

SELF EXCLUSION: A GATEWAY TO TREATMENT

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Alex Blaszczynski is the Professor of Psychology at the School of Psychology, University of Sydney and Head of Department, Department of Medical Psychology, Westmead Hospital, Sydney. He is a Co-Director of the University of Sydney's Gambling Research Unit. He is a clinical psychologist with a long history of involvement in treatment and clinical research of a range of impulse control disorders, in particular pathological gambling. In addition to the psychology of gambling, Professor Blaszczynski has research and clinical interests in the treatment of sexual paraphilic behaviours.

Professor Blaszczynski has published extensively on the topic of gambling, carried out randomised treatment outcomes studies using behavioural interventions, assessed the prevalence of depression and suicidality, the relationship between crime, gambling, and personality characteristics of impulsivity and sensation-seeking in pathological gamblers.

He has developed a conceptual pathways model explaining the aetiology of pathological gamblers, evaluated the impact of changes to the design of electronic gaming machines and worked in conjunction with collaborators from Harvard and Laval Universities.

He has authored or co-authored four books, written many scientific articles, reports and papers; conducted numerous training workshops; was chairman of the Working Party for the Australian Psychological Society and committee member of the Australian Medical Association's position papers on problem gambling.

He is a founding member of the Australian National Council for Problem Gambling, the National Association for Gambling Studies, and a foundation director of the Australian Institute of Gambling Studies.

Professor Blaszczynski is on the Advisory Board, International Centre for the Study, Treatment and Prevention of Youth Gambling Problems, McGill University, Canada; editorial board member of the International Journal of Gambling Studies; and International Advisory Committee member for the Electronic Journal of Gambling Issues.

In 1995, Professor Blaszczynski was a co-recipient of the American Council of Problem Gambling Director's Award for his contributions to research in the field of pathological gambling.

Professor Robert Ladouceur, Ph.D.

Robert Ladouceur, PhD, is Professor of Psychology at Laval University in Quebec City. After his doctoral studies, he completed post-doctoral fellowships at Temple University in Philadelphia and at Geneva University in Switzerland.

His work on gambling is internationally known. He was invited twice to present his work at the National Gambling Impact Study Commission, the Presidential U.S. Commission on gambling. In 1996, he received the Research Award from the National Council on Problem Gambling, recognising the high quality of his work. In 2003, he received the Senior Research Award, from the National Center for Responsible Gaming.

He has presented his work in many Canadian provinces, American states and European countries such as Switzerland, France, Spain, Italy, Iceland, Norway, and Sweden. His cognitive treatment for pathological gamblers developed at Laval University is being used in many countries. He recently published a paper on Responsible Gambling, called the Reno Model, with Alex Blaszczynski, from the University of Sydney and Howard Shaffer, from Harvard University.

During his academic career he has published 300 articles in peer review journals, presented over 400 papers and edited 6 books. His recent book entitled 'Understanding and Treating Problem Gamblers' was published in the U.S. and the U.K. by Wiley.

Lia Nower, J.D., Ph.D.

Lia Nower is an assistant professor of social welfare and a research fellow at the Center for International Studies at the University of Missouri in St. Louis.

Her research interests include the identification and treatment of youth and adult gamblers and the legal implications of excessive gambling for families and communities.

She is both a former Fulbright Scholar and National Institute of Mental Health research fellow, and a research intern at the National Research Council in Washington, D.C.

A licensed attorney and former criminal prosecutor, Dr Nower provides evaluation and consultation for government, industry and corporate clients and gambling-related expert witness testimony. She is a nationally-certified compulsive gambling counsellor and clinical supervisor for the National Council on Problem Gambling in Washington D.C.

Dr Nower treats adolescent and adult gamblers in her private practice. Her teaching interests include general direct practice, addictions and impulse control disorders, pharmacology, and specialised treatment modalities.

EXECUTIVE SUMMARY

Self-exclusion is the most frequently utilised procedure by the casino, hotel and club gaming sectors to assist problem gamblers. Such programs are designed to limit access to gaming opportunities for problem gamblers and/or those with impaired control over their gambling behaviour.

Self-exclusion is founded on the following principles:

- That the gaming industry recognises that a proportion of community members gamble to excess and have difficulty in controlling their gambling behaviour.
- That, consistent with codes of responsible gambling, the gaming industry has a responsibility to provide a safe gaming environment and to assist in minimising the negative impact on individuals displaying problem gambling behaviours.
- That individuals must accept responsibility for limiting their gambling behaviours to affordable levels.
- That individuals should take action to self-exclude from venues if they are unable to limit their gambling behaviour.
- That the process of self-exclusion is easily understood and accessible by those motivated to enter the program.
- That self-exclusion is not a treatment designed to address psychological processes leading to excessive gambling behaviours.

There are a number of barriers that act to diminish the effective implementation of current self-exclusion programs:

- Self-exclusion programs are not integrated with other interventions that are designed to assist individuals with psychological factors contributing to loss of control over gambling.
- The purposes, principles and appropriate roles and responsibilities for individuals and industry are often misunderstood and poorly defined.
- The primary focus is on the external control of an individual's behaviour.
- It adopts a punitive approach to limiting gambling behaviour.
- Perceived conflicts of interest between a venue gaining revenue from a gambler and excluding that person from continued gambling are unaddressed.

The proposed model for self-exclusion seeks to address the inadequacies of current programs by:

1. Shifting from a punitive approach to an integrated individual-centred focus where the emphasis is directed toward a gateway for education and rehabilitation.
2. Reducing perceived conflicts of interest and increasing transparency over the implementation and monitoring of self-exclusion programs.

These objectives are met by revising the structure of self-exclusion programs in such a way that they are operated by independent 'educators' whose roles and responsibilities include informing individuals of the purpose of self-exclusion, establishing links and a gateway for access to supplementary psychological counselling services and monitoring and reporting the effectiveness of the overall program.

Background

The purpose of this paper is to inform industry, treatment providers, regulators and the community about how to best provide assistance to individuals who have a problem with their gambling.

The paper builds on the previous *Current Issues: Identifying the Problem Gambler in the Gambling Venue* (Allcock, 2002) that sought to provide guidelines for venues to be aware of possible behaviours that could be associated with problem gambling and advice on how venues could provide assistance.

The gaming industry recognises that it plays a vital role in customer assistance and provides an important link with treatment providers. Self-exclusion represents one important industry-based strategy that has been introduced to assist problem gamblers. This paper proposes a model under which self-exclusion can provide the best possible assistance to problem gamblers.

Self-exclusion

The aim of self-exclusion is to promote the global objective of responsible gambling, that is, the elimination or reduction of harm experienced by problem gamblers. This paper builds on the strategic framework established by the Reno Model (Blaszczynski, Ladouceur, & Shaffer, 2004).

Self-exclusion is one of the most important services offered by the industry to assist problem gamblers. It is important to highlight that this service does not constitute a formal treatment intervention. Rather, in principle, it provides an immediate mechanism for problem gamblers to limit further financial loss by refusing direct access to gambling venues. A voluntary request for self-exclusion demonstrates a degree of acceptance by individuals that their gambling is excessive and is causing damage, the recognition that there is a need to take personal responsibility to address the issue, and the motivation to become active participants in the process. Most importantly, self-exclusion can be utilised to provide a gateway and referral pathway for adjunctive treatments.

The proposed model describes how to integrate self-exclusion with complementary best-practice treatments and counselling services to deliver beneficial outcomes for the individual.

What is self-exclusion and for whom is it designed?

Self-exclusion is an industry-based program that allows individuals who acknowledge that they have a problem with their gambling to enter an agreement to ban them from entering, or to be removed from, specified gaming venues. The ban may be for a limited time or permanent.

A request to be self-excluded is usually initiated by the gambler although in certain cases other individuals or family members may also initiate such a request. However, in some jurisdictions the onus to detect and exclude problem gamblers has been shifted to gaming operators/floor staff despite expert opinion that there are no objective criteria that can be used by external observers to reliably detect problem gamblers.

Self-exclusion programs are designed to assist individuals experiencing difficulty in limiting aspects of their gambling behaviour that, as a consequence, is causing harm. In the majority of cases this program is utilised by gamblers who exhibit criteria for pathological gambling.

However, it may be that a small proportion of non-pathological or problem gamblers may also elect to take advantage of the program by applying for voluntary self-exclusion for a variety of reasons, for example, recognising early signs suggesting the development of a possible future problem.

Internationally the requirements, procedures, processes and penalties underpinning self-exclusion programs are inconsistent across jurisdictions. It is not the purpose of this paper to describe in detail the specific variations in self-exclusion programs. Rather the focus is on developing principles for an effective model that can be adopted universally.

Growth of self-exclusion program

In gambling, the concept of self-exclusion is an outgrowth of informal banning procedures historically used by casinos operators to evict unruly or unscrupulous patrons. The application of self-exclusion for purposes of assisting problem gamblers is a recent initiative.

A literature review failed to identify any self-exclusion program offered by other industries, for example, alcohol or tobacco. In blood donations, self-disclosure and self-exclusion procedures were introduced to minimise health risks associated with transfusion of contaminated blood products. Potential blood donors are required to disclose certain high-risk sexual or drug-related activities and, if present, to refrain from donating blood. Severe legal penalties apply for individuals who knowingly mislead authorised agents.

Since the introduction of the concept in the late 1980's and early 1990's, sectors of the gaming industry throughout North America, Europe and Australia have gradually, albeit reluctantly, in some quarters, implemented the basic principles of the program.

The first formally constituted self-exclusion program was initiated in Manitoba, Canada in 1989 concurrent with the opening of Canada's first permanent casino. Similar programs were introduced between 1993 and 2000 covering all provinces with casinos: British Columbia, Alberta, Saskatchewan, Manitoba, Quebec and Nova Scotia (Nowatzki & Williams, 2002).

In 1996, the Missouri Gaming Commission implemented the first such program in the United States with other States subsequently offering such programs: Illinois, Louisiana, Michigan, Mississippi, Missouri and New Jersey.

Currently, such programs operate in many casinos and gaming jurisdictions worldwide including South Africa, Poland, France, Switzerland, and the Netherlands.

In Australia, voluntary self-exclusion programs have been mandated in casinos in all States and Territories with the exception of Northern Territory. Hotels and clubs have similar mandated programs in New South Wales, South Australia and Tasmania.

Effectiveness of self-exclusion

There have been few published empirical studies systematically evaluating the effectiveness of self-exclusion. There are two papers worth noting. Ladouceur and his colleagues (2000) in Canada conducted an empirical study evaluating the outcomes of a sample of self-excluded gamblers while O'Neil, et al. (2003) obtained survey data from 93 out of 150 randomly selected gaming venues in Victoria.

The Ladouceur, Jacques, Giroux, Ferland & Leblond (2000) study

The primary purpose of Ladouceur, et al.'s (2000) study was to describe the characteristics of individuals self-excluding from a Canadian casino. There were 220 individuals who participated in the study and completed a questionnaire eliciting the following information:

- Socio-demographic data
- The South Oaks Gambling Screen (Lesieur & Blume, 1987)
- Gambling behaviours
- Prior experiences with self-exclusion programs

The self-exclusion program evaluated was operated under the direction of the security department of the casino. The program itself was publicised through a pamphlet available in different areas of the casino. The program required an individual who decided to self-exclude from the casino to approach a security agent who then took them into a private office on the premises. The gambler completed and signed a consent form, specifying the length of the desired self-exclusion period (minimum 6 months, maximum 5 years). A photograph of the individual was taken and attached to the form. A cohort of individuals applying for self-exclusion was invited to participate in the research project immediately after the official application procedure was completed.

Of the cohort agreeing to participate, 62% were males. The mean age was 41 years and 95% met criteria for probable pathological gamblers (as defined by a score of 5 or more on the South Oaks Gambling Screen). In respect to elected duration of self-exclusion, the majority of participants (66%) barred themselves for a period of 12 months or less. However, 25% requested the maximal duration of 60 months. A majority of participants were excluding themselves for the first time (76%).

Almost all participants (97%) reported confidence in their ability to succeed in staying away from casinos during the self-exclusion period. Among the repeat self-excluders, results revealed that 36% reported breaching the self-exclusion agreement by entering the casino a median number of 6 times during their period of exclusion. In addition, 50% reported having gambled on other games such as video-poker during their self-exclusion period.

Potentially the most significant finding of this study is that 30% of the participants complied with the order and remained abstinent during their self-exclusion. However the remaining two-thirds complied with the agreement by not entering the nominated gaming venue, but continued to gamble elsewhere.

The effectiveness of the program is subject to the criteria used to define outcomes. If the aim of self-exclusion through its very nature and structure is to foster abstinence, then the Canadian study suggests a failure rate in the vicinity of 70%. However, it cannot be dismissed that self-exclusion, although breached, may result in continued but lower levels of gambling activity and thus lead to a reduction in harm and potential improvement in control over behaviours in a larger proportion of gamblers.

The O’Neil, M., Whetton, S., Dolman, B., Herbert, M., Giannopolous, V., O’Neil, D., & Wordley, J. (2003) study

Recently, the Victorian Gambling Research Panel commissioned the South Australian Centre for Economic Studies to conduct a comprehensive evaluation of self-exclusion programs in Victoria. The Report, referred to as the O’Neil Report (2003), also contained a summary of self-exclusion programs implemented within Australian States and Territories. These authors also completed a survey to evaluate the procedures and outcomes of different self-exclusion programs implemented in various venues (pubs, clubs and casinos) in Victoria. The survey found that of 4,083 interviews with gamblers conducted by the Victorian AHA (Australian Hotels Association) between 1997 and 2002, half (2,248 or 56%) chose to self-exclude from an average number of 16.4 nominated venues for an average period of 1.7 years. Of 933 individuals included in the Crown self-exclusion program between 1996 and 2002, the number of individuals detected breaching self-exclusion orders was 137 (15%) of the population of self-excluded individuals. These individuals reported an average of 3.2 breaches per person. Approximately one fifth (21%) of those breaching their agreement did so on more than 2 occasions. Therefore, on the basis of available data it appears that between 0.4% and 1.5% of problem gamblers utilise self-exclusion programs in Australia (O’Neil, et al. 2003).

Major difficulties need to be highlighted with the O’Neil, et al. report. For example, the authors provide insufficient information on the data collection procedures and sample recruited or the overall response rate, making it difficult to determine the representativeness and generalisability of their data. There were no specific outcome measures on the efficacy of self-exclusion as a method to reduce gambling-related problems. Outcomes were determined according to self-reported compliance or detected breaches. Self-report accounts are unreliable and the absence of an effective identification and monitoring/reporting system suggest that not all breaches were reported, recorded or detected. As acknowledged by O’Neil (2003): “Administrative data and central record keeping is principally ‘input focused’ and generally not used or useful for monitoring or evaluating outcomes or effectiveness of the programs” (p.52). These issues reduce the validity and reliability of obtained data.

O'Neil, et al. (2003) and Nowatzki and Williams (2003) have criticised the industry for offering marginal support, falling short of individual and community aspirations, regarding the meaning and effect of self-exclusion and investing resources in defending the credibility of the program, rather than developing appropriate monitoring systems and an effective integrated self-exclusion system that complements other harm minimisation measures.

In conclusion, the effectiveness of self-exclusion programs is yet to be established. The O'Neil (2003) report concluded 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). But, since criteria for success in evaluating self-exclusion programs have been rarely defined, such conclusion may be premature. At best it can be said that there is sufficient tentative evidence to indicate that self-exclusion programs are effective for a significant proportion of the small number of problem gamblers who elect to utilise the program.

Issues associated with self-exclusion

Expectations

It is important to clarify the expectations regarding the role and limits of responsibility of individual gamblers, industry, legal/government authorities and interested community members in the self-exclusion process to avoid unrealistic expectations and unfair criticisms.

The nature of the self-exclusion agreement needs to be clearly understood by problem gamblers. The agreement between a problem gambler and the gaming operator does not constitute a formal contract enforceable at law (Napolitano, 2003). Rather, it represents an arrangement wherein a venue voluntarily offers, or is obliged by law to offer, a service where:

- An individual identifying him or herself as a problem gambler may approach a gaming operator or delegated staff with a request or application to exclude themselves from future entry into a gaming venue for a determined period of time (6 months to lifetime),

- The individual agrees to be removed from the specified gaming venue by the operator or delegated staff should they be identified as in breach of the self-exclusion order,
- The individual agrees to have their names removed from mailing, marketing and promotional lists and databases, and
- Understands that a penalty may be imposed for breaches of the self-exclusion agreement. In some jurisdictions, this may include assent to confiscation of winnings (e.g. Illinois), arrest for trespass (e.g. Missouri) or fine (e.g. New South Wales, South Australia).

There is an imperative to clearly articulate whose responsibility it is to identify self-excluded problem gamblers entering gaming venues.

In principle, self-exclusion programs are designed to eliminate gambling behaviour by preventing access to gambling venues. In this context, the ultimate criterion for successful outcome is abstinence as opposed to controlled gambling. Given that the explicit intent is simply to set barriers in place to prevent access to gambling venues rather than addressing irrational cognitions or psychological factors contributing to impaired control, self-exclusion should not be misconstrued to represent a method of psychological treatment. In this regard, the gaming industry's reliance on self-exclusion as the primary option for the management of problem gambling has been criticised by counselling service providers (O'Neil, 2003).

A misunderstanding of the roles and responsibilities in self-exclusion often results in dissatisfaction, resentment and criticism of the program. It is important for self-excluded gamblers to fully understand the respective responsibilities and roles of the industry in detecting and enforcing orders, and those of the individual in complying with conditions. As noted by O'Neil, et al. (2003), gamblers attributing responsibility for enforcement of the self-exclusion order to gaming venues differ significantly in their response from those who accept personal responsibility for compliance.

A proportion of problem gamblers express the opinion that it is the gaming industry's role to enforce the provisions of self-exclusion. In those jurisdictions where there is no mandatory identification for entry, the expectation is that gaming staff must be issued with photos and trained to scan for and detect any gambler in breach of the self-exclusion agreement. The industry is criticised for any instance in which heavy

gambling losses are sustained due to the failure of gaming staff in detecting problem gamblers on premises. Such criticisms, however, are unjustified. It is unrealistic to expect gaming operators to detect every self-excluded gambler given the number and frequency of patrons entering venues and high turnover of casual staff. It is however, the responsibility of industry, to do what is practical and reasonable, consistent with their best endeavours, including policies, procedures and staff training to facilitate the self-exclusion program.

Other problem gamblers, on the other hand, acknowledge that the primary responsibility for complying with the conditions set out in self-exclusion agreements rests with the problem gambler. In these cases, the problem gambler accepts personal responsibility for their own actions, with the gaming operator viewed as simply providing a service to assist the problem gambler.

Assessment and referral

There are three potential aspects related to the assessment of individuals seeking self-exclusion: suitability for the program, need for concurrent counselling interventions, and determining risk for self-harm.

To initiate a self-exclusion order, individuals are required to contact a gaming floor staff member with a request to become a self-excluded person. The staff member provides preliminary information on self-exclusion and its formal procedures before directing the individual to a customer liaison or support officer. The liaison officer is concerned with the provision of detailed information regarding the administrative, procedural and legal conditions, requirements and implications of the self-exclusion agreement.

The liaison officer also provides information outlining a range of counselling services accessible to the individual but does not assess or advise which services are most appropriate for the individual's immediate or longer term psychological needs.

It is important to note that a proportion of individuals initiating self-exclusion often do so spontaneously in a state of emotional distress in response to heavy losses sustained during a gambling session. Such decisions may be considered 'spur of the moment' reactions that are subsequently regretted in the 'cooling off' period. Attempts are then made to revoke the order, and if unsuccessful, may lead the gambler to deliberately breach the order or attend other venues to continue gambling.

In other circumstances, gamblers may present to the liaison officer in an emotional state where there is a high risk for suicide or self-harm and the need for immediate mental health professional interventions to guarantee safety. High rates of depression, suicidal ideation and substance abuse are known to be prevalent comorbid conditions associated with problem gambling. Referral to appropriate agencies may be required to address the relevant disorder.

Self-exclusion is not a clinical or counselling intervention in its own right. While it is acknowledged that imposing a barrier to access gaming venues is sufficient for an unknown proportion of self-excluded gamblers, self-exclusion should be considered a procedure that supplements other treatment interventions. Referral to specialist gambling counsellors, clinicians and mental health services may be necessary to deal with factors that may contribute to chronic gambling urges, comorbid disorders, marital dysfunction and personal issues. Appropriate mental health interventions reduce risk for relapse.

Officers invested with the authority to complete a self-exclusion order in consultation with the gamblers generally do not have formal qualifications in behavioural health sciences or the requisite skills to undertake a competent clinical assessment of the psychological status, specific needs of the gambler, or the capacity to identify and respond to suicidal risk.

There is an imperative need for competent and comprehensive clinical assessment complementing the formal administrative/legal requirements to be conducted at the point of initiating self-exclusion.

Audit and transparency

Monitoring the effectiveness of self-exclusion programs is generally limited by a number of factors including:

- Inadequacies of surveillance systems and staffing to track patrons and insufficient staff training to enforce detection;
- The lack of systematic protocols for outcome analysis;
- The lack of a centralised management system and procedures for notification of breaches;
- The absence of binding sanctions for violators;

- The inability to identify gamblers who merely continue their gambling activity at other venues;
- Failure to release evaluation audits to the public domain;
- Lack of independent auditing of self-exclusion programs and procedures.

There is a perceived tension between gaming industry operators promoting a legitimate commercial product for profit and implementing responsible gaming initiatives whose purpose is specifically designed to reduce gaming and, ipso facto, gaming revenue. While it is acknowledged that responsible gaming codes of conduct are required to ensure the longer-term sustainability of the industry, conflicts of interest arise. As O'Neil, et al. (2003) state in their report: 'There is also a conflict of interest where enforcing self-exclusion may impact directly on operator income. Clearly discretionary systems are vulnerable to the action of self-interested parties' (p. 12). To address this issue, it is imperative to introduce an objective and transparent system of monitoring and auditing industry utilisation and compliance with self-exclusion programs.

Consequently, an improved system would see the responsibility for overseeing the self-exclusion program removed from the gaming operator to an independent third party, with clearly defined and delineated lines of responsibility and reporting, and the release of monitored outcomes and data within the public domain.

Principles for self-exclusion

Before outlining a comprehensive strategy that maximises the effectiveness of self-exclusion, there is a need to clarify the fundamental premises and set of principles underlying such a program. The following are the proposed principles underlying a successful self-exclusion program:

- The gaming operator must provide the necessary procedures, policies and infrastructure to implement an effective self-exclusion program;
- Staff must be trained in the principles underlying self-exclusion and the operational procedures utilised in implementing such a program;
- Self-exclusion programs must be easily accessible;
- Formal procedures to take out a self-exclusion order must be simple;

- An individual recognises and accepts the presence of a gambling problem;
- An individual is willing and motivated to deal with his/her gambling problem;
- An individual makes a considered decision to self-exclude rather than impulsively and emotionally responding to a crisis;
- An individual maintains motivation over time;
- Self-excluded individuals should accept responsibility for complying with self-exclusion orders;
- An individual does not change their decision over the duration of the self-exclusion program;
- Information provided by the gaming venue in explaining the self-exclusion program and its implications must be easily understood by the individual;
- Gaming venues should seek to maximise the effectiveness of systems, policies and procedures to detect breaches of self-exclusion orders;
- Responsibility for monitoring and auditing compliance with, and the effectiveness of, self-exclusion programs should be independent, open and transparent;
- Assessment for counselling needs, risk for harm and referral to appropriate services should be part of the self-exclusion;
- Qualified and competent counsellors should be vested with the responsibility of conducting assessments and referrals to treatment services;
- Assessing requests for revocation and/or the extension of self-exclusion orders should be independent of the gaming venue operator.

Philosophically, the current system is hampered by a focus on external control that all but abrogates individual responsibility to control gambling behavior. The individuals are active in initiating the program but, once initiated, they become passive, as responsibility shifts to gambling venues to detect and police possible breaches. Such a perspective effectively limits opportunities for gamblers to develop improved stress-coping skills and increases the possibility that they will return to gambling or substitute alternative, maladaptive coping strategies in the future (see Blaszczynski, et al 2004).

In contrast, the following proposed system is one that advocates the need to move away from a detection-based enforcement model, to an active approach of personal responsibility, with opportunities for additional support from external counselling programs. Under this system, gamblers would not only utilise self-exclusion as one

step, but also choose to integrate their own level of treatment tailored to their individual needs. Potential services could include counselling, stress-coping and problem-solving training, assistance with financial management, and referral to self-help groups. Periodic evaluation will determine the efficacy of extending the term of exclusion.

The proposed model

The proposed philosophy represents a shift in perspective away from a punitive approach to an individual, client-centred or skills-based humanistic model where the focus is on enhancing internal controls of the individual to assist them in regaining control over gambling behavior. Under the proposed model, self-exclusion would function as a gateway to accessing a system of complementary services and community resources that are individually tailored.

The self-exclusion educator

In contrast to current casino-operated procedures that rely on external barriers and industry policing efforts, the proposed model utilises a qualified trained 'educator' system that provides monitoring in a supportive environment and facilitates internalising control for the gambler over time. Each self-exclusion educator is clinically trained to provide support to self-excluders during their period of self-exclusion, and to provide options for accessing additional services. Funding of such an initiative needs to be considered.

To discuss admission to the self-exclusion program, the educator contacts the individual to assess their motivation and gambling problems. Based on this assessment, the educator offers options to access a variety of services such as hotlines, treatment programs, Gamblers Anonymous and financial counselling as well as non-gambling related services such as substance abuse treatment and skills training. The educator also conducts an introductory class or series of classes to explain the principles and purposes of self-exclusion, review concepts involved in problem gambling and the recovery process, and introduce a menu of available treatments and services.

Throughout the process, the educator provides the participant with intensive case-management with frequent contact and overall availability and serves as an on-going supportive linkage between workers at gaming venues, gamblers and available resources.

Responsibilities of the venue

It is important to note that the proposed model, while placing primary responsibility on the gambler, recognises the on-going need for gaming venues to participate actively in self-exclusion programs and provide vigilant, continuous support to participants. Though the authors acknowledge that monitoring systems are imperfect and breaches will occur, venues should be accountable by public reporting of data, that they have adequate staff training and allocation and surveillance to provide a workable infrastructure for gamblers who desire to self-exclude. Accordingly, the current proposal would require venues to:

- (a) provide employee education and infrastructure support needed to initiate the self-exclusion process and facilitate contact with the educator;
- (b) educate clients on the availability and public value of self-exclusion based on empirically-derived information;
- (c) devise and institute protocols for identifying and managing individuals who breach self-exclusion agreements; and
- (d) display adequate signage regarding self-exclusion options.

In addition, gambling venues should be required to cooperate with periodic, random spot-checks by independent auditors. They should also be subjected to some forms of penalties for non-compliance, the form yet needing to be determined. Research needs to be conducted on this important issue. Such requirements increase the transparency of the process and motivate the industry to maintain their responsibilities.

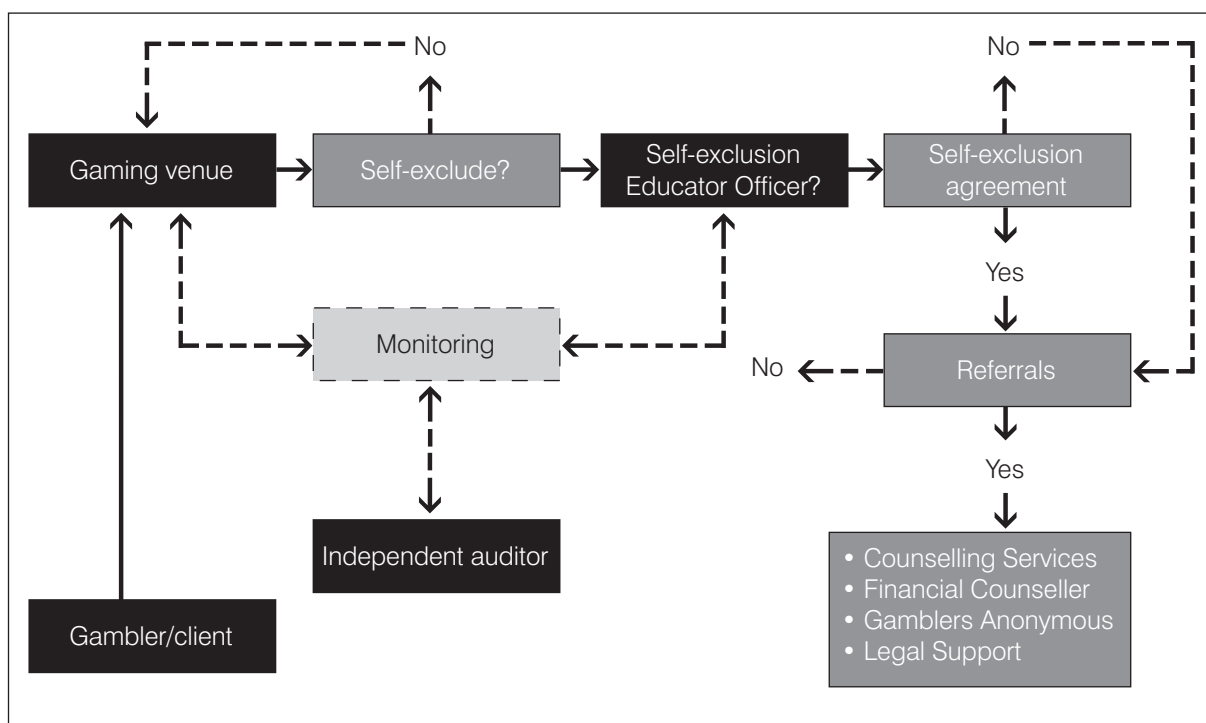
Responsibilities of the independent auditor

The primary responsibility of the independent auditor is to provide performance reports describing the operation and effectiveness of the self-exclusion program including the performance of the industry and educators. The auditor would report upon points (a) to (d) above and consult with the educator and staff members regarding the implementation of the program and recommendations for continued improvement.

Self-exclusion procedure

The proposed self-exclusion program functions as a system providing continuous feedback between individuals, educators, gambling venue staff and outside resources (see Figure 1).

Figure 1: Proposed Self-Exclusion Model: A Schematic Representation



Referring to the diagram, suggested procedures and steps will be described below.

1. *Gambler/client*: The referral process is initiated by the gambler wishing to self-exclude. The gambler will be informed by various pamphlets and documents that they first need to approach an employee in the gambling venue or contact the educator directly. The employees will be trained in procedures and approaches to inform the potential individual. Their role is not to deliver services other than being empathic and to provide all the pertinent information to the gambler.

2. *Gambling venue:* Venues will refer the individual directly to the self-exclusion educator who will deal with crisis cases immediately or assess others within 24 - 48 hours. This latter time frame will give the gambler an opportunity to calm down and to be in an emotional state sufficient to make an informed decision. Gamblers who request and insist on immediate self-exclusion will have the option of completing a temporary 24-hour self-exclusion form with the gaming employee pending assessment by the educator. They will still be asked for their consent for the venue staff to provide their name to the self-exclusion educator for further contact and continuity of care. If a gambler refuses to agree to have their name referred to the educator, the gaming venue staff member will document the refusal and provide the individual with additional information should s/he decide to reinitiate the process at a later date. No further contact will be made with the gambler.

3. *Self-exclusion educator:* The next step will involve the individual meeting with the self-exclusion educator who will conduct a standardised in depth interview to assess the individual's motivation and goals for undertaking self-exclusion. The educator will provide educational information and will then outline appropriate treatment and service options. Signing up for the self-exclusion agreement will be undertaken in conjunction with the educator outside the gambling venue. The gambler then decides on the types of additional counselling services that may be available, the duration of the self-exclusion period (from 12 months to 5 years at the discretion of the gambler) and signs a standard agreement form. The contents and details of the agreement should be uniform for all venues and programs within a given jurisdiction.

The gambler may choose one from a range of formal treatment options, the frequency of weekly or monthly phone contacts, and whether to attend Gamblers Anonymous or other services as required. During the self-exclusion period, the educator continues to provide ongoing support, monitoring, mentoring and initiates follow-up contact as agreed with the educator. Should the gambler refuse on-going contact, the educator will document the refusal in the agreement and contact the gambler only once yearly to obtain progress and outcome information for governmental reporting.

4. *Self-exclusion agreement*: Individuals who refuse to sign the self-exclusion agreement, will be informed that they may resume the procedure at any time by re-contacting the educator.

5. *Expiration of the self-exclusion period*: On the last week or thereabouts of the contract period, the self-exclusion educator contacts the individual by registered letter and arranges a meeting to determine whether s/he wants to renew or terminate the contract. Individuals who meet with the educator will receive further assessment and assistance in determining further options. However, if gamblers fail to respond to the letter, self-exclusion will terminate as scheduled at the end of the contract period.

Management of breaches

It is important to balance individual responsibility with foreseeable consequences of breaches. Therefore, the self-exclusion agreement will include a clause stating that it is the individual's responsibility to refrain from reentering the venue during the period of self-exclusion. Current detection penalties will remain in place pending empirical evaluation of their effectiveness. Theoretically, the introduction of educators would optimally shift the focus over time from an industry-policing focus to individual monitoring of gambling self-efficacy. Since the self-exclusion programs have not been systematically evaluated, there are some difficulties in selecting a preferred modality for penalties and the proper design for assessing the efficacy of the program.

CONCLUSION

The current philosophy represents a shift from an industry-based to an individual-based response to self-exclusion. Ultimately, the gambling venue will provide a service and nothing more, in an effort to shift from a punitive detection model, to active intervention in the form of a supportive clinical education/counselling model, that promotes individual self-efficacy to facilitate long-term improvement in the individual's quality of life. In addition, the proposed model provides interaction among micro, mezzo and macro systems with information feedback that will foster improvements in the system's optimal functioning over time.

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