

## Assisting Problem Gamblers in the Gaming Venue: A Counsellor Perspective

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**Abstract** Governments now recognise gambling as a social and public health issue that invites a collaborative approach to responsible gambling and help-seeking involving the gambling industry, gambling help agencies and the wider community. In this paper, we report on findings from interviews with 23 counsellors working in Queensland Gambling Help agencies in Australia based on their own and their clients' experiences of the processes and practices involved in help seeking in gaming venues. An aim of this study was to establish how venues interact with local gambling help agencies to provide assistance to patrons with gambling problems and the way that venue staff respond. It identified gaps in relevant staff skills and responsible gambling training, particularly the barriers to providing appropriate assistance to problem gamblers, and best practice examples. The barriers to seeking assistance included: patrons feeling shame; issues of confidentiality; and lack of awareness of help available at gaming venues.

**Keywords** Help-seeking · Problem gambling · Counsellors · Barriers · Gaming venues

A significant proportion of the Australian population has a gambling problem. A recent national inquiry (Productivity Commission 2009) estimated that around 15% of Australian adults gamble regularly on non-lottery products, with about one in ten of these thought to be problem gamblers and another 15% experiencing moderate risks. However, relatively few Australians seek professional help for a gambling problem (Evans and Delfabbro 2005). Indeed, in reviewing related research, Delfabbro (2007) found that only around one-tenth of problem gamblers in a given 12 month period seek formal help. There has been limited research specifically focused on help-seeking strategies for problem gamblers, their friends and families (McMillen et al. 2004). Yet this is an important area because, as noted by Clarke et al. (2007: 292) 'understanding barriers to help-seeking behaviour for problem gamblers and their families is an essential step towards ensuring that services are accessible, appropriate and improve the mental health of the community'.

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Given the general reticence of problem gamblers to seek formal help, gaming venue staff can play a critical role in providing patrons with information about counselling, encouraging treatment, and facilitating a referral. This can make the difference between a problem gambler accessing a counselling service or not (Clarke et al. 2007). Also, venue staff are particularly important in assisting problem gamblers as it is in venues with gaming machines that ‘the biggest single slice of overall gambling expenditure in Australia takes place’ (Productivity Commission 2009:xxiii). Indeed, the Productivity Commission (2009:xxiii) noted that gaming machines ‘account for around 75–80% of problem gamblers’. In Queensland Australia, where this research was conducted, gaming machines are readily available in hotels, clubs and the state’s four casinos.

The research underpinning this paper examined how venue staff actually do raise awareness of, and refer problem patrons to, formal help services, and how their links with gambling help providers facilitate or hinder this. The breadth and depth of these roles present particular challenges. For example, staff are required to respond to and assist problem gamblers with differing levels of disclosure and differing reactions to offers of assistance.

## Background Literature

Studies have found problem gamblers often do not seek help until they experience crisis, such as major relationship or financial problems (McMillen et al. 2004). Intrinsic reasons include psychological, social and cultural factors, while extrinsic barriers relate to access to help services.

Specific research into barriers to help seeking for gamblers has tended to find psychological barriers the most salient (Hodgins and el-Guebaly 2000; Suurvali et al. 2009). For example, a study by Pulford et al. (2009) on help- and non help- seeking gamblers, found that pride, shame and denial were the three primary barriers to help seeking. Similarly, a study by Hodgins and el-Guebaly (2000) comparing gamblers who had resolved their gambling problem ( $n=43$ ) and current pathological gamblers ( $n=63$ ) found major barriers to help seeking were shame and embarrassment, denial of a problem, and the stigma of being a problem gambler, along with the most highly endorsed barrier, desire to handle the problem on their own. Evans and Delfabbro (2005) and McMillen et al. (2004) found similar barriers in their studies on help-seeking for gambling problems. In the McMillen et al. (2004) study, gamblers described the shame associated with not being able to control their own gambling behaviour; to seek help was perceived to exacerbate this shame and indicate inability to control one’s life.

Thus, seeking help for gambling problems outside the family may be difficult. Yet paradoxically, a study conducted in Victoria Australia found pressure from families and friends was a key trigger for problem gamblers seeking assistance (New Focus Research 2004). Rothi and Leavey (2006) also noted that family members are considered to influence help-seeking by problem gamblers. Similarly, Booth et al. (2000) have identified social networks as important in guiding and encouraging help-seeking by problem gamblers.

Additional barriers to help-seeking may be faced by certain cultural groups (McMillen et al. 2004; Clarke et al. 2007). Some ethnic communities lack awareness of available services and some cultures have specific stigma associated with problem gambling (Clarke et al. 2007). Raylu and Oei (2004) argued that different cultures have varying attitudes to gambling and some perceive gambling in a particularly negative light. Consequently, shame can be a major factor attached to gambling and impact on likelihood to seek help.

Extrinsic barriers, such as cost, access, and utility of services, can also impact on help-seeking. Lack of information about available help services in the general community has been identified as a barrier (McMillen et al. 2004; Productivity Commission 1999). Although several people in the McMillen et al. (2004) study reported they had learned about gambling help services through the media and venue advertising, a common participant comment was it was difficult to find information about where to get help. Similarly, Hodgins and el-Guebaly (2000) found an obstacle faced by the problem gamblers in their study was being unaware of services available. Rockloff and Schofield (2004) also identified availability of services, the cost involved in accessing service, and uncertainty and avoidance as other barriers to help-seeking in their study of 1,203 problem gamblers in Queensland. These extrinsic barriers may be exacerbated for certain cultural groups due to mistrust of government services if people have experienced persecution in their country of origin, language and communication differences, concerns about trust and confidentiality in small ethnic communities, and unfamiliarity with western psychological counselling practices (Scull et al. 2003).

Given low levels of help-seeking for gambling problems and extensive barriers faced, gaming venue staff can play a key role in assisting problem gamblers in the venue to seek help. They can also assist by facilitating self-exclusion, a process allowing gamblers to ‘bar themselves from one or more gambling venues to prevent themselves from gambling’ (Productivity Commission 2009:7.6). However, little is known about the consistency and appropriateness of self-exclusion procedures, although research indicates it has inherent challenges. For instance, Allcock et al. (2002) suggested monitoring and enforcing self-exclusion requirements have varying degrees of success. Hing (2007) found potential for self-exclusion processes to be inconsistent and less than effective, even when prescribed in legislation. She found that, while self-exclusion was considered a good option by the venue staff and patrons in her one case study club, barriers to its take-up were similar to those for help-seeking in general. These included shame, embarrassment, lack of awareness, and the logistical challenges involved in excluding from multiple venues. These issues have also been confirmed by other research (South Australian Centre for Economic Studies 2003; Responsible Gambling Council 2008).

Yet, when people do self-exclude, it appears a substantial proportion are helped. Self-exclusion has been found effective at promoting abstinence (30% of  $N=220$  Ladouceur et al. 2000), and reducing gambling (Ladouceur et al. 2000; Townshend 2007; Tremblay et al. 2008). However these results are confounded by some participants receiving adjunct treatments. Indeed, Blaszczynski et al. (2007:60) suggest that self-exclusion programs should be used as a ‘gateway and referral pathway’ to further treatment. Given the potential of self-exclusion to be effective in controlling gambling, the role of venue staff in promoting and facilitating self-exclusion is also critical to assisting problem gamblers in the venue.

Attention has also been given to a more proactive role for venue staff in identifying and approaching problem gamblers in venues. Delfabbro et al. (2007) argued this would lead to earlier interventions which could potentially improve harm minimisation strategies such as referral to counselling services and self-exclusion. However, being certain a patron has a gambling problem and able to identify indicators have been recognised as barriers. Further, venue staff may fear patrons becoming upset or angry if approached. Most staff in Hing’s (2007) study said they knew who the problem gamblers were amongst their patrons and cited various observable indicators. However, most said they would not approach these patrons. Some were unsure whether they had a legal right to do so, while others were frustrated about their limited ability to intervene, mainly because they were not authorised or empowered to do so. Many were also concerned about a negative response from the

patron. It was recognised that more training could better educate venue staff about both the indicators of problem gambling and follow-up processes.

Empirical evidence supports the perceived value of staff training in responsible gambling (Caraniche 2005; Giroux et al. 2008; Hing 2003; McDonnell-Phillips 2006). Hing (2003) conducted two surveys of 950 members of ten Sydney clubs. Respondents supported responsible gambling training of club staff and rated its value as fourth of 13 listed responsible gambling measures. In Victoria, Caraniche (2005) found 58% of the 418 listed gamblers and 87% of the 297 venue managers they surveyed supported staff training as an effective strategy in responsible gambling. McDonnell-Phillips (2006) in their study of 482 regular gamblers also found strong support for staff training and awareness of problem gambling. Indeed, the Productivity Commission (2009:8.27) recently concluded:

There is a reasonable case for governments to mandate training for staff that work regularly with gamblers or that work primarily on the gaming floor of a venue. The interaction of these staff with gamblers is an important element of harm minimisation. Such staff are likely to be more effective in assisting problem gamblers if they received appropriate training and in knowing their responsibilities as set out in industry self-regulation and regulation.

Clearly, gaming venue staff have a critical role to play in facilitating help-seeking by problem gamblers. The next section outlines the methodology used in this study to illuminate how this occurs in Queensland gaming venues, from the perspective of gambling counsellors and their clients.

## Methodology

This study aimed to establish how venues interact with local gambling help agencies to provide assistance to patrons with gambling problems. Qualitative methods were utilised to obtain in-depth data. The study was approved by the Human Research Ethics Committee (HREC) at Southern Cross University.

Twenty-three of approximately 30 counsellors working in Queensland Gambling Help agencies were interviewed based on their own and their clients' experiences of the processes and practices involved in assisting problem gamblers in gaming venues. Those who declined an interview were on leave or otherwise unavailable. The interviewees' experience in their role ranged from 'a couple of months' to 11 years. Six interviewees also had a community education role, one was a financial counsellor and four had coordination or program leadership roles. These interviews were conducted by telephone during December 2008 and lasted 30–50 min.

The interviews were semi-structured and focused on eight areas:

- Background information on the role of the counsellor.
- Client experiences in gaming venues in relation to two scenarios—1) when a patron asks for assistance with a gambling problem, and 2) when a patron shows observable signs of possible problem gambling but does not directly request assistance.
- Counsellors' professional opinions on what venue staff should do in relation to these scenarios.
- Client experiences with self-exclusion procedures in venues.
- Counsellors' professional opinions on what procedures venue staff should follow for self-exclusion.

- Types of interactions they have with gaming venues, facilitators and barriers, opportunities for improvement and best practice examples.
- Their role in staff training, strengths, weaknesses, opportunities for improvement and best practice examples.
- Any other ways that venues can assist problem gamblers in the venue.

All interviews were digitally recorded with permission, transcribed by a professional service and analysed using thematic analysis. Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data, by organising and describing the data set in rich detail and by interpreting pertinent aspects of the research topic (Braun and Clarke 2006:79).

## Results

As a group, the counsellors interviewed felt qualified to comment on venue practices and their clients' experiences of these. They interacted with gaming venues in several ways, including providing printed materials about local services, being a contact for advice and referral, organising self-exclusion and providing staff training sessions.

The counsellors were asked about two scenarios. The first was where their clients had approached staff in venues for assistance with a gambling problem. Nine counsellors recalled clients who had approached staff in venues, although some noted it was 'very few' and 'it's really quite unusual'. The second was where their clients had been approached by venue staff out of concern for their gambling. Seventeen said that they did not recall this happening amongst their clients. However, 19 thought staff should be approaching patrons if they were exhibiting signs of distress with their gambling.

The counsellors' responses are organised into five themes: barriers to patrons approaching staff and staff approaching patrons, client experiences of assistance in venues, issues around self-exclusion, what counsellors consider staff should do, and best practice examples and other improvements.

### Barriers

Four barriers to patrons approaching venue staff were articulated. One was 'the shame and the unwillingness to admit they have a problem'. Similarly, another said 'I think the whole issue of denial is one that people carry around with them and a sense of embarrassment of actually coming out and admitting you're not coping'. A third answered 'shame—they perceive asking for help as a sign of weakness'. Issues of confidentiality and privacy for patrons in small communities was also a barrier. Comments included: 'they probably see it that the community will find out'; and 'the most accurate answer I can give to that is that because we live in a small community'. Another barrier was not being aware the venue could help, that is, 'not knowing what the venue staff could possibly do, possibly having no idea that the venue staff can do anything to help them'. Finally, 'unsympathetic venues' deterred seeking assistance from venue staff where they 'believe they know their patrons and are really quite convinced that problem gambling isn't an issue in their venue'. Conversely, a facilitator for asking for help was having an existing relationship with a staff member, 'really building up a relationship, particularly with a particular member of staff' as 'you need to have a pretty good relationship with the staff member, I think'.

In relation to the second scenario, the counsellors noted the infrequency of their clients being approached by venue staff out of concern for their gambling. Many reasons were

articulated. Several interviewees were adamant that venues discourage staff approaching patrons of concern. For example, one maintained ‘staff in Queensland are told they can’t do it’ and another that ‘it’s coming from their boss’. Another commented ‘it seems to be generally across the board, it seems that [the industry associations] say that you shouldn’t approach people because it’s an invasion of privacy and you don’t know, they might be an eccentric millionaire’. One counsellor, who worked in a venue ‘a couple of years ago’ verified this, explaining:

‘I worked in the gaming room as a staff member and from my personal experience on that side of it, it’s frightfully daunting for a start but also ... we were told under no circumstances to do that. And that was in our training .... We were told it’s not fair to judge a person about their gambling. You might think they’re putting through \$100 s of dollars but that might well be in their budget, so we were told not to.’

However, one counsellor also discouraged staff from approaching patrons, explaining ‘in our training and in talking to people, we don’t encourage them to do that because sometimes that elicits violence or violent behaviour. Someone can take exception to people sticking their bit in’.

A major issue appears the conflict of interest between generating revenue and discouraging problem gamblers from gambling. Related comments included: ‘management ... want the people there to make the money ... They look at it being more a business proposition rather than somebody having a gambling problem’; ‘I think venue staff are often compromised, possibly by venue management’s desire to generate revenue’; and ‘I earn money at the club and here I’ve got somebody who wants to tell me they don’t want to spend money. So it’s an ethical dilemma’. The counsellor who had worked in a venue a few years earlier noted ‘we were told, I don’t care if the bar is unattended but the gaming room has to be attended and you have to look after the clients above all else because that’s where our money is’.

The counsellors also felt staff struggle with whether the responsibility lies with the venue or individual patrons. Thus, one said ‘some ... staff feel it’s just not their role to analyse whether people are actually having a problem or need help, that it’s more for the patron to make the first move’. Thus, ‘they [venue management] are essentially saying you can’t make those decisions for them, that you’re invading their privacy if you’re going to approach them’. One counsellor put responsibility for this dilemma firmly back on the venue, saying ‘some staff are resistant, not only to approaching clients, but even to the notion that they should... But I think it’s part of the responsibility of the gaming industry, the people working in it.’

One counsellor raised the issue of conflicting advice given to venue staff in relation to approaching patrons of concern, where ‘in their training they’re told not to and we’re telling them that they should’. Another commented that ‘a lot of them ... just don’t care. A lot of them might have an idea, but they’re young and they don’t care. They don’t recognise the impact that it has on people’s lives’.

One counsellor who had previously worked in a gaming venue commented that ‘it’s a very difficult thing to do if someone’s really quite distressed. They [staff] may even be frightened’. Additionally, many staff feel ill equipped to deal with patron reactions, where ‘it’s fear a lot of the time on the part of venue staff like, if I approach him or her, how would I be seen by the patron and/or the venue staff, how would I be seen by those around me and am I really doing the right thing, am I saying the right thing?’ Another counsellor felt ‘we put a responsibility that’s beyond them, on the average venue staff member, to have them going up and approaching problem gamblers. I don’t think that’s a reasonable ask of somebody that you’re employing’.

## Experience for Clients

The counsellors were asked about their clients' experiences if they had approached venue staff for assistance with a gambling problem. The counsellors clearly considered the staff member's response as critically important, especially because 'for some of our more chronic gamblers, some of the staff in the venues are quite significant people in their lives'.

Some counsellors provided very positive comments: 'for the most part, they've reported to me that they've been fairly well received'; 'it's been very positive'; and 'they've actually been treated well by venue staff, that they were encouraged to visit the Gambling Help service and they've talked about it fairly positively'. One recalled 'two occasions when a venue has actually phoned me and said, I've got John Smith here and I'm suggesting he makes an appointment with you. Would you like to speak to him now? Which I think is outstanding when that happens'. Another said 'it's really only one venue [in the area] that has a really good attitude to it and it's been extremely helpful and supportive of people, taking care to take them into a private place, very flexible with working around their needs'.

Conversely, several counsellors noted their clients had reported a negative or unhelpful experience. One client had recalled 'I tried to get help from such and such a venue but they just ignored me; I was very embarrassed'. Similarly another said 'they're pretty well made to feel that the venue's not interested, that they're being stupid for being a problem gambler and how stupid they might be that they might find themselves in that situation'. Some responses of staff seem to discourage clients: 'sometimes they get some issues incorrect, for instance, cooling off periods or whatever. I've heard of people actually being encouraged to come back next week and we'll discuss it'; 'a client was let down because he feels he didn't have the exclusion process explained to him correctly, that he wasn't given the option of excluding from just the gambling area or from the whole venue. And the form was not filled out correctly'. This person was also critical that 'often they're not given the Gambling Help service contact stuff'.

The counsellors had limited comments on their clients' experiences of the second scenario—being approached by venue staff—presumably because it appears so infrequent. However, one related positive responses and outcomes:

'There are some staff who do keep quite a friendly eye on their patrons and who might say, come on Gladys, it's time you went home and got the tea and, don't you think you've had enough for 1 day? That sort of thing and do it in a very friendly and informal way within the context of a relationship that's been built up, and that's very well accepted, I think.'

This counsellor also recalled 'there are some instances where there has been an act of intervention and referral as a result of a discussion that follows'.

## Self-Exclusion

The counsellors were asked about their clients' experiences of self-exclusion. Nine made positive comments, such as 'they come back and say that the venues were really quite nice with them, they handled it well' and 'the staff said things like well done, congratulations'. Similarly, another said:

'Some of them reported it has been handled with a great amount of sensitivity, having approached the venue feeling quite awkward and embarrassed. [They] have been met with genuine sympathy and concern, have been treated with dignity, have been

encouraged to follow it through, have been quite actively told that I admire you for the steps that you've taken, I think it's a great thing you're doing, so there have been some clients who have been quite surprised by how well they've been responded to.'

However, some clients had clearly encountered negative experiences. For example, one counsellor recalled:

'I had one client recently who was quite angry because she excluded from a number of venues and it took a lot of effort and she was really pleased with herself, and she only excluded from the gaming room at a large venue nearby because she used to go there with girlfriends for lunch and the venue turned around and said no, you're excluded from the whole venue. She hadn't told her friends she has a problem and now she's in this really difficult situation where she can't walk into the venue.'

One vivid experience was recounted where 'the person went to the venue and the manager stood in front of him with the completed self-exclusions form that the patron had handed in. He tore it up and threw it and said, we don't do those here. Go away. That's probably one of the worst'.

Shame and embarrassment also deter clients from self-excluding, as 'it is daunting ... the shame factor for gambling is so much worse than alcohol or smoking ... the fact that you are so out of control is so huge. Particularly with different cultures too'. This counsellor continued:

'I had a long term problem gambler on the phone the other day ... and he was saying he's full of shame now because he's excluded from a venue and now what the hell is he going to tell anyone when they say, let' go down for a drink or a meal or something, how's he going to survive that?'

One interviewee suggested some clients are deterred from self-exclusion because they recognise its limited effectiveness, as 'most of them know it's not going to solve the problem but it's just going to put a few barriers up to help them in the process of getting over their gambling addiction'. A few counsellors felt clients may not choose self-exclusion because 'it's weak to do it ... to self-exclude, that they should be able to control it themselves'. Another explained 'when I raise it with clients, the usual response is, no I don't want to do that, I'd prefer to manage this myself, I'd be too embarrassed'.

Three counsellors thought patrons were discouraged when staff were unclear about processes to follow in implementing self-exclusion. Thus, 'sometimes staff don't know what to do. They don't know where to find the forms, they don't know how to fill them out' and 'because exclusions are rare events, they're not called on to do them often ... they've got a vague idea on how to do it, but they lose the detail'. Another described how he has assisted venues with the self-exclusion process: 'we've actually developed a checklist for them that they can sit beside the flow chart and tick off what they've got to tell them and what they've got to do'.

Mentioned by seven counsellors, some clients do not want to be excluded from the whole venue, especially in small towns, yet some venues reportedly discourage exclusion only from the gaming area. As one counsellor noted, 'if you go out for dinner you're going out to a hotel. Pub meals are what we get here. There's the misconception too that they can't go there and drink, they can't go there and eat, they can't go to that pub if they do self exclude'. Another confirmed this: 'they get concerned about excluding from the whole venue. They say, where are we going to go when we go out to tea because there aren't venues without pokies or without gambling?'



## What Staff Should Do

Counsellors were asked what they consider as good practice when patrons approach venue staff for assistance with a gambling problem (Scenario One). Recommendations included: respond immediately; provide information and/or referral; provide information on self-exclusion; listen and stay calm; and treat the client with respect. As one noted, ‘if the client is approaching them and they want some help, they’re wanting to tell their story to someone there and then’. The importance of allowing the patron to ‘tell their story’ in a calm, unhurried way was emphasised: ‘if the staff member is calm, the client is going to pick up on that and that’s going to help calm them down’. Ten counsellors, raised the need to treat patrons with respect: ‘they need to be respectful, discreet, and they need to not to pry too much’. Further, 15 counsellors emphasised the importance of frontline staff either referring a patron to their supervisor because ‘they have the better training and as far as I know the general staff don’t have much training at all’ or to a gambling support service. One thought staff should ‘refer people to the Gambling Helpline as well so they can get some professional help’.

In relation to Scenario Two, the counsellors were asked if they thought staff could accurately identify indicators of problem gambling amongst venue patrons and if so, what they might be. Fourteen counsellors considered staff would be able to notice these indicators, eight considered it problematic and one was non-committal. The following comments reflect the majority view: ‘venue staff are aware when there are problem gamblers, certainly in the bigger venues. You have your regulars, your little old ladies who are there nine o’clock in the morning. I think they see them’; ‘they absolutely can recognise them’; and ‘the majority of staff who work in venues, in my experience are pretty savvy’. A counsellor who had previously worked in a venue verified this, saying ‘even myself when I first came into the gaming room with very little experience, and even then over the couple of years I was there, you realise that someone was developing a problem’. However, other comments showed doubt, as staff ‘don’t necessarily recognise problem gambling behaviours’. Another recalled how a staff member had said to them ‘you can’t tell’. Another noted further difficulties, querying:

‘... whether people are watchful enough to notice how often someone goes back to the ATM or to actually pick up the fact that somebody has reserved the machine and they’ve gone home for more money. It’s pretty hard to keep an eye on 70 or 150 machines while those sort of things might be happening.’

The counsellors noted many indicators staff should look out for: ‘coming back to get more money, going to the ATM more than once’, ‘playing more than one machine at once’, and ‘increased agitation, frustration, maybe drinking heavily as well, missing for hours, no money, repeated trips to the ATM’. A counsellor who had worked in a venue emphasised the number of different signs staff ‘do notice’:

‘... time spent there, if they’re waiting at 10 o’clock to go in there, if they have that frantic feel to them with their gambling, if they’re not sitting there and enjoying themselves, they’re punching buttons, hunting money. You can tell. They stroke the machines, they’ve got to have their machine, they get very upset if they don’t have their particular machine, they do the sticking of cards in things, they stroke the machine or talk to them or sing to them, they put their glasses a certain way. All those little superstitions.’

Some respondents felt a combination of behaviours is significant, ‘looking at the totality of the situation; if a number of indicators are present then yes it probably is time to start looking at that particular patron and seeing whether they can assist them or not’.

When asked what staff should do if they have noticed indicators of a problem and then approached the patron, the counsellors advised being sensitive and non-confrontational, building a relationship with the patron first, referring the matter to senior staff, and choosing the right time to approach. As one explained:

‘I’ll always say to staff, don’t approach the person who’s feeling angry at the machine. You might get a punch in the nose. Wait for the time when you’re actually seeing them slump down in the chair afterwards and feeling quite miserable afterwards because they’ve done all their cash and they’ve lost some of that aggression and they’re actually in the kind of regret phase.’

### Best Practice and Other Improvements

The counsellors were very vocal in highlighting instances of good practice within venues and suggesting improvements. These included: regional responsible gambling networks; responsible gambling awareness week activities; ensuring venue staff know the counsellors; agency assessment of venue practices; assistance to be self-excluded from other venues; having problem gambling literature available in toilets where they could be accessed discreetly; customised signage and cards; counselling at the venue; referring patrons to counselling before self-exclusion; and providing debriefing for venue staff.

The counsellors also had numerous suggestions for additional ways venues can assist problem gamblers. These included: building patron histories; individual case management; encouraging or reinforcing breaks in play; enabling exclusion from multiple venues; separate gaming areas; having an amount of signage proportional to the number of machines; more information on self-exclusion; a mandatory rather than voluntary code of practice; patrons taking control of the self-exclusion process; removal of the cooling off period for self-exclusion; conducting surveys in venues; having an ID card requirement; limiting the number of machines; and further staff training.

Ten counsellors were directly involved in venue staff training. The content of their training typically included communication skills, how to approach and work with vulnerable patrons, agency information, exclusion training, and signs of problem gambling. Several suggested improved training on how to approach patrons; more frequent training; extended training to include more staff; dealing with the effects on themselves; providing information on mental illness; and using DVDs in training.

### Discussion

The earlier literature review identified low rates of help-seeking by problem gamblers from formal help services. This study’s results suggest problem gamblers are also reticent to approach staff in venues for help. Similarly, the literature reviewed identified several barriers to seeking help from formal treatment services, and it appears problem gamblers face similar barriers to seeking help in venues. Shame and embarrassment, concern over confidentiality, and being unaware of what help is available are obstacles common to both. However, an additional barrier was found for help-seeking in venues, where some patrons reportedly have experienced unsympathetic responses from venue staff. The counsellors believed these result from venues discouraging staff from approaching patrons and the inherent conflict of interest between generating gambling revenue and assisting problem gamblers to control their gambling. Additionally, patrons

are sometimes not considered the venue's responsibility or staff can be uninterested in their welfare.

However, the counsellors generally believed patron reticence to seek help can be reduced through enhanced patron confidence that venue staff will treat a request for help privately, discreetly, with genuine concern and with timely, accurate and helpful information and actions. Consistently supportive responses by venues and communication that this will occur were identified by counsellors as key in encouraging patrons to ask for assistance when needed. Given that requesting this assistance is often a humbling step for patrons, receiving an appropriate venue response at this time is considered critical to patrons taking the necessary steps towards resolving a gambling problem. The counsellors clearly considered the staff member's response to be vital in a help-seeking situation, especially as venue staff are quite significant people in some problem gamblers' lives. This was thought to be especially important when it concerned the self-exclusion process.

When the counsellors were asked about their client's experiences of the self-exclusion process, nine made positive comments, such as 'they handled it well'. However, several noted their clients had reported a negative or unhelpful experience. Several also commented they thought the patron was discouraged when staff were not clear about self-exclusion processes. As self-exclusion is an agreement between the gambling provider and an individual, to manage the self-exclusion process successfully the roles of both the venue staff and the patron must be explicitly articulated (Blaszczynski et al. 2007). In addition, as part of the self-exclusion process, venue staff should inform the patron of alternate or additional options such as referral to a gambler counsellor (Blaszczynski et al. 2007). The importance of venue staff being knowledgeable about available resources and referral options was also raised in the current study.

Indeed, Nowatski and Williams (2002) asserted that providing information on treatment resources should be standard practice. Additionally, Blaszczynski et al. (2007) recommended that if the patron is at crisis point—which is often the case when a self-exclusion is requested—they may need referral to a mental health service. Consequently, staff need appropriate training to effectively respond in this situation. To this end, Blaszczynski et al. (2007) developed the 'gateway model' for self-exclusion that provides a link to community resources using clinically trained educators who act as case managers for patrons who self-exclude. However, in the absence of these resources, close interaction between venues and counselling agencies can at least help ensure that venue staff are knowledgeable about services available.

A more difficult challenge for staff was reportedly approaching patrons who display indicators of problem gambling. While the counsellors considered staff can generally recognise signs of problem gambling amongst patrons, they recognised many feel unsure and ill equipped to approach them and apprehensive or afraid of a negative or angry reaction. Part of the problem is lack of direction and conflicting advice for staff about what to do in these situations and/or an ethical mismatch between what staff feel they should do and what they have been instructed to do.

Consequently, the importance of training for venue staff was highlighted so staff feel confident about how to assist problem gamblers in the venue. Several suggestions to improve training included more frequent training, dealing with the effects on themselves, and providing information on mental illness. These reflect those in the literature in relation to training and venue-based responsible gambling measures which can raise staff awareness of problem gambling, its signs and typical consequences, the poor odds in gambling, and help-seeking strategies (Caraniche 2005; Giroux et al. 2008; Hing 2003; McDonnell-Phillips 2006). Venue staff are likely to be more effective in assisting problem gamblers if

they receive appropriate and regular training (Giroux et al. 2008; Productivity Commission 2009).

Further, counsellor involvement in venue staff training appears very valuable in humanising problem gambling and conveying its serious impacts on the gambler, significant others and the community. Counsellor input can assist staff to better understand the nature of addictions in general and problem gambling in particular. It can assist staff to develop skills in listening, communicating and responding appropriately to patrons with gambling issues and to approach patrons of concern in a non-confrontational supportive way. It also appears training is one way in which links between venues and agencies are built and then maintained or strengthened over time. Having strong links with local counselling agencies appears critical in providing appropriate assistance to problem gamblers in the venue.

## Conclusion

Initiatives to foster links between gaming venues and counselling agencies help to strengthen venue-agency relations, educate venue staff about problem gambling and encourage help-seeking by patrons with gambling problems. A strong and trusting venue-agency relationship appears to underpin good practice in assisting problem gamblers in the gaming venue. This includes venue staff knowing the counsellors so they can refer patrons, inviting the agency to assess venue practices to identify improvements, referrals to counselling to accompany self-exclusion, and willingness of venue staff to contact agencies to assist with problem gambling issues. These practices would in turn help address the barriers to help-seeking from both venues and treatment services.

It appears additional training may better equip staff to meet the challenges of assisting problem gamblers in situ. Nevertheless, variations in venue patrons' willingness to ask for help, in their response to advice, in their outward display of problem gambling behaviours, and in how venue staff perceive and act on these, mean that identifying and assisting problem gamblers in the venue may never be an exact science. However, it is hoped the insights from this study can inform improved practices.

However, the limitations of this research must be acknowledged. As with most exploratory qualitative research, data were gathered from only a small, self-selecting sample. It is not known whether the views and experiences of the 23 research participants are representative of all 30 counsellors in the state, or of the broader population of gambling counsellors. Additionally, while the counsellors reported on their professional experiences with both their problem gambler clients and with gaming venues, the data were not collected directly from these clients or venues, but were filtered through the counsellors' interpretations. Nevertheless, given their training and experience in assisting problem gamblers, their input to this study on assisting problem gamblers in the gaming venue is very valuable.

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