

Running head: SELF EXCLUSION AND COUNSELLING

Impact of a Counselling Session on At-Risk Casino patrons : A Pilot Study

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### Abstract

Responsible gambling refers to policies and practices designed to prevent and reduce potential harms associated with gambling in order to decrease the incidence of problem gambling. In Switzerland, casinos must adopt social measures to help problem gamblers. Few studies have yet identified the efficacy on these measures. This paper presents preliminary data on the impact of a counseling session designed to provide feedback to casino patrons who have been identified by the casino staff as problem gamblers. Gamblers were randomly assigned to either an experimental (feedback) or control group. Participants in the experimental group were given information on the amount of time played, money spent, and number of visits, whereas participants in the control group did not receive any information. Results suggest that providing feedback produced positive outcomes on all dependent variables. The implications of these results are discussed in the context of responsible gaming and suggestions to improve self exclusion programs are provided.

### Impact of a Counselling Session on At-Risk Casino Patrons : A Pilot Study

In April 2000, the new Federal Law on Games of Chance and Casinos (1998) came into effect in Switzerland. Swiss casinos are required to elaborate measures by which they intend to prevent “socially harmful” consequences of excessive gambling. Each casino is required to apply some measures such as providing information on the risks of gambling, help for patrons, training casino staff to identify problem gamblers, and provision of data to study the effectiveness of these methods. This study provides preliminary data on the impact of a counselling session on at-risk casino gamblers.

No studies have yet evaluated the efficacy of different measures used by casino to help problem gamblers. Self exclusion procedures have only recently begun to be investigated by scientists. The first study was conducted by Ladouceur et al. (2000) in Canada and the second in Australia by O’Neil et al. (2003). Ladouceur et al.’s study described the characteristics of individuals who decided to bar themselves from a Canadian casino. The self-exclusion program was carried out under the direction of the casino’s security department and advertized through a pamphlet available in different areas of the casino. Individuals who decided to exclude themselves from the casino were approached by a security agent who lead them to a private office on the premises. Over 200 gamblers completed and signed a consent form, specifying the length of the desired self-exclusion period (minimum 6 months, maximum 5 years). The results indicate that 62 % of the participants were men (mean age of 41 years), and 95 % were probable pathological gamblers (score of 5 or more on the SOGS). Almost every participant (97 %) reported that they would succeed in staying away from casinos during the self-exclusion period. However, 36 % reported that they went back to the casino (median breaches = 6 times) during this

period. In addition, during their self-exclusion period, 50 % gambled on other games such as video-poker. But, the most significant finding of this study is that 30 % reported that they succeeded in completely avoiding all gambling activities during their self-exclusion period.

O'Neil and his colleagues (2003) conducted a large study in Victoria, Australia evaluating the procedures and outcomes of different self-exclusion programs implemented in various venues (pubs, clubs and casinos). They first made an exhaustive review of the related literature on helping problem gamblers, including self-exclusion procedures, and a description of the different programs used across the country. The empirical section includes observations from more than 4 000 interviews and the results of questionnaires completed by different samples, varying from self-excluded gamblers, non-excluded gamblers, workers in different gambling venues and various stakeholders. Although this study provides a lot of interesting information, two major problems should be pointed out. Firstly, there are no specific outcome measures on the efficacy of self-exclusion as a method to reduce gambling related problems. Secondly, on a methodological basis, the authors did not provide enough information about the procedure used to collect data. However, bearing these limitations in mind, their conclusions are quite negative concerning the self-exclusion procedure. Their premise is if the industry or the government wants to implement an effective self-exclusion program, there is a need to prevent all self-excluded patrons from entering the gambling venue from which he or she has excluded him or herself. Results showed that, sooner or later, a significant number of gamblers will re-enter the venue, and more importantly, without being detected. Their conclusion is that "Most venues surveyed or directly interviewed considered that the self-exclusion program had had little or no effect on problem gambling overall" (p.12). Empirical evidence shows that self-exclusion works for some people but there

is a need to know more precisely the proportion who benefit from this procedure and what interventions could be added in this procedure to increase its efficacy.

The counselling session, as provided in the Locarno's casino in Switzerland, focused on informing patrons about the risk of problem gambling and the help available to them both within and outside the casino. This information is provided before self-exclusion takes place. When a patron is identified as a problem gambler, staff sends a report to the supervisor and to the psychologist in charge of the responsible gambling program. The report is analyzed in order to determine whether the patron is to undergo a monitoring period<sup>1</sup>, which could last several months. During this period, the frequency and duration of the gambling, the amount of money spent, and other gambling behaviours are monitored. If the monitoring confirms the presence of gambling problems, the patron is invited to attend a counselling session with a psychologist. The interview may lead to another monitoring period, a self imposed ban, a casino-imposed ban or no further action. At the end of the second monitoring period, the patron is again invited to attend counselling session. If the patrons showed a controlled gambling "attitude", the file is closed and the staff member is then informed about the outcome. The present research evaluates the impact of a counselling session for at-risk casinos patrons, before an exclusion procedure is implemented.

## Method

### *Participants*

The research was conducted in the Casino of Locarno, which is a small venue, located in South Switzerland, featuring 195 slot machines (about 60 % reel machines and 40 % video poker) and one table game called "la boule". Twelve casino patrons showing signs of

problem gambling were included (7 males and 5 females, 42 % are Swiss citizens and 33 % Italians). The mean age is 50 years. Sixty percent are married and 75 % have children. Eighty-five percent have a college degree, 75 % are employed full-time and their average monthly income is 4000 Euro. All participants obtained a score of 5 or more on the DSM-IV criteria for pathological gamblers.

### *Design*

Twelve gamblers were randomly assigned to an experimental group (N=6) or to a control group (N=6).

Experimental group : The counselling session is used as a preventive measure in order to increase the gamblers' awareness towards their gambling behaviour. It involves the following components: (1) Collecting socio demographic data : (2) Identifying gambling habits : (3) Evaluating the presence of pathological gambling according to DSM-IV criteria; (4) Providing information regarding what pathological gambling is and the negative consequences .

Control Group : Participants of this group did not receive the counselling session, nor feedback on their gambling habits.

### *Dependent variables*

The monitoring of gambling behaviours begins when the participant enters the casino. The receptionist informs the supervisor, opens the personal file of the participant, and monitors the following gambling variables through closed circuit TV: (1) time spent gambling; (2) the number of visits; (3) total money gambled; and (4) total money lost.

## Results and Discussion

Results show that the counselling session reduced the monthly average time spent gambling, number of visits to the casino, amount of money gambled, and the money lost (see Figure 1, 2, 3, and 4). Although these differences were not statistically significant between groups, the trend is in the expected direction.

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Insert Figures 1, 2, 3 and 4 here

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The preliminary data of this study indicate that a counselling session may decrease the time and money spent gambling. Unlike the current casino-operated procedure that relies on external barriers and industry policing efforts, the use of a trained educator who provides feedback in a supportive environment appears to be a promising component to be included in Casino Responsible Gambling practices. The counselor's primary function is to provide feedback and support to the participant. The patrons are invited to establish their goals in terms of money and time spent gambling. The counselor informs the patron about the self-exclusion program, reviews the at-risk situation for problem gambling and discusses the treatments and services available. Throughout the process, the counselor provides the participant with intensive case-management and monitoring of his gambling habits.

As previously pointed out by Ladouceur et al. (2000) and O'Neil et al. (2003), one major problem in different exclusion programs is the high number of gamblers who return to gamble (breacher) during their exclusion period. This problem may be significantly reduced by offering counseling sessions to these gamblers in order to increase their awareness of their

gambling habits. This feedback may be a pivotal component to enhance the efficacy of various exclusion procedures.

This study provides some indications about interesting avenues to pursue in order to increase the efficacy of self-exclusion programs. Some limitations must be pointed out. First, since it was designed as a preliminary study, the sample size is small and does not permit statistical analyses. Secondly, 6 and 12 month follow-ups must be conducted in order to assess the maintenance of this new gambling pattern. Finally, future research should aim to identify the characteristics of the gamblers who are most likely to benefit from such a procedure.

## References

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## Figure Captions

*Figure 1.* Mean Time spent Gambling per session

*Figure 2 .* Number of Visits to the Casino

*Figure 3 .* Amount of Money Gambled per Session

*Figure 4.* Amount of Money Lost per Session







