Addiction* (pp. 75-93). https://doi.org/10.1007/978-1-4419-0338-9_4

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing.* SAGE Publications.

Langdridge, D. (2007). *Phenomenological psychology: Theory research and method*. Pearson Education.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*(2), 102–120. https://doi.org/10.1191/1478088706qp062oa

Leshner, A. I. (1997). Addiction is a brain disease, and it matters. *Science, 278*(5335), 45-47. https://doi.org/10.1126/science.278.5335.45

Levine, H. G. (1978). The discovery of addiction. Changing conceptions of habitual drunkenness in America. *Journal of Studies on Alcohol, 39*(1), 143-174. https://doi.org/10.15288/jsa.1978.39.143

Lewis, M. (2018). Brain change in addiction as learning, not disease. *New England Journal of Medicine, 379*(16), 1551-1560. https://doi.org/10.1056/nejmra1602872

Lorains, F. K., Cowlishaw, S., & Thomas, S. A. (2011). Prevalence of comorbid disorders in problem and pathological gambling: Systematic review and meta-analysis of population surveys. *Addiction*, *106*(3), 490–498. https://doi.org/10.1111/j.1360-0443.2010.03300.x

Mänsson, V., Molander, O., Carlbring, P., Rosendahl, I., & Berman, A. H. (2022). Emotion regulation-enhanced group treatment for gambling disorder: A non-randomized pilot trial. *BMC Psychiatry, 22*(1). https://doi.org/10.1186/s12888-021-03630-3

Marionneau, V., Ruohia, H., & Karlsson, N. (2023). Gambling harm prevention and harm reduction in online environments: A call for action. *Harm Reduction Journal, 20*(1). https://doi.org/10.1186/s12954-023-00828-4

Marsden, J., Darke, S., Hall, W., Hickman, M., Holmes, J., Humphreys, K., Neale, J., Tucker, J., & West, R. (2020). Mitigating and learning from the impact of COVID-19 infection on addictive disorders. *Addiction, 115*(6), 1007-1010. https://doi.org/10.1111/add.15080

Matheson, F. I., Hamilton-Wright, S., Kryszajtys, D. T., Wiese, J. L., Cadel, L., Ziegler, C., Hwang, S. W., & Guilcher, S. J. T. (2019). The use of self-management strategies for problem gambling: A scoping review. *BMC Public Health*, *19*(1). https://doi.org/10.1186/s12889-019-6755-8

Maxwell, J. A. (2012). *A realist approach for qualitative research.* Sage Publications.

McGrane, E., Wardle, H., Clowes, M., Blank, L., Pryce, R., Field, M., Sharpe, C., & Goyder, E. (2023). What is the evidence that advertising policies could have an impact on gambling-related harms? A systematic umbrella review of the literature. *Public Health, 215*, 124-130. https://doi.org/10.1016/j.[uhe.2022.11.019

McIntosh, C., & O'Neill, K. (2017). *Evidence-based treatments for problem gambling.* Springer.

Mercer, K. B., & Eastwood, J. D. (2010). Is boredom associated with problem gambling behaviour? It depends on what you mean by 'boredom'. *International Gambling Studies*, *10*(1), 91–104. https://doi.org/10.1080/14459791003754414

Moghaddam, J. F., Campos, M. D., Myo, C., Reid, R. C., & Fong, T. W. (2015). A

longitudinal examination of depression among gambling inpatients. *Journal of Gambling Studies, 31*(4), 1245–1255. https://doi.org/10.1007/s10899-014-9518-6

National Institute for Health and Care Excellence. (2023a, November). *Harmful gambling: identification, assessment and management. In development [GID-NG10210].* https://www.nice.org.uk/guidance/indevelopment/gid-ng10210

National Institute for Health and Care Excellence. (2023b, October). *NICE recommends healthcare professionals ask people about gambling, in new draft guidance out for consultation.* https://www.nice.org.uk/news/article/nice-recommends-healthcare-professionals-ask-people-about-gambling-in-new-draft-guidance-out-for-consultation-today

National Institute of Health Research. (2019, November). *UK standards for public involvement. Better public involvement for better health and social care research.* https://www.invo.org.uk/wp-content/uploads/2019/11/UK-standards-for-public-involvement-v6.pdf

Nestler, E., & Malenka, R. (2004). The addicted BRAIN. *Scientific American, 290*(3). Retrieved July 16, 2021, from http://www.jstor.org/stable/26047641

Newton, E., Larkin, M., Melhuish, R., & Wykes, T. (2007). More than just a place to talk: Young people's experiences of group psychological therapy as an early intervention for auditory hallucinations. *Psychology and Psychotherapy, Theory, Research and Practice, 80,* 127-149. https://doi.org/10.1348/147608306X110148

NHS England. (2023, July). *NHS doubles gambling clinics as referrals soar.* https://www.england.nhs.uk/2023/07/nhs-doubles-gambling-clinics-as-referrals-soar/

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative*

Research in Psychology, 18(3), 369-386. https://doi.org/10.1080/14780887.2020.1854404

Northern Gambling Service. (n.d.). Northern Gambling Service. Retrieved January 2, 2023, from, https://www.leedsandyorkpft.nhs.uk/our-services/northern-gambling-service/

Nyemcsok, C., Pitt, H., Kremer, P., & Thomas, S. L. (2022). Expert by experience engagement in gambling reform: Qualitative study of gamblers in the United Kingdom. *Health Promotion International, 37*(2), daab077. https://doi.org/10.1093/heapro/daab077

Orford, J. (2004). Low income and vulnerability for gambling problems. *Addiction*, *99*(10), 1356–1356. https://doi.org/10.1111/j.1360-0443.2004.00902.x

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and policy in mental health*, *42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Patton, M. Q. (2002). *Qualitative research and evaluation methods: Integrating theory and practice.* Sage Publications.

Penfold, K. L., & Ogden, J. (2022a). Exploring gamblers' experiences of problem gambling interventions: A qualitative study. *Cogent Psychology*, *9*(1). https://doi.org/10.1080/23311908.2022.2138805

Penfold, K. L., & Ogden, J. (2022b). Exploring the experience of gamblers anonymous meetings during COVID-19: A qualitative study. *Current Psychology*, *41*(11), 8200–8213. https://doi.org/10.1007/s12144-021-02089-5

Perales, J. C., King, D. L., Navas, J. F., Schimmenti, A., Sescousse, G., Starcevic, V., van Holst, R. J., & Billieux, J. (2020). Learning to lose control: A process-based account

of behavioural addiction. *Neuroscience & Biobehavioral Reviews, 108*, 771-780. https://doi.org/10.1016/j.neubiorev.2019.12.025

Petry, N. M. (2005). *Pathological gambling: Etiology, comorbidity, and treatment*. American Psychological Association. https://doi.org/10.1037/10894-000

Petry, N. M., Ginley, M. K. & Rash, C. J. (2017). A systematic review of treatments for problem gambling. *Psychology of Addictive Behaviors, 31*(8), 951-961. https://doi.org/10.1037/adb0000290

Petry, N. M., & Weiss, L. (2009). Social support is associated with gambling treatment outcomes in pathological gamblers. *The American Journal on Addictions, 18*(5), 402-408. https://doi.org/10.3109/10550490903077861

Petry, N. M., Zajac, K., & Ginley, M. K. (2018). Behavioral addictions as mental disorders: To be or not to be?. *Annual Review of Clinical Psychology, 14*(1), 399-423. https://doi.org/10.1146/annurev-clinpsy-032816-045120

Pickering, D., Spoelma, M. J., Dawczyk, A., Gainsbury, S. M., & Blaszczynski, A. (2019). What does it mean to recover from a gambling disorder. Perspectives of gambling help service users. *Addiction Research & Theory, 28,* 132-143. https://doi.org/10.10.80/16066359.2019.1601178

Potter, J., & Wetherell, M. (1995). Discourse analysis. In J. Smith., R, Harre, & L. Van Langenhove (Eds.), *Rethinking Methods in Psychology* (pp. 80—92). SAGE Publications Ltd. https://doi.org/10.4135/9781446221792.n6

Price, A. (2022). Online gambling in the midst of COVID-19: A nexus of mental health concerns, substance use and financial stress. *International Journal of Mental Health and Addiction*, *20*(1), 362–379. https://doi.org/10.1007/s11469-020-00366-1

Pulford, J., Bellringer, M., Abbott, M., Clarke, D., Hodgins, D., & Williams, J. (2009). Reasons for seeking help for a gambling problem: The experiences of gamblers who

have sought specialist assistance and the perceptions of those who have not. *Journal of Gambling Studies, 25*(1), 19-32. https://doi.org/10.1007/s10899-008-9112-x

Reith, G., & Dobbie, F. (2012). Lost in the game: Narratives of addiction and identity in recovery from problem gambling. *Addiction Research & Theory*, *20*(6), 511–521. https://doi.org/10.3109/16066359.2012.672599

Renard, M., Audette-Chapdelaine, S., Savard, A. -C., Kairouz, S., & Brodeur, M. (2022). Gamblers' perceptions of the impact of the COVID-19 pandemic on their gambling behaviours: Analysis of free-text responses collected through a cross-sectional online survey. *International Journal of Environmental Research and Public Health*, *19*(24), 16603. https://doi.org/10.3390/ijerph192416603

Ribeiro, E. O., Afonso, N. H., & Morgado, P. (2021). Non-pharmacological treatment of gambling disorder: A systematic review of randomized controlled trials. *BMC Psychiatry*, *21*(1). https://doi.org/10.1186/s12888-021-03097-2

Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*(1), 25-41. https://doi.org/10.1080/14780887.2013.801543

Rodda, S. Lubman, D. I., Dowling, N. A., Bough, A., & Jackson, A. C. (2013). Web-based counselling for problem-gambling: Exploring motivations and recommendations. *Journal of Medical Internet Research, 15*(5), e99. https://doi.org/10.2196/jmir.2474

Rodda, S. N., Lubman, D. I., Cheetham, A., Dowling, N. A., & Jackson, A. C. (2015). Single session web-based counselling: A thematic analysis of content from the perspective of the client. *British Journal of Guidance & Counselling, 43*(1), 117-130. https://doi.org/10.1080/03069885.2014.938609

Rodriguez, A., & Smith, J. (2018). Phenomenology as a healthcare research method. *Evidence Based Nursing*, *21*(4), 96–98. https://doi.org/10.1136/eb-2018-102990

Ross, D., Sharp, C., Vuchinich, R. E., & Spurret, D. (2012). *Midbrain mutiny: The picoeconomics and neuroeconomics of disordered gambling: Economic theory and cognitive science*. MIT Press

Sachdeva, V., Sharma, S., & Sarangi, A. (2022). Gambling behaviors during COVID-19: A narrative review. *Journal of Addictive Diseases, 40*(2), 208-216. https://doi.org/10.1080/10550887.2021.1971942

Sharman, S., Roberts, A., Bowden-Jones, H., & Strang, J. (2021). Gambling in COVID-19 lockdown in the UK: Depression, stress, and anxiety. *Frontiers in Psychiatry, 12*. https://doi.org/10.3389/fpsyt.2021.621.497

Shevlin, M., Butter, S., McBride, O., Murphy, J., Gibson-Miller, J., Hartman, T. K., Levita, L., Mason, L., Martinez, A. P., McKay, R., Stocks, T. V. A., Bennett, K., Hyland, P., & Bentall, R. P. (2021). Refuting the myth of a 'tsunami' of mental ill-health in populations affected by COVID-19: evidence that response to the pandemic is heterogeneous, not homogeneous. *Psychological Medicine*, 1-9. https://doi.org/10.1017/s0033291721001665

Sinclair, H., Pasche, S., Pretorius, A., & Stein, D. J. (2015). Clinical profile and psychiatric comorbidity of treatment-seeking individuals with pathological gambling in South-Africa. *Journal of Gambling Studies*, *31*(4), 1227–1243. https://doi.org/10.1007/s10899-014-9516-8

Smith, D., Pols, R., Lavis, T., Battersby, M., & Harvey, P. (2016). Experiences and perceptions of problem-gamblers on cognitive and exposure therapies when taking part in a randomised controlled trial: A qualitative study. *Journal of Gambling Studies,*

32(4), 1243-1260. https://doi.org/10.1007/s10899-015-9589-z

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* SAGE Publications.

Smith, J. A., Flowers, P., & Larkin, M. (2021). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.) SAGE Publications.

Smith, S. A., Thomas, S. A., & Jackson, A. C. (2004). An exploration of the therapeutic relationship and counselling outcomes in a problem gambling counselling service. *Journal of Social Work Practice, 18*(1), 99-112. https://doi.org/10.1080/0265053042000180581

Spencer, L., & Ritchie, J. (2011). In Pursuit of Quality. In D. Harper & A. Thompson (Eds.), *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners* (pp. 287–240). John Wiley & Sons Ltd. https://doi.org/10.1002/9781119973249.ch16

Spradley, J. P. (2016). *The ethnographic interview.* Waveland Press.

Sturgis, P. (2020, March). *An assessment of the accuracy of survey estimates of the prevalence of problem gambling in the United Kingdom.* Be Gamble Aware. https://www.begambleaware.org/sites/default/files/2020-12/an-assessment-of-the-accuracy-of-survey-estimates-of-the-prevalence-of-problem-gambling-in-the-united-kingdom.pdf

Suurvali, H., Cordingley, J., Hodgins, D. C., & Cunningham, J. (2009). Barriers to seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies, 25*(3), 407-424. https://doi.rg/10.1007/s10899-009-9129-9

Thomas, A. C., Sullivan, G. B., & Allen, F. C. L. (2009). A theoretical model of EGM problem gambling: More than a cognitive escape. *International Journal of Mental Health and Addiction*, *7*(1), 97–107. https://doi.org/10.1007/s11469-008-9152-6

Thomas, S., Merkouris, S., Dowling, N. A., Radermacher, H., Jackson, A., Misso, M., & Anderson, C. (2011). *Guideline for Screening, Assessment and Treatment in Problem Gambling.* https://www.mja.com.au/journal/2011/195/11/australian-guideline-treatment-problem-gambling-abridged-outline

Tremblay, J., Dufour, M., Bertrand, K., Blanchette-Martin, N., Ferland, F., Savard, A. C., Saint-Jacques, M., & Côté, M. (2018). The experience of couples in the process of treatment of pathological gambling: Couple vs. individual therapy. *Frontiers in Psychology*, *8*, 2344. https://doi.org/10.3389/fpsyg.2017.02344

Turner, N. E., Shi, J., Agic, B., van der Maas, M., Agasee, S., & Watson, T. M. (2023). The adaptation to COVID-19 by problem gambling and mental health treatment providers in Canada: A brief report. *Journal of Gambling Issues.* https://cdspress.ca/wp-content/uploads/2023/04/JGI-Jan-23-RES-445.R2_Turner_Proof_FINAL.pdf

van der Maas, M., Shi, J., Elton-Marshall, T., Hodgins, D. C., Sanchez, S., Lobo, D. S., Hagopian, S., & Turner, N. E. (2019). Internet-based interventions for problem gambling: Scoping review. *JMIR Mental Health*, *6*(1), e65. https://doi.org/10.2196/mental.9419

van Schalkwyk, M. C. I., Petticrew, M., Cassidy, R., Adams, P., McKee, M., Reynolds, J., & Orford, J. (2021). A public health approach to gambling regulation: countering powerful influences. *The Lancet Public Health*. https://doi.org/10.1016/s2468-2667(21)00098-0

Vasiliadis, S., & Thomas, A. (2018). Recovery agency and informal recovery pathways from gambling problems. *International Journal of Mental Health and Addiction, 16*(4), 874-887. https://doi.org/10.1007/s11469-017-9747-x

Volkow, N. D. (2005). What do we know about drug addiction? *American Journal of Psychiatry, 162*(8), 1401-1402. Retrieved July 16, 2021, from https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.162.8.1401

Weinstein, N., & Stone, D. N. (2018). Need depriving effects of financial insecurity: Implications for well-being and financial behaviours. *Journal of Experimental Psychology, 147(*10), 1503-1520. https://doi.org/10.1037/xge0000436

Wiens. T. K., & Walker, L. J. (2015). The chronic disease concept of addiction: Helpful or harmful? *Addiction Research & Theory, 23*(4), 309-321. https://doi.org/10.3109/16066359.2014.987760

Wood, R. T. A., & Griffiths, M. D. (2007). A qualitative investigation of problem gambling as an escape-based coping strategy. *Psychology and Psychotherapy: Theory, Research and Practice, 80*, 107-125. https://doi.org/10.1348/147608306X107881

Xuereb, S., Kim, H. S., Clark, L., & Wohl, M. J. A. (2021). Substitution behaviors among casino gamblers during COVID-19 precipitated casino closures. *International Gambling Studies, 21*(3), 411-425. https://doi.org/10.1080/14459795.2021.1903062

Yahya, A. S., & Khawaja, S. (2020). Problem gambling during the COVID-19 pandemic. *The Primary Care Companion for CNS Disorders, 22*(4). https://doi.org/10.4088/PCC.20com02690

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, *15*, 215–228. https://doi.org/10.1080/08870440008400302

Yardley, L. (2008). Demonstrating Validity in Qualitative Psychology. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 235–251). SAGE Publications. https://doi.org/10.1017/CBO9781107415324.004

Appendices

Appendix A: Summary of service user involvement contributions

Service user groups helped to adapt the interview schedule, research design and ethical considerations in November 2021. Service user groups contributing to these discussions included service users in the Sheffield Addiction Recovery Research Panel. This group included individuals identifying with lived experiences of difficulties in their relationship with addition (n=4) gambling (n=2). Adaptations are detailed below.

An adaptation to the design was made by adding a telephone interview option for the interview as some participants may have had negative experiences with virtual online meetings. An adaptation was made to the interview schedule by adding prompts of a timeline of COVID in the UK e.g., start date, lockdowns. An important ethical consideration discussed with the service user group was ensuring the participant is in a private and comfortable setting. Service user involvement was particularly helpful when thinking about the power of language and the terminology of 'problem gambling' which is seen as contentious in the lived experience community. Service user involvement advised that the researcher ask the participant for their preferred gambling terminology in the demographic questionnaire.

The service user involvement group spoke about the importance of service users in not only contributing to the research design but also involvement in the projection of research findings. Service users at the meeting were asked if they would like to help the first author project the research findings. Interest was noted and service users will be given the opportunity to co-present feedback to services, policy meetings, research conferences, or wider opportunities to talk about the findings from the research.

Appendix B: Ethical approvals documentation

Health research authority approval

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

NHS
Health Research Authority

Professor Matt Field
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1 Vicar Lane
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25 October 2022

Dear Professor Field

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**Exploring individual experiences of psychological treatment for problem gambling since the onset of COVID-19**
IRAS project ID:	**316348**
Protocol number:	**1**
REC reference:	**22/NW/0244**
Sponsor	**The University of Sheffield**

I am pleased to confirm that **HRA and Health and Care Research Wales (HCRW) Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?
HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

Please see IRAS Help for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?
HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to obtain local agreement in accordance with their procedures.

What are my notification responsibilities during the study?

The standard conditions document "*After Ethical Review – guidance for sponsors and investigators*", issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

Who should I contact for further information?
Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **316348**. Please quote this on all correspondence.

Yours sincerely,

[redacted]

Approvals Manager

Email: approvals@hra.nhs.uk

Copy to: *Mr Josh Marvin*

List of Documents

The final document set assessed and approved by HRA and HCRW Approval is listed below.

Document	*Version*	*Date*
Copies of materials calling attention of potential participants to the research [Research advert]	2.0	21 September 2022
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Indemnity insurance cover letter]	1	21 July 2022
IRAS Application Form [IRAS_Form_21072022]		21 July 2022
Letter from sponsor [Letter from sponsor]	1	30 May 2022
Organisation Information Document [Organisation Information Document]	1	18 July 2022
Other [316348 participant debrief form]	2.0	21 September 2022
Other [316348 further information and details of changes]		
Other [316348 PIC agreement]	1	27 September 2022
Participant consent form	2.0	21 September 2022
Participant information sheet (PIS) [Participant Information Sheet]	2.0	21 September 2022
Research protocol or project proposal [Research proposal]	2.0	21 September 2022
Schedule of Events or SoECAT [Schedule of events]	1	18 July 2022
Summary CV for Chief Investigator (CI) [CV Chief Investigator]	1	18 July 2022
Summary CV for supervisor (student research) [Research supervisor CV]	1	18 July 2022

IRAS project ID	316348

Information to support study set up

The below provides all parties with information to support the arranging and confirming of capacity and capability with participating NHS organisations in England and Wales. This is intended to be an accurate reflection of the study at the time of issue of this letter.

Types of participating NHS organisation	Expectations related to confirmation of capacity and capability	Agreement to be used	Funding arrangements	Oversight expectations	HR Good Practice Resource Pack expectations
NHS organisations will only be acting as Participant Identification Centres (PICs).	Research activities should not commence at participating NHS organisations in England or Wales prior to their formal confirmation of capacity and capability to deliver the study in accordance with the contracting expectations detailed. Due to the nature of the activities involved, organisations will be expected to provide that confirmation to the sponsor • Within **35 days** of receipt of the local information	The sponsor has provided the appropriate model non-commercial PIC agreement that it intends to use as a contract between participating organisations and NHS organisations acting as their Participant Identification Centres (PICs).	No organisational Information Document has been provided and so relevant conversations should be held with between the research team and the relevant R&D office to understand study funding arrangements.	In line with HRA/HCRW expectations the Chief Investigator may be responsible for all research activities performed at participating NHS organisations of this type.	As NHS organisations will only be acting as PICs, this should only be conducted by individuals employed by that NHS organisation.

	pack • After HRA/HCRW Approval has been issued. If the organisation is not able to formally confirm capacity and capability within this timeframe, they must inform the sponsor of this and provide a justification. If the sponsor is not satisfied with the justification, then the sponsor may escalate to the National Coordinating Function where the participating NHS organisation is located.				

Other information to aid study set-up and delivery

This details any other information that may be helpful to sponsors and participating NHS organisations in England and Wales in study set-up.
The applicant has indicated that they do not intend to apply for inclusion on the NIHR CRN Portfolio.

Research ethics committee approval

Health Research Authority

North West - Greater Manchester West Research Ethics Committee

Barlow House
3rd Floor
4 Minshull Street
Manchester
M1 3DZ

Please note: This is the favourable opinion of the REC only and does not allow you to start your study at NHS sites in England until you receive HRA Approval

25 October 2022

Professor Matt Field
Department of Psychology, Cathedral Court
1 Vicar Lane
Sheffield
S1 2LT

Dear Professor Field

Study title:	**Exploring individual experiences of psychological treatment for problem gambling since the onset of COVID-19**
REC reference:	**22/NW/0244**
Protocol number:	**1**
IRAS project ID:	**316348**

Thank you for your letter of 27 September 2022, responding to the Research Ethics Committee's (REC) request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Good practice principles and responsibilities

The UK Policy Framework for Health and Social Care Research sets out principles of good practice in the management and conduct of health and social care research. It also outlines the responsibilities of individuals and organisations, including those related to the four elements of research transparency:

1. registering research studies
2. reporting results
3. informing participants
4. sharing study data and tissue

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Recommendation:
The Committee advises that you use boxes that can be initialled in the consent form rather than Yes/No tick boxes as good practice.

Confirmation of Capacity and Capability (in England, Northern Ireland and Wales) or NHS management permission (in Scotland) should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for HRA and HCRW Approval (England and Wales)/ NHS permission for research is available in the Integrated Research Application System.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations

Registration of Clinical Trials

All research should be registered in a publicly accessible database and we expect all researchers, research sponsors and others to meet this fundamental best practice standard.

It is a condition of the REC favourable opinion that **all clinical trials are registered** on a publicly accessible database within six weeks of recruiting the first research participant. For this purpose, 'clinical trials' are defined as:

- clinical trial of an investigational medicinal product
- clinical investigation or other study of a medical device
- combined trial of an investigational medicinal product and an investigational medical device
- other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice.

Failure to register a clinical trial is a breach of these approval conditions, unless a deferral has been agreed by the HRA (for more information on registration and requesting a deferral see: Research registration and research project identifiers).

If you have not already included registration details in your IRAS application form you should notify the REC of the registration details as soon as possible.

Publication of Your Research Summary

We will publish your research summary for the above study on the research summaries section of our website, together with your contact details, no earlier than three months from the date of this favourable opinion letter.

Should you wish to provide a substitute contact point, make a request to defer, or require further information, please visit:
https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/

N.B. If your study is related to COVID-19 we will aim to publish your research summary within 3 days rather than three months.

During this public health emergency, it is vital that everyone can promptly identify all relevant research related to COVID-19 that is taking place globally. If you haven't already done so, please register your study on a public registry as soon as possible and provide the REC with the registration detail, which will be posted alongside other information relating to your project. We are also asking sponsors not to request deferral of publication of research summary for any projects relating to COVID-19. In addition, to facilitate finding and extracting studies related to COVID-19 from public databases, please enter the WHO official acronym for the coronavirus disease (COVID-19) in the full title of your study. Approved COVID-19 studies can be found at:
https://www.hra.nhs.uk/covid-19-research/approved-covid-19-research/

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

After ethical review: Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study, including early termination of the study
- Final report
- Reporting results

The latest guidance on these topics can be found at https://www.hra.nhs.uk/approvals-amendments/managing-your-approval/.

Ethical review of research sites

NHS/HSC sites

The favourable opinion applies to all NHS/HSC sites taking part in the study, subject to confirmation of Capacity and Capability (in England, Northern Ireland and Wales) or management permission (in Scotland) being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS/HSC sites

I am pleased to confirm that the favourable opinion applies to any non-NHS/HSC sites listed in the application, subject to site management permission being obtained prior to the start of the study at the site.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Copies of materials calling attention of potential participants to the research [Research advert]	2.0	21 September 2022
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Indemnity insurance cover letter]	1	21 July 2022
IRAS Application Form [IRAS_Form_21072022]		21 July 2022
Letter from sponsor [Letter from sponsor]	1	30 May 2022
Other [316348 participant debrief form]	2.0	21 September 2022
Other [316348 further information and details of changes]		
Participant consent form	2.0	21 September 2022
Participant information sheet (PIS) [Participant Information Sheet]	2.0	21 September 2022
Research protocol or project proposal [Research proposal]	2.0	21 September 2022
Summary CV for Chief Investigator (CI) [CV Chief Investigator]	1	18 July 2022
Summary CV for supervisor (student research) [Research supervisor CV]	1	18 July 2022

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:
http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Learning

We are pleased to welcome researchers and research staff to our HRA Learning Events and online learning opportunities– see details at:
https://www.hra.nhs.uk/planning-and-improving-research/learning/

IRAS project ID: 316348 Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely

Email:gmwest.rec@hra.nhs.uk

Enclosures: "After ethical review – guidance for researchers"

Copy to: Mr Josh Marvin

Lead Nation approvals@hra.nhs.uk

Local letter of access approval for research and recruitment

Leeds and York Partnership
NHS Foundation Trust

Research & Development
Main House,
St Mary's House,
St Mary's Road,
Leeds
LS7 3JX
E-mail: research.lypft@nhs.net
Direct Line: 0113 85 54462

15 November 2022

Joshua Marvin
Clinical & Applied Psychology Unit,
University of Sheffield,
Cathedral Court,
Floor F, 1 Vicar Lane,
Sheffield
S1 2LT

Dear Joshua,

Letter of access for research: Exploring individual experiences of psychological treatment for problem gambling since the onset of COVID-19

This letter should be presented to each participating organisation before you commence your research at **Leeds and York Partnership NHS Foundation Trust.**

In accepting this letter, each participating organisation confirms your right of access to conduct research through their organisation for the purpose and on the terms and conditions set out below. This right of access commences on **15/11/2022** and ends on **31/01/2023** unless terminated earlier in accordance with the clauses below.

As an existing NHS employee you do not require an additional honorary research contract with the participating organisation(s). The organisation(s) is/are satisfied that the research activities that you will undertake in the organisation(s) are commensurate with the activities you undertake for your employer. Your employer is fully responsible for ensuring such checks as are necessary have been carried out. Your employer has confirmed in writing to this organisation that the necessary pre-engagement checks are in place in accordance with the role you plan to carry out in the organisation(s). Evidence of checks should be available on request to **Leeds and York Partnership NHS Foundation Trust**.

You have a right of access to conduct such research as confirmed by this organisation. Please note that you cannot start the research until the Principal Investigator for the research project has received permission to conduct the project.

You are considered to be a legal visitor to **Leeds and York Partnership NHS Foundation Trust** premises. You are not entitled to any form of payment or access to other benefits provided by **Leeds and York Partnership NHS Foundation Trust** to employees and this letter does not give rise to any other relationship between you and **Leeds and York Partnership NHS Foundation Trust**, in particular that of an employee.

While undertaking research through **Leeds and York Partnership NHS Foundation Trust**, you will remain accountable to your employer **University of Sheffield** but you are required to follow the reasonable instructions of your nominated manager **Matt Gaskell, Principal Investigator,** in this organisation or those given on her/his behalf in relation to the terms of this right of access.

Where any third party claim is made, whether or not legal proceedings are issued, arising out of or in connection with your right of access, you are required to co-operate fully with any investigation by **Leeds**

and York Partnership NHS Foundation Trust in connection with any such claim and to give all such assistance as may reasonably be required regarding the conduct of any legal proceedings.

You must act in accordance with **Leeds and York Partnership NHS Foundation Trust** policies and procedures, which are available to you upon request and the UK policy Framework for Health and Social care research.

You are required to co-operate with **Leeds and York Partnership NHS Foundation Trust** in discharging its duties under the Health and Safety at Work etc Act 1974 and other health and safety legislation and to take reasonable care for the health and safety of yourself and others while on **Leeds and York Partnership NHS Foundation Trust** premises. Although you are not a contract holder, you must observe the same standards of care and propriety in dealing with patients, staff, visitors, equipment and premises as is expected of a contract holder and you must act appropriately, responsibly and professionally at all times.

If you have a physical or mental health condition or disability which may affect your research role and which might require special adjustments to your role, if you have not already done so, you must notify your employer and each participating site prior to commencing your research role at each site.

You are required to ensure that all information regarding patients or staff remains secure and *strictly confidential* at all times. You must ensure that you understand and comply with the requirements of the NHS Confidentiality Code of Practice and the Data Protection Act 2018. Furthermore you should be aware that under the Act, unauthorised disclosure of information is an offence and such disclosures may lead to prosecution.

The organisation(s) will not indemnify you against any liability incurred as a result of any breach of confidentiality or breach of the Data Protection Act 2018. Any breach of the Data Protection Act 2018 may result in legal action against you and/or your substantive employer.

You should ensure that, where you are issued with an identity or security card, a bleep number, email or library account, keys or protective clothing, these are returned upon termination of this arrangement. Please also ensure that while on the premises you wear your ID badge at all times, or are able to prove your identity if challenged. Please note that the organisation(s) accept no responsibility for damage to or loss of personal property.

This letter may be revoked and your right to attend the organisation(s) terminated at any time either by giving seven days' written notice to you or immediately without any notice if you are in breach of any of the terms or conditions described in this letter or if you commit any act that we reasonably consider to amount to serious misconduct or to be disruptive and/or prejudicial to the interests and/or business of the organisation(s) or if you are convicted of any criminal offence. You must not undertake regulated activity if you are barred from such work. If you are barred from working with adults or children this letter of access is immediately terminated. Your employer will immediately withdraw you from undertaking this or any other regulated activity and you MUST stop undertaking any regulated activity immediately.

Your substantive employer is responsible for your conduct during this research project and may in the circumstances described above instigate disciplinary action against you.

If your circumstances change in relation to your health, criminal record, professional registration or suitability to work with adults or children, or any other aspect that may impact on your suitability to conduct research, or your role in research changes, you must inform the organisation that employs you through its normal procedures. You must also inform the nominated manager in each participating organisation.

Yours sincerely

Appendix C: Research poster

The University Of Sheffield.

The University Of Sheffield.

Are you an adult who has experienced

psychological treatment for gambling since the onset of COVID-19?

My name is Josh, I am a Trainee Clinical Psychologist, and this project will form part of my doctoral thesis. I am looking for participants for a research study aimed at better understanding the lived experiences of gambling since the onset of COVID-19.

This will involve taking part in a single interview lasting up to 90 minutes. Participants will receive **£10 (ten-pound sterling) Amazon voucher** for their involvement in an interview. The interview will ask questions about your individual reflections and experiences of psychological treatment for gambling since the onset of COVID-19. We hope that this research will help services, policymakers, and the gambling industry better understand the experiences of individuals living through difficulties in their relationship with gambling during the pandemic.

You will be eligible to take part if you:

- Experienced psychological treatment for gambling since March 2020
- Please note, you will not be able to take part in this research if you have started psychological assessment or treatment for gambling three months prior to reading this advert.
- Please note, you will not be able to take part if you are unable to provide informed consent
- Aged over 18 years old and living in the UK
- Are fluent in English
- Can use the internet, virtual video call technology, or if you would prefer, telephone

Please get in touch if you have any questions and/or are interested in participating and further information will be provided.

Josh Marvin: jmarvin1@sheffield.ac.uk

IRAS project ID: 316348
Version: 2
Date: 21/09/22

Appendix D: Participant information sheet

Participant information sheet

The University Of Sheffield.

Josh Marvin,
Trainee Clinical Psychologist,
University of Sheffield.
Email: jmarvin1@sheffield.ac.uk

Clinical and Applied Psychology Unit.
University of Sheffield,
Floor F, Cathedral Court,
1 Vicar Lane,
Sheffield, S1 2LT
UK.

Study IRAS ID: 316348

PARTICIPANT INFORMATION SHEET

You are being invited to take part in a research study. Before you decide, it is important to understand why this research is being done and what it will involve. Please read the following information carefully and contact me for any questions that you may have.

Summary of this participant information sheet

In this research study, we will use information from you. We will only use the information that we need for the research study. We will let very few people know your name or contact details, and only if they really need it for this study. Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules. At the end of the study, we will save some of the data [in case we need to check it] and we will make sure no-one can work out who you are from the reports we write.

The rest of this participant information sheet tells you more about this.

Who is sponsoring this research?

The sponsor organisation for this research project is the University of Sheffield. Any reference to 'we' means the sponsor and not the local NHS site, the Northern Gambling Service. The Northern Gambling Service are helping to support the recruitment of participants for this research project.

I have not worked with the Northern Gambling Service, that does not apply to me

Please note, some participants may have been recruited using social media rather than via the support of the Northern Gambling Service.

Why have I been invited?

You have been invited to take part in this research due to your lived experience of psychological treatment for gambling during the global pandemic of COVID-19. You have either expressed an initial interest in taking part in this study via the Northern Gambling Service or via social media. You have also been identified as an adult (18 years-old or older), living in the UK who is fluent in English and can use a telephone or the internet for virtual video calls. Please note that if you have started psychological assessment or treatment in the last three months prior to reading this information sheet, then you will not be able to take part in this research. If you are not able to provide informed consent, then unfortunately you will not be able to take part.

Do I have to take part?

No. It is up to you whether you would like to take part. Your participation in this study is voluntary. If you decide to take part, you can keep this information sheet and will be asked to sign a research consent form. You can withdraw from this research up until the data collection process and interviews have finished. The deadline for withdrawal is 31st May, 2023. Your decision to take part will not impact your contact or treatment with services. You may like to speak to the researcher prior to taking part in the research either for informal discussion or to ask some more questions. This is optional and not part of the research process. If you would like to do this then you can email jmarvin1@sheffield.ac.uk

What will happen if I take part?

You will be contacted via telephone, email, or post (please indicate which is your preferred method) by Josh Marvin within 2 weeks. You will be asked to take part in an interview which could last up to 90 minutes. In this interview, you will be asked some questions about your experiences of psychological treatment for gambling during COVID-19. Please bear in mind that these questions could be difficult to answer as they may bring up emotions, thoughts, or memories. Support services will be signposted to you which could be used if any distress is experienced.
The interview will take part via a virtual video platform (Google Meet) or if you would prefer by telephone. If you would prefer telephone, then please let the researcher know. The virtual link will be emailed or posted to you, and you will need to click the link at the allocated time given to you. You are welcome to have someone help to

support to set this up too. However, they are unable to participate in the interview with you.

Your interview will be recorded and then transcribed using an approved University of Sheffield transcriber or by the researcher who conducted your interview. Following transcription, the content of the interview will then be analysed. If you have any questions about this type of analysis, then you are welcome to ask about these.

How will we use information about you?

We will need to use information from you for this research project. If you have been recruited via the Northern Gambling Service then we will also need to use information from this service, to contact you, for this research project. If you have been recruited via social media, then you will provide information about yourself for this research project.

This information will include your :

- name
- contact details

People will use this information to do the research or to check your records to make sure that the research is being done properly. People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code/participant number instead.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that information is anonymous.

What are your choices about how your information is used?

- You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have.
- We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
- our leaflet available from www.hra.nhs.uk/patientdataandresearch
- by asking one of the research team
- by sending an email to jmarvin1@sheffield.ac.uk or
- by ringing us on 0114 222 6650

What are the benefits of taking part?

You have an opportunity to share your experiences of gambling. A written report of the findings will be published, and we hope this will be useful for psychologists and treatment services. We also hope that this will offer several implications for the gambling industry and policy reviewers.

What if there is a problem with the research?

If you feel there is a problem at any time, you can let the researcher know. You can

also let the researcher know by email or by speaking to the researcher during any contact in the study.

Will all the information be kept confidential?

Yes. All your information will be kept strictly confidential. Records of your involvement in the study will initially use participant numbers e.g., 'participant 7'. You will not be identifiable in any reports or publications by name e.g., pseudonyms 'different and fake' names will be used. It is important to note that some people may be able to identify you when reading the report due to demographic factors like age or your specific experiences.

If you are currently under treatment with the Northern Gambling Service, then your involvement in the study will be notified to your current clinician, I will seek permission from you to do this. Interview information and experiences would not typically be discussed with any treatment or current involvement with NHS services.

If you are not receiving treatment by the Northern Gambling Service and have been recruited via social media, then your involvement in the study will not be notified to any clinician unless I become concerned about your or someone else's well-being.

What if the researcher is concerned about the participant?

If during the interview the researcher held some safeguarding concern about a risk of harm to yourself (e.g., thoughts of hurting yourself), or someone else (e.g., a child or another adult) that you talk about (e.g., risk of neglect of physical harm) then the confidentiality agreement will need to be broken. In such a situation, the researcher will try to discuss the need to breach confidentiality with you – if appropriate. This

process is to best support you, others, and ensure safety. This may involve contacting relevant services, such as emergency services, to let them know about the situation, provide help, and the right support.

What happens after the interview questions have finished?

Immediately after the interview, the researcher will share a copy of the debrief form. This will be done verbally and could also be done by the researcher 'sharing the screen' with the participant if the interview is conducted over virtual video call rather than telephone. A copy of this debrief form will also be emailed or sent in the post. The researcher will ask for your preference on how to share a written copy of the debrief form with you.

Will I receive any reimbursement of expenses for taking part in the research?

Yes. You will receive £10 (ten-pound sterling) Amazon voucher for taking part in an individual interview. This can be emailed or posted to you. Please let the researcher know which option you would prefer.

What happens to my recorded interview?

The audio-recorded interviews will be transcribed, by an approved University of Sheffield transcriber or the researcher who conducted the interview, after the interview has finished. After transcription of the interviews, the audio recordings will be deleted and destroyed. All audio recordings will be deleted by November 2023.

What will happen to the results of the study?

The results will be submitted as part of the researcher's doctoral thesis in November 2023. Then prepared for publication after this date. You can let the researcher know if you would like a copy of this and it will be sent to you.

The University of Sheffield is organising and funding this research. This project has been ethically approved via the National Health Service Research Ethics Committee, Health Research Authority, and the University of Sheffield Clinical Psychology department, using the University of Sheffield's Ethics Review Procedure.

What if I wish to complain about the way the study has been carried out?

Should there be any complaints about this study, you can contact the researcher, Josh Marvin on jmarvin1@sheffield.ac.uk. Alternatively, you can contact the other researchers involved in this project; Professor Matt Field, Lecturer and Researcher on matt.field@sheffield.ac.uk or Dr Jaime Delgadillo, Director of Research for the Doctorate in Clinical Psychology at the University of Sheffield on j.delgadillo@sheffield.ac.uk.

If you feel that your complaint has not been handled to your satisfaction following this, you can contact Liz Milne, Head of Department on psy-hod@sheffield.ac.uk

Contact information

This research is being conducted by Josh Marvin, Trainee Clinical Psychologist, and is supervised by the research supervisor and chief investigator, Professor Matt Field. This research will be used to write a thesis which fulfils part of their doctoral training.

If you have any questions about the research, you can contact the researcher by email on jmarvin1@sheffield.ac.uk. Alternatively, you can leave a telephone message with the Research Support Officer on: 0114 222 6650 and he will ask Josh Marvin to contact you.

Additional information about your data

Health research information

For further information on how health researchers use information, please read this Health Research Authority leaflet https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/data-protection-and-information-governance/gdpr-guidance/templates/template-wording-for-generic-information-document/

University of Sheffield research information

New data protection legislation came into effect across the UK on 25 May 2018; this means that we need to provide you with some further information relating to how your personal information will be used and managed within this research project. The University of Sheffield will act as the Data Controller for this study. This means that the University is responsible for looking after your information and using it properly. To collect and use your personal information as part of this research project, we must have a basis in law to do so. The basis that we are using is that the research is 'a task in the public interest'.

As we will be collecting some data that is defined in the legislation as more sensitive (e.g., information about your health, we also need to let you know that we are

applying an additional condition in law: that the use of your data is 'necessary for scientific or historical research purposes'.

Further information, including details about how and why the University processes your personal information, how we keep your information secure, and your legal rights (including how to complain if you feel that your personal information has not been handled correctly), can be found in the University's Privacy Notice https://www.sheffield.ac.uk/govern/data-protection/privacy/general.

Appendix E: Participant consent form

Participant consent form

The University Of Sheffield.

Josh Marvin,
Trainee Clinical Psychologist,
University of Sheffield.
Email: jmarvin1@sheffield.ac.uk

Clinical and Applied Psychology Unit.
University of Sheffield,
Floor F, Cathedral Court,
1 Vicar Lane,
Sheffield, S1 2LT
UK.

Study IRAS ID: 316348

Title of research project: Exploring individual experiences of psychological treatment for problem gambling since the onset of COVID-19

Name of researcher: Josh Marvin

Participant identification number for this study:

Please initial the appropriate boxes	**Initials**
1. I have read and understood the project information sheet of the study, which has been fully explained to me. *N.B. If you answer 'No' to this question, please do not proceed with this consent form until you are fully aware of what your participation in the study will mean*	☐
2. I have been given the opportunity to ask questions about this study.	☐

3. I agree to take part in the study. I understand that taking part in the study will include participating in an interview that will be audio recorded.	☐
4. I understand that my participation is voluntary and that I am free to withdraw at any time, in the research process, without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any question or questions, I am free to decline. I understand that I can withdraw my data from the research up until May 31st, 2023.	☐
5. I understand that my responses will be kept confidential meaning that I will not be identified by name in the report or reports that result from the research. It is important to note that some people may be able to identify you when reading the report due to demographic factors like your age or your specific experiences.	☐
6. I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs.	☐

7. I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	☐
8. I agree for the data collected from me to be stored anonymously and via 'the open science framework' online - https://osf.io. The 'open science framework' is online and helps other researchers use anonymous data for future research.	☐
9. I agree to take part in the above research project.	☐
10. I agree to assign the copyright I hold in any materials generated as part of this study to The University of Sheffield.	☐

_____ _____

_____

Name of participant Date Signature

_____ _____

_____

Researcher Date Signature

To be signed and dated in presence of the participant
Copies:
Once this document has been signed by all parties the participant should receive a copy of the signed and dated participant consent form and the information sheet. A copy of the signed and dated consent form should be placed in the study's main record. (e.g., a site file). This must be kept in a secure location.

Appendix F: Participant demographic questionnaire

IRAS ID: 316348

Interview schedule

Introduction

Thank you for taking part in this research. This research is looking to explore experiences of psychological treatment for gambling since the onset of COVID-19. I will be asking you some questions about your experiences with this. Can I check whether you are in a private place and feel comfortable talking to me today? *[proceed if so].* If our connection drops at any point, then I will attempt to reconnect once. If this call is not answered, then the researcher will assume the participant no longer wants to participate.

I have sent you some information about this research. I was wondering if you had something that you would like to ask me?

[complete consent form together - if not already completed]

Some of these questions may be difficult to talk about. If at any time you want to stop this interview or take a break, then please let me know. If you have any questions or would like me to say a question in a different way, please let me know.

What we talk about today is confidential. All the information you provide will be anonymised. This confidentiality agreement would only be broken if I felt concerned about you or someone else. If this happens then I will talk to you about this first. We could also talk to a healthcare professional such as your GP to help support you.

I am now going to ask you some questions about your background. Please note, you are free to not answer these questions should you wish.

Demographic questionnaire [complete together before interview]

What is your age?
What is your sex?
What gender do you identify with?
What sexual orientation do you identify with?
How would you describe your ethnicity?
How would you describe your religious beliefs?
What is your highest formal qualification?
What is your employment status? If employed, what is your role?
What name or terminology do you prefer to use to refer to problems with gambling?
Have you received psychological treatment for this? What did this consist of?
When did you first work with and end psychological treatment services in relation to gambling?

Is there something that would be beneficial for the researcher to know prior to starting the interview?

Appendix G: Interview schedule

Interview questions with prompts

Researcher note: A structured timeline adapted to the individual's experiences may be helpful for a participant to answer questions e.g., before the pandemic, during the first wave, second lockdown etc.

1. Could you say a little bit about your experiences of psychological treatment since the onset of COVID-19?
   Prompt(s): How would you describe your treatment during the pandemic? What did this involve? What was helpful? What was unhelpful? What changed? How did you experience the therapy and/or therapist?

2. Could you describe any recent changes since the start of COVID-19 to your relationship with gambling?
   Prompt(s): How has gambling changed, if at all, for you during the pandemic?

3. Would you say there has been anything that has helped your experiences of gambling during COVID-19?
   Prompt(s): Would you say something, or someone has been helpful during the pandemic?

4. Would you say there has been anything in particular that has not helped your experiences of gambling since the onset of COVID-19?
   Prompt(s): Would you say something, or someone has not been helpful during the pandemic?

5. Reflecting back, how would you compare your experiences of gambling pre-COVID-19 to now?

   Prompt(s):

   Would you say anything has changed from before the pandemic to now?`

6. *[if psychological treatment has been experienced prior to and during COVID].*

   Reflecting back, how would you compare your experiences of psychological treatment for gambling before and since the onset of COVID?

   Prompt(s):

   Would you say anything has changed from your psychological treatment before the pandemic to during the pandemic?

7. I am wondering, if there is any information that we have not covered today that you would like to talk about in-terms of your relationship with gambling?

   Prompt(s): Is there something about your experiences gambling that you would like to talk about?

End of Interview

Thank you for taking part in this research today. This research has aimed to better understand individual experiences of psychological treatment and relationships with gambling since the onset of COVID-19. I am going to analyse all the interviews in this study. I am going to look at some of the similarities and differences in individual's experiences. I will then write a report of my findings. We hope that these findings may be helpful for tailoring psychological services for adults living with gambling and help support gambling nationally.

I am aware that this may have been a difficult topic to talk about today. Do you feel that you want to talk about anything further? If you do, then when you leave today, please do contact your GP or some of the support provided in the debrief form.

Appendix H: Participant debrief form

Participant debrief form

Debrief form

Participant identification number: ____

Study IRAS ID: 316348

Thank you for taking part in this study. This study focuses on lived experience of psychological treatment and relationships with gambling during COVID-19. The research aims for this study revolved around improving understanding of the experiences of individuals in their relationship with gambling. It is hoped that the research will provide important understanding to psychologists, services, policy, and the gambling industry.

There were no elements of deception within the interview. The interviews are simply designed for you to express your experience with gambling so I can collect as much information as possible. For more detailed explanations, or if you wish to know the results and themes talked about in the interviews, you are welcome to contact the researcher using the contact details below. Copies of the published research can also be made available for you. There are opportunities to become involved in talking about the research later. Please let the researcher know if you would like to be involved with this.

Your details will be always kept strictly confidential, maintaining complete anonymity with no identifying names. It is important to note that some people may be able to identify you when reading the report due to demographic factors like age or your specific experiences.

Recorded interviews will be kept on password-protected computers and transcribed verbatim. Recordings will be **deleted and destroyed** after this. The transcripts of the recordings are **anonymised.** Nobody will be able to identify you by name from these. These transcripts will be stored **indefinitely** on the University of Sheffield's secure data storage, and those anonymised transcripts may be made available to other researchers, upon request if you have consented to this.

At the top of the page, you will find your participant number. Please keep this page for your records or make note of your participant number. If you wish to withdraw your data, you need to contact the researcher using the contact details below and quote your participant number. The deadline for withdrawal of your data from the study is April 30th, 2023. No other information is required, and you will not be asked to provide a reason to withdraw.

If you have been affected by some of the issues raised in this study, and would like to talk to someone in confidence about it, you may wish to contact your GP or the following organisations:

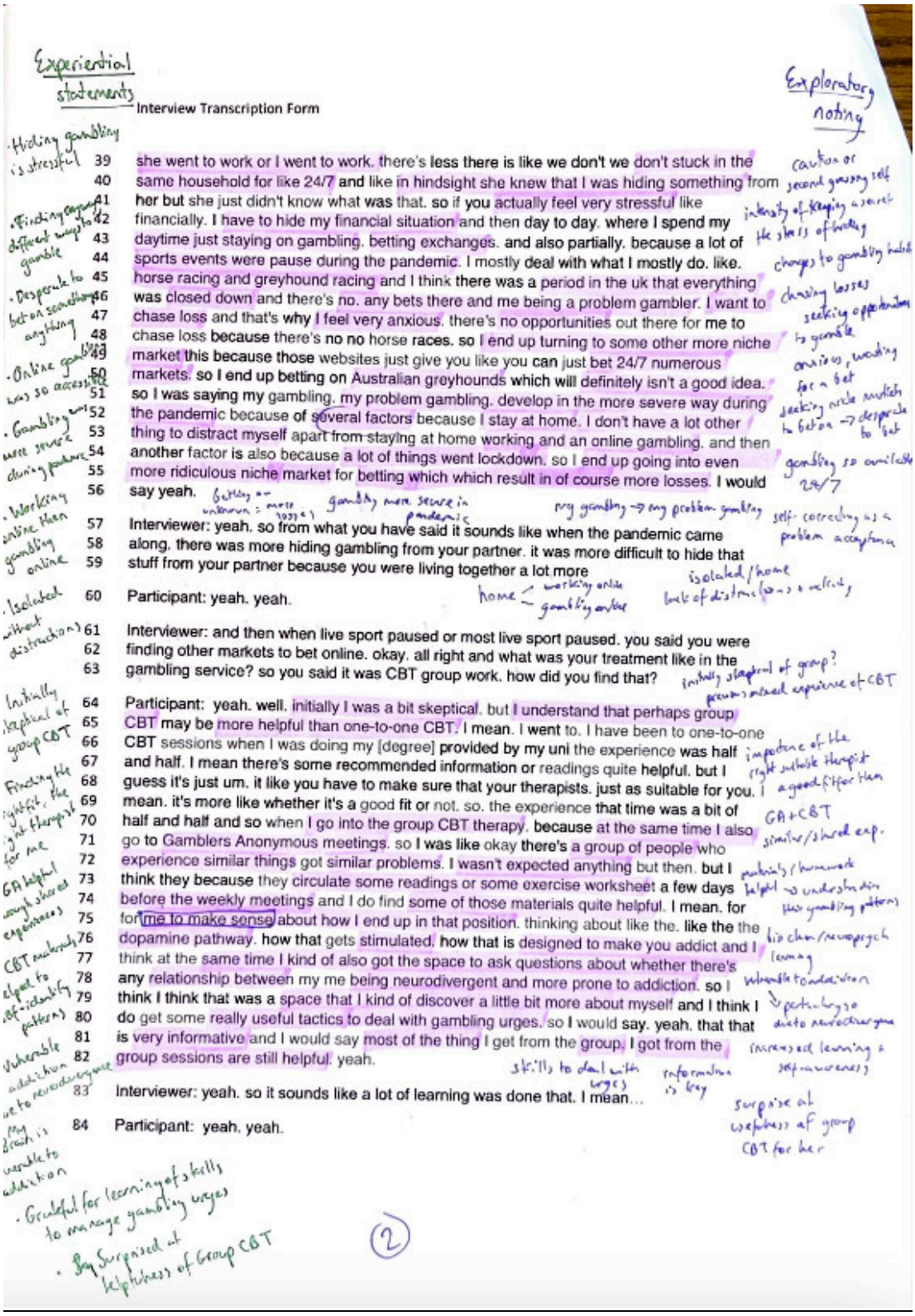
- National Health Service. Help for problem gambling. https://www.nhs.uk/live-well/healthy-body/gambling-addiction/
- GamCare. Support available via information and live chat at https://www.gamcare.org.uk
- Be Gamble Aware. Finding the right support. https://www.begambleaware.org/finding-the-right-support
- Freephone 24/7 National Gambling Helpline at **0808 8020 133**
- Coronavirus (COVID-19) information and support. https://www.nhs.uk/conditions/coronavirus-covid-19/
- Coping with Coronavirus. Sheffield Improving Access to Psychological Treatment. https://iaptsheffield.shsc.nhs.uk/coping-with-coronavirus/

Please email jmarvin1@sheffield.ac.uk for further information on the support you can receive or any questions concerning the study. I hope you enjoyed taking part in the interview and thank you again for your participation. If you have any further questions, feedback or interest surrounding this study then please don't hesitate to get in contact with me.

Researcher contact details	Research supervisor and chief investigator contact details
Josh Marvin jmarvin1@sheffield.ac.uk 0114 222 6650 Department of Psychology Cathedral Court 1 Vicar Lane Sheffield S1 2LT	Professor Matt Field matt.field@sheffield.ac.uk 0114 222 6650 Department of Psychology Cathedral Court 1 Vicar Lane Sheffield S1 2LT
Research Support Officer: 0114 222 6650	

Appendix I: IPA process, for 'Lesley', using photo-elicitation

<u>Photo-elicitation: Worked examples of Lesley's transcript with exploratory noting (right column) and developing experiential statements (left column)</u>



Experiential statements

Interview Transcription Form

Exploratory noting

she went to work or I went to work. there's less there is like we don't we don't stuck in the same household for like 24/7 and like in hindsight she knew that I was hiding something from her but she just didn't know what was that. so if you actually feel very stressful like financially. I have to hide my financial situation and then day to day. where I spend my daytime just staying on gambling. betting exchanges. and also partially. because a lot of sports events were pause during the pandemic. I mostly deal with what I mostly do. like. horse racing and greyhound racing and I think there was a period in the uk that everything was closed down and there's no. any bets there and me being a problem gambler. I want to chase loss and that's why I feel very anxious. there's no opportunities out there for me to chase loss because there's no no horse races. so I end up turning to some other more niche market this because those websites just give you like you can just bet 24/7 numerous markets. so I end up betting on Australian greyhounds which will definitely isn't a good idea. so I was saying my gambling. my problem gambling. develop in the more severe way during the pandemic because of several factors because I stay at home. I don't have a lot other thing to distract myself apart from staying at home working and an online gambling. and then another factor is also because a lot of things went lockdown. so I end up going into even more ridiculous niche market for betting which which result in of course more losses. I would say yeah.

Interviewer: yeah. so from what you have said it sounds like when the pandemic came along. there was more hiding gambling from your partner. it was more difficult to hide that stuff from your partner because you were living together a lot more

Participant: yeah. yeah.

Interviewer: and then when live sport paused or most live sport paused. you said you were finding other markets to bet online. okay. all right and what was your treatment like in the gambling service? so you said it was CBT group work. how did you find that?

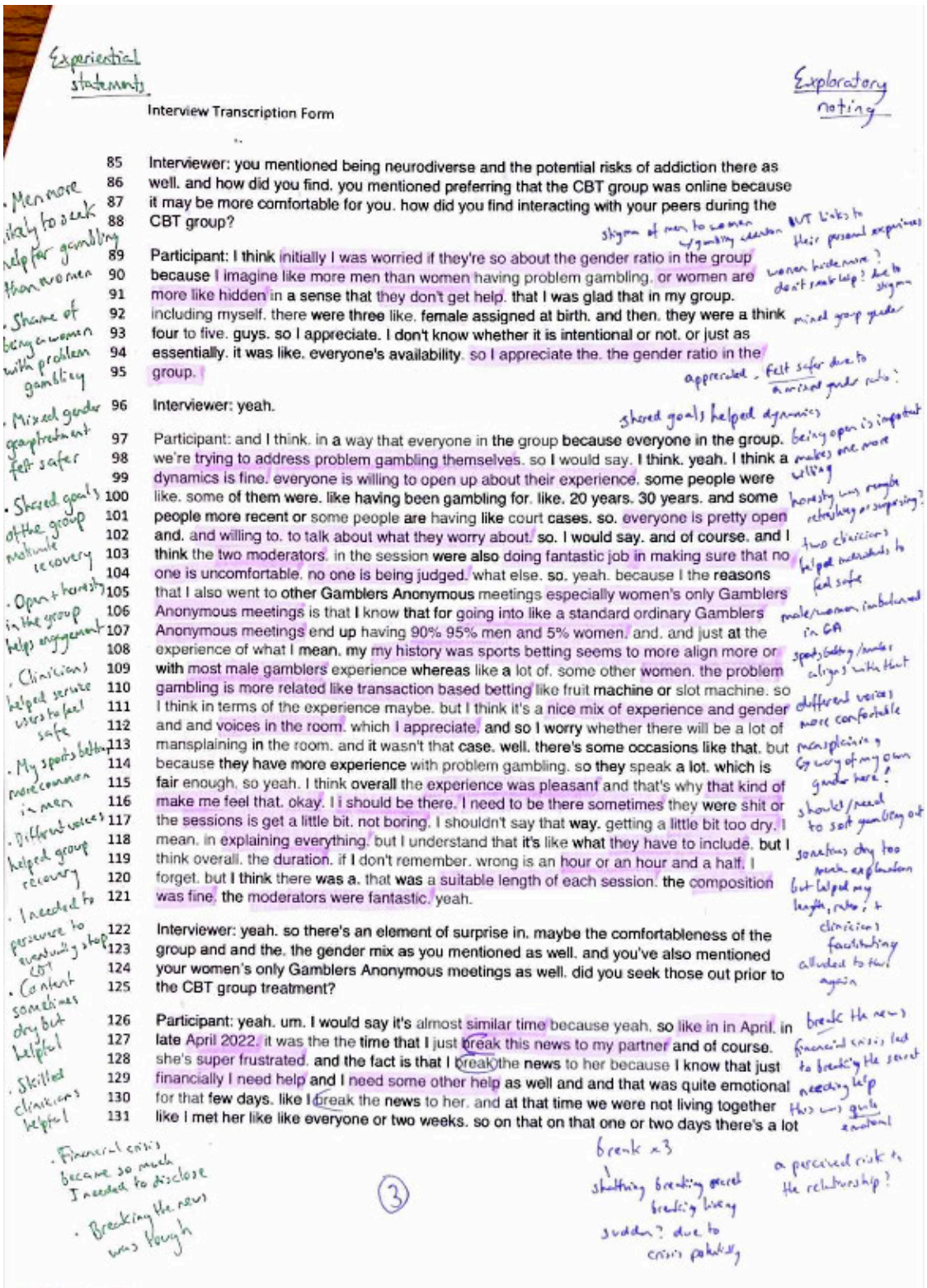
Participant: yeah. well. initially I was a bit skeptical. but I understand that perhaps group CBT may be more helpful than one-to-one CBT. I mean. I went to. I have been to one-to-one CBT sessions when I was doing my [degree] provided by my uni the experience was half and half. I mean there's some recommended information or readings quite helpful. but I guess it's just um. it like you have to make sure that your therapists. just as suitable for you. I mean. it's more like whether it's a good fit or not. so. the experience that time was a bit of half and half and so when I go into the group CBT therapy. because at the same time I also go to Gamblers Anonymous meetings. so I was like okay there's a group of people who experience similar things got similar problems. I wasn't expected anything but then. but I think they because they circulate some readings or some exercise worksheet a few days before the weekly meetings and I do find some of those materials quite helpful. I mean. for for me to make sense about how I end up in that position. thinking about like the. like the the dopamine pathway. how that gets stimulated. how that is designed to make you addict and I think at the same time I kind of also got the space to ask questions about whether there's any relationship between my me being neurodivergent and more prone to addiction. so I think I think that was a space that I kind of discover a little bit more about myself and I think I do get some really useful tactics to deal with gambling urges. so I would say. yeah. that that is very informative and I would say most of the thing I get from the group. I got from the group sessions are still helpful. yeah.

Interviewer: yeah. so it sounds like a lot of learning was done that. I mean...

Participant: yeah. yeah.

- Grateful for learning of skills to manage gambling urges
- Surprised at helpfulness of Group CBT

(2)



Experiential statements

Exploratory noting

Interview Transcription Form

85 Interviewer: you mentioned being neurodiverse and the potential risks of addiction there as
86 well. and how did you find. you mentioned preferring that the CBT group was online because
87 it may be more comfortable for you. how did you find interacting with your peers during the
88 CBT group?

89 Participant: I think initially I was worried if they're so about the gender ratio in the group
90 because I imagine like more men than women having problem gambling. or women are
91 more like hidden in a sense that they don't get help. that I was glad that in my group.
92 including myself. there were three like. female assigned at birth. and then. they were a think
93 four to five. guys. so I appreciate. I don't know whether it is intentional or not. or just as
94 essentially. it was like. everyone's availability. so I appreciate the. the gender ratio in the
95 group.

96 Interviewer: yeah.

97 Participant: and I think. in a way that everyone in the group because everyone in the group.
98 we're trying to address problem gambling themselves. so I would say. I think. yeah. I think a
99 dynamics is fine. everyone is willing to open up about their experience. some people were
100 like. some of them were. like having been gambling for. like. 20 years. 30 years. and some
101 people more recent or some people are having like court cases. so. everyone is pretty open
102 and. and willing to. to talk about what they worry about. so. I would say. and of course. and I
103 think the two moderators. in the session were also doing fantastic job in making sure that no
104 one is uncomfortable. no one is being judged. what else. so. yeah. because I the reasons
105 that I also went to other Gamblers Anonymous meetings especially women's only Gamblers
106 Anonymous meetings is that I know that for going into like a standard ordinary Gamblers
107 Anonymous meetings end up having 90% 95% men and 5% women. and. and just at the
108 experience of what I mean. my my history was sports betting seems to more align more or
109 with most male gamblers experience whereas like a lot of. some other women. the problem
110 gambling is more related like transaction based betting like fruit machine or slot machine. so
111 I think in terms of the experience maybe. but I think it's a nice mix of experience and gender
112 and and voices in the room. which I appreciate. and so I worry whether there will be a lot of
113 mansplaining in the room. and it wasn't that case. well. there's some occasions like that. but
114 because they have more experience with problem gambling. so they speak a lot. which is
115 fair enough. so yeah. I think overall the experience was pleasant and that's why that kind of
116 make me feel that. okay. I i should be there. I need to be there sometimes they were shit or
117 the sessions is get a little bit. not boring. I shouldn't say that way. getting a little bit too dry. I
118 mean. in explaining everything. but I understand that it's like what they have to include. but I
119 think overall. the duration. if I don't remember. wrong is an hour or an hour and a half. I
120 forget. but I think there was a. that was a suitable length of each session. the composition
121 was fine. the moderators were fantastic. yeah.

122 Interviewer: yeah. so there's an element of surprise in. maybe the comfortableness of the
123 group and and the. the gender mix as you mentioned as well. and you've also mentioned
124 your women's only Gamblers Anonymous meetings as well. did you seek those out prior to
125 the CBT group treatment?

126 Participant: yeah. um. I would say it's almost similar time because yeah. so like in in April. in
127 late April 2022. it was the the time that I just break this news to my partner and of course.
128 she's super frustrated. and the fact is that I break the news to her because I know that just
129 financially I need help and I need some other help as well and and that was quite emotional
130 for that few days. like I break the news to her. and at that time we were not living together
131 like I met her like like everyone or two weeks. so on that on that one or two days there's a lot

- Men more likely to seek help for gambling than women
- Shame of being a women with problem gambling
- Mixed gender group treatment felt safer
- Shared goals of the group motivate recovery
- Open + honesty in the group helps engagement
- Clinicians helped secure users to feel safe
- My sports betting more common in men
- Different voices helped group recovery
- I needed to persevere to eventually stop CBT
- Content sometimes dry but helpful
- Skilled clinicians helpful

- Financial crisis became so much I needed to disclose
- Breaking the news was tough

(3)

break x3
shattering breaking apart breaking living
sudden? due to crisis probably

a perceived risk to the relationship?

stigma of men to women's gambling addiction

BUT links to their personal experience

women hide more? don't seek help? due to stigma

mixed group gender

appreciated - felt safer due to mixed gender ratio?

shared goals helped dynamics

being open is important makes one more willing

honesty was example relatively surprising?

two clinicians helped individuals to feel safe

male/women imbalanced in GA

sports betting/number aligns with that

different voices more comfortable

mansplaining - by way of my own gender bias?

should/need to self gambling out

sometimes dry too much explanation but helpful my length, rules + clinicians facilitating allowed to flow again

break the news

financial crisis led to breaking the secret needing help

this was quite emotional

Photo-elicitation: 'Lesley' searching for connections and developing experiential statements to PETS

Initial scattering of experiential statements, in no particular order

Clustering of experiential statements

Table of ‘Lesley’s’ developed PETS (from clusters of experiential statements)

Lesley
A CBT toolkit for recovery
Exposure overload
Working on the recovery puzzle with my clinician
Gambling harms those closest
Being present to avoid unconscious traps
Staying aware
Responsible control
It started with ‘easy money’
Time is dangerous
My pandemic gambling skyrocketed
Isolated and disconnected
Powerless
Shamefully hiding my gambling secrets
The familiarity of self-blame
I will always be vulnerable
I am neurodiverse, I am vulnerable
Online gambling was always there
Working on one tab, gambling on the other
Play again?
Reeled in and hooked

Reaching boiling point

I needed the next bet

Help! I need someone!

I have to confess to break free

Being a woman gambler in a man's world

The unseen depths of treatment

Rebuilding my home

We are taking each financial step at a time

From doubting to believing in group CBT

Finding a sense of shared belonging together

Safety in group diversity

Peer recovery and CBT inspire hope

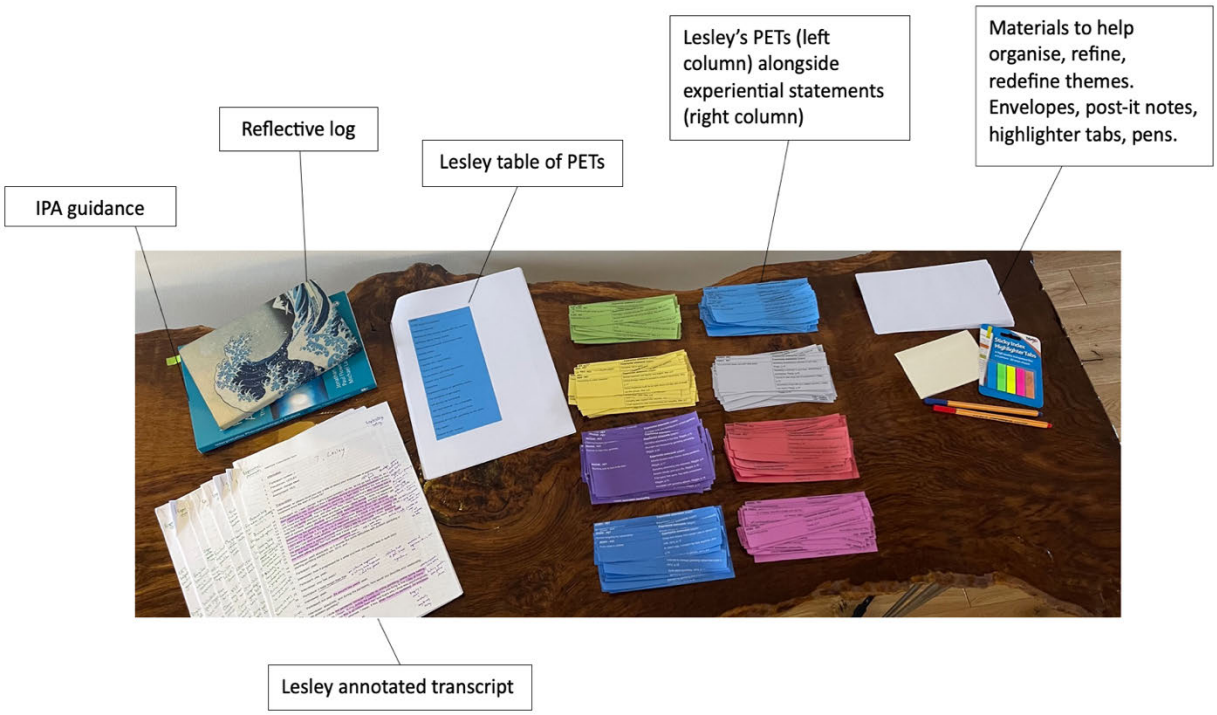
Gambling entry denied

An open invitation to the world of gambling

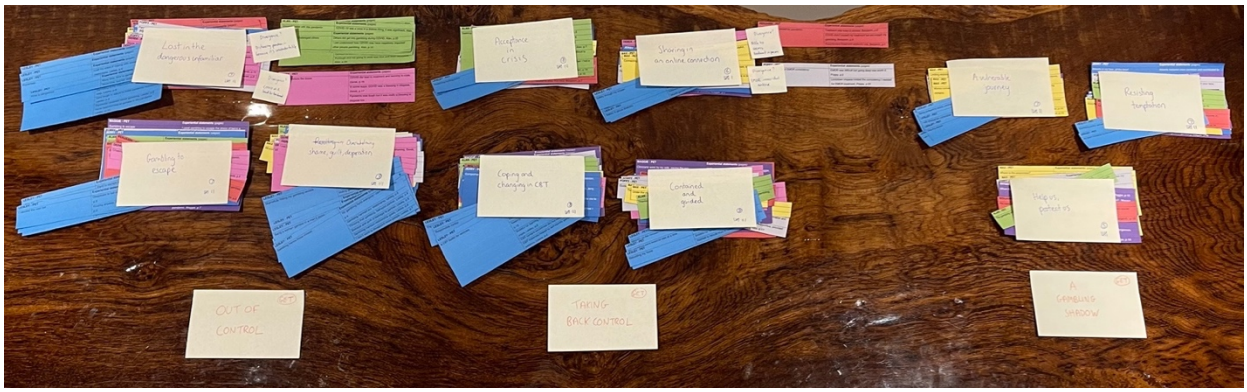
Safety through my screen

Photo-elicitation: 'Lesley' PETS **(light blue)** within the development of GETS

Preparing for developing GETs from Lesley's PETs



Lesley's PETs **(light blue and pulled out)** *becoming part of developing GETs*



Appendix J: Tables of PETs for participants

Alan
Distancing the pandemic
Uncomfortable with the pandemic experience
The pandemic challenged others
Isolation and boredom lead to gambling
Perceived risks of money, time, and opportunity
Seeking help after losses built to a crisis
Individualised CBT is the answer
Proud but wary
Learning the true odds
Recognise, reflect, then evaluate
Thanks to the clinician
The temptation is always there
Advertising pulls you in
Finding ways around bans
Grateful for family support
Shame and guilt driven by losses
Taking responsibility with strength
Seeking the big wins
The gambling influence grows

Max
Isolated through disconnection
Endless time to gamble
Pandemic gambling crept up
Struggling with change
Neglecting myself
Pandemic hit gambling hard
The financial crisis
Taking control through CBT
Timing is crucial
Proof is in the pudding
Learning as a group
Where is the awareness?
Connecting to online treatment
Empowered self
Advertising plants the seed
Companies must do more
Understanding my gambling
Under the clinician's wing
All-consuming guilt
Hiding my shame
The value of the professional

Money comes and goes but gambling remains

Limiting exposure was a double-edged sword

Ways around bans

Retaining hope through family

Benjamin

Gambling hit rock bottom

Down the rabbit hole

Out of control

Restricted then isolated

In it together (with my partner)

Nothing to do but gamble

Spiralling downwards

Vulnerable so vulnerable

Denial then acceptance

Recovery is an ongoing war

Online gambling at my fingertips

Desperation to drink

Advertising can pull anyone

We need protection

Bans facilitate freedom

Money is an obsession

My treatment not limited by the pandemic

Hiding the shame

Valued by the clinician

CBT was tailored to suit me

First understanding, then controlling my patterns

Gambling can control

The former social gambler

Gambling can't compare to my life

Pride and growing confidence

Lesley

A CBT toolkit for recovery

Exposure overload

Working on the recovery puzzle with my clinician

Gambling harms those closest

Being present to avoid unconscious traps

Staying aware

Responsible control

It started with 'easy money'

Time is dangerous

My pandemic gambling skyrocketed

Isolated and disconnected

Powerless

Shamefully hiding my gambling secrets

The familiarity of self-blame

I will always be vulnerable

I am neurodiverse, I am vulnerable

Online gambling was always there

Working on one tab, gambling on the other

Play again?

Reeled in and hooked

Reaching boiling point

I needed the next bet

Help! I need someone!

I have to confess to break free

Being a woman gambler in a man's world

The unseen depths of treatment

Rebuilding my home

We are taking each financial step at a time

From doubting to believing in group CBT

Finding a sense of shared belonging together

Safety in group diversity

Peer recovery and CBT inspire hope

Gambling entry denied

An open invitation to the world of gambling

Safety through my screen

Maggie

Pandemic gambling risked everything

A million times worse in the pandemic

Losing freedom and finding gambling

Gambling to escape

Chasing highs, experiencing lows

Not able to log out from online gambling

Gambling stole my time, my identity

I had nothing left

This wasn't who I was supposed to be

We are women who gamble

Carefully sharing my shame

My addiction, I can't do it alone

In it together

Online treatment protected my shame

A shared and safe space

Inspired and hopeful through common ground

Developing skills to battle addiction

Evaluating to change my life

Clinicians were by my side, paving the way

Gaining freedom via treatment

CBT built the foundations for my recovery

Counselling helped me pause; CBT helped me to stop

A mother's protective instinct

The door to gambling is always open

Don't take recovery for granted

Using bans led to desperation and gambling in the unknown

When the 'fun' stops, they don't want you to sop

Gambling puts its foot in the door

Nowhere to hide from gambling

Derek

Dark and down

Alone, bored, gambling

Easy to find the time

Stolen identity

Seeking entertainment, finding obsession

Treatment discovery in desperation

Fortune favours the brave

Hiding humiliation

Afraid and ashamed

I can't disappoint you

Indebted to family investment

Surprising group success

Our room full of perspectives

We are not alone; I am not alone

Learning to limit

Stronger to cope

So, let's evaluate that

Knowledge is power, knowledge is risk

Valued and held

Rising vulnerability

Keep it under control

Substitution: Work in, Gambling Out

This isn't who I want to be

Being present, being a father

Proud of this journey

Recovery takes a toll

Apply caution

Chasing the big one

Jerry

My growing gambling need

Controlled and alone

Giving a buzz, taking my living

Released, wild, and out of control

Released gambling stole everything

Heartbreak and devastation

Adding alcohol to this mix

Disclosure is shameful

Stronger together

Accepting to then take back control

Responsive to my needs

A fresh start to take gambling action

Strange online assistance

Reassured and safe

An all-inclusive group deal

Building our group recovery together

Comprehensive treatment and my total change

Managing that enormous pink gambling elephant

Made to fit, made for me

Now I'm a CBT believer

Pride in helping others to help me

Bans disconnected that risk

Adverts in my face, all the time!

Adverts targeting my vulnerability

From chalk to cheese

Poppy
Immediately hooked
Massive gambling pandemic impacts
Life-changing, heart-breaking
A gambling possession
Nothing but dangerous time
Alone and powerless
Escaping my pandemic life
Getting lost in my online gambling
I can’t let you see my shame
My heart-breaking guilt and shame
I’ve had enough, I’m not hiding anymore
Finding the service that fits me
Banned for my own good
Lacking focus, lacking meaning
Anxious and exposed
Finding comfort online
Online treatment worked for me
Building my foundations in the group
I was a part of a whole
Opening my eyes, containing my shame
Treatment provided safety
New ways forward

Financial freedom through new choice

My clinician went above and beyond

Guided through my darkness

A pandemic lack of EMDR consistency

Included lived experience, stepped in my shoes

Supported in and on this journey

Pride in taking back control

Always been and always will be vulnerable

Underlying trauma

A threatened identity, nearly losing my children

Pandemic gambling almost took everything

A mother, a protector

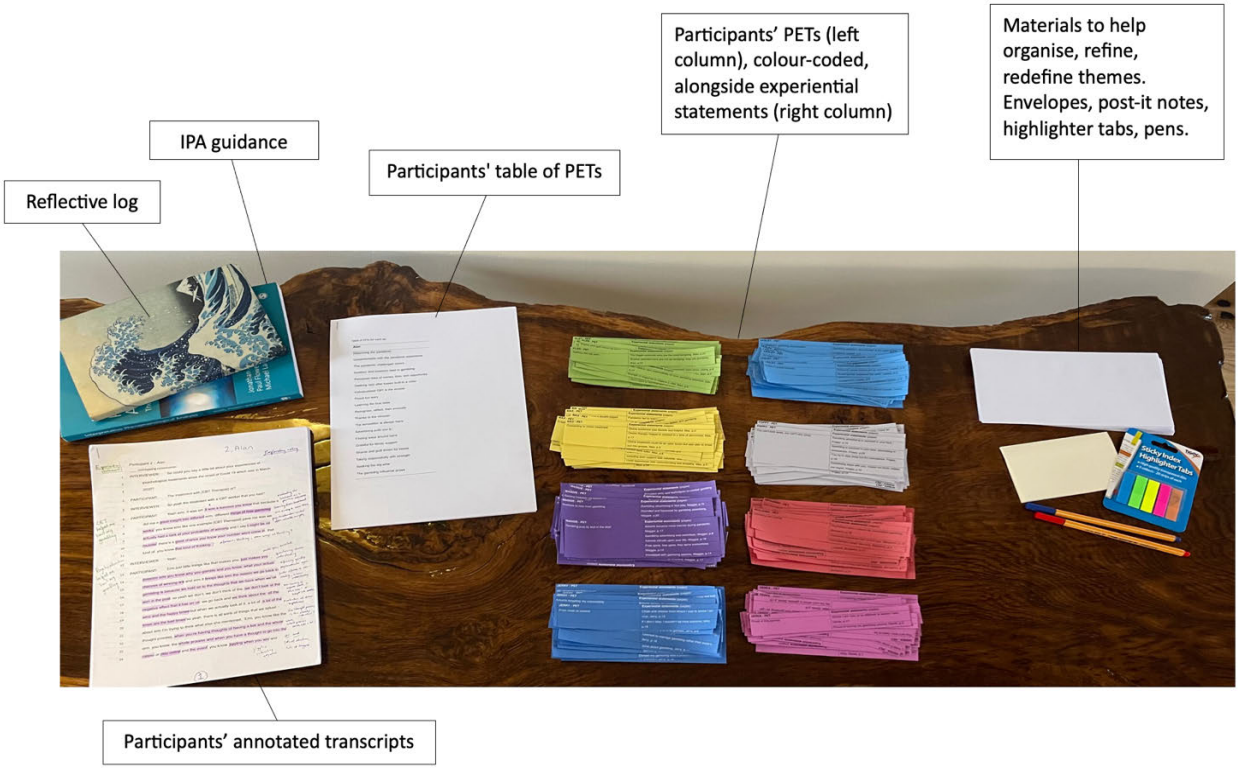
Destroying, damaging, dangerous addiction

My long road to recovery needs maintenance

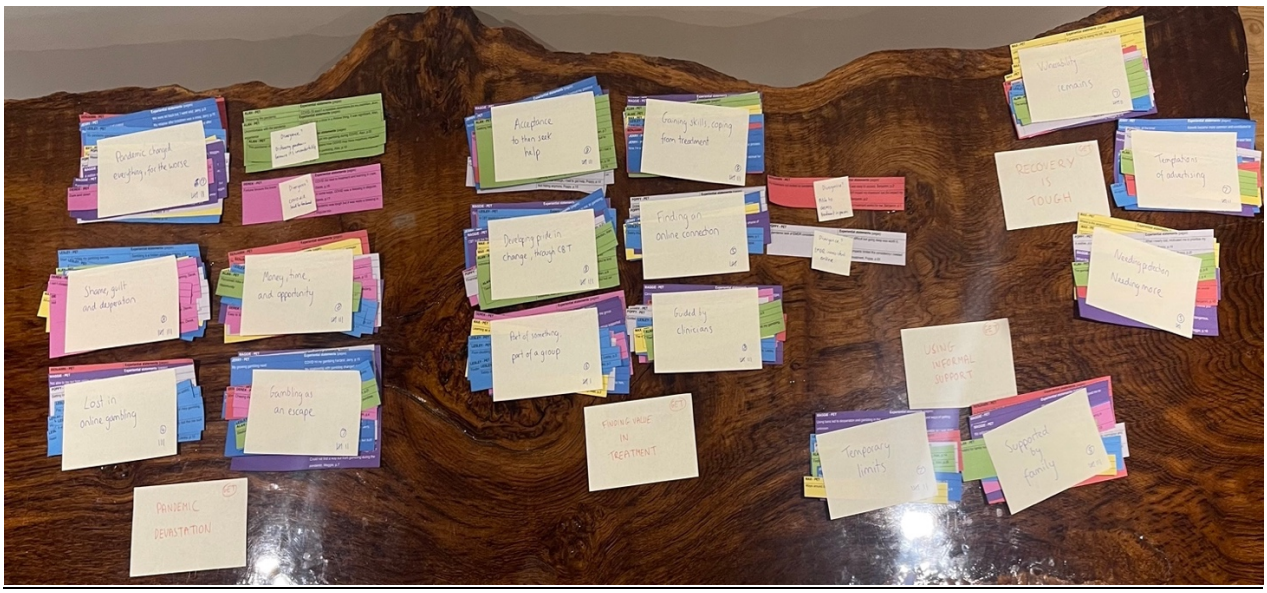
You can’t look away; you can’t stay away

Appendix K: Process of developing PETs to GETs from across cases (participants PETs *and* experiential statements) using photo-elicitation

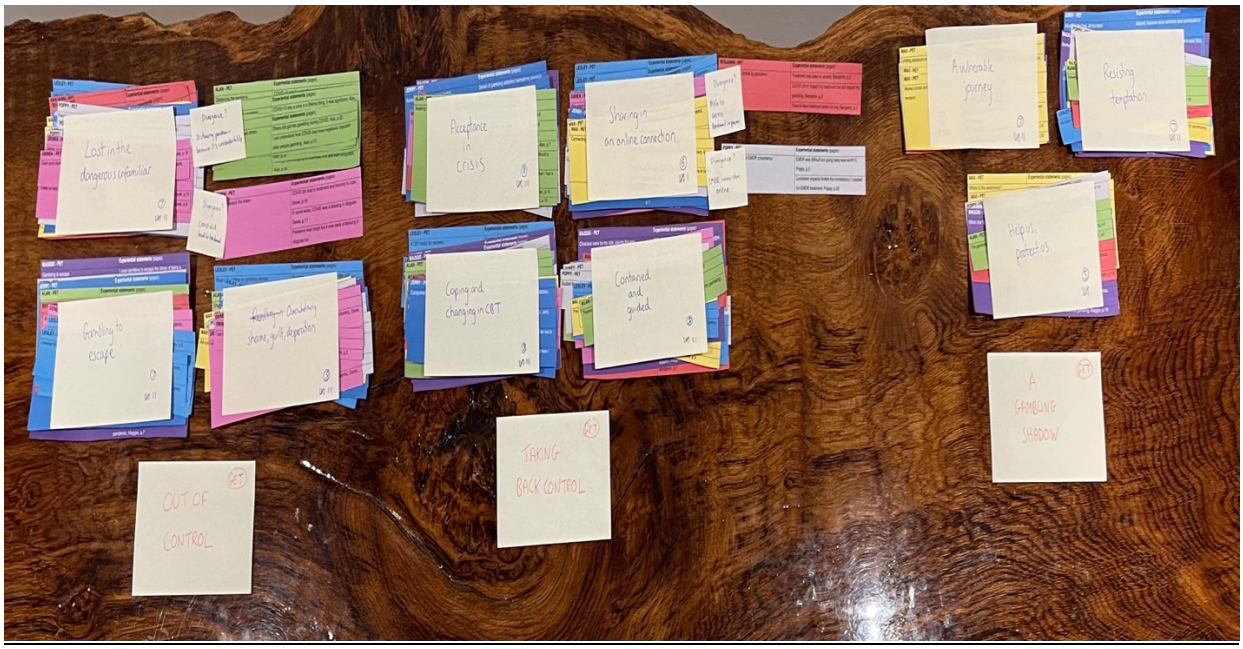
Preparing for developing GETs



Process of developing GETs: Initially organising and naming themes



Process of developing GETs: Further reorganising, refining, and redefining themes



Appendix L: Audit checklist strengthening Yardley's (2000; 2008) principles

Audit checklist, adapted from Dugdale (2020)

1. Has raw qualitative data been collected and is this data appropriate for the specified research aims?

Yes	Moderately	No

2. Has relevant participant demographic information been collected and does contextualise the recruited research sample?

Yes	Moderately	No

3. Is there clear evidence of researcher reflections on the qualitative data collection and analysis process (reflexivity?)

Yes	Moderately	No

4. Has the primary author engaged within and utilised research supervision throughout the research process?

Yes	Moderately	No

5. Is there evidence to suggest that the raw qualitative data has been sufficiently coded?

Yes	Moderately	No

6. Has the qualitative raw data been systematically and rigorously coded according to the analysis guidance?

Yes	Moderately	No

7. Is there evidence to clearly show that the researcher has engaged in a process of renaming, refining, and redefining themes?

Yes	Moderately	No

8. Is there evidence of contradictory accounts present within the results and discussion? Has the primary author attended to convergence and divergence of and within themes?

Yes	Moderately	No

9. Have cross-checks been conducted using annotated transcripts against the corresponding developed themes, sub-themes, and presented quotes? Are these consistent and well-evidenced?

Yes	Moderately	No

10. Are the presented participant quotes sufficient to provide evidence, variety, and a depth of the developed themes and subthemes?

Yes	Moderately	No

11. Does the presented qualitative study sufficiently address the initial aims set out for the research?

Yes	Moderately	No

12. Is a well-balanced critique of the research study adequately discussed?

Yes	Moderately	No

13. Is the importance, contributions of findings to the current literature, implications, future directions, and impacts of the research adequately discussed?

Yes	Moderately	No

Date of signature: 31/10/23

Name of research: Josh Marvin

Signature of researcher:

[redacted]

Date of signature: 31/10/23

Name of auditor: Professor Matt Field

Signature of auditor: [redacted]

Appendix M: CASP (2018), qualitative checklist review

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CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Critical Appraisal Skills Programme

Paper for appraisal and reference: J Marvin, 2023, DClinPsy Project, p105-144

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes ✔
Can't Tell
No

HINT: Consider
- what was the goal of the research
- why it was thought important
- its relevance

Comments: YES. Aims, rationale, relevance stated

2. Is a qualitative methodology appropriate?

Yes ✔
Can't Tell
No

HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments: YES. Exploring individual experiences and how they make sense of these

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes ✔
Can't Tell
No

HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments: YES. Qualitative design and methods justified

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4. Was the recruitment strategy appropriate to the aims of the research?

Yes ✔
Can't Tell
No

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments: YES. Recruiment described. Explained why those participants. Discussed those who didn't take part and that they were asked to provide a reason.

5. Was the data collected in a way that addressed the research issue?

Yes ✔
Can't Tell
No

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments: YES. Clearly described and justified. Interview schedule in appendices. Researcher has described that data saturation is not a goal of IPA research.

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6. Has the relationship between researcher and participants been adequately considered?

Yes ✔
Can't Tell
No

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments: YES. Evidence of reflexivity and use of this through the research process. Considered within discussion and findings too.

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes ✔
Can't Tell
No

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments: YES. Ethics approval obtained. Informed consent, information, and debriefing process stated. Confidentiality protected with pseudonyms.

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8. Was the data analysis sufficiently rigorous?

Yes ✔
Can't Tell
No

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments: YES. Detailed explanation of IPA and how this was used. Further evidence of this process in the appendices. Described quote selection. Contradictory data is clear - "divergence". Sufficient data. Reflexivity evident.

9. Is there a clear statement of findings?

Yes ✔
Can't Tell
No

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments: YES. Findings listed in results and discussion. Conclusion sums this up well. Credibility limitations discussed in "critique". Findings related to initial aims of research.

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Section C: Will the results help locally?	
10. How valuable is the research?	HINT: Consider • If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature • If they identify new areas where research is necessary • If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used
Comments: YES. Researcher discussed contributions to "wider literature in discussion. Implications and "future directions" of research are detailed. A limited "transferability" is discussed due to research design. New and valuable implications evident.	

Appendix N: Reflexive statement and examples of reflective log entries

Reflexive statement

The primary author is a White British Male who was born in the Midlands, has lived in the South, and currently lives in the North of England. When a young adult he engaged in sports betting and when studying an undergraduate degree in psychology, worked part-time in a casino (as a croupier) to fund his studies. He is passionate about sports and is regularly exposed to gambling advertisements when watching sports. When engaging in such activities and in his past part-time work, a lot of his friends or customers have struggled with the impacts of gambling advertising or indeed difficulties with their own gambling behaviours. He believes more could be done to protect individuals from potential gambling harms. This was a key reason for leaving his job working part-time at a casino.

He then worked in healthcare services for over ten years and is currently employed as a trainee clinical psychologist in the NHS. During this time, he has had experience of offering psychological interventions, namely CBT and motivational interviewing techniques, to individuals experiencing a gambling addiction. He also offers a wider range of psychological interventions to service users in the NHS. He does not work in the Northern Gambling Service and currently works in adult inpatient settings. He started his clinical psychology training near the start of the COVID-19 pandemic and worked with many individuals, in different services, who had struggled with the impact of the pandemic on their mental health.

Due to the above experiences, a keen research interest in the experiences of individuals living with gambling addictions, how people experienced their psychological treatment, and how made people make sense of this in the context of a pandemic developed. Therefore, he sought out the opportunity to conduct gambling research as the thesis assignment of his clinical psychology training.

Examples of reflective log entries during data collection

Pilot interview.

- Noticing pulls to use gambling terminology (due to knowledge of such terminology). Wanting to show participant that I could understand.
- Not wanting to use the term 'problem gambling' as cautious that this has been viewed negatively within gambling recovery networks.
- Being careful to respond within my role as a researcher trying to understand how the participant is making sense of their experiences, rather than a clinical therapeutic role.
- Particular empathy noted when COVID pandemic is described as a difficult experience. This could be due to clinical experience or my personal experience during the pandemic.
- Noticing a felt sense of frustration when participant is discussing the amount of gambling advertising they have noticed. Important to notice such pulls, use reflections outside of the interview space, research supervision, wouldn't want this to impact or lead data collection.
- It is helpful to summarise what the participant has said i.e., back to the participant. This helps my understanding of the participant experience. Also,

helpful to notice specific frames of references or phrases and bring attention back to these – leads to a deeper exploration of participants expressed meaning.

Post-participant interview reflections.

- Using the interview schedule can feel 'wooden' but important too. Semi-structured nature leads to follow-up questions, very mindful of not asking leading questions. Take some time to pause and carefully phrase such follow-up questions.
- In my clinical practice and background, I am somewhat critical of CBT as an intervention, however, participants are speaking positively about CBT treatment. Not so much of a surprise? Evidence-base does inform the use of CBT for addictions research.
- Really glad that some participants are finding psychological treatment working for them and evidencing exactly why. It is a privilege to be invited into their worlds and their experiences.
- I am finding myself noticing strong empathy towards participants when they are describing feeling isolated or detached during the pandemic. Again, this may link to my experiences working in the pandemic too.
- I am noticing myself agreeing with participants when they were describing the negative impacts of gambling advertising. Important to remain conscious of this so as not to affect or lead the interview.

- Although I may have some knowledge of gambling experiences and psychological treatment experiences. I am still an 'outsider' to the participants lived experience.
- Family support alongside professional support seems to be crucial for so many. This is not a surprise. I find myself thinking about the impacts of stigma and how difficult it may be to disclose gambling difficulties to others.

Examples of reflective log entries during the data analysis and theme development

- The data is so rich. When I have conducted IPA previously, it was a much smaller sample. It will be important to methodically keep a track of this process so I can clearly re-trace my steps in the theme development.
- I could see this data being used for different research questions too. Particularly when individuals are talking about their gambling experiences, their stories of gambling addiction. The semi-structured nature of the interview may influence this too. However, this analysis, the findings, need to be focused on the research questions.
- This analysis is rigorous and intense. I am tempted to move this to using software but wary I may lose the flexibility of theme development, the overview, renaming, refining, or making sense of a participant's experiences. I will keep using pen, paper, cut-outs, colour coding instead.

- I am finding a lot of value in focusing on each participant (up to developing PETs) then moving on to the next participant. This process may be slower, but my understanding of participant experiences is stronger because of it.
- There is definitely convergence of PETs between participants e.g., isolation, impacts of pandemic use of bans, finding group CBT helpful. However, there is divergence too. A minority of participants had very different experiences of treatment and gambling during the pandemic. Important to name both convergence and divergence.
- So helpful to find these golden nuggets of why psychological treatment was or hasn't been helpful. Useful for my clinical practice but also the clinical implications of this research.

Examples of reflective log entries during consideration of the research critiques

- This project has not utilised multiple analysts for credibility. Wondered if I should have used this? However, the IPA process is so intense, and interpretations are both flexible and unique to each researchers own lens. One transcript could look very different to two analysts let alone more. Owning my perspective using reflexivity is crucial. Important to show and own this within the project.
- I have my own experiences of gambling and facilitating treatment for gambling. This will shape my views and interpretations. I don't want to hide this. Use reflexivity log to show this. This doesn't make me an 'insider' but does impact me making sense of participant's experiences.

- Helpful to have the experiences of men and women in this study. Particularly as there is a narrative that gambling addiction is more commonly seen in men.
- Quality checklist, Yardley's principles are helpful to enhance quality and show rigour. I need to use my appendices to show the process. Perhaps using one participant to show the analysis process would be easier to follow for someone reading the research?
- I could use CASP to review my own research? Someone else? This has been helpful when conducting qualitative reviews. Could reveal some blind-spots!
- Thinking about the sample. I think this has attempted to be as homogenous as possible. Same service, similar treatments? Different stages of the pandemic though? Asking them to recall these experiences rather than 'in the moment'. However, on the other hand this allows me to see a fuller wider picture of their experiences and how they make sense of them in the pandemic. Rather than during an initial lockdown, at the time, etc.
- Recruiters may have approached individuals to take part in which COVID was particularly pertinent to their treatment experiences. Individuals themselves may wanted to have take part if this was really important too. Reimbursement could have been a motivator too.
- Member-checking is commonly used in qualitative research. In some ways, during the interviews, I am summarising what the participant has said back to them? However, IPA is double hermeneutic, so I am then trying to make sense of them making sense of their experiences. Then with supervisor feedback, Viva feedback, peer-review publication feedback, there are multiple

layers to interpretation of the raw data by the end! Nonetheless, important to feedback themes and findings to the participants at a later point.

- I find it frustrating when considering mentioning the sample size or a 'lack of power' in qualitative research critiques. Qualitative research has so many strengths in delving deeper into experiences. Particularly IPA. Data is so rich, and I think so useful. However, it's important to note that transferability of findings is impacted in this study by this. IPA does not claim to produce objective reality.

Appendix O: Further illustrative quotes, from across participants, to support themes

Group Experiential Themes	**Group Level sub-themes**	***Quotes (participant, line numbers)***
Out of control	Lost in a dangerous and unfamiliar world	*"… I don't really like change. so that worried me a lot and that I'd never be able to go back to that same shop and the job wouldn't be the same again in essence."* (Max, 257-259) *"… Covid sort of erm forced my hand in-terms of quitting my job when I was really comfortable in it beforehand. even though it wasn't good for me. it was still providing me with an income…"* (Max, 284-287) *"Participant: especially because of the gambling but obviously what was going on around had just*

compounded it I guess.

Interviewer: what do you mean. what was going on around you?

Participant: in terms of the pandemic and what not. and you know. just being stuck inside. like I say I was withdrawn anyway so during that time you just feel very sort of detached from the world. just yeah." (Max, 185-190)

"… just a massive impact. like you know. not sleeping. very withdrawn. not looking after myself. neglecting myself. neglecting those around me. the yeah. the negative impact. it's just endless." (Max, 165-168)

"… just that social like exclusion just sent me down that one way path and I started gambling more and more on different things and then obviously things

that I wouldn't usually gamble on like I would usually gamble on like I would usually gamble on sport. I was led to go to more casino games because there was no sport on and it was just a. almost started as boredom and worked its way up as it does. erm so yeah I thought Covid had a massive impact on the gambling…" (Benjamin, 93-99)

"… it's just a rabbit hole. so I would say my relationship would have changed drastically when Covid hit because you are so isolated and you want that fix…" (Benjamin, 148-150)

"… I got really. really bad during the pandemic. I think I gambled the most I've ever gambled…" (Benjamin, 265-267)

	"… so lockdown. definitely enabled. created a space. created the opportunities for me to gamble even more…" (Lesley, 382-383)
	"I just feel like the pandemic switching to online and lockdown. seems to enable the problem to develop to escalate in an even more like rapid way I would say" (Lesley, 233-234)
	"… I think the gambling erm just became more intense at that because yeah. like the only thing that we would do or I could do" (Jerry, 106-107)
	"you know if you are sat at home all day and you've got the gambling addiction. it's only a matter of time if you want to place a bet" (Alan, 226-227)
Gambling to escape	*"… obviously Covid had a massive affect on. on. on me in terms of I lived on my own in like a flat. I*

couldn't see any of my friends which led me down a bad path of online gambling…" (Benjamin, 68-71)

"… I found it more accessible to gamble during Covid. and you would probably think that it would be the other way round and it would be a lot harder but it just led me to more the online stuff which I wouldn't usually do…" (Benjamin, 402-405)

"… there was a period in the UK that everything was closed down and there's no. any bets there and me being a problem gambler. I want to chase loss. and that's why I feel very anxious. there's no opportunities… I don't have a lot other things to distract myself apart from staying at home working and an online gambling" (Lesley, 45-53)

"… but lockdown basically means that I can be attending an online meeting at work. and then at the

same time, on my screen. I'm betting on horse races. and. this just I think a lockdown just facilitate just just make gambling even more easy. and the fact that I just I'm just working online all the time that seems to really yeah, help just enabled the problem to to the develop further" (Lesley, 227-231)

"… just something to pass the time in the evening. maybe that was escapism as well because I have got. you know. I have got a child with special needs and that is difficult in itself and I wasn't getting very much support at the time… I need something, some form of release" (Maggie, 212-218)

"… erm I think it was just an escape at the time. erm a very detrimental impact on my health but it was sort of the only escape I had because of Covid." (Maggie, 156 – 158)

	"… when the lockdown came in and I'd had a breakdown with my mental health. I wasn't going anywhere. we were stuck in the pandemic. I couldn't do anything so all I could do was just gamble and that would make me escape as well" (Poppy, 193-196)
Overwhelming shame, guilt, and desperation	*"… it doesn't matter whether you got a hundred or a million. eventually it will run out I suppose"* (Alan, 270-271) *"… you don't want people around you you are a gambler you can't even explain where that money's come from because the only explanation of where it's come from is that you've been gambling those amounts" (Max, 322-325)* *"… just a massive impact. like you know. not sleeping. very withdrawn, not looking after myself.*

neglecting myself. neglecting those around me. the. the yeah. the negative impact. it's just endless."

(Max, 165-168)

"… I didn't tell my parents definitely. well my parents somehow know that now like they know that I'm in a situation or financial difficulty but my sister and I decided to just like we don't want to disappoint them. we're just tell my parents that I get myself into cryptocurrency and then I lost money… only three people know that I'm a problem gambler. yeah"

(Lesley, 277-285)

"… I was spending too much money. I was going on too much… that's. that's the desperation of it"

(Maggie, 378-381)

"… I think it's already quite shameful enough. without going actually. you know. saying to people that I have a problem." (Maggie, 17-19)

"… it's not fair on them. we should be going out and doing something. I shouldn't be sitting watching sport. and I shouldn't be getting agitated. because that's not their fault that's mine…" (Derek, 585-588)

"… obviously losing money (LAUGH). feeling terrible and err it's yeah. I mean and the time. how it flies in there is crazy. it kind of makes you feel even worse that you've not only wasted all that (LAUGH) money but all that time as well (LAUGH)" (Jerry, 95-98)

"… it became, became serious to the point of like you are neglecting your children and them words broke my heart… that makes me upset now to know that I

		put that before my kids. erm but at the time you don't think about anything or anybody" (Poppy, 338-345) *"… my life was just gambling erm I just spent all my money constantly. I just spent all my money on gambling…"* (Poppy, 227-229) *"… it got to the point where I didn't have any money to feed my kids… my kids were suffering…* (Poppy, 213-215) *"… I could have done that for them with the money that I've blown but I didn't and it does. it hurts you…"* (Poppy, 440-441)
Taking back control	Acceptance in a crisis	*"…I ended up losing about £3200 gambling… it was just like a lot of money to lose and then so my last bet was the 5th October… 2020…"* (Alan, 151-158) *"… I basically was trying to reach out to anything that I can find…"* (Lesley, 142-143)

	"… you're gonna go get into this full on. just like learn a bit of how to understand the problem or the addiction and how to combat it…" (Jerry, 21-22)
	"…it got to the point where I were it was getting an issue. erm but then I knew that I had to get some sort of help…" (Poppy, 188-189)
Sharing in an online connection	*"… it just keeps you on track with everything. I can't imagine a time where I would never not attend that group…"* (Max, 359-361)
	"…everybody is of kind of the same lines that have been through a similar thing so." (Max, 43-44)
	"initially I was a bit sceptical. but I understand that perhaps group CBT may be more helpful than one-to-one CBT" (Lesley, 64-65)

	"… unfortunately. someone else's misfortunate can be your gain. because you can learn so much…" (Derek, 816-817)
	"… I think about it now in a way of like helping people through shared experience…" (Jerry, 249-250)
	"… open it up to the group and a few people chime in with ideas and it kind of like helps build your own understanding and learning" (Jerry, 385-386)
	"… you can learn from someone who has been in your situation…" *(Poppy, 72-73)*
	"…EMDR was probably the most difficult one in. cos I had to go through my past traumas… but I felt like it worked because I could actually openly talk about it then…" (Poppy, 103-110)
Coping and changing through treatment	*"… in the early stages once a week… and then as I abstained she said 'well I'll leave it three months'.*

and then she left it six months…yeah she phased it out…" (Alan, 93-99)

"… it was a success you know that because it did me a good insight into different erm. different things of how gambling works…" (Alan, 6-8)

"…the CBT helped with that to be fair. there was a couple of sessions on triggers. there was a couple of triggers on urges…" (Benjamin, 467-468)

"… from the CBT session. it's like. okay. do not engage with the pseudo-rational thought…" (Lesley, 527-528)

"… thoughts are just thoughts. they are nothing more than that and I think that's actually managed to spin things around quite a bit for me…" (Maggie, 32-34)

"… not only setting things up for now, it was setting things up for the future…" (Maggie, 93-94)

"…but I have stopped and I've managed to remain stopped and I do still use the techniques and things that we were taught…" (Maggie, 66-68)

"… think about what the implications will be if you were to go and do it and how it would you make feel" (Derek, 472-473)

"… now very good at if you do get a bad thought. how are you gonna knock it away?" (Derek, 734-735)

"…my whole attitude around it has kind of changed. erm or at least my thought processes…" (Jerry, 246-247)

"… I was a little bit sceptical of CBT over the years. I just kind of like really. you know. is this gonna help but actually the processes that you learn… I actually enjoyed learning you know…" (Jerry, 16-19)

	"…I think before the NHS gambling [service] and doing that during COVID… I would probably have stayed and put my own money in" (Poppy, 491-493)
Contained and guided	*"… just have a look at it for what it is. you know. my dad always says it's a mugs game and he always said 'gamblers they don't have any money' " (Alan, 341-343)*
	"… I've been fortunate enough to have help from. you know help from family and my partner " (Max, 156-157)
	"… she was great [CBT Therapist]. she was. listened enough where I could put my point across but then she also gave me enough advice herself…" (Benjamin, 120—122)

"… the first session. the last session. my partner was allowed to come as well. err so that was really beneficial…" (Benjamin, 43-44)

"… she read quite a lot online… she take control of my finances… we work out a plan… and I'm very glad that she was able to help…" (Lesley, 174-177)

"…put their heads together to really try to help me stop. you know. it was like pro-active trying to help rather than just saying oh you need to stop…" (Maggie, 262-264)

"… now I can't be disappearing out on days for races all the time you have other commitments don't you… now I've got kids and stuff…" (Derek, 572-578)

"… the therapist worked really well. they're really nice people as well. got everyone involved and made everyone comfortable" (Jerry, 40-41)

		"… he just went out of his way to do what he could for me and to be supportive…" (Poppy, 85-86)
A gambling shadow remains	A vulnerable journey ahead	*"I've got money saved up… that worries me sometimes. you know I've got access to it… it would be so easy to bladder it… it's tempting"* (Alan, 278-282)
		"… when you have more money obviously makes your gambling worse" (Max, 309-310)
		"… I compare that to if I start gambling again. I know that they could all go because it's a quick spiral…" (Benjamin, 506-507)
		"… I would say like being conscious. being mindful. being ever-present is super important" (Lesley, 510-511)
		"… but now I think even if I saw the website. I don't feel that I want to stay there but I definitely know that.

	if I stay long enough. I would just relapse. yeah" (Lesley, 374-375)
	"… if you've got an addiction there's always a backdoor somewhere that you've left open…" (Maggie, 427-428)
	"… you can't control the urge which comes into your head" (Derek, 195)
	"to get me to a different place like and none of my troubles were there and I'd just have that excitement and the adrenalin rush" (Poppy, 206)
Resisting temptation	*"… it's something that really winds me up… gambling sponsors on football shirts… if I had a kid and I was taking the kid to the football… I don't know if it's just like planting a seed…"* (Max, 494-498)
	"… like if you want to gamble you will find a way…" (Max, 565)

	"… then they advertise 'come and play with your friends for fun at Gala Bingo' or whatever it is and it winds me up because I know my experience…" (Benjamin, 617-619)
	"… every time I see a roulette wheel or like a blackjack table or something it really makes me want to do it. it triggers me" (Jerry, 180-181)
Help us, protect us	*"… but I would at least expect doctors to be aware of the platforms and the measures that they have for each well-known addiction…"* (Max, 539- 540)
	"… I just don't think there's that sort of support for problem gamblers" (Max, 476-477)
	"… they should automatically ban problem gamblers" (Benjamin, 604-605)

END OF THESIS REPORT