

CURRENT ISSUES RELATED TO IDENTIFYING THE PROBLEM GAMBLER IN THE GAMBLING VENUE

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ABSTRACT

The paper surveys the views of 10 psychologists, clinicians and researchers to explore what might potentially be problem gambling behaviours.

Participants to the study were asked:

- Can staff tell if a customer has a problem with their gambling?
- What are the possible problem gambling behaviours?
- Can they be distinguished from other behaviours?
- Can they be observed in the gaming venue?
- How should staff respond in situations where they think that a customer may be experiencing difficulty?

The study was facilitated by the Australian Gaming Council to provide expert advice for staff training programs in dealing with problem gambling and customer assistance.

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Background

In September 2001, the Australian Gaming Council released the “Responsible Gaming Code, A Framework for Responsible Gaming”.

A key issue addressed in the Code is the appropriate training for staff in dealing with what might potentially be problem gambling behaviours.

For example:

- Can staff tell if a customer has a problem with their gambling?
- What are possible problem gambling behaviours?
- Can they be distinguished from other behaviours?
- Can they be observed in the gaming venue?
- How should staff respond in situations where they think that a customer may be experiencing difficulty?

On exploring these issues we found that there was little or no information available.

The AGC therefore asked for the opinions of prominent psychologists and practitioners in the field of problem gambling with a view to obtaining their professional views, on problem gambling behaviours.

Responses were received from the following participants:

Dr Clive Allcock	Cumberland Hospital, provided a summary from a clinician’s viewpoint.
Professor Alex Blaszczynski	Head, Department of Medical Psychology, Westmead Hospital and Professor of Psychology, the University of Sydney
Professor Mark Dickerson	University of Western Sydney
Ms Kate Earl	Psychologist, Queen Street, Melbourne
Dr John Haw	University of Western Sydney
Professor Robert Ladouceur	Centre of Excellence for the Prevention and Treatment of Problem Gambling, University Laval of Quebec, Canada
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Mr Tim McCorriston	Psychologist, Manager, Melbourne Counselling Service
Mr Simon Milton	Clinical Psychologist, Sydney
Mr Paul Symond	Betsafe, Sydney

The discussion papers show that there is no consensus on a set of criteria that can be used in the gaming room to identify a problem gambler.

There is consensus that staff should not diagnose problem gamblers.

The AGC is pleased to have initiated these contributions and we will continue to look to build an understanding of the issues faced by the industry with industry participants and other stakeholders.

We would like to thank all participants for giving of their time to make this paper possible. A special thanks to Dr Clive Allcock who has provided an overview of the material and the introduction.

Vicki Flannery
Chief Executive
Australian Gaming Council

Introduction - Dr Clive Allcock

This is by way of a little history on the development of this research paper. As we shall see, clear definitive behaviour that reflects harm caused most probably by gambling problems cannot be rigidly and reliably described. A flexible use of these behaviours is therefore necessary.

Despite rumours to the contrary over the years, I believe the gambling industry these days is genuinely concerned about the harm that can befall some consumers of their products. Problems with gambling are tragic for the individual and those associated with them. But neither are they good for the industry.

Hence the industry has initiated this project. They have asked a group of experienced individuals, counsellors and scientists, to pool their thoughts on how to identify and handle people with gambling problems in the gambling venue if possible. It is an example of collaboration between groups that would have been inconceivable 10 years ago.

The conclusions are that, as noted, definitive behaviours do not exist. Consensus suggests some behaviours, most of the time, may most likely indicate distress and that distress may most likely relate to harm from gambling behaviours. All is probability! But that does not mean these behaviours cannot be used compassionately and sensibly to assist observers to be alert to potential problems, and be ready to assist.

This document is not an end point. It does not reflect behaviours that have been empirically tested by research yet. It is a matter of opinion – and experience.

As such it is also a work in progress. All comments and thoughts from interested parties would be welcome and ideas, along with more scientific results should they be available, can be incorporated into future editions.

Thanks go to all who have contributed in any way to this publication.

Dr Clive Allcock
Senior Consultant Psychiatrist
Cumberland Hospital

1.0 Overview Of Discussion Papers – Dr Clive Allcock

1.1 What Does It All Add Up To?

In this overview, I have looked at the range of responses provided by the panel of leading authorities. We have journeyed through their varied opinions. Noting the complexity this creates, it begs the question are there core features that can be practically useful in the real world of staff dealing with clients?

Where no definitive absolutes are possible, sometimes consensus can provide guidelines that are useful and applicable to most situations.

Accordingly, we may gain such guidelines if we look at which features are most often mentioned across the panel of experts.

Clearly, the most obvious and urgent behaviour staff need to respond to is if customers self-disclose or request assistance. When this occurs, staff should deal with it appropriately and respond to customer needs. There was consensus on this by the panel of researchers and some pointed to a distinction between forthright disclosure and veiled disclosure.

The following discussion focuses on signs that may indicate that customers are at risk or that disclosure may be imminent. While these are not ‘concrete’, they should alert customers to respond appropriately and subtly if the opportunity presents.

1.2 Frequent Responses

Repeated visits to ATMs, borrowing or attempts to cash cheques

The panel members noted frequent visits to ATMs as an observable indicator of potential problem gambling. From a clinical point of view, the use of the ATM is frequently cited by patients/clients as one of the main contributors to catastrophic loss. Even the removal of the machines from the main playing areas to sites outside only marginally improves this as with reservations of machines of up to three minutes a quick rush to the ATM is possible.

Likewise multiple ATM transactions just before and just after midnight when the new accounting day starts and daily withdrawal limits recommence, point to the role of access to money and the repeated use of this access as being, as the experts suggest, a reliable guide.

A request to borrow money from staff or other customers is frequently mentioned as a strong sign. It is reported by clients/patients in a significant minority and appears clinically viable as a pointer. Unless it is the staff themselves who are approached this may not be picked up however, as many customers are secretive about borrowing.

Disorderly behaviour/signs of agitation

While this is seen less frequently and, as noted, may be due to reasons other than gambling loss, when seen, the panel experts feel this is a reliable sign.

A regular, settled gambler even having a bad night, is unlikely to hit the machine or abuse it verbally to any excessive degree. Not all such behaviour need be overtly aggressive; the panel also noted behaviours like crying or players holding their heads in their hands and loudly criticising machines or the gaming industry.

Family members seeking out or enquiring about the individual

Again this may not always be related to gambling and other domestic issues could explain these enquiries. However, such behaviour by family members clearly indicates stress within the relationships and the odds may favour this stress in part, if not fully, being explained by gambling problems.

Length of playing sessions

The panel had a wide range of session times indicative of problems. While most may not agree that the lower end of the range (1 hour) is indicative of anything serious, certainly five to six hours and beyond would raise concerns especially if linked to a number of sessions per week – although this latter feature was not a frequent response from the panel (see later).

This is also harder to quantify in absolutes, and people may lose very quickly if playing maximum stakes, many lines and experiencing a bad run. But clearly, a long session can be an indicator of trouble.

The four most frequently suggested signs

1. Repeated visits to an ATM, borrowing on site, trying to cash cheques
2. Disorderly behaviour
3. Family enquiries
4. Long sessions

1.3 Less Frequent Responses

Number of sessions per week

Surprisingly, this did not feature as often as may have been expected, but clinically, this still features as an issue for those seeking help. Most report at least weekly, and commonly, more frequent attendances.

Alcohol intoxication

Valid as an occasional pointer and may be associated with item 2 (Disorderly behaviour) of the frequent responses by the experts.

More common is a report of a “few drinks then changed my good intentions” and this would not be observable to staff. Conversely, an extremely intoxicated person could have a diminished capacity to maintain judgment regarding gambling and in some states would be evicted under laws relating to the service of alcohol.

Clearly, thought should be given to suggesting a gambler denied further alcohol should also be encouraged to cease further gambling.

All in all, this would be a hard sign for staff to pick up on and appears rightly to be relegated to the less useful category.

Children left unattended

This is so rare that perhaps it is the media coverage that leads even the experts to indicate it, so it features in their thoughts. Clearly, this is a sign of a serious problem, but among even the problem gamblers, let alone the gambling population as a whole, it is rare, and hopefully obvious to a security guard.

Less frequent suggested signs

1. Number of sessions per week
2. Alcohol intoxication
3. Children left unattended

1.4 Mentioned In Passing

Other behaviours thought relevant by some of the panel, but not consistently brought forward include:

First in, last out

Probably relates to length of sessions mentioned above.

Statements, comments about losing or family problems related to gambling

Certainly, if a customer feels relaxed enough with a staff member, or desperate enough to volunteer these personal details, this should be regarded as a strong indicator. A sympathetic ear, supportive comments and pointing to the helpline number are all the right approaches here.

Rushing when leaving a machine (for toilet or drink)

There may be a medical problem! However, this again can be useful, linking in with the ATM behaviour.

Staying after friends leave

Some people choose to stay for good reasons, friends may have other commitments, but in counselling, some do say it is when left alone that the gambling takes off. With friends they are controlled, without, they are not.

Playing two or more machines

This is another of the signs that may just be someone having fun or it could be a hint of desperation. It is hard to be sure of the relevance in isolation, but it may be useful in conjunction with other signs that are noted.

Requests credit

On a par with borrowing (see above) and can be responded to accordingly.

1.5 Implications For Staff Training

The objective of this research is to inform the development of staff training so that venues can improve the way they go about providing a responsible environment for gaming.

Staff are a key element, because they are 'at the coal face' in dealing with customers, providing for customer care and a pleasant environment. As indicated previously, they are also most likely to have to deal with situations where customers may have a problem with their gambling or may be experiencing difficulty for a variety of other reasons.

It is important for staff, where possible, to make an informed judgement, to distinguish between customer behaviours and to respond accordingly. While they are not able to 'mind read', certain indicators, such as those mentioned previously should be on their radar screen as cause for potential concern.

The next step is to ensure that whatever the situation, it is dealt with appropriately, in a non-judgemental manner and with regard for the customer and others in the gaming environment.

Most importantly, staff should not be involved in 'diagnosing' problem gamblers – they are not qualified, nor is it appropriate for them to do so.

Training should provide for staff to be aware of potential behaviours and situations they may be required to deal with. House policies should clearly outline and delineate the respective roles and responsibilities in each venue and senior appropriately trained staff should be charged with customer care in these situations.

To raise awareness and capability for staff to improve customer assistance and situations where customers potentially have a problem with their gambling, senior staff should be knowledgeable about and as far as possible, have a working relationship with the treatment providers in the region. This can help improve customer access to treatment and provide a line of information or resources to venues.

2.0 Discussion Papers

2.1 Professor Alex Blaszczynski

Problem gambling behaviours: what can be observed in venues and how should staff respond?

To my knowledge, there are no reported studies that have attempted to explore the validity and reliability of external signs or features of gambling behaviours that may be used either individually or in combination by an observer to detect problem gamblers.

Gaming operators have a duty of care but one that does not replace the responsibility or obligation an individual holds over the control of his or her behaviour. In principle, therefore, gaming staff should not be invested with the task of actively seeking to diagnose or identify problem gamblers in venues. This is beyond their level of expertise and training. Rather, gaming staff should take steps to promote a climate of responsible gambling and to be sensitive to any direct approach or request for assistance by providing information on how to and where from, specific help may be obtained.

It could be argued that gaming staff are in the best position to detect potential problem gamblers or gambling problems on the basis of observable behaviours displayed during repeated sessions of gambling. Signs of agitation, repeated withdrawals from ATMs, requests to borrow money/cash cheques, frequency and duration of sessions and amounts gambled may all point to the presence of problem gambling. However, these signs are not in and of themselves sufficient or necessary indicators of problem gambling.

Many of these signs must be interpreted in the context of the presence of possible non-gambling related stresses that an individual may be experiencing and displaying in a gambling venue, the level of available disposable income that can be spent on gaming without causing problems, alternative leisure pursuits and competing social obligations that may be compromised because of gambling. For example, a single person with no commitments may elect to spend hours at a hotel, playing electronic gaming machines. He/she is not failing to meet social obligations, retains sufficient income to meet financial commitments and prefers using an ATM rather than carrying cash. On occasions he/she may display agitation due to work related problems and find that gambling is a distraction that helps him/her unwind. He/she does not meet criteria for problem gambling and it would be inappropriate and an intrusion for gaming staff to raise the issue for discussion.

The most common approaches to the identification of 'cases' of problem gambling and gambling problems are:

- Clinical interviews based on DSM-IV criteria
- Self-report measures, for example, the GA-20 questions, South Oaks Gambling Screen, Canadian Gambling Index, VAGS, NODS and SCIP
- Responses to community-based surveys, with most surveys employing the SOGS 5+ or 10+ threshold scores.

All these approaches rely on a 'syndrome' of signs and syndromes to arrive at a diagnosis. This syndrome includes subjective reports of:

- An overwhelming urge to gamble
- An excessive pre-occupation with gambling.

Behavioural outcomes:

- Repeated unsuccessful attempts to cease gambling
- Debts, family dysfunction, legal, social and employment difficulties.

Subjective reports or behavioural outcomes are not indices that may be effectively used by gaming staff in venues to ascertain the presence of a problem. Subjective reports and behavioural outcomes are not accessible or observable to outside observers during individual sessions of gambling.

To be useful to gaming staff, an index of problem gambling should be readily and easily observable without breaching privacy and it must be indicative of the presence of a gambling problem.

There are a number of possible ways in which problem gamblers may come to the attention of staff in gaming venues including:

Through disclosure:

- **Self-disclosure:** a player voluntarily informs staff of the presence of a gambling problem but does not make a direct request for assistance.
- **Direct request for assistance:** a player approaches a staff member requesting assistance for a gambling problem.
- **Information gleaned from secondary sources:** a family member or friend informs staff or the venue operator that a person has a gambling problem with a request for assistance in managing the problem.
- **Disorderly behaviour:** a player becomes distraught over losses and becomes abusive to machines or other patrons and in the course of managing the incident, evidence of a gambling problem emerges.

Through staff observation:

- **Observation:** staff observing a player repeatedly displaying behaviours that may suggest the presence of a problem.
 - Agitation each time losses occur
 - Repeated withdrawals, borrowing or attempts to cash cheques
 - Playing until all funds are exhausted and complaining of a lack of money, in particular re-investing wins until all money is lost
 - Excessive frequency and prolonged duration of gambling sessions.

One cannot prescribe the objective indices that can be used as the hallmark by which gaming staff can detect problem gamblers. In the absence of any empirical evidence, it must be left to the considered discretion of individual gaming staff to know their patrons and to react when,

in response to considered judgment and familiarity with a patron's background and circumstance, there is reasonable grounds to suggest the presence of a gambling problem. In essence, there are no behaviours and signs that a problem gambler may display that can be used as a reliable and valid index for use by gaming staff.

Empirical evidence

There is a need to test the validity and reliability of a number of observable behaviours that are offered as indicators or signs of problem gambling and the degree of accuracy and ranking of importance.

One simple research design that could be implemented to verify and measure the question asked, would be to ask every patron attending a gambling venue to complete a SOGS on entry. Those volunteering to participate would be allocated an identifier. Staff would then be asked to monitor the behaviour of these patrons over a period of time and rate them on level of involvement and presence of a gambling problem. Ratings would then be correlated against the SOGS scores. To meet ethical standards and guarantee anonymity, all ratings would be de-identified and an independent researcher would score the SOGS and conduct the statistical analyses.

Alternatively, staff would rate patrons during gaming sessions. Patrons would be approached on their departure and asked to complete the SOGS. Again, the correlation of rating scores would be undertaken by an independent researcher to ensure anonymity. A sample size of 1000 would be sufficient to capture 10 to 100 problem gamblers.

In conclusion, the task of identifying problems gamblers is fraught with difficulty, potentially involves issues related to intrusions of privacy, and, beyond responding to direct approaches, may be outside the skills or legitimate role of gaming staff.

2.2 Professor Mark Dickerson And Dr. John Haw

Problem gambling behaviours and staff training: Developing guidelines for staff training.

Background

The following recommendations are based on our two latest samples of gaming machine players recruited in major clubs in Sydney (N=154) and the ACT (N= 200). All were interviewed using a structured set of questions and all answered questions that permitted them to be classified as problem gamblers or not.

In using this data to address the training issue, the focus has been **kept only to those variables that staff may observe**. These have been reviewed in relation to the extent to which they predict harmful impacts/problem gambling. In the subsequent section of this paper, these findings are used to generate themes that relate to staff training in the responsible provision of gaming.

Regularity of play:

Both samples were rich in regular players with about one in three classified as 'at risk' of harmful impacts arising from their gaming. This is a higher proportion than the one in five suggested by the Productivity Commission 1999, but may reflect the sampling method we used in recruiting players on the floor that favoured people who stayed longer playing. The more sessions per week, the greater the likelihood that the player will score in the 'at risk' category with the greatest increase in risk status associated with the rise from one session to two per week.

Session duration:

The longer the session, the greater the likelihood of the player being a problem gambler was a significant relationship but only actually reliably identified problem players at around the 360 minutes duration. Any times longer than an hour might be a better guide to increased risk. This would be erring on side of caution and modified by staff knowledge of individual players.

Out of pocket loss in the day

This variable was the best single predictor of the likelihood of harmful impacts correctly identifying about a third of players at risk.

The number of alcoholic drinks per session of gaming

This variable was a significant but weak predictor of harmful impacts.

Smoking during play

This variable showed no association with risk of harmful impacts.

Not observable:Impaired control experienced by regular players

Using the Scale of Gambling Choices as a measure, we find quite consistently with all samples recruited in venues that the experience of, for example, “an irresistible urge to continue a session of play” is reported by almost 50% of regular players “sometimes” or “often”. Although not observable to staff, in our opinion, it is important that staff training ensures that they have a detailed knowledge about what players experience during play as described by various surveys here and in Canada. Staff should know that it is quite common for regular players to overspend both time and money. In fact, maintaining control over regular long sessions of any continuous form of gambling is difficult and at times requires some planning for most people. There are other related features such as losing track of time etc as per the work of Tony Schellink in Nova Scotia.

In a staff training context, all this background information need not be given in any pathology or mental disorder framework, simply, these are the facts about regular player experiences. Nor should it be assumed that the experience of impaired control over expenditure during a particular session means the person is a ‘problem gambler’. It is more likely that if a person overspends regularly, then harmful impacts may eventuate, but to lose control over a session may well be part of the natural excitement or escape that gaming provides.

The crucial corollary for the trainee is that sometimes the loss of control over session spend of time and money may be a source of distress at the time in the venue. If staff know this, then when ‘dealing with the player distress’, they can convey this to the player, normalising the experience of losing control over spend of time and money. If regular players know that it is a common occurrence among regular players, then they are at least the first step toward setting limits and trying to stick to them.

Comment on the task of ‘detection’

The safest conclusion that may be drawn from all observable aspects of gaming machine play is that it is possible to refine the likelihood using certain observations but not to be absolutely sure that a player is a problem gambler.

We would suggest that the task of the staff, within the responsible provision of gaming framework, be to detect and manage player distress: this assumes that some but not all such distress may arise from losing control over session length and spend, and possibly also harmful impacts from the gambling. In other words, avoid getting drawn into the classification of players as problem and non-problem unless the person themselves have used such terms in speaking to staff, requested self-exclusion.

Training should enable the staff member to be able to estimate which players are most at risk of harmful impacts from gambling and then be extra sensitive to whether such players are showing any signs of distress while in the venue.

The essential background information needed by staff to identify players most at risk is indicated above.

Staff should know whether a player has:

- Weekly or more frequent sessions
- Been playing for more than one hour
- Been drinking alcohol and how many drinks they have consumed.

The out of pocket losses are difficult to 'observe' given bill acceptors and chance winnings leading to a better than average run for their money. However, if staff as part of their training were provided with charts for all current machines showing the average rate of loss per half hour by denomination by lines bet, then staff could be able to develop estimates of likely average player losses for any particular player who was a regular (assuming that their losses would approach the average).

Ideally, staff should have a knowledge of the demographics of their player base at any particular venue, including information about the proportion of unemployed and pensioners playing there. Perhaps with counsellors giving some of the training sessions this knowledge could enable staff to have an idea of what size losses are likely to be harmful in relation to the income of players. (There is evidence that modifying spend/losses by disposable income is a better predictor of harm than income or spend alone).

If staff had the above background knowledge, over time in a particular venue, it would be possible to identify players most at risk of harmful impacts. Then, if any of these players show signs of distress, they could be prioritised for support.

The stages of interaction with players observed to show signs of distress could then be:

- Speak to player privately noting that they seem distressed and asking if they can help in any way, offer coffee/tea etc away from machines
- If player seems open to such support then ask what is the cause of the unhappiness
- If overspending or losses are mentioned then use this opportunity to explain how common losing control over a session is for regular players and what steps some players take to keep things on track
- If player says they have tried some of these limit-setting ideas but still can't stick to budget, then advise contacting Gambler's Help, provide information about options.

All the above can be done without any conclusion being drawn about whether the person is a problem player or not.

2.3 Kate Earl

Potential Problem Gambling Behaviours and Staff Training

Observable Behaviour

Distressed behaviour by a patron cannot necessarily be interpreted as indicating problem gambling behaviour. It could simply be distressed behaviour within the environment of a gaming venue.

Indicators of problem gambling are not necessarily overt or recognisable by staff. Within a venue environment, they are usually indicated by self-admission or self-exclusion. Assumptions cannot necessarily be made based on:

- Customer behaviour
- Moods and responsiveness
- Amount spent
- Frequency and length of visits

Distressed behaviour may include:

- Requests for self-exclusion or assistance
- Underage gambling
- Requests for credit
- Disputes or complaints
- Involvement of families and friends
- Impact of alcohol

Characteristic Behaviours

Given that there is rarely definitive behaviour displayed by a problem gambler which may be relied upon by staff, there are a number of behaviours which are characteristic of individuals with gambling problems.

Each of these characteristics in isolation is unlikely to be useful and may be otherwise accounted for by psychopathology or any number of other causes. Seen collectively, their reliability is untested as to the likelihood of the presence of problem gambling. They are included here as commonly observed behaviours by venue staff, patrons and problem gamblers presenting for treatment. This list is ranked from behaviour suggesting most likely presence of problem gambling to least.

- Requests for assistance to self-exclude
- Patrons who personalise machines (verbal and physical abuse)
- Patrons irritated at being addressed by venue staff while playing
- Attendance at venue every day
- Repeated visits to ATMs during playing time
- Patrons waiting for opening time and/or present until closing time
- Patrons who attempt to borrow money from staff or other patrons
- Patrons requesting staff maintain secrecy about their attendance

- Opening pay packet and putting cash into the EGM
- Family members/partners/colleagues come in search of the patron
- Patrons exhibiting mood swings (may be abusive to staff)
- Attachment to a particular machine
- Claims of malfunction of EGMs.

Behaviours such as opening a pay packet and putting money into an EGM, while apparently alarming, do not demonstrate a gambling problem. On the other hand, frequent revisiting to an ATM indicates that a patron keeps changing his/her thinking about what amount to gamble. This incremental adjustment while playing can indicate common characteristics of an individual with problem gambling behaviour (eg chasing losses, increased amounts required for excitement, not sticking to a limit decided upon earlier).

Staff Response to Patron

Response to patron needs to be clear about areas of responsibility to:

- Self
- Employer
- Patron

Employer's Responsibility to Patron and Employee:

- Display signage and information on problem gambling in appropriate places visible to players, according to industry/enterprise and legislative requirements.
- Respond appropriately to requests for information
- Follow procedures for self-exclusion requests in accordance with enterprise policy and confidentiality/privacy requirements
- Provide advice on available support services in accordance with confidentiality/privacy requirements
- Referral to a colleague, supervisor or manager according to scope of responsibility

Staff responsibility to Employer

- Communicate with appropriate personnel on gaming-related incidents or situations and compliance with legislation and industry/enterprise policy.
- Maintain accurate records of gaming-related incidents and related staff action in accordance with industry/enterprise policy and procedures.

Staff protection:

- Staff require training to ensure that they are clear about the lines of responsibility, ie responsibility to employer, patrons and themselves.
- Other than security procedures, systems need to be in place for staff to self-monitor any potentially problematic feelings they may have following a difficult incident at a gaming venue.

Self-Exclusion:

Anecdotal evidence suggests that monitoring and enforcing self-exclusion requirements has met with varying degrees of success. There are suggestions that some venues find it 'too difficult' to enforce. Some investigation is needed to establish whether it is a deliberate policy to ignore self-exclusion requirements, or whether staff need additional training in strategies to enable them to fulfil the obligations of venues where patrons have self-excluded.

How could this data be verified and measured?

This area can be left to the designers of research. It would be natural to look for the wealth of knowledge already available within venue management, staff, treating professionals and gamblers who found help began within a gaming venue.

2.4 Professor Robert Ladouceur, L'Université Laval

Problem Gambling Behaviours – What can be demonstrated in the venue and how should staff respond?

What are problem gambling behaviours?

Unlike the occasional player plays for fun, gambling is central to the life of the excessive gambler. As excessive gamblers continue to lose, they become increasingly obsessed with recouping their losses and increasing their bets over time. A common characteristic of excessive gamblers is that they behave according to false perceptions of gambling and luck. They often hold erroneous beliefs about gambling and imagine they have some control over the machine and their ability to win or lose. They confuse games of chance with games of skill, and fail to understand that each game is totally independent of the previous one and that predicting or controlling the outcome is impossible.

What are Potential Problem Gambling Behaviours?

Some indicators include the following:

- The player him/herself mentions he/she has a problem with their gambling
- The player exhibits the following behaviours:
 - Plays more and more frequently and for longer periods
 - Raises bets or appears to play as long as he/she has money
 - Often leaves to find money and comes back later
 - Exhibits emotions other than happiness (anger, anxiety, stress)
 - Does not respond to his own needs or responsibilities.

It is important to note that these are indicators of potential problem gambling and do not on their own conclusively prove that a customer is a problem gambler.

How should staff respond?

It is always better if the player makes the first approach. Years of research have helped us realise that the causes of problem gambling are complex, and it is only the players themselves who take corrective actions against them.

Excessive gamblers commonly hold erroneous beliefs and illusions about gambling and play to excess. For that reason, the retailer is not responsible for their excesses. Confronted by potential excessive gamblers, though, it is the retailer's decision whether or not to take action.

Most importantly, the excessive gambler should be given access to information. Family, friends, fellow employees and spouses can have a great influence in helping the excessive gambler recognize his/her illness. They represent important influences.

Retailers can also be of assistance, primarily by providing information that can make a difference to the life of an excessive gambler.

To maximise the impact, the retailer should follow the following three steps:

1. Make sure that the player repeatedly exhibits excessive behaviour.
2. Wait for the player to demonstrate openness and take the opportunity.
3. Offer information or a pamphlet dealing with chance, gambling and the special resources available.

The player should approach the retailer and initiate discussions. This may be under circumstances where the player is looking for a drink, has just won, arrives and greets the retailer, asks for change, arrives when the bar is open and speaks to the retailer.

Under no circumstances should the retailer infer or tell the player that 'he has a problem'. Gaming staff are not equipped, nor is it appropriate for them to make those judgements.

The philosophy of this approach is that by learning to identify both potential excessive gambling behaviour and the right time to intervene, retailers will be able to help those players who may be experiencing difficulty with their gambling. Customer assistance consists simply of offering the pamphlet containing information on chance, gambling and listing the special resources available.

2.5 Henry R. Lesieur, Ph.D.

Patron Behaviour on the Casino Floor

The issues raised by the Australian Gaming Council are topical in the United States and Canada. Many casinos have helpline numbers and brochures available as well as self-exclusion policies, but there is a general lack of uniformity in response. Also, few casinos take a proactive stance on problem gambling or approach patrons.

Potential problem gambling behaviours, what are they?

This ranges the gamut from borrowing beyond personal resources to family and employment problems to suicidal ideas and plans. Other potential behaviours include:

- Arguments with spouse, other relatives, co-workers
- Taking time away from work to gamble
- Borrowing from third parties (not gambling buddies)
- Bankruptcy
- Borrowing from work
- Gambling in order to escape from problems
- Loss of control. Examples include chasing losses (gambling in order to retrieve money lost a previous day); attempting to quit but returning to gamble; repeated attempts to control the gambling that have failed
- Alterations in mood. Out of character behaviour
- Engages in illegal activity in order to gamble
- Thoughts of death or suicide related to gambling problems
- Suicide attempts.

What might be reliably observed in a gaming venue by staff?

Focus interviews with gamblers and staff are needed to fully flesh this out. However, the following have been mentioned to individuals who conduct training:

- a) Patron makes a statement that clearly can be interpreted to mean that he/she is in debt as a result of gambling and is continuing to gamble to get out of debt. For example:
 - “I’m in debt up to my eyeballs.”
 - “There goes the house.”
 - “If I don’t win this one, I’ll have to take out another loan.”
- b) Patron makes a statement that clearly can be interpreted to mean that he/she is having family problems as a result of gambling:
 - “If my wife knew I was here she’d shoot me.”
 - “Boy, am I going to be in trouble at home.”
 - “My husband was angry the last time I came home with nothing.”
- c) Patron makes statement indicating he/she is depressed as a result of gambling.

- “What am I going to do? What am I going to do?”
- “I keep on losing. I’m depressed.”
- “If I don’t win today, I’ll kill myself.”

Note: statements indicating suicidal ideation need to be examined by a crisis trained mental health worker.

- d) Patron indicates that the employer thinks they are elsewhere.
 - “My boss thinks I’m visiting customers.”
- e) Patron goes to the ATM more than once in the session. If casino accepts markers, the patron gets more than one in a session.
- f) Patron is angry and hits a machine, slams a table, or otherwise vents anger at the property.
- g) Problem gamblers play for longer periods of time and lose more money per sitting than non-problem gamblers. This is quite observable in the video machine environment.
- h) Some problem gamblers will hold their head in their hand for extended periods of time.
- i) Some problem gamblers will weep after losing.
- j) Some problem gamblers will voice irrational beliefs aloud as they play. However, this may not be confined to problem gamblers.
- k) Spouse or relative of the gambler may come into the casino and state that the patron has a gambling problem. In some cases, this is stated quite emotionally (by yelling or crying).
- l) Spouse or relative calls the casino.
- m) A pattern of losses at the casino that is obvious to the staff knowing the patron. This may include out of character behaviour that is virtually impossible to quantify.
- n) Borrowing from other patrons in the casino. These are people that it is clear the patron does not know that well.
- o) Insufficient funds check cashed in the casino.

In what combination, with what degree of accuracy and ranking?

There is only one piece of research that I know of that is reliable or valid—a study conducted in Nova Scotia, Canada by Focal Research (I was a consultant on that project in its development). It is not clear whether the results of that study can be generalized to the casino environment.

Focus groups with gamblers and staff are needed along with extensive research as was conducted in Nova Scotia.

How could this data be verified and measured?

1. Conduct focus groups with patrons and staff in order to arrive at the largest number of possible behaviours. Survey individuals in gambling treatment to gather further examples. Also, use the Nova Scotia research findings to generate possible behaviours (some are included in the second bullet point above).
2. Generate a survey instrument based on the focus group responses.
3. Survey staff.
4. Survey patrons. Have an instrument built into the survey that would help differentiate different levels of problems (e.g. past year South Oaks Gambling Screen scores split into three categories: 0-4 no or minimal problem; 5-9 moderate to severe problem; 10+ severe problem). Use the SOGS levels to find out endorsement levels of each problem area uncovered in the focus groups. However, the SOGS would be used for the survey only and not as part of the eventual floor practice procedures.
5. Survey individuals in treatment in order to verify that these types of statement and actions are indicative of gambling problems. They would act as a criterion group for the research.
6. In each survey, have open-ended questions that will allow the surveyed respondents to add different examples. This will be needed because no matter how many individuals are included in focus groups, the list of possibilities is virtually inexhaustible.
7. Once the list is generated, a separate group will be needed to cross-validate the results. The results will not be valid without cross-validation.

How could staff respond to customers?

Experts do not agree on how to approach problem gamblers in the casino setting. Even scientists state that it is “more of an art than a science.” However, there are some points of agreement.

- Expert 1 states that when there is any question on whether someone is having a gambling-related problem, questions like the following should be asked: “It doesn’t look like you are having fun.” “It seems something is troubling you.” and “Are you okay?” This person says that everyone should be deputized to say things like this as well as make a referral to a helpline.
- Expert 2 says that safety and security need to be considered first. Following this, staff could observe and recognize the opportunity for the patron to self-disclose. Alternatively, if a staff member notices that a regular patron is in trouble, questions similar to what Expert 1 says could be asked. This expert makes no statement on who

should be making the statement except that each casino will need to make its own determination.

Expert 2 also says that each employee needs to know where the helpline is posted and be prepared to respond to patron requests according to whatever the policy stated by the company.

- Expert 3 is more assertive. This person emphasizes actively noticing video players in particular who are angry or despondent. Training for all employees would focus on empathetic conversation like Expert 1. No patron is approached and told he might have a gambling problem. If the patron makes a self-disclosing statement then the helpline number and written material are distributed. This person advocates self-exclusion for those who want it as the only legal way a casino can refuse someone they know has a serious problem.
- Expert 4 says that patrons should not be approached unless they make a self-disclosing statement. The staff response should then be something like “Maybe today is not a good day for you,” or make an offer to assist the patron to take a break (meal voucher, etc.). This expert stated that frequent gamblers are friendly with the casino managers, and will take up offers to go to their office for a break.
- If we use the results of a valid and reliable study, a plan of action would be easier to make. For example, in the presence of behaviour A alone, action #1 would be taken. However, if A and B occur action #2 would be taken. Rather than relying on ‘gut feelings’, some objectivity could be used. In spite of this, I doubt if the procedure can be totally objective, as idiosyncratic events will continually be popping up.

Most experts agree that once a person requests self-exclusion, that person should be taken off mailing lists, check cashing privileges, and credit at the casino. Others who disagree with self-exclusion agree that patrons should be allowed to have their name taken off mailing lists, have check cashing privileges removed, have their credit cards barred from ATMs, and be refused further credit in the casino or other casino properties owned by the company.

Resources:

Responsible Gaming Program (RGP): a collaborative project of the Nova Scotia Gaming Corporation, Tourism Industry of Nova Scotia, and Addiction Services of the Nova Scotia Department of Health. (This was the product of a study of 18,000 video machine players in Nova Scotia, most of whom play in bars). This is the only scientifically based program that I know of. It is unknown whether the results of that study would generalize to the casino environment.

Several programs are licensed for use in the United States. The web sites are:

- www.aswexler.com
- www.nati.org
- www.nevadacouncil.org
- www.ccpq.org

There is a training video (produced for Foxwoods Casino) available through ccpg@ccpg.org

Note: The ideas reported above are the property of Henry R. Lesieur, Ph.D. Use of those ideas must be acknowledged. Copyright, 2001.

2.6 Tim McCorriston – Psychologist

Potential Problem Gambling Behaviours and Staff Training

Potential Problem Gambling Behaviours

The following is a list of behavioural indicators that might suggest the possible presence of a gambling problem, or of general distress on the part of a gaming venue patron. These are based on our work with problem gamblers, as well as our liaison with venue staff. There are clearly no absolute formulas for predicting or recognising with 100% accuracy the presence of a gambling 'problem'. These are just 'potential' problem gambling indicators. Many of these may also potentially signal other non-gambling related distress.

It is worth stating that if a patron is exhibiting signs of distress, the issues of whether this distress is gambling related is not necessarily important in determining whether a venue operator should offer some supportive response or 'intervention'. In the gaming room, patron care should not be relevant, except in the instance of problem gambling. In other words, 'distress is distress'. If patrons are in obvious distress, then venue operators should care, and should respond. If, on further investigation, this appears to be stemming from a gambling problem, then appropriate problem gambling interventions can be offered or suggested.

It is also important to note that venue staff should not see their role as being to 'diagnose' problem gambling. This would be inappropriate and outside their role and expertise. Rather, they need only be astute to the broad and general indicators of distress. There should be a clear boundary of role here. In the instance of a distressed patron, venue staff need to be able to consult with their shift manager. Venue managers have the further training and experience necessary to work with the venue staff and discern an appropriate 'intervention'.

Indicators:

- Aggressive behaviour toward other patrons or venue staff, or towards machines. For example, pushing buttons really hard, hitting the machine, or being verbally abusive towards the machine. Or, general anger or distress with self or machine (especially if in relation to the issue of 'losing').
- Rushing when leaving a machine to go to the toilet or get a drink etc ... with an appearance of great urgency (indicating a conflict about leaving the machine in the first place, or a sense of urgency to get back to *their* machine).
- Overflowing ashtrays.
- A player being left behind by their friends (ie. friends leave the venue, but one stays and continues to gamble, and possibly displays a marked difference in gambling style, with frenetic play or repeated trips to ATM/cashier etc).

- Not answering mobile phone. This can be an indicator that the patron does not want the caller to hear the venue noises. This can be associated with hiding problem gambling. Or, alternatively, distressing or repeated mobile phone calls.
- Players not stopping at key times. For example, getting out of 'sync' with the flow of the day (ie. missing meal times, end of school, end of lunch break, time to go home to bed etc).
- Saying to venue staff that if anyone calls or comes looking for them, to say they are not there.
- Requests for credit.
- Remarks being made regarding the gambling industry being wrong or unfair, or comments about 'forever loosing' etc. For someone who is choosing to gamble, this can often be indicative of problem gambling or significant losses etc.
- Borrowing money from other patrons.
- Selling or attempting to sell goods at the venue (watches, jewellery, car etc).
- Children being left unattended or neglected in the vicinity of the gaming room while the parent / carer gambles. Similarly, not responding immediately if child is hurt in the venue playground etc.
- Falling asleep at machines.
- Particularly long periods of play (clients of help services have reported spending multiple days in casinos and gaming rooms without leaving, and without being approached by venue staff).
- Gambling while intoxicated.
- Family or friends voicing concern, or a child or family member calling a venue to ask "where is my mum" (this happens).
- 'Relieving self' while sitting at a machine.
- Repeated trips to ATM/cashier.
- Playing with a narrowed focus, or being in a 'trance-like state' for long periods of play (indicating the dissociation sometimes present in episodes of problem gambling).
-
- Looking poorer over time, clothes worn out, no haircut, no longer wearing a watch, etc.
- Increasing bets or ATM withdrawals over time.

- Frequency or duration of play. For example, playing for long hours, most days, mostly or always alone. Especially if increasing over time, and in conjunction with other indicators.

Staff can probably observe these indicators reliably.

In what combination, with what degree of accuracy and ranking?

This is an issue for further empirical research. Many of the indicators listed previously may be fairly meaningless or ‘blunt’ if present in isolation. For example, if a patron looks dishevelled, or has an overflowing ashtray, this is not necessarily a reliable indicator of a gambling problem or even of general distress. But the presence of multiple indicators may help to build up a more reliable picture of a patron who is possibly in distress.

Ultimately, venue staff must use discretion in assessing player distress. Perhaps it is sufficient to hope that staff will be astute to the indicators, and to have a work environment and patron expectation that is conducive to staff being aware of and assisting customers if they have concerns. These concerns should be raised with the Responsible Gaming Manager and dealt with as appropriate.

How could this data be verified and measured?

There are a number of research opportunities, both quantitative and qualitative.

In order to verify and measure the validity of distress indicators (as potential indicators of problem gambling), one approach could be to measure the incidence of these indicators by self-report, and to correlate this data with standard problem gambling measures. Factor analysis might assist in revealing any combinations or clusters of indicators that are more commonly associated with problem gambling. Participants could be recruited with the cooperation of venues or help services, (and could also be recruited ‘cold’ via media advertising). Testing clients of help services could also enable the possibility of comparing (retrospective) self-report data with the clients historic gambling assessment data. (I will not comment on what type of methodology or research design should be implemented, but obviously, there would be a need for standard control group measures etc).

While there may be some methodological limitations, this may still yield some interesting preliminary data. It is worth mentioning that qualitative interviews with venue staff might also assist in extending the initial list of possible distress indicators.

It may be possible to measure the degree of self awareness of distress indicators. For example, if participants were clients of help services, it would be valuable to measure the extent to which their insight about these behaviours occurred retrospectively. In other words, while participants may report having engaged in distress indicative behaviours, would they have been insightful about this at the time? This information could be helpful in determining appropriate interventions. If players exhibiting these behaviours are not self aware, or are ‘pre-contemplative’ problem gamblers, this may have an implication for the types of interventions that would be effective or ‘palatable’ to them within the gaming room. Participants could be asked what they might have responded best to in their moments of distressed gambling.

Where venues have their own ‘incident register’, it may also be worth researching what typically constitutes an ‘incident’, what different types of incidents occur in venues, and how such situations are responded to. This might provide useful information regarding the types of behaviours that should be monitored within gaming facilities.

It could also be useful to audit staff of both venues and help services, to develop a broad list of realistic distress indicators.

How could staff respond to customers, with the objective of offering assistance?

It can be difficult to balance the provision of assistance, with the protection of patron privacy, but perhaps this is not a valid reason for failing to respond. It may be appropriate to compromise somebody’s privacy if this is in the interest of their safety or that of other patrons. The principle of ‘patron care’ is well established in pubs and clubs. If someone is intoxicated, and appears to be preparing to drive home, staff will call them a taxi. Similarly, staff will not continue to serve alcohol where a patron has apparently had ‘too much to drink’. In a pub or club environment, it is not uncommon for a patron to be ejected for behaving in a manner that detracts from the safety and comfort of other customers or themselves.

In the instance of less ‘overt’ or less disruptive displays of distress, it may seem more difficult to intervene without breaching the patron’s privacy. However, there are existing mechanisms that provide subtle and appropriate opportunities for supporting patrons.

In many instances the vehicle for these interventions is the *relationship* that venue staff can cultivate with their patrons. There can be a number of advantages to building relationships with patrons. First, staff have a benchmark of patron behaviour. The assessment of general distress or problem gambling is an easier task when you have this reference point.

While a well researched list of distress indicators could be highly valuable in training venue staff to recognise a distressed patron, assessing the level of distress based on an actual *relationship* with the patron is likely to be more practical, natural and reliable than doing so based on formulas for the combination and ranking of distress indicators.

Furthermore, building a relationship with the patron also provides an ‘in’ where a patron is exhibiting signs of distress. If a relationship exists, staff can more reasonably approach a patron in an informal manner, without creating a “scene”. Where venue staff know their patrons, they can apply simple interventions such as simply offering a break for a free coffee. By doing this, staff can encourage patrons away from the machine and into a ‘safer’ and more private environment where they can talk further if necessary. In these instances, the existence of a relationship is the key, enabling a non-invasive ‘intervention’.

Another method for maintaining a safe player environment without compromising privacy is to do so via the application of broad-spectrum harm minimisation strategies that are designed to break into an episode of problematic or even dissociative gambling.

For example:

- Encouraging breaks in play

- On screen reminders of time spent gambling
- On screen reminders of the time of day (eg. at 3:00pm – “should you be picking up the kids from school?”)
- Closing machines off for ‘rests’
- Closing venues all together.

Such strategies have been commonly put forward by help services. They apply to all players, they do not single anybody out, and they do not impinge on patron privacy.

Another suggestion is to develop an advertising campaign that educates the general public (including patrons) of the dangers of gambling while greatly distressed. Such a campaign could also educate patrons regarding the signs of distressed play. It is important that individuals are encouraged to recognise this within themselves. Such a campaign could assist patrons to recognise and respond when their own play is not ‘safe’. It might also assist in priming the way for venue operator interventions.

Education campaigns may also assist in ‘recalibrating’ patron expectations regarding the role of the venue operator in monitoring safe play in their establishments. Currently, we are very focussed on not impinging upon someone’s right to gamble without interruption.

However, if a venue staff member who is concerned ‘wrongly’ approaches a player, should this be such a problem? Perhaps this should be considered as an acceptable price for ensuring broad patron safety and protection. While there are definitely obvious differences, this might be akin to the inconvenience of being pulled over for a breath test when you have not been drinking.

As a practical suggestion, the training of venue staff could involve more concrete examples of how to assist distressed patrons. While role-plays have limitations, they do provide an opportunity for modelling an appropriate style of intervention, and developing a familiarity and confidence in handling such situations. This should include the provision of actual phrases and sentences which maximise the chances of the patron feeling supported and not unduly infringed upon.

2.6 Simon Milton, Clinical Psychologist

Problem Gambling Behaviours and Staff Training

There has been very little sound research that has identified reliable and observable signs of problem gambling. Such research needs to overcome a number of significant hurdles to be successful.

First, both the DSM-IV criteria for pathological gambling (APA, 1994) and the major screening instrument for the identification of possible problem gambling have been justifiably criticised (eg. Productivity Commission, 1999). The first task of the current research may be to develop a set of criteria or an instrument that differentiates pathological gamblers from non-pathological gamblers so that observable differences in behaviour can be identified. This task may be made more difficult by the fact that this distinction may be a false dichotomy and that gambling may exist on a continuum of severity.

Second, harm minimisation does not only involve identifying problem gamblers, but also identifying individuals who are at risk of becoming problem gamblers. This would require longitudinal research. Gamblers would be followed and observed over a number of years so that the course of the disorder could be fully understood and behaviours identified that discriminate between those who develop gambling problems and those who do not.

Potential Problem Gambling Behaviours

Potential problem gambling behaviours are readily reported by pathological gamblers. These include:

- Losing more money than intended
- Spending more time gambling than intended
- Attempting to win back money lost by further gambling
- Continuing to gamble despite significant financial consequences
- Inaccurate or irrational beliefs about the possibility of winning at gambling
- Mistaken perceptions about the nature of probability and randomness
- Continuing to gamble despite significant social consequences
- Continuing to gamble despite significant relationship consequences
- Continuing to gamble despite significant vocational consequences
- Committing illegal acts to finance gambling or to pay financial liabilities that have not been met because of gambling
- Using gambling as a means to escape from problems
- Using gambling as a means to escape from aversive emotional states
- Deceiving others about the extent of the gambler's involvement in gambling.

Although most of these behaviours have reasonable levels of support in the research literature, it is not clear at what frequency or severity they occur in pathological gamblers or whether they clearly differentiate pathological gamblers from non-pathological gamblers. It may be that one or some combination of these behaviours is more predictive than other behaviours.

What might be readily observed in a gaming venue by staff?

Very little evidence exists about what observable behaviours may differentiate pathological gamblers from non-pathological gamblers. The Department of Health in Nova Scotia, Canada, commissioned a report concerning this question (Focal Research, 1998). The report found that problem video lottery gamblers differed significantly from regular video lottery gamblers in terms of how they played the machines. Specifically, problem gamblers:

- Played for longer periods of time (five hours per week) compared to regular gamblers (two hours per week)
- Spend 2.5 times longer at the machines each time they go to play
- Bring significantly more money to gambling locations
- Bet at higher levels
- Are more likely to continue betting until they run out of money
- Are more likely to obtain additional funds to continue play
- Are more likely to exceed their set budget
- Are less likely to quit while they are ahead
- Have distinct emotional, physiological and behavioural responses to the machines. For example, they are more likely to groan, kick or talk to the machine
- Swear, curse or yell while playing the machine
- Are more likely to lose track of time while playing
- Believe they are more skilled than regular gamblers.

Although these findings are important, they need to be interpreted cautiously for a number of reasons. First, the report was commissioned by a state government and completed by a research consultant. To my knowledge, the procedures, results and interpretations of the findings have not been published in an academic journal and have not been independently or peer reviewed. Second, the research may lack external validity, given the gambling type and the setting for the study. Hence, the results may not apply in the Australian gambling context. Third, it is an empirical question as to what behaviours could be identified by staff. Once the discriminative behaviours are identified, staff need to be tested to examine whether they are actually able to reliably observe these behaviours with or without training. It may be that the discriminating behaviours are subtle and difficult to discern by those without substantial professional training.

In what combination, with what degree of accuracy and ranking?

This is an empirical question. In examining the Nova Scotia study, it may be that all the above items correlate with each other and the demonstration of just one symptom is adequate to indicate problem gambling. On the other hand, a pattern of behaviours may indicate problem gambling. Given that pathological gamblers may not be a homogeneous group (Blaszczynski 2000), the attempt at identifying the combination and ranking of behaviours may not be a straightforward task.

2.7 Paul Symond, Betsafe

Problem Gambling Behaviours and Staff Training

The issue of problem gambling behaviour and staff training is an area where more research is desirable. There is a wide range of behaviour that may indicate the existence of problem gambling. However, the same behaviour may also have other causes. Strong indicators include:

- A clear statement by the patron that he/she has a gambling problem
- A vague statement by a patron that suggests he/she has a gambling problem
- Antisocial behaviour by a patron that is consistent with a gambling problem, including hitting or shouting at a poker machine, abusing gaming room staff or other patrons, borrowing or stealing money from other patrons
- Leaving children unattended in a car or elsewhere while gambling
- Trying to borrow money from staff or other patrons
- Complaints from family members about the patron's level of gambling.

Weaker indicators include:

- Frequent lengthy gambling sessions combined with multiple ATM withdrawals on the same day
- Patron complaints that a machine is not paying
- Cashing cheques that are not met on presentation
- Playing more than one gaming machine at the same time.

Most of the criteria in the SOGS and DSM-IV tests are not easily identifiable by gaming staff. These tests were designed for use in treatment, and have problems when used for research. They are not at all appropriate for use by gaming staff. The SOGS and DSM-IV rely upon sensitive information being provided in an atmosphere of confidentiality. Many of the questions relate to behaviour outside the gambling venue.

Loss chasing is not easily identified, and where it exists, may simply be an isolated episode. Heavy gambling expenditure may simply reflect a person's financial means. Lengthy gambling sessions may simply be a lifestyle choice. Whether these behaviours indicate a gambling problem is highly subjective and open to error.

As well as the research into identification of indicators of problem gambling, it would also be worth considering research into the most effective responses. The fact that a person may be accurately identified as having a gambling problem does not automatically lead to the conclusion that some form of intervention is appropriate.

Training staff to intervene or approach patrons who have not disclosed a problem may be counterproductive. The patrons approached in this manner are likely to deny having a gambling problem and resent the approach. They may then take more elaborate steps to conceal their gambling problem.

Gambling providers have a duty to provide information and warnings to all their patrons, and offer help to those who seek it. In particular, staff need to be well trained to respond appropriately to patron requests and behaviour. Staff should not be expected to be counsellors or to police problem gamblers. They should be expected to provide a professional response to those who identify themselves as having a problem.

Gaming staff are familiar with regular gambling patrons and their gambling habits, and there will be many instances when staff suspect that a patron has a gambling problem. BetSafe staff training provides a general overview of the characteristics of the problem gambler and the behavioural indicators of the existence of a problem. However, staff are taught that indicators such as quantity of gambling expenditure or the frequency and the amount of time spent playing gaming machines or betting will not always provide a correct assessment.

Patrons often directly approach staff seeking assistance or guidance when they have a gambling problem. They may also indirectly ask staff for assistance by expressing concern about their gambling habits.

BetSafe staff are trained to offer assistance in the following circumstances:

- Where a patron tells a staff member that he/she has a gambling problem
- Where a patron indirectly asks for assistance by, for example, expressing concern about their gambling being out of control, stating that they are experiencing financial difficulty due to excessive gambling, or are visibly distressed due to their gambling activities
- Where a patron asks to be excluded from the club in order to limit their gambling.

Where a patron discloses a gambling problem, BetSafe staff will provide the patron with a BetSafe Responsible Conduct of Gambling (RCG) brochure. Staff should also tell the patron about the self-exclusion policy and, in some circumstances, assist them to make a call to either the consultancy or another counselling service listed in the brochure before they leave the club.

Where a patron makes a statement that indirectly indicates the possible existence of a gambling problem, staff should provide the patron with a BetSafe RCG brochure. There are ways in which this can be done to avoid causing offence. For example, if a patron indicates that he/she is experiencing financial difficulties, the brochure could be offered on the basis that it contains information about how to control gambling spending. Similarly, if a patron repeatedly requests credit, a brochure could be given on the grounds that it sets out some of the indicators of whether gambling may have become a problem.

When a staff member responds to a request for assistance, it must be done sensitively and discreetly. A patron who has disclosed information about a gambling problem will invariably be feeling desperate and distressed. It is important that any discussion is conducted out of the hearing range of other patrons and that there are no interruptions.

Once a patron has disclosed a gambling problem, the venue acquires a legal duty to respond appropriately. This may require the venue to exclude a known problem gambler who refuses to self-exclude and is causing harm to self or family by reason of the gambling to the knowledge of the venue.