

Psychotherapeutic support for people harmed by someone who is experiencing gambling disorder

What this research is about

Gambling disorder (GD) can lead to serious harms for people who gamble, as well as their families and partners. Concerned significant others (CSOs) are people who are negatively impacted by someone else's gambling. This article shares a case of Mary, who experienced emotional turmoil and relational disruption after finding out about her partner's sports betting.

What the researchers did

The researchers shared the case of Mary, a 32-year-old female who began therapy after finding out that her partner had been placing sports bets using his phone. The researchers connected Mary's case to the broader research on the impact of GD, treatment approaches, and clinical and ethical challenges.

What the researchers found

The researchers first discussed the harms caused by GD. In the case of Mary, her partner was able to hide his gambling for some time because of the discrete nature of online betting, coupled with a cultural view of sports betting as a normal activity. Problem gambling does have obvious physical signs, which may delay people from seeking help. Moreover, casual betting during sporting events or among groups of friends is often seen as normal. These factors make it harder for CSOs to notice when recreational gambling has become an addiction.

For many people, gambling provides relief from stress or boredom. It may also create a sense of mastery or self-worth when other parts of one's life feel out of control. Framing GD as emotionally

What you need to know

This article shares the case of Mary, who experienced emotional turmoil and relational disruption after finding out about her partner's sports betting. Concerned significant others (CSOs), such as Mary, often experience confusion, distress, and uncertainty. The article discusses how factors like secrecy, financial instability, and cultural view of gambling as a normal activity can make it more challenging for CSOs to seek help. The article highlights the importance a comprehensive and ongoing assessment and treatment integrating psychotherapy, psychoeducation, and skills-based strategies. The article also discusses clinical and ethical challenges.

compensatory may help CSOs better understand the harms they experience, reduce self-blame, and support meaning-making.

The harms experienced by CSOs are often cumulative, affecting many aspects of life. Mary experienced anxiety symptoms because of her partner's secrecy and financial issues (e.g., the loss of life savings). She also experienced emotional turmoil involving disbelief, grief, frustration, and sadness. There is research on interventions to support CSOs. For example, Community Reinforcement and Family Training (CRAFT) is a behaviourally based model for addressing addictive disorders through strategies focused on families. These types of interventions position CSOs as co-participants in the therapeutic process. This can help reduce distress while empowering CSOs to influence their loved one

towards recovery. CSOs may also benefit from mutual aid and peer group options, which can help them become more informed and reduce isolation.

Comprehensive assessment: A comprehensive assessment that addresses emotional, relational, financial, and cultural impacts is necessary. CSOs often feel overwhelmed and even resentful when they first discover their loved one's problem gambling. A thorough clinical interview to explore their emotional reactions, relationship history, coping strategies, and treatment goals can be the starting point. In Mary's case, her first session was flexibly structured to build rapport with the therapist and allowed her to disclose her concerns. She felt seen and validated at the end of the session. The reframing of GD as an addiction allowed her to take steps towards improving communication with her partner around the topic.

There are routine and brief assessments of mental health wellbeing that can help evaluate CSOs' distress and provide an area to focus on in the following sessions. Examples include the Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7), Dyadic Adjustment Scale (DAS-4), and Marital Problem-Solving Scale (MPSS). CSOs may also benefit from learning about the categories of the Problem Gambling Severity Index. Functional analysis can be used to explore how CSOs' behaviours are linked to emotional triggers and short-term relief patterns. For example, functional analysis helped Mary understand how constantly checking her partner's financial accounts provided short-term relief, but was counter to her goals of relationship repair and rebuilding trust.

Clinical and ethical challenges: Several issues need to be overcome when treating CSOs. For example, Mary was unsure about whether to share her partner's problem gambling with family and close friends. Therapists can help CSOs decide who to share this information with and what information to share. How CSOs view problem gambling, such as through moral, medical, or other psychosocial lenses, can affect how they deal with their loved one's gambling, communicate, and heal. Treatment should address the emotional distress and support sustainable shifts in relationships and behaviours.

Clinical approaches: The researchers discussed the various clinical approaches used in treating Mary. A non-directive, supportive psychotherapy, informed by the Rogerian approach was used at the beginning. Later, emotion-focused psychotherapy principles were integrated into the sessions. CSOs require a flexible, phase-based approach that includes both emotional processing and action-oriented strategies. Psychoeducation must balance empathy and accountability on the part of the person who gambles. Improving interpersonal skills can help set clear boundaries and address unmet needs of CSOs. It is important for CSOs to recognize that recovery is non-linear.

How you can use this research

Clinicians can use this research to support CSOs in their recovery.

About the researchers

Noah S. Anderson and **Meredith K. Ginley** are affiliated with the Department of Psychology at East Tennessee State University in Johnson City, TN, USA. For more information about this study, please contact Noah S. Anderson at andersonns@etsu.edu.

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