

A Science-Based Framework for Responsible Gambling: The Reno Model

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As social observers increasingly identify gambling-related problems as a public health issue, key stakeholders need to join together to reduce both the incidence and prevalence of gambling-related harm in the community. This position paper describes a strategic framework that sets out principles to guide industry operators, health service and other welfare providers, interested community groups, consumers and governments and their related agencies in the adoption and implementation of responsible gambling and harm minimization initiatives.

KEY WORDS: gambling-related harm; problem gambling; public health; responsible gambling; harm minimization.

INTRODUCTION

During the latter part of the 20th century, legalized gambling expanded rapidly throughout the world. An increasing number of researchers, policy makers, social scientists, interested community

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members and consumers have begun to seek a better understanding of gambling and gambling related problems. As these social observers increasingly identify gambling related problems as a public health concern, a need has emerged for key stakeholders to join together to address this issue. This coalition is necessary to establish and implement a strategic framework that will reduce or eliminate the potential harms that can be associated with gambling while simultaneously maximizing the potential benefits of gambling.

This article is a position paper that presents certain principles and outlines a strategic framework, or blueprint for action, to advance and coordinate efforts to limit gambling related problems. This paper is not intended to represent a critical and detailed review of the gambling literature. Instead, as the seminal 1949 Boulder conference on graduate education in clinical psychology established the "Boulder Model" as a guide for training clinical psychologists (i.e., as Scientist Practitioners; Raimy, 1950), we hope that this paper will provide a strategic framework to help (1) shape the direction for developing responsible gambling initiatives and (2) stimulate a rich and enduring dialogue about responsible gambling concepts and related initiatives. This framework emerged from a meeting that was held in Reno to consider the issue of responsible gambling: hence, the Reno model.

TOWARD A STRATEGIC PLAN FOR RESPONSIBLE GAMBLING

The Need to Adopt a Strategic Framework

A strategic framework should guide key stakeholders to develop socially responsible policies that are founded on sound empirical evidence rather than those that emerge solely in response to anecdotal based socio political influences. Such a framework for action can promote public health and welfare through a range of prevention efforts that differentially target vulnerable community members and sectors; simultaneously, this framework also allows the gambling industry to deliver its recreational product in commercial markets that permit such activity. Within these markets, socially responsible regulatory efforts that oversee gambling activities must demonstrate a likelihood of effectiveness for targeted groups and an awareness of the potential for regulations to cause unintended negative effects

among those targeted and for the broader population of harm free responsible recreational gamblers. Since these circumstances do not currently exist, there is considerable need for a strategic framework that can guide these initiatives.

Key Stakeholders

The primary stakeholders in the field of gambling are consumers, gambling industry operators, health service and other welfare providers, interested community groups (i.e., including those in favor and opposed to legalized gambling), as well as governments and their related agencies that have the responsibility to protect the public (with emphasis on its most vulnerable segments). However, these groups often pursue differing and often competing interests; they define the concept of responsible gambling from various perspectives. In a competitive market environment, industry operators provide a range of recreational products and opportunities to community members, applying economic and commercial business principles. The health and welfare sectors and other interested community groups are concerned with the negative social and personal consequences associated with excessive gambling. Consumers of gambling products have an interest in being able to participate in, and gain enjoyment from, a recreational activity.

Counselling service providers represent a range of welfare organisations and interested community groups; these providers consider the degree of availability, accessibility and acceptability of gambling as an aspect of the structural characteristics of the environment and games within the community as one primary causative factor for the development of gambling related harm. In response, some of these groups have adopted an anti gambling perspective, lobbying for government agencies to substantially if not totally reduce the level of available gambling in the community.

Governments have the final responsibility for maintaining a legislative and regulatory function over the conduct of gambling and the protection of vulnerable population segments from harm and exploitation; simultaneously, governments gain substantial financial benefits from gambling activities. Governments have a vested interest in the tax revenue benefits derived from gambling; yet, governments also have an opposing need to respond to community concerns over

the potential harm associated with some aspects of gambling. Reflecting their responsibility and interest, a number of government related international reviews (e.g., National Research Council, 1999; Productivity Commission, 1999) have comprehensively reviewed the social and economic impact of gambling.

The Primary Issue: Gambling related Harms

The perception that gambling can cause harm to gamblers and adversely impact society has led to the convergence of strong socio political forces designed to reverse, restrict or moderate gambling activity in the community. By applying community pressure to regulatory authorities, some interested parties across international jurisdictions have successfully lobbied government regulators to remove or restrict current gambling opportunities. Presently, there is no evidence to demonstrate whether these initiatives have had any impact; for example, these efforts could variably lead to the increase, reduction or elimination of gambling related harm. Currently, however, the impact of these efforts is unknown.

From an industry perspective, the primary long term objective of a responsible gambling framework is to prevent and reduce harm associated with gambling in general and excessive gambling behaviours in particular. In the present context, governments have responded variably to issues of public concern. Importantly, regulatory responses often have been applied in the absence of any evidence that demonstrates or supports the likelihood of effectiveness on targeted groups, an awareness of the potential to cause unintended negative effects, or whether spill over effects will unnecessarily or detrimentally affect the broader population of harm free responsible recreational gamblers.

**CURRENT DIFFICULTIES IN UNIFYING EFFORTS
TO PROMOTE RESPONSIBLE GAMBLING**

There are two essential barriers preventing the implementation and evaluation of responsible gambling strategies: conceptual clarity and absence of consensus.

Lack of Conceptual Clarity in Defining Gambling Related Harm

The effectiveness of reducing the incidence of gambling related harms through responsible gambling strategies rests upon the ability of scientists to accurately measure a “case” of gambling related harm (e.g., mental disorder; repetitive movement disorder, etc.). The vast array of terminology, definitions and criteria used to identify gamblers with gambling related harms (e.g., problem, compulsive, disordered, neurotic, excessive and pathological gamblers) contributes to confusion and uncertainty regarding the construct under study.

Clinicians, researchers, public policy makers, gambling industry workers and the public have different perspectives on the construct of pathological and problem. Pathological gambling is the technical term currently used by the American Psychiatric Association to identify a gambling disorder. Problem gambling is a lay term that refers to a broader category of individuals exhibiting patterns of excessive gambling behavior that is associated with harmful effects. There currently is no formal diagnostic classification for problem gamblers. Problem gamblers may or may not suffer impaired control. Conceptually, all pathological gamblers are problem gamblers, but not all problem gamblers are pathological gamblers.

Virtually all psychometric and prevalence instruments fail to distinguish between these groups, instead combining both into one, defined simply by the presence of harm or negative consequences. Therefore, it is difficult to obtain a clear estimate of the qualitative level of severity, harm or numbers of individuals that might require assistance simply by evaluating their gambling behaviours. In other words, simply evaluating gambling related behaviours fails to reveal the clinical significance of events associated with gambling.

Consequently, it is imperative that scientists develop psychometric instruments for specific purposes. For example, scientists need to develop brief screens to identify gamblers that experience clinically significant consequences. This will permit more accurate referral, clinical evaluation and treatment matching. In addition, these instruments will provide more precise epidemiological tools to assess the rate of gambling related harms within and across community samples with such information about the severity of harms necessary to establish accurate estimates of the economic costs and benefits of gambling. These tools will improve case identification of gamblers who

require treatment, thereby improving the allocation of limited health care resources.

The gambling industry, researchers and other stakeholders must agree on the definition and defining features of gambling related harms and those who suffer with these conditions. This conceptual advance is necessary to communicate clearly with public policy makers and others about the nature of these problems.

Lack of Consensus Regarding the Parameters of Responsible Gambling

Currently, various industry, government and welfare organizations are implementing different strategies to protect the public, industry and other vested interests. There seems to be no common framework that is guiding these efforts. To illustrate, there are six primary areas where that absence of consensus limits the development of responsible gambling initiatives. First, there is no clear operational definition or consensus as to what '*Responsible gaming practices*' or '*responsible code of conduct*' actually means; therefore, it is difficult to develop an empirical base for research related to these constructs. As a result, most public policy recommendations are not based on empirical data but derive instead from anecdotes, common sense and personal belief. Second, the boundaries of responsibility for gambling related harms among government, industry and consumers, remains blurred. Third, segments of the gambling industry harbor concerns that research might reveal information that is not in its best commercial interests. Some industry members are concerned that they might be required to respond to information obtained from empirical research to avoid the possibility of litigation, or to introduce measures that could lead to restricted business practices. Research should be used as a tool to guide policy decision making regardless whether it is advantageous to the industry. Only by confronting the reality of empirical data can the gambling industry develop and sustain long term responsible gaming practices that assure harm minimization. Fourth, it is not yet clear which community groups should be targeted for responsible gambling programs. Some groups are at increased risk and require specific preventative measures. Resources are wasted when programs target recreational gamblers and the intervention fails to achieve its goal of preventing or minimizing harm. There is no process in place to monitor effects

of imposed regulatory changes. This prevents public policy makers from knowing (a) whether intended goals are met and (b) how to refine and improve the effectiveness of extant public policy. Fifth, there is a lack of clarity regarding the limits of staff training and how to effectively approach and intervene with gamblers identified by an industry based responsible gambling program. Finally, sixth, there is minimal data describing the characteristics and natural history of gamblers who develop or avoid gambling related harm. Consequently, it is difficult to determine with precision what evidence should be used to develop and direct prevention, early intervention or treatment programs.

An effective responsible gambling initiative must recognize and overcome these primary barriers by adopting reasonable policies and procedures. The following sections of this paper examine key areas that form the foundation of a strategic framework for responsible gambling.

PURSuing RESPONSIBLE GAMBLING PRACTICES

To achieve a responsible policy toward identified gambling related harm, key stakeholders should clarify their respective roles and promote strong collaborative links between industry, scientists, governments, health and welfare providers and interested community and consumer groups. In its pursuit of responsible gambling practices, we urge the key stakeholders to collaborate and endorse the following five principles.

1. The key stakeholders will commit to reducing the incidence and ultimately the prevalence of gambling related harms.
2. Working collaboratively, the key stakeholders will inform and evaluate public policy aimed at reducing the incidence of gambling related harms.
3. Key stakeholders will collaboratively identify short and long term priorities thereby establishing an action plan to address these priorities within a recognized time frame.
4. Key stakeholders will use scientific research to guide the development of public policies. In addition, the gambling industry will use this scientific research as a guide to the development of

industry based strategic policies that will reduce the incidence and prevalence of gambling related harms.

5. Once established, the action plan to reduce the incidence and prevalence of gambling related harms will be monitored and evaluated using scientific methods.

Defining Responsible Gambling

Responsible gambling refers to policies and practices designed to prevent and reduce potential harms associated with gambling; these policies and practices often incorporate a diverse range of interventions designed to promote consumer protection, community/consumer awareness and education, and access to efficacious treatment. It is important to clarify and separate the principles of responsible gambling from those approaches to harm minimisation and rehabilitation that are directed toward assisting gamblers that already have problems. The treatment of gamblers who already have developed gambling related harm remains the domain of specialists working in public health programs, including counseling and other health services. The allocation of resources to meet these treatment demands should come from various funding agencies.

From the perspective of the gambling industry, the primary objective of a coordinated responsible gambling strategy is to reduce the incidence of gambling related harms at the individual, group, community and societal level. Incidence refers to the number of new cases of a disorder or condition (i.e., harm) that occur over a defined period of time. Responsible gambling is about reducing the rate of the development of new cases of harm or disorder that is gambling related.

In contrast, prevalence refers to the actual number of existing cases of a disorder or condition that is observed at a specific time (i.e., point prevalence) or over a specified period (i.e., period prevalence, for example, during the previous twelve months or lifetime). Prevalence rates typically are used to determine the current extent of phenomena that are of public health concern since these estimates provide guidance about the allocation of health service resources that are likely required to respond to the condition of interest.

Once a responsible gambling strategy is in place, it will become possible to empirically test (1) the assumption that a coordinated

responsible gambling strategic plan will be effective in reducing the incidence of gambling related harm and, consequently, (2) that this reduction in incidence leads to decreases in the point and period prevalence rates associated with gambling related harms.

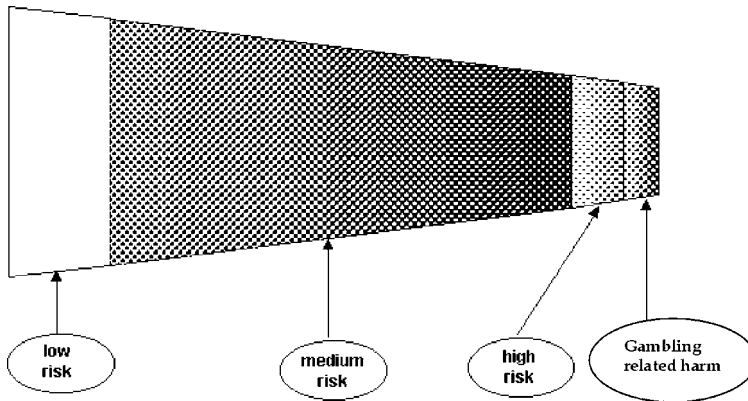
Inherent Assumptions Underlying Responsible Gambling Strategies

To determine the efficacy of a responsible gambling strategy, measurable objectives must be identified and defined. There are a number of basic assumptions contained within the five principles described earlier. The six most fundamental assumptions are that: (1) safe levels of gambling participation are possible; (2) gambling provides a level of recreational, social and economic benefits to individuals and the community; (3) a proportion of participants, family members and others can suffer significant harm as a consequence of excessive gambling; (4) the total social benefits of gambling must exceed the total social costs; (5) abstinence is a viable and important, but not necessarily essential, goal for individuals with gambling related harm; and (6) for some gamblers who have developed gambling related harm, controlled participation and a return to safe levels of play represents an achievable goal.

WHO SHOULD RESPONSIBLE GAMBLING PROGRAMS TARGET?

The majority of the adult population gambles responsibly. Only a small minority of the population develops gambling related harm. Therefore, a responsible gambling strategy locates the entire population along a continuum of gambling involvement; this continuum permits the identification of members likely to be at various levels of risk. As Figure 1 illustrates, a responsible gambling program should consider four risk categories. Those who do not gamble are classified in the zero to low risk category for developing gambling related harm. Although people in this category rarely develop gambling related harm, except indirectly, responsible gambling strategies should enhance personal control and limit transitions to higher levels of risk (i.e., medium risk to high risk cells). Players at medium to high risk typically are regular gamblers and at times

Figure 1
Levels of Risk Exposure & Gambling Related Harm.



gamble more than intended; however, their overall gambling pattern remains within the no harm spectrum. Players at the right hand end of the high risk boundary are at greater risk of developing gambling related harm. Finally, in the gambling related harm cell are the minority of players who have developed more serious problems with gambling, that is, apparent loss of control over time and money spent gambling. These players represent the largest segment of treatment seekers, but it has been shown that some stop or reduce gambling voluntarily (i.e., through natural recovery processes). Others enlist the assistance of self help groups to solve their problems.

Responsible gambling strategies should primarily target gamblers in the high risk cell, with the aim of preventing migration to the gambling related harm cell. A responsible gambling program supports prevention measures that help protect people from increased risks; these risks can stimulate progression toward gambling related harm and other adversities that sometimes are associated with gambling. A responsible gambling program recognizes that many people with gambling disorders require professional care. These programs also recognize that professional care for gambling related harm begins with a comprehensive evaluation; therefore, responsible gambling programs include the capacity to inform gam

blers in need of assistance about the availability of treatment service providers.

From a responsible gambling perspective, there is a need to conduct research into the separate factors associated with gambling subtypes. Various attributes of gambling subtypes might provide important information about different kinds of excessive gambling and gamblers, providing information that will permit the development of measures that are maximally effective for preventing or treating each subtype. In addition, this research can help to define the boundaries of industry responsibility.

Responsible gambling measures should differentially protect at risk groups from developing gambling related harm. If it is demonstrated that the widespread distribution of gambling into the community and its consequent ease of accessibility and availability contributes to the development of gambling related harm, the industry should respond by developing guidelines that will reduce overall risk to community members. It is critical that monitoring procedures are established to evaluate the impact of key responsible gambling initiatives. This will ensure the protection of at risk individuals while minimizing any unnecessary interference caused to healthy gamblers.

INDIVIDUAL VS. INDUSTRY RESPONSIBILITY: CHOICE AND INFORMED CHOICE

Any responsible gambling program rests upon two fundamental principles: (1) the ultimate decision to gamble resides with the individual and represents a choice, and (2) to properly make this decision, individuals must have the opportunity to be informed. Within the context of civil liberties, external organizations cannot remove an individual's right to make decisions. This personal freedom balances against an institution's "duty of care" as alluded to, for example, in the Australian Productivity Commission's (1999) report which suggests that government "specify in statute a duty of care by gambling providers that they take all reasonable and practical steps to protect their customers from gambling problems" (pp. 16-45). The extent and nature of this responsibility is complex and uncertain since the limits and extent of duty of care held by the gambling industry to its patrons are yet to be clearly determined and articulated in law (Brading, 2001). Never

theless, a responsible gambling program must recognize and accept the fundamental principle that industry must not knowingly exploit or take advantage of any player, in particular, vulnerable individuals manifesting characteristics associated with gambling related problems.

In addition to viewing gambling as a choice, responsible gambling also rests upon the principle of informed choice. This concept is a fundamental principle of human rights policies. Participation or the choice not to participate in gambling is determined by a sequence of decisions made by an individual with access to relevant information; this information provides the foundation upon which people form opinions and make choices. Informed choice assures that individuals will retain the ability to decide whether and how they intend to gamble by providing them with information that is accurate and not misleading. Informed choice should be based on providing relevant, empirically based information to help the players to make their decision.

Unjustified intrusion is likely not the way to promote responsible gambling. For example, player reactions to time limits forced on their gaming session might increase their problem behaviors. Responsible gambling is best achieved at the direction of the player by using all of the information available. The guiding principle of responsible gambling practices is that people have freedom of choice regarding their decision to gamble. To guarantee informed choice, the gambling industry should adopt a policy of accurate disclosure. That is, they should provide the necessary information regarding probabilities and likelihood of winning and payout schedules. In addition, advertising and promotional activities should meet industry standards of ethical practice and comply with advertising regulations by not presenting misleading information or misrepresentations of the chance of winning.

Providing information about probabilities and payouts might not be sufficient. Evidence from the research on the effectiveness of primary prevention in the field of substance use indicates that increasing knowledge and awareness is insufficient to change behavior unless values, attitudes and belief structures influencing behavior also are modified.

The gambling industry does not have the expertise or responsibility to diagnose or clinically treat individuals with gambling related harms. Consequently, the industry should be guided by the principle

that it is their obligation to establish and support links with qualified clinical support services vested with the responsibility of providing clinical services. To guarantee informed choice among gambling participants, the gambling industry needs to provide the minimum core information that is required for decision making.

HARM MINIMIZATION: STRATEGIES FOR PREVENTING AND LIMITING GAMBLING RELATED HARM

Harm minimization initiatives across international jurisdictions can be classified into one of three basic types: primary, secondary and tertiary prevention programs. Each has its own set of objectives and performance outcome indicators. A global responsible gambling initiative should establish a research infrastructure and strategic plan. The plan needs to include short term, intermediate and long term objectives, as well as a strategy to systematically evaluate and monitor these efforts and the target objectives longitudinally. Coordinated efforts involving all key stakeholders must establish and assure a systematic approach to gambling research, utilizing a common set of standardised definitions and outcome measures, thus enabling valid cross jurisdictional comparisons and allowing data sharing. The primary benefit will be the compilation of valid and reliable standardized datasets and the reduction of unnecessary and costly duplications of projects.

COLLABORATION IS POSSIBLE

There are three seminal examples of coordinated collaborative studies involving key stakeholders. These examples are presented here to illustrate briefly the feasibility of the present strategic plan and its potential to obtain empirical data that have had a direct influence on public policy, science, and decision making within the gambling industry. These examples are not intended to limit the scope of future collaborative projects.

The Gaming Industry Operators Funded Study into Proposed Changes to the Configuration of Electronic Gaming Machines (Blaszczynski, Sharpe, & Walker, 2001).

In 2001, the Gaming Industry Operators, venue operators and the University of Sydney Gambling Research Unit with the full support of the government regulatory body, the Liquor Administration Board, collaborated to evaluate the effectiveness of proposed harm minimisation initiatives introduced under the New South Wales Government's responsible gambling legislation. This legislation sought changes to the design of gaming machines: the reduction in reel spin speed, restriction of the use of note acceptors to denominations of \$20 or less, and reduction in maximum between sizes \$1 and \$10. The changes contained substantive cost revenue implications for industry, and potential negative impacts on consumer satisfaction among recreational gamblers.

Empirical data suggested that the proposed data did not represent effective harm minimization strategies and were consequently set aside by the policy decision makers.

The Quebec VLT Retailers Training Program (Ladouceur et al., in press).

"As Luck Would Have It" is the name of an awareness program completed by retailers in Quebec Province. This program, which is presented as a two hour awareness promotion workshop, aimed to inform retailers about excessive gambling. More specifically, it provided answers to the following questions: (1) What is chance and randomness? (2) Is there a link between misunderstanding the concept of chance and excessive gambling? (3) How does one recognize the symptoms of this illness? (4) How should the retailer intervene if he or she decides to do so? Results showed that retailers developed a better understanding of problem gambling, could recognize its main symptoms, and felt more capable of effectively intervening among excessive gamblers and choosing the most appropriate moment to do so. In the follow up phase, retailers who had attended the workshop reported that they approached a problem gambler significantly more often than the retailers who had not attended the workshop, and had discussed how to help problem gamblers significantly more often.

Health Risks Among Casino Employees Project (Shaffer, Eber, Hall, & Vander Bilt, 2000; Shaffer & Hall, 2002; Shaffer, Vander Bilt, & Hall, 1999).

Research with employees of the gambling industry holds considerable potential to advance science and improve the health of the

public. For example, casino employees represent a unique and conceptually important segment of the population. They experience full access and exposure to gambling. If gambling is the cause of adverse health and disordered gambling, then occupational experience is central to determining its impact. Casino employees have higher levels of gambling, smoking, drinking and mood disorder compared to the general population. In addition, gambling industry based research has shown that gambling and alcohol problems, like the abuse of tobacco, opiates, and cocaine, are more dynamic than the conventional wisdom suggests. The first multiyear prospective study of casino employees revealed that people troubled with gambling, drinking or both shifted these behaviour patterns regularly; in addition, these changes tended toward reduced levels of disorder rather than the increasingly serious problems often suggested by a traditional view of "addictive" behavior patterns. Prospective research designs are necessary to determine the extent of natural recovery and the determinants that influence the transition from problem to non problem gambling or abstinence as well as the transitions associated with many other health problems.

SUMMARY: TOWARD A GLOBAL STRATEGIC PLAN

There is a need to establish a global body representing the interests of all key elements (e.g., casino, racing, lottery, etc.) and stakeholders (e.g., community, industry, science, public policy, regulations, government, etc.) associated with the gambling industry. To advance world wide understanding of gambling and gambling related harms, this body must establish and agree upon definitions, terminology and standardized measurement instruments for use by all interested parties to ensure consistency and comparability across jurisdictions. The primary objective for this global body is to coordinate a program of research that includes industry, science, and public representatives based on a cooperative research strategy that will permit data sharing. This approach will minimize the potential for unnecessary duplication of evaluative projects. The immediate areas of research presented below without hierarchical order of importance need to include, but are not limited to, the following areas:

- Encouraging theory and model driven research.
- Developing agreed upon nomenclatures and accurate psychometric measures that can detect gamblers that experience clinically significant consequences (e.g., financial, emotional, health, legal, etc.) and distinguish them from others gamblers, especially from gamblers with transient problems that have little or no clinical significance.
- Establishing clear guidelines as to the roles and responsibilities of the industry and the individuals who choose to gamble.
- Establishing and implementing parameters for staff training and evaluate the impact of such training on reducing the incidence of gambling related harms.
- Developing and implementing an infrastructure to systematically monitor the effectiveness of harm minimization regulation on the incidence of gambling related harms.
- Reviewing and setting standards for advertising, signage, inducements to gamble, and monitoring compliance with ethical standards of practice and regulatory commercial requirements.
- Assisting in the development, implementation and evaluation of long term education and early prevention programs.
- Developing accurate measures to estimate gambling related costs and severity of harm to guide cost effective public policy decisions regarding the allocation of health service needs.
- Evaluating the full range of the health related impacts on gamblers and their families.
- Developing a structure for consultation and linkage with service providers.

Assisting in developing resources such as player information brochures that can advance the objectives of primary, secondary and tertiary prevention efforts.

REFERENCES

- Blaszczynski, A., Sharpe, L., & Walker, M. (2001). *The assessment of the impact of the reconfiguration of electronic gambling machines as harm minimisation strategies for problem gambling*. University of Sydney: University of Sydney Gambling Research Unit.
- Brading, R. (2001). Gambling litigation: the last word in loss-chasing. In A. Blaszczynski (Ed). *Culture and the gambling phenomenon*. (pp. 39–50). National Association for Gambling Studies: Melbourne.

- Ladouceur, R., Boutin, C., Doucet, C., Dumont, M., Provencher, M., Giroux, I., & Boucher, C. (in press). Awareness promotion about excessive gambling among Video Lottery retailers. *Journal of Gambling Studies*.
- National Research Council (1999). *Pathological gambling: A critical review*. Washington DC: National Academy Press.
- Productivity Commission (1999). *Australia's gambling industries, Report No. 10*. Canberra: AusInfo.
- Raimy, V. C. (Ed.). (1950). *Training in clinical psychology*. Englewood Cliffs, NJ: Prentice Hall.
- Shaffer, H. J., Eber, G., Hall, M. N., & Vander Bilt, J. (2000). Smoking behavior among casino employees: self-report validation using plasma cotinine. *Addictive Behaviors, 25*(5), 693–704.
- Shaffer, H. J., & Hall, M. N. (2002). A natural history of gambling and drinking problems among casino employees. *Journal of Social Psychology, 142*(4), 405–424.
- Shaffer, H. J., Vander Bilt, J., & Hall, M. N. (1999). Gambling, drinking, smoking and other health risk activities among casino employees. *American Journal of Industrial Medicine, 36*(3), 365–378.