
Evaluation of the Massachusetts Voluntary Self Exclusion Program: June 24, 2015 – November 30, 2017

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EXECUTIVE SUMMARY

The purpose of the current report is to provide an evaluation of the Massachusetts Voluntary Self Exclusion Program (MA-VSEP) and recommendations for improving the program. Though some findings should be interpreted with caution given sample limitations, results of both quantitative and qualitative data collected from MA-VSEP enrollees suggest that these enrollees have had positive experiences with the program and have demonstrated improvements in their gambling behavior, gambling-related problems, and general well-being in the 6-12 months since enrollment. Based on the multiple sources of data that informed this evaluation, this report provides recommendations for ways MA-VSEP can be improved to better serve MA-VSEP enrollees, increase the visibility of the program, and increase the quality of data collected from enrollees.

Introduction

- As part of its broader efforts to study the social and economic consequences of expanded gaming and to mitigate potential gambling-related harm, the Massachusetts Gaming Commission (MGC) contracted with the Division on Addiction to provide an evaluation of the Massachusetts Voluntary Self-exclusion Program (MA-VSEP).
- This initial report summarizes data collected from the MA-VSEP and its enrollees during its first twenty-nine months of operation in Massachusetts. Our goals were to (1) evaluate the MA-VSEP as implemented in collaboration with Plainridge Park Casino (PPC), and (2) assess the gambling behaviors, problems, mental health, and well-being of MA-VSEP enrollees across time.
- Voluntary self-exclusion (VSE) is a popular intervention that has been implemented by governments and casinos across the globe. VSE programs permit individuals to ban themselves from entering specific casinos for a specified time period or for a lifetime. The purpose of these programs has evolved from its more punitive intervention beginnings (i.e., charging people who violated their VSE contracts with criminal trespass) toward prevention and harm reduction.
- Prospective and/or retrospective longitudinal studies suggest that VSE is associated with advantageous changes in gambling experiences, such as reduced spending and reported experience of clinical gambling symptoms, but rates of VSE violation and continued gambling suggest that these changes might relate to the decision to self-exclude as much as to enrollment in VSE programs themselves.

The Massachusetts Voluntary Self-Exclusion Program (MA-VSEP)

- MA-VSEP provides interested patrons with three ways to self-exclude: (1) at the Plainridge Park Casino (PPC) either in the [GameSense Info Center](#) or with a Gaming Agent when GameSense is closed, (2) at the Massachusetts Council on Compulsive Gambling (MCCG) offices with a trained staff member, or (3) at the MGC main office in Boston with trained Gaming Commission staff (Massachusetts Gaming Commission, 2015). Introductory enrollment terms are 1-year, 3-years, or 5-years. The VSE contract covers all Massachusetts casino properties.
- Enrollment in MA-VSEP results in the forfeiture of casino rewards points and removal from casino direct marketing mailing lists. People who violate their MA-VSEP contract are escorted from the gaming floor of the establishment when detected, and forfeit any money wagered, won, or lost, including money converted to wagering instruments. Forfeited monies do not return to the casino but are instead transferred to the MGC to be deposited into the Gaming Revenue Fund.
- At the end of a VSE period, MA-VSEP enrollees wishing to renew their VSE contract can select from the same terms or select a lifetime exclusion. At any time after an individual's VSE period has expired, an enrollee can request that their name be removed from the VSE list. To finalize their removal from the list the individual must complete an "exit interview" with an MGC-designated agent (e.g., MCCG staff).

Current Study

- Division staff consulted to the MGC to help develop the MA-VSEP protocol. We worked collaboratively with staff from the MCCG and its GameSense Advisors (GSAs) to ensure both the MA-VSEP and its associated study protocols were well understood.
- The current evaluation includes (1) secondary data analyses of all MA-VSEP MGC records, including application data, (2) secondary data analysis of information related to one-week check-in calls conducted by the MCCG staff, (3) secondary data analysis of PPC player card records for MA-VSEP enrollees, and (4) baseline and 6-month longitudinal follow up of a subsample of MA-VSEP enrollees who agreed to participate in the study. This research agenda is consistent with initial evaluation processes for programs in their early development.
- Our primary evaluation goal was to understand the characteristics of MA-VSEP enrollees and their experiences with MA-VSEP so that we might make evidence-based recommendations for program improvements.

Methods

- The sample for this MA-VSEP evaluation included all 263 MA-VSEP enrollees who entered the program between June 25th, 2015 and November 30th, 2017. Within this full sample, we also examined several overlapping subsamples, including MA-VSEP enrollees who used player cards at PPC after May 2016 (n = 116), MA-VSEP enrollees who agreed to a one-week check-in with MCCG staff as part of their initial MA-VSEP enrollment (n = 67), and MA-VSEP enrollees who agreed to complete baseline and follow-up study surveys (n = 63 baseline; n = 46 baseline and follow-up).
- At the time of MA-VSEP enrollment, staff introduced enrollees to the study and requested their participation. Those who agreed to participate completed a baseline survey and provided their contact information to complete a follow-up interview about 6 months after enrollment. Division staff conducted follow-up interviews with willing participants over the telephone and also conducted baseline surveys over the telephone with MA-VSEP enrollees who did not complete the baseline survey at time of enrollment but agreed to participate in the study when contacted by Division staff.
- Measures included (1) a baseline survey assessing experiences with MA-VSEP enrollment as well as past gambling behaviors and experiences, (2) a follow-up interview assessing the same domains addressed in the baseline survey during the interval since MA-VSEP enrollment, (3) questions asked as part of the MA-VSEP application, (4) gambling variables derived from PPC player card data, and (5) information collected about one-week check-in calls conducted by MCCG staff.

Results & Discussion

What Are the MA-VSEP Enrollment Trends?

- Enrollment trends for the MA-VSEP differ somewhat from our previous work. New MA-VSEP enrollment rates have remained steady in the 29 months since PPC opened (i.e., from June 15th 2015 through November 30th 2017), following a linear trend for cumulative enrollments across time. This suggests that there is not yet any evidence of adaptation to PPC as a new gambling opportunity or the MA-VSEP as a novel program.
- Thirteen percent of enrollees formally un-enrolled when their term expired, and one third of those eventually re-enrolled in MA-VSEP.

Who Signs Up for MA-VSEP?

- The majority of MA-VSEP enrollees who lived in MA resided in the eastern half of the state; a quarter of enrollees were residents of Rhode Island.
- The majority of MA-VSEP enrollees for whom we had demographic data were non-Hispanic (98%) and white (79%), and approximately 60% were male. Enrollees were, on average, in their late 40s, though female enrollees tended to be older and male enrollees younger. Most were employed, the majority had a household income of \$50,000 or greater, and just over a third were married. Compared to MA residents, MA-VSEP enrollees were more likely to be male and not married, and had lower household incomes.
- MA-VSEP enrollees who answered questions about gambling behavior on either the MA-VSEP application or the baseline survey reported electronic gaming machines as the gambling activity on which they lost the most money and reported large past year financial losses due to gambling: a median of \$12,250 lost gambling in the past year, and a median of \$1,600 as the most lost on any single day. Analysis of player card records confirmed these reports. More than 70% reported major difficulties with finances in the past year. Enrollees did not tend to constrain their gambling to PPC; the majority reported also gambling at casinos in states neighboring Massachusetts in the year prior to MA-VSEP enrollment. Those who selected longer enrollment terms tended to exhibit more severe levels of gambling behavior prior to enrollment. Not surprisingly, MA-VSEP enrollees had much greater involvement with gambling generally and casino gambling specifically than other residents. Compared to past research focusing on VSE participants, MA-VSEP enrollees had similarly elevated gambling spending and involvement. It will be interesting to note whether MA-VSEP enrollees at future MA casinos that offer both electronic gaming machines and table games will continue to report electronic gaming machines as the most problematic gambling activity for them.
- Analyses of both the larger sample of MA-VSEP enrollees and the subsample who completed the baseline survey indicated that the vast majority screened positive for (i.e., 84% of the larger sample) or qualified for (i.e., 89% of the baseline survey subsample) gambling disorder prior to MA-VSEP enrollment. Compared to past research focusing on VSE participants, MA-VSEP enrollees had similar rates of gambling disorder.
- Seventy percent of enrollees who answered questions about their gambling behavior on either the MA-VSEP application or the baseline survey reported an intention to quit all gambling upon MA-VSEP enrollment.
- A few additional results, based on the subsample of 63 MA-VSEP enrollees who agreed to complete study surveys, should be interpreted with caution given the low recruitment rate:
 - Participants who completed the baseline survey reported gambling for excitement, a good time, and financial reasons; more than a third also indicated that they gambled because they were depressed or lonely. The majority of enrollees believed that luck plays a role in gambling outcomes, and endorsed both positive (e.g., gambling is a fun activity) and negative (e.g., gambling is dangerous) attitudes about gambling.
 - More than half of the subsample of MA-VSEP enrollees who completed the baseline survey reported poor or fair mental health, 40% screened positive for depression, and 40% screened positive for anxiety.
 - MA-VSEP enrollees who completed the baseline survey tended to be involved with treatment prior to MA-VSEP enrollment: among those who completed the baseline survey, a quarter had received dedicated gambling treatment, half had called a gambling helpline, half had attended Gamblers Anonymous, and half had been in some other form of mental health treatment. Compared to MA residents, MA-VSEP enrollees were more likely to be involved in mental health, substance use, and gambling treatment.
 - Three quarters of MA-VSEP enrollees who completed the follow-up interview reported having signed up for VSE programs in other states.

Why Do Enrollees Sign Up for MA-VSEP?

- MA-VSEP enrollees who answered questions about gambling behavior on either the MA-VSEP application or the baseline survey endorsed a variety of reasons for MA-VSEP enrollment but were more likely to endorse self-focused reasons (e.g., didn't want to lose any more money; couldn't control gambling) than other-focused reasons (e.g., felt pressured; family or friends asked me to sign up).

What Are Enrollees' Impressions of and Experiences with the MA-VSEP?

Enrollee impressions and experiences with MA-VSEP are based on the subsample of 63 MA-VSEP enrollees who completed the baseline survey and 46 who completed the follow-up survey and should be interpreted with caution given sample limitations.

- Overall, MA-VSEP were satisfied with the enrollment process and held positive impressions of it as well as the GSAs who facilitated enrollment; however, program satisfaction declined over time, possibly indicating a need for program-related maintenance activities.
- At follow-up, among MA-VSEP enrollees who had enrolled in other VSE programs previously, more than 80% rated their MA-VSEP enrollment experience as better than their previous experiences. Many indicated that the MA-VSEP process was more caring and positive than other enrollment processes.
- More than 40% of MA-VSEP enrollees who completed the follow-up interview indicated that MA-VSEP enrollment influenced them to access additional help and resources.
- MA-VSEP enrollees who completed the follow-up interview indicated that the program was helpful to them because of the support it provided, as well as its role as a deterrent because of the risk of being caught.
- Specific suggestions to improve the program included incorporating more follow-up and check-ins, better advertising the program, allowing regional VSE, and setting up the program so that an individual does not have to enter the casino or be near the gaming floor to sign up.
- Among the 46 MA-VSEP enrollees who completed the follow-up interview, more than three quarters did not violate their contract. However, 10 (22%) returned to PPC during their exclusion term, 7 (15%) tried to enter the gaming floor, and 2 (4%) were caught. Among MA-VSEP enrollees with player card records we could access, only one recorded gambling activity on his player card after MA-VSEP enrollment.

How Do Enrollees' Behavior and Well-Being Change After Enrollment?

Analyses of changes in enrollee behavior and well-being after MA-VSEP enrollment are based on the subsample of 46 MA-VSEP enrollees who completed the follow-up survey and should be interpreted with caution given sample limitations.

- MA-VSEP enrollees who completed the follow-up interview reported statistically significant improvements in gambling problems, mental health, and relationship quality.
- MA-VSEP enrollees who completed the follow-up interview significantly reduced the frequency and amount they gambled. Though more than 70% continued to gamble, 80% reported that they were gambling less at follow-up than prior to MA-VSEP enrollment.
- MA-VSEP enrollees who completed the follow-up interview and intended to quit all gambling upon MA-VSEP enrollment had less success fulfilling that goal (i.e., only one third stopped gambling) according to their follow-up interviews than enrollees who intended to quit only casino gambling.
- Exploratory analyses suggest that MA-VSEP enrollees who selected longer enrollment terms at MA-VSEP enrollment demonstrated less reduction in their gambling than other enrollees according to the follow-up interview.

Do Enrollees Access Additional Resources After Enrolling in MA-VSEP?

Analyses of changes in enrollee behavior and well-being after MA-VSEP enrollment are based on the subsample of 46 MA-VSEP enrollees who completed the follow-up survey and should be interpreted with caution given sample limitations.

- Contrary to hypotheses and our previous research, MA-VSEP enrollment did not appear to serve as a gateway to treatment. Few of the MA-VSEP enrollees who completed the follow-up interview reported newly engaging with gambling treatment after MA-VSEP enrollment. This finding might be related to the high numbers of MA-VSEP enrollees who reported already having a treatment history. However, more were engaged in some way with mental health, substance use, or gambling services after MA-VSEP enrollment than in the year prior to enrollment. For most who reported engaging with services after enrollment, the follow-up service engagement represented a return to treatment or services, not a new engagement with services. For these individuals, enrollment appeared to provide a nudge to re-engage with services or self-help groups.
- Accessing treatment and self-help resources after MA-VSEP enrollment did not relate to any of the follow-up outcomes (e.g., gambling behavior, gambling problems, mental health) we investigated among follow-up interview respondents.

What Predicts How Well Enrollees Do After MA-VSEP enrollment?

Analyses predicting enrollee behavior and well-being after MA-VSEP enrollment are based on the subsample of 46 MA-VSEP enrollees who completed the follow-up survey and should be interpreted with caution given sample limitations.

- Higher ratings of social support at MA-VSEP enrollment predicted reductions in gambling problems both among all enrollees who completed the follow-up interview and among the subset of follow-up respondents who continued gambling after MA-VSEP enrollment. Higher social support at enrollment also related to improved relationship quality at follow-up.
- The improvements MA-VSEP enrollees evidenced across domains did not appear to be positively linked to whether they chose to stop gambling as part of MA-VSEP enrollment. In fact, those with abstinence goals experienced reduced mental health at follow-up, perhaps because of their inability to meet those goals as evidenced by reports of continued gambling.

Limitations

- The final design of this study limited our ability to draw causal conclusions about the role of the MA-VSEP in effecting change among its enrollees. Without randomized experimental conditions comparing program elements, it is impossible to state definitively what aspect of the program, if any, influenced enrollee behavior and experience.
- The recruitment rate for the survey portion of the study was 24%. Therefore, it is questionable whether we can generalize information from the baseline or follow-up surveys to the MA-VSEP enrollee population.
- Missing data from the MA-VSEP application, one-week check-in forms, and player card database also reduced the generalizability of findings from these data sources.
- As noted in the forthcoming PlayMyWay management system evaluation (Tom, Singh, Edson, LaPlante, & Shaffer, forthcoming), there also are data anomalies within the player card database; these problems raise important questions about the integrity, validity, and reliability of that data.

Recommendations

Program Recommendations

- 1) Publicize MA-VSEP more widely throughout the state.**
- 2) Specifically collaborate with substance use and mental health treatment organizations to publicize MA-VSEP.**
- 3) Consider making one-week check-in calls a standard part of MA-VSEP, not optional. At the very least, make sure to offer these calls and describe their purpose explicitly to every MA-VSEP enrollee.**
- 4) Include motivational interviewing training for program staff.**
- 5) Conduct an assessment of treatment history and enrollment goals (e.g., abstinence vs. harm reduction) with enrollees at the time of enrollment.**
- 6) Provide resources for gambling treatment and other forms of mental health and substance use treatment in enrollees' regions.**
- 7) Include Rhode Island as a region for which resources are provided.**
- 8) Consider offering regional VSE and making VSEP enrollment available through gambling, substance use, and mental health treatment providers.**

Data Systems Recommendations

- 1) Utilize a relational database to link application data with enrollment terms, one-week check-in data, player card data, and exit interview information.**
- 2) Set up the MA-VSEP electronic application in a way that allows the information to feed directly into the relational database described above and does not default to specific answer options if a question is unanswered.**
- 3) For any data important to the program, do not allow "optional" response within the MA-VSEP application.**
- 4) Create a data system that can generate reports automatically detailing program enrollment, treatment resource access, program removal, and program violation, split by gender, age group, and length of enrollment term.**

Continuing Evaluation Recommendations

- 1) Formalize the information collected during check-in calls and the exit interview for the MA-VSEP, collecting a standardized set of information about outcomes for all enrollees who complete these calls and/or an exit interview. This information should include gambling behavior, gambling problems, mental health, treatment access, MA-VSEP satisfaction and suggestions for improvement, and other domains of interest to the MA-VSEP.**
- 2) Include key domains of interest as mandatory components of the MA-VSEP application, including gambling behavior (i.e., amount, frequency, and type) prior to enrollment, treatment history, enrollment goals and quit intentions, other substance use and mental health issues, and social support.**
- 3) Track information about resources shared with enrollees upon enrollment, information discussed during the check-in call, and enrollee access to these treatment resources.**
- 4) Examine MA-VSEP program features that might be particularly effective at facilitating change by conducting controlled experiments, randomly assigning half of MA-VSEP enrollees to each of two different program conditions and assessing outcomes.**

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1. INTRODUCTION

1.1. Rationale

On November 22, 2011, Massachusetts Governor Deval Patrick signed into law the Expanded Gaming Act. The law allowed up to three destination resort casinos and one slots facility to operate in the Commonwealth. The law also created the Massachusetts Gaming Commission (MGC), a five-person regulatory body tasked with overseeing the licensing and regulation of gambling venues. The Expanded Gaming Act includes several mandates designed to mitigate potential harm associated with expanded casino gambling in Massachusetts. Among these, *section 45 subsection f* established a gambling establishments exclusion list ("Bill H03697," 2011)¹ to be maintained by the MGC. The exclusion list includes two groups: Involuntary Exclusion (e.g., those excluded for committing crimes) and Voluntary Self-Exclusion (i.e., those who voluntarily seek to ban themselves from the Commonwealth's expanded gambling venues, excluding, for example, lottery; VSE). The current report pertains to VSE.

VSE is defined as an agreement between an individual and a casino(s) and/or a state regulatory agency banning them from entering the casino(s) for a specified period. VSE programs vary, some are state-, province-, or company-wide; others concern a single casino. VSE terms also vary in that some programs allow people to ban themselves only for life, while others allow temporary bans. Some casinos/regions enforce VSE with legal actions, such as criminal trespassing, whereas others simply escort self-excluders off the premises. VSE policies also can include the forfeiture of any wagers, winnings, or losses if participating individuals get caught at a banned gambling venue.

During the fall of 2014, the MGC developed a Responsible Gaming Framework to inform all its responsible gambling-related regulations. Responsible gambling initiatives are industry focused harm reduction efforts that seek to reduce the incidence (i.e., new cases) and ultimately the prevalence (i.e., rates) of problem gambling by providing gamblers with strategies to reduce the frequency or duration of their gambling behavior (Ladouceur, Shaffer, Blaszczynski, & Shaffer, 2017). *Strategy 2.4* of the Responsible Gaming Framework (Massachusetts Gaming Commission, 2014) specifies that operators will make available to patrons three opportunities for VSE: (1) removal of patrons from marketing lists; (2) preventing patrons from using check cashing or house credits; and, (3) VSE from casinos state-wide. The framework dictates that the primary location for VSE programs will take place in responsible gambling information centers formally branded as GameSense Info Centers².

Part of the MGC's responsibilities under the Expanded Gaming Act also include establishing and maintaining a research and evaluation agenda to study the social and economic consequences of expanded gambling and assess the impact of its responsible gambling programming. This report, in part, supports this requirement. The MGC has contracted with the Division on Addiction at Cambridge Health Alliance, a Harvard Medical School teaching hospital to provide an evaluation of the Massachusetts Voluntary Self-Exclusion Program (MA-VSEP). The Division has worked with the MGC and the Massachusetts Council on Compulsive Gambling (MCCG) to develop this evaluation, and this evaluation's protocol reflects contributions from all organizations. This report summarizes data collected during the period of June 24, 2015 – April 24, 2017.

1.2. Understanding VSE & its Users

Missouri was the first statewide VSE program in the United States, created by the Missouri Gaming Commission (MOGC) in 1996. Applicants to the program added themselves to the List of Dissociated Persons, which required a lifetime ban. Through this contract, each enrollee assumed responsibility for remaining off casino property. Missouri casinos used the list of self-excluders to remove self-excluders from marketing lists, prohibit self-excluders from cashing checks on the premises, and check all gamblers' identifications against the list before compensating any jackpot winner of \$1,200 or more. If an enrolled person returned to a casino, they could be arrested and charged with trespassing. MOGC now allows those who have served 5 years of self-exclusion to be removed from its List of Dissociated Persons upon request.

¹ <https://malegislature.gov/Laws/SessionLaws/Acts/2011/Chapter194>

² The Division on Addiction has overseen an evaluation of the GameSense Info Center at Plainridge Park Casino. For information about this evaluation, please email info@divisiononaddiction.org.

As scientific reviews of VSE have described (e.g., Drawson, Tanner, Mushquash, Mushquash, & Mazmanian, 2017; Gainsbury, 2014; Kotter, Kraplin, Pittig, & Buhringer, 2018; Ladouceur et al., 2017; Nowatzki & Williams, 2002; Parke, Parke, Harris, Rigbye, & Blaszczynski, 2014), today, VSE is a popular intervention around the world. Governments across the globe have implemented VSE programs, from Australia to Asia to Europe to North and South America. However, the adoption of VSE programs is not exclusive to governments, as casinos and Internet gambling companies have implemented VSE programs that permit individuals to ban themselves from entering specific casinos or using specific websites for a specified time period or for a lifetime. The purpose of these programs has evolved from its more punitive beginnings (i.e., charging people who violated their VSE contracts with criminal trespass) toward harm reduction intervention – offering a variety of VSE options to help people better avoid the consequences of excessive intemperate gambling.

Although VSE programs are now prolific, published studies of such programs are more limited. Nonetheless, what we know about VSE and its users is growing. For example, a recent research synthesis suggests that people who self-exclude are predominantly male and middle aged, and often have extensive mental health problems, including gambling-related problems and other co-occurring disorders, such as anxiety, depression, and other expressions of addiction (Kotter, Kraplin, Pittig, et al., 2018). However, perhaps the most important research related to VSE includes studies that observe VSE over time. Studies such as this reveal, for example, that VSE programs go through periods of adaptation (i.e., enrollment slows and levels off) after initial patterns of increases in enrollment when a program launches (LaBrie et al., 2007). The dynamics of VSE are important to understand, as they are essential to evaluating how well such programs work for enrollees. Fortunately, the available peer reviewed literature includes dynamic studies of VSE, which we review briefly in the following section.

1.2.1. Longitudinal Studies of Voluntary Self-Exclusion Programs

Research on VSEs is limited; few quality longitudinal studies are available. Many early studies evaluating VSE either were cross-sectional or did not do an adequate job of controlling for confounding factors (e.g., LaBrie et al., 2007; Ladouceur, Jacques, Giroux, Ferland, & Leblond, 2000; Nower & Blaszczynski, 2006). These limitations prevent researchers from determining whether observations were a direct result of VSE participation, or due to some other factor. Several longitudinal studies address some of these concerns and provide useful insights about the potential effectiveness of VSE programs. The following brief summaries of some land-based VSE studies³ provide information about the nature of VSE enrollees, observations about the impact of VSE, and areas that require further consideration and programmatic development.

- **Ladouceur, Sylvain, & Gosselin (2007):** A multi-year longitudinal study of 161 individuals who self-excluded from gambling in Quebec. Most participants were male, middle-aged, and employed. About a third chose to enroll in VSE for 6 months, almost half for 12 months, and the remainder for 24 months or more. About 75% indicated that financial problems stimulated their decision to self-exclude, and nearly 90% met criteria for the highest risk category on the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987). At baseline, most study participants indicated that they believed that enrolling in VSE would be effective and a great way to help themselves. Most changes for key outcomes occurred between the baseline survey and a follow-up survey at six months. Many changes were maintained for the 18- and 24-month follow-up surveys. For example, participants reported enduring decreases in the urge to gamble, SOGS scores, and DSM-IV criteria met, and increases in perceived control, initiated especially between the baseline and 6-month follow-up. By the 6-month follow-up, 40.5%, 42.3%, and 22.2% of those who excluded for 6, 12, and 24 months reported returning to a casino.
- **Townshend (2007):** A small follow-up study of 35 individuals in treatment for gambling-related problems who self-excluded from gambling in New Zealand. Most participants were male, and many had co-occurring mental health problems. Further, many had a history of expressions of addiction other than gambling. At baseline, enrollees presented with significant problems; the average enrollee met six DSM-IV criteria and had lost \$1,001 in the past month. At the time of follow-up, participants had been enrolled in VSE for 2 to 24 months, and this study did not control for the amount of time participants were involved with VSE. The researchers observed reductions in DSM-IV criteria met, as well as reductions in money lost during the previous month. The researchers also reported

³ Studies of VSE from Internet gambling websites are available (Dragicevic, Percy, Kudic, & Parke, 2015; Haeusler, 2016; Hayer & Meyer, 2011; LaBrie & Shaffer, 2011; Nelson et al., 2008); however, the current report focuses upon studies of land-based programs because they are most directly relevant to the MA-VSEP in its current form.

increases in perceived control over gambling and abstinence. The researchers did not report a comparison of VSE enrollees to other in treatment for gambling-related problems, so it is unclear whether the reported findings are attributable to VSE enrollment, or their broader treatment engagement.

- **Tremblay, Boutin, & Ladouceur (2008):** A longitudinal evaluation of participants in a specialized VSE program in Montreal during 2005. At baseline, 79.5% met DSM-IV criteria for pathological gambling and another 15.4% were considered at-risk. About half of participants reported that they had previously self-excluded. The specialized program offered individuals the opportunity to meet in person with a psychologist for feedback about their gambling activities and additional referral resources, monthly phone meetings with the counselor for the duration of their VSE, and required a program exit meeting with the psychologist for those who wanted to end their VSE. About 75% of enrollees opted into the specialized program, and the remainder entered a standard program (i.e., no psychologist involvement). Among those who selected the specialized program, 40% requested to meet in person with a psychologist, and of those 37% actually did. About 70% of those eligible to exit VSE did so through the required exit meeting. Surveys completed with those who exited showed that the majority were satisfied with the program and its more supportive complimentary components. Among the minority who participated in both the optional in person meeting and the required exit meeting, most were males and a plurality excluded for 6 months. The researchers reported that these participants reduced their time and money spent gambling, reduced the number of DSM-IV criteria they endorsed, and improved on a variety of other gambling-related outcomes.
- **Nelson, Kleschinsky, LaBrie, Kaplan, & Shaffer (2010):** A retrospective longitudinal study of 113 Missouri lifetime self-excluders 10 years after the program was introduced. About 45% of study participants were male and most were white, employed, and middle-aged. At the time of the survey, length of VSE enrollment ranged from almost 4 years to just more than 10 years. About 13% reported that they had not gambled since enrolling in the program. However, about 81% of those who reported that they continued to gamble also reported that they gambled less than before their enrollment and no one reported gambling more. Likewise, participants reported experiencing fewer gambling-related symptoms after enrollment compared with before. The sample evidenced a 40% abstinence rate at follow-up. About 16% of the sample reported trying to re-enter Missouri casinos, on average 4.7 times, but only 50% of those did so successfully. Almost 75% of the sample reported gambling in other jurisdictions. The researchers note that the observation of improvements on key variables coupled with continued access to gambling suggests that the decision to enroll in VSE itself, rather than lack of access or enforcement, likely influenced success. Notably, enrollment was associated with an increased likelihood of pursuing and participating in treatment for gambling.
- **Cohen, McCormick, & Corrado, (2011):** A longitudinal study of 169 participants in a VSE program in British Columbia, Canada. Participants completed four rounds of surveys, at baseline, 6-, 12-, and 18-month follow-up. The majority of the sample was white, female, and middle aged. Mental health problems were prevalent in this sample with 62% and 58% reporting ever having anxiety or depression, respectively. Nearly half reported currently having either anxiety or depression problems. On average the sample spent \$960 a week, and the three most popular gambling activities were slot machines (88%), lotto (76%), and keno (52%). The top three reasons for enrolling in VSE were having a problem with gambling (94%), financial problems (80%), and feeling it was there only option (71%). A majority of enrollees continued to gamble at 6 (59%), 12 (69%), and 18 months (54%) after enrollment with nearly three quarters of those at each time point identifying casino gambling as the most common location. Among those who were still gambling, more than half reported continuing to gambling at casinos in the region, 55% at 6 months, 94% at 12 months, and 58% at 18 months after enrollment. At 6 months after enrollment, 23% of respondents reported breaching their VSE agreement. That number grew to 47% at 12 months and 50% at 18 months.
- **Hing, Russell, Tolchard, & Nuske (2015):** A longitudinal assessment that compared 33 non-excluders who received counseling to two groups of self-excluders: (1) a group of 19 who did not receive counseling and (2) a group of 34 people who self-excluded and did receive counseling. All three groups improved on a variety of measures across time. Most outcomes did not differ according to whether self-excluders received counseling or not; however, more of those self-excluders who had counseling attempted to breach their contract compared to those who did not have counseling (32.4% versus 15.8%, respectively, with 55% and 33% of the same detected). Most

improvements were made between Time 1 and Time 2, not between Time 2 and Time 3. Also, there were few significant differences between self-excluders and non-excluders, though self-excluders appeared to have higher rates of abstinence. Overall, the results suggest that engaging with an intervention, whatever that intervention is, might account for most of the change observed.

- **Sani & Zumwald (2017):** A retrospective follow-up study that compared 86 female gamblers who obtained re-admission after completing a casino self-exclusion in Ticino, Switzerland. The sample was broken into four groups: (1) female gamblers who requested self-exclusion and then received readmission (68.6%); (2) female gamblers who requested a self-exclusion, followed by readmission, and then subsequent self-exclusion (18.6%); (3) female gamblers who self-excluded more than once, readmitted to casinos and then self-excluded again (4.6%); and (4) female gamblers who requested multiple self-exclusions, received readmission, and did not request any further self-exclusions (8.2%). Approximately half of the sample was married (49%) and 62% were between the ages of 41 and 60. The preferred forms of gambling were slot machines (87%), casino table games (9%), and both slots and table games (4%). A large majority of these self-excluders gambled at least weekly (85%). Half of self-excluders reported doing so for preventative reasons, 36% because they spent too much money, and 10.5% for spending too much time gambling. Nearly two-thirds of the sample (62%) continued to gamble during self-exclusion. They also found that those who requested more than one self-exclusion were more likely to be social gamblers (77.8%) compared to those with no previous self-exclusions (41.8%). Finally, the researchers compared the rates of problem and pathological gambling before and after signing up for subsequent self-exclusions and found reductions in problem gambling (40% to 12%) and pathological gambling (35% to 18%).
- **Kotter, Kräplin, & Bühringer (2018):** A retrospective longitudinal examination of VSE in Germany compared 187 self-excluders and 28 forced excluders on a variety of gambling outcomes. Type of VSE was not associated with any demographic characteristics. Participants were mostly male (81.4%), in their late 30s at first exclusion ($M=38.4$; $SD=14.3$), 84.7% with middle or high education, 84.2% with middle or high socioeconomic status, and 62.0% currently in a relationship. More than half (53.5%) met DSM diagnostic criteria for the most severe level of Gambling Disorder, and the remainder reported at least one symptom. After exclusion, enrollees experienced significant reductions in the breadth (i.e., types of games) and depth (i.e., time and money spent) of their gambling behavior. In fact, 20.5% of excluders in the sample abstained from all gambling and 66.5% reported reduced gambling behavior after enrolling in exclusion. That reduced gambling behavior extended beyond casino gambling to reductions in nearly all forms of gambling assessed. Interestingly, self- and forced- excluders both experienced similar reductions in the breadth and depth of their gambling involvement after excluding. Rates of abstinence and gambling reduction were similar for these groups. A limitation is that the number of forced self-excluders was quite small, and therefore, it is possible that the absence of significant effects might relate to low power. The researchers also note that successful enrollees might have been more willing to participate, which is a limitation that applies to all such studies.
- **Pickering, Blaszczynski, Gainsbury (2018):** A retrospective follow-up examination of the experiences, beliefs, motivations, and outcomes of 56 self-excluders selected from 266 self-excluders with contact information. The program was a multi-venue VSE system. Two-thirds of the sample described their motivation for self-excluding as stemming from a financial loss/hardship or loss of control. About half of the sample noted that they were not ready to stop gambling and wanted to chase their loses. About 86% of participants reported it being easy to obtain information about VSE. After self-excluding, 63.5% of enrollees reported seeking help. Approximately one-third of enrollees (37.5%) reported breaching their contract during their VSE period. Breaches occurred, on average, 6.15 times. Those who breached were identified 42.3% of the time. A majority of enrollees reported benefits of VSE included a greater sense of control, reduced gambling behavior, and improvements in various areas of everyday life including relationships, work, and lifestyle activities. Nearly 4 out of 5 (78.7%) met the criteria for problem gambling at enrollment.
- **McCormick, Cohen, & Davies (in press):** A study of VSE in British Columbia involved 269 participants surveyed at baseline (within one month of enrollment), a 6-month, and a 12-month follow-up. Participants were about half male and middle-aged. Most were white and employed. The average amount reported lost in one gambling session was \$1569 (Median = \$700). Researchers compared changes in gambling activity among those who reported

abstaining (i.e., 12.4%), those who reported non-casino gambling (i.e., 68.0%), and those who attempted to violate their VSE contract (i.e., 19.2%, who attempted to re-enter venues an average of 10.8 times (median=3 times) and were successful 78% of the time). About 80% reported that they did not seek treatment after enrolling. At baseline, about 74% of participants met criteria for the highest risk category of the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001). By the 6-month follow up, the researchers report large reductions in PGSI scores, which were maintained through the 12-month follow-up. People who attempted to violate their contract were less likely to report improvements on the PGSI than both other groups, but abstainers and non-casino gamblers were indistinguishable.

1.3. The Massachusetts Voluntary Self-Exclusion Program (MA-VSEP)

As indicated on the [MGC website](#), to fulfill the regulations mandating that VSE be available to the public, interested patrons currently have the option to self-exclude at (1) the Plainridge Park Casino (PPC) either in the [GameSense Info Center](#) or with a Gaming Agent when GameSense is closed, (2) the Massachusetts Council on Compulsive Gambling offices with a trained staff member, or (3) the Massachusetts Gaming Commission main office in Boston with trained Gaming Commission staff (Massachusetts Gaming Commission, 2015). Introductory enrollment terms are 6 months, 12 months, 36 months, or 60 months. To complete enrollment, interested individuals must present a government-issued photo ID, complete an enrollment application, and meet with a qualified MA-VSEP agent. During the time of this study, all prospective enrollees also were invited to participate in this research at the time of enrollment.

Enrollment initiates protocols that result in the forfeiture of casino rewards points and removal from casino direct marketing mailing lists. People who violate their MA-VSEP contract are escorted from the gambling floor of the establishment when detected, and forfeit any money wagered, won, or lost, including money converted to wagering instruments, such as chips. Forfeited monies do not return to the casino but are instead transferred to the MGC to be deposited into the Gaming Revenue Fund. Individuals who are enrolled in MA-VSEP are allowed to be in non-gambling areas (e.g., restaurants) of the establishment.

After a patron's initial VSE period, if they wish to renew their MA-VSEP contract, they can select from the same 1-, 3-, or 5-year terms or select to be self-excluded for their lifetime. The MA-VSEP contract covers all Massachusetts casino properties, so those who are enrolled also will be restricted from MGM Springfield and Encore Boston Harbor when these properties open. At any time after an individual's MA-VSEP period has expired, they can request that their name be removed from the MA-VSEP list. To finalize their removal from the list the individual must complete an "exit interview" with an MGC-designated agent (e.g., MCCG staff).

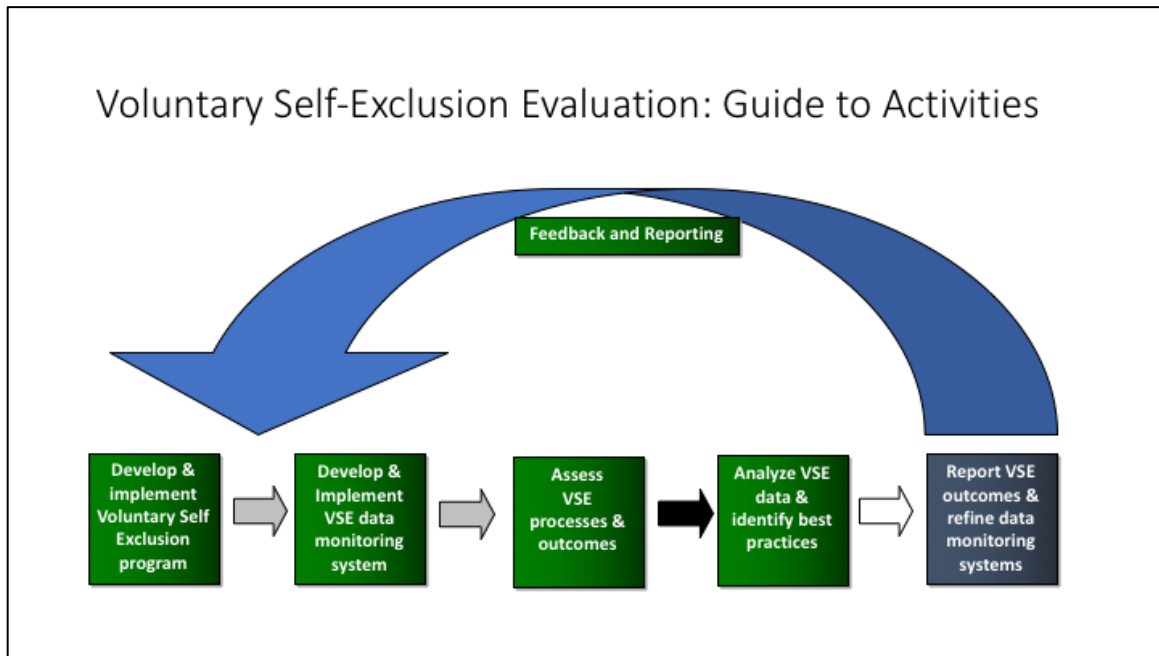
1.4. Current Evaluation of the MA-VSEP

The current study concerns an evaluation of MA-VSEP in Massachusetts, primarily implemented at PPC. Our evaluation efforts began in the early stages of the development of the MA-VSEP. Specifically, Division staff consulted to the MGC to build the MA-VSEP record keeping system and help develop the MA-VSEP protocol. We worked collaboratively with staff from the MCCG and its GameSense Advisors (GSAs) to ensure both the MA-VSEP and its associated study protocols were well understood. As a result of these efforts, this evaluation includes (1) secondary data analyses of MA-VSEP records, including application data, (2) secondary data analysis of information related to one-week check-in calls conducted by the MCCG staff, as well as (3) baseline and 6-month longitudinal follow up of a subsample of MA-VSEP enrollees who agreed to participate in the study. This research agenda is consistent with initial evaluation processes for programs in their early development.

As Figure 1 illustrates, an effective evaluation of VSE should start during the development of the program. Subsequently, planners should develop, implement, and refine data monitoring systems in tandem with the VSE program itself. The data monitoring system should allow program staff to gather all the data necessary for a thorough evaluation. Key outcomes for the evaluation might include program compliance, treatment seeking activities, program satisfaction, healthy changes in gambling behaviors, attitudes, and cognition, mental health and well-being improvements, and more. The evaluation team should meet on a regular basis with the program staff to check for issues with data monitoring, and correct issues, as needed. Additionally, the evaluation team should analyze data on a regular basis and report findings to key stakeholders, including program planners and staff. Doing so will create a data-driven feedback loop that further enhances the VSE

program. This knowledge increases the evidence base for the program, essentially “training” it to be more useful over time. This report represents the first cycle of this evaluation loop.

Figure 1: Feedback Evaluation Loop as Applied to Voluntary Self-Exclusion Programs



1.4.1 Overall Strategy of the Evaluation of the MA-VSEP

The strategy of the current study is to provide an objective evaluation of the MA-VSEP by assessing the gambling behaviors, gambling problems, mental health, and well-being of MA-VSEP enrollees across time. Our overall aim is to help the MGC to understand the characteristics of its MA-VSEP enrollees and their experiences with MA-VSEP so that we might make evidence-based recommendations for program improvements. To fulfill that aim, our specific evaluation goals are:

- 1) Understand enrollment trends across time and place.**
- 2) Understand who signs up for MA-VSEP and why.**
- 3) Evaluate MA-VSEP satisfaction and experiences of enrollees.**
- 4) a) Examine outcomes for enrollees 6-12 months after MA-VSEP enrollment.**
 b) Examine whether MA-VSEP enrollment is a gateway to treatment.

To that end, this report includes the following analytic areas using the diverse data sources described above: (1) MA-VSEP enrollment trends across time; (2) MA-VSEP enrollee characteristics; (3) MA-VSEP enrollees’ experiences and satisfaction with MA-VSEP; (4) MA-VSEP enrollees’ changes in behavior and well-being after MA-VSEP enrollment; and (5) resource and treatment access before and after MA-VSEP enrollment. In addition, we include exploratory analyses of factors that influence positive changes among MA-VSEP enrollees, as well as moderator effects in the Appendix.

2. METHODS

2.1. Design

Due to a variety of circumstances discussed in detail below, the study design changed as the evaluation proceeded. In this section, we describe the varying conditions under which we collected data.

2.1.1. Initial Design

Initially, the MGC requested that we oversee a randomized controlled trial (RCT) of two different versions of the MA-VSEP. Participants were randomized to either (1) standard MA-VSEP enrollment; or (2) enhanced MA-VSEP enrollment. They completed a survey at enrollment and were interviewed over the phone 6 months after enrollment. GSAs conducted MA-VSEP enrollment procedures and the initial study protocol. Division staff conducted follow-up interviews.

2.1.1.1. Standard MA-VSEP Enrollment

The MGC's standard MA-VSEP enrollment involved filling out a MA-VSEP application, either on paper or via a fillable form on an iPad. The application included identifying information, photo, demographics, and questions about reasons for signing up and gambling behavior. The designated staff at PPC then reviewed the application and program requirements with the enrollee. This included confirming with the enrollee the desired length of enrollment (i.e., from six months to five years), his or her understanding of the agreement (i.e., that the enrollee will stay out of the gambling areas of MA casinos, will forfeit any money deposited in machines or winnings if caught, and will be ejected from the gambling floor if found there), his or her understanding that the length of enrollment cannot be decreased once enrolled, and his or her understanding that the application applies to all gambling establishments licensed by the MGC. The designated staff member then provided the MA-VSEP enrollee with a packet of resources (included in Appendix A), created by the Massachusetts Council on Compulsive Gambling (MCCG), which includes contact information and web links for gambling treatment and self-help resources. (There are three versions of this packet, tailored to fit each of the three MA casino regions.) The staff member briefly reviewed those resources with the MA-VSEP enrollee. The staff member then forwarded all materials related to MA-VSEP enrollment to the MGC offices for final processing.

2.1.1.2. Enhanced MA-VSEP Enrollment

The MGC's enhanced MA-VSEP enrollment was identical to the standard procedure described above, with three additions. First, when providing the MA-VSEP enrollee the packet of resources, the designated staff member offered to connect the enrollee directly with the MCCG helpline so that he or she could learn more about treatment resources and be referred to treatment. Second, in addition to the packet of resources described above, enrollees in the enhanced condition received a gambling self-help toolkit, *Your First Step to Change*. Third, an MCCG representative contacted all MA-VSEP enrollees in the enhanced condition one week after MA-VSEP enrollment to check in on them and offer support in accessing resources. For individuals who were not originally connected with the Helpline because they chose not to be at the time, the MCCG representative offered to connect the individual with gambling treatment or self-help resources during this follow-up call. For individuals who were connected with the Helpline when they signed up for MA-VSEP, the MCCG representative making the follow-up call checked to see if the individual had accessed treatment or needed any additional help scheduling an appointment.

2.1.2. Final Design

We implemented the initial design for three months, between November 25th, 2015 and February 28th, 2016.⁴ During that time, 30 individuals enrolled in MA-VSEP, and 3 agreed to participate in the study. Through collaborative meetings, we determined that the procedures necessary to implement the RCT were too complex for the GameSense Advisors (GSAs)

⁴ We received final drafts of VSEP protocols and procedures from MGC on June 1st 2015 and submitted our research application to the MA Department of Public Health (DPH) Institutional Review Board (IRB) on June 5th, 2015. The DPH IRB decided to cede review to the Cambridge Health Alliance (CHA) IRB on June 30th, 2015. We submitted our research application to the CHA IRB on July 10th, 2015 and did not receive final approval until November 3rd, 2015.

to execute, and likely contributed to the low recruitment.⁵ In addition, it became clear that the “standard” version of MA-VSEP enrollment being implemented too closely resembled the enhanced version as designed. The GSAs tasked with implementing MA-VSEP were tailoring their behavior to the individuals who enrolled, which sometimes meant deviating from the standard protocol and offering those individuals additional resources.

As a result of this problem, with MGC collaboration, we decided to change the design and remove the randomized controlled component of the study. Instead, for the remainder of the study, beginning on March 1st, 2016, through November 30th, 2017, GSAs offered the enhanced version of MA-VSEP enrollment to all enrollees. Those who agreed to participate in this phase of the study completed a survey at enrollment and were interviewed over the phone 6 months after enrollment.

To supplement our available data, when we changed the design, we also added a procedure that included retroactive recruitment of individuals who already had enrolled in MA-VSEP and provided a release of their contact information to the Division. Specifically, GSAs asked enrollees who did not participate in the study at the time of enrollment, including the 64 who enrolled in MA-VSEP before the study began, for permission for the study team to contact them at a later date. Members of the Division research team then called individuals who provided permission and attempted to enroll them in the study. For respondents who consented, Division research team members administered the baseline survey over the phone.

2.2. Procedures

2.2.1. MA-VSEP Enrollment

Only designated individuals (i.e., MGC Gaming Agents, trained MCCG employees, or GSAs) who have been trained to handle inquiries about and enrollment in MA-VSEP can conduct a MA-VSEP enrollment. Individuals seeking MA-VSEP enrollment must enroll in person with a designated agent. MA-VSEP enrollment most often takes place⁶ at the [GameSense Information Center](#) within PPC, run by GSAs, who are employees of the MCCG tasked with providing information and resources to PPC patrons. GSAs are trained by the MCCG to enroll individuals in the MA-VSEP. The Division trained these same individuals in human subjects research⁷, so they are able administer study procedures to potential MA-VSEP enrollees interested in participating in the research study.

As described in Section 2.1.1., upon a request to enroll in MA-VSEP, a GSA or other designated agent explains the program, helps the potential enrollee complete a MA-VSEP application, and provides the enrollee with a packet of resources. Length of enrollment options range from six months to five years, with a lifetime enrollment allowed once an enrollee has completed one previous MA-VSEP term. Enrollment length cannot be altered once an application has been accepted. Enrollees agree to stay out of the gambling areas of MA casinos and are informed that they will be ejected from the gambling floor if they are caught and will forfeit any winnings. Enrollees must proactively request removal from the MA-VSEP program if they no longer wish to participate once their term is complete, regardless of their requested term of enrollment. Beginning in March 2016, in addition to providing treatment resources, designated agents offered all MA-VSEP enrollees the opportunity to receive a check-in call from the MCCG one week after enrollment.

All materials related to MA-VSEP enrollment are forwarded to the MGC offices for final processing, and contact information is forwarded to the MCCG for purposes of follow-up. As a research partner, the Division is provided with de-identified copies of applications and MCCG follow-up materials for *all* MA-VSEP enrollees, whether they choose to participate in the survey portion of the study or not.

⁵ Because VSE enrollments are sporadic and infrequent, attempting to conduct the RCT with other research study staff would have been impractical.

⁶ Both the MCCG and MGC are also listed as locations where individuals can enroll in MA-VSEP. At the time of this report, only 4 individuals enrolled at a location other than PPC.

⁷ GSAs completed human subjects training through the National Institutes of Health Office of Extramural Research’s online course, “Protecting Human Research Participants” and also attended a 3-hour training by Division personnel on specific study procedures, human subjects issues, and best research practices.

2.2.2. Research Study Consent Procedures

2.2.2.1. Study Enrollment During MA-VSEP Enrollment

During the period this study was in the field, once a GSA or other MCCG staff member⁸ had conducted the MA-VSEP enrollment process, he or she invited the enrollee to participate in the research study. The staff member described the research study and reviewed the research study informed consent form with the MA-VSEP enrollee.⁹ If the potential enrollee chose to participate in the research study and signed the informed consent form, the staff member provided the participant with a copy of the signed consent form. A copy of the informed consent form is attached in Appendix B.

2.2.2.2. Consent Procedures for MA-VSEP Enrollees Who Provide Permission for Division Contact

There was a four-month delay between the time Massachusetts began the MA-VSEP and the date on which the Cambridge Health Alliance Institutional Review Board approved the MA-VSEP study. During that time, 64 individuals signed up for the MA-VSEP. Because the research study was not yet active, MA-VSEP enrollment staff asked these enrollees to sign a release form to give Division staff permission to contact them at a later time to invite them to participate in the research study. MA-VSEP enrollment staff also asked individuals who enrolled in MA-VSEP once the study was active but did not have time or desire to participate in the informed consent procedure for the study at the time of their MA-VSEP enrollment, to provide permission for Division staff to contact them later to inform them about the study.

Within the first month of the study, Division research team members attempted to contact all MA-VSEP enrollees who enrolled prior to the study start date and agreed to be contacted. For MA-VSEP enrollees who provided permission once the study had begun, Division research team members attempted to contact these individuals within a week of their MA-VSEP enrollment. Contact procedures included leaving messages, but not mentioning MA-VSEP in those messages, in order to protect the individual's privacy. (The telephone scripts for these calls are attached in Appendix B.) Once the research team member succeeded in speaking with the MA-VSEP enrollee, the research team member described the study and read the informed consent form to the potential participant, answering any questions that came up. If the individual agreed to participate, the research team member recorded their consent in a study log.

2.2.3. Data Collection Procedures

2.2.3.1. Baseline Survey Administered during MA-VSEP enrollment

Once the GSA or MCCG staff member completed the MA-VSEP enrollment process, and the MA-VSEP enrollee had provided informed consent to participate in the study, the staff member then gave the study participant the baseline MA-VSEP study survey to complete, with assurances that the staff member would not look at the survey. The participant did not enter their name on the survey and returned the survey in an envelope. Separately, the participant completed a contact information sheet so that a Division research team member could contact the participant for his or her 6-month follow-up interview. Upon completion of the survey and contact information sheet, the participant received a \$15 gift card. Division research team members collected the surveys and entered them into a database using Qualtrics.

2.2.3.2. Baseline Survey Administered via Telephone

For study participants enrolled by telephone by Division research team members, once the individual provided informed consent for the study, the research team member offered to conduct the baseline survey immediately over the phone or to schedule a time to do so that was convenient for the participant. The research team member then administered the survey over the telephone, either as part of the initial contact or at the later scheduled time. The telephone version of the survey had language modified to reflect that questions were being asked about the timeframe prior to signing up for MA-VSEP, and not the time period between MA-VSEP enrollment and present time. During administration, the research team member entered the respondent's answers into a version of the survey programmed into Qualtrics. Upon completion of

⁸ We trained GSAs and MCCG staff to conduct research study procedures. Individuals who enrolled with a Gaming Agent when GSAs were not on duty were offered a release to sign; signing the release allowed Division researcher to contact these participants, who did not undergo consent procedures onsite.

⁹ Beginning in 2017, GSAs also were instructed to offer to play a short 1-2 minute video about the study to enrollees. In discussions with the GSAs, it is not clear that any enrollees accepted the offer. That video is available upon request from the MGC.

the survey, the research team member collected contact information from the participant for the 6-month follow-up interview and mailed a \$15 gift card to the participant.

2.2.3.3. 6-Month Follow-Up Interview

Procedures for administering the 6-month interview were largely identical to those used to administer the baseline survey over the telephone. Six months after MA-VSEP enrollment, research team members attempted to contact the participant to schedule the follow-up interview. Once the research team member reached the individual, the research team member reminded the participant of the study and answered any questions about the follow-up. If the individual agreed to participate, the research team member offered to conduct the follow-up survey over the phone or schedule a time to do so that was convenient for the participant. At the scheduled time, the research team member administered the interview over the telephone. During administration, the research team member entered the respondent's answers into a version of the survey programmed into Qualtrics. Upon completion of the survey, the research team member mailed a \$25 gift card to the participant.

2.2.3.4. Additional Recruitment and Retention Procedures

At MA-VSEP enrollment, enrollees who were interested in participating in the research evaluation either by enrolling in the baseline study or releasing their contact information to the Division, completed a comprehensive contact sheet. The contact sheet provided the Division with a variety of modes of contact including telephone, e-mail, and mail, as well as providing permission for Division staff to leave voicemails or text messages. For both initial recruitment and follow-up interviews, the Division did not utilize a specific cut-off for contact attempts, but continued to call, email, and text those who had not responded throughout the study period. Interviewers met weekly to strategize best times to call or text or troubleshoot numbers or email addresses that appeared to be incorrect. For individuals we were unable to reach by phone, text, or email, we sent out mailings to check the contact information we had and remind them of the study.

2.2.4. Protection of Human Subjects

This study and protocol modifications were reviewed and approved by the Cambridge Health Alliance Institutional Review Board. All research team members, both Division staff and GSAs and MCCG staff involved in the study, completed human subjects training (i.e., [CITI](#); [NIH](#)). In addition, to prepare the GSAs for the current research project, the Division provided a training prior to the beginning of the study and additional trainings for all new GSAs who were hired during the study period. The training covered the research protocols specific to this project, as well as human subjects issues such as the voluntary nature of the study, the confidential nature of study participation, and the importance of data security. The Division also regularly monitored the study through meetings with the GSAs, and weekly check-ins reviewing each MA-VSEP enrollment and any issues that arose.

2.3. Study Sample

2.3.1. MA-VSEP Enrollees

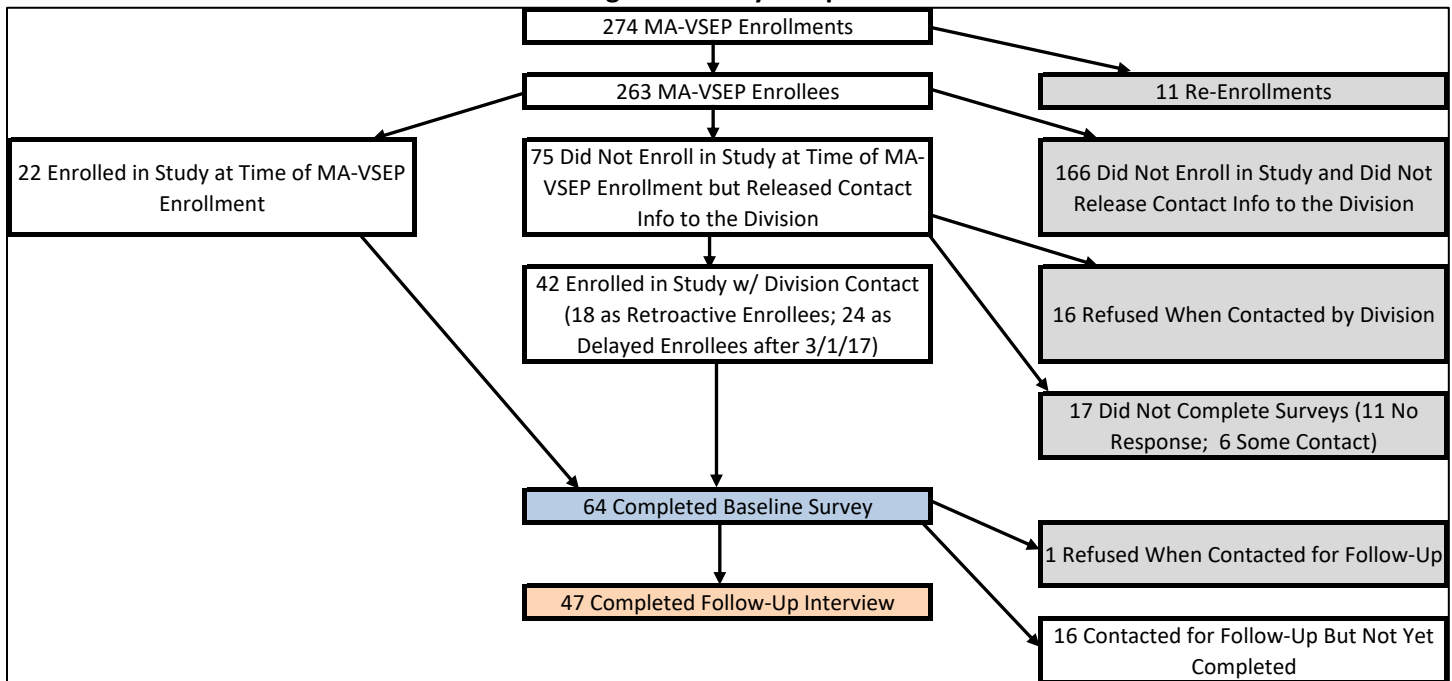
Between June 24th, 2015, when MA-VSEP began, and November 30th, 2017, when this study ended baseline data collection, there were 274 enrollments in the MA-VSEP program. Eleven of these were program re-enrollments (i.e., individuals who went through the process to be removed from the list and then re-enrolled in MA-VSEP at a later time), so these enrollments represent 263 unique individuals.

2.3.2. Baseline Study Sample

Figure 2 provides a diagram of study enrollment. As noted in the Procedures section, there were three possible avenues to participation in the study: (1) study enrollment during MA-VSEP enrollment; (2) study enrollment after MA-VSEP enrollment, by providing a release to be contacted by Division staff and (3) retroactive study enrollment, by providing a release during MA-VSEP enrollment occurring prior to study initiation and completing baseline with Division staff once the study began. Sixty-four individuals enrolled in MA-VSEP prior to the beginning of the study; 28 of those signed releases to allow Division staff to contact them, and 18 of those (64.3%) completed retroactive baseline interviews with Division staff once the study began. Among the 199 individuals who enrolled in MA-VSEP during the study period, 22 completed baseline

surveys at the time of MA-VSEP enrollment, 47 provided releases for Division staff contact, and 24 of those (51.1%) completed baseline surveys with Division staff after MA-VSEP enrollment. Therefore, 64 of the 263 MA-VSEP enrollees (24.3%) agreed to participate in the study. One of these 64 completed the baseline interview upon re-enrollment in MA-VSEP instead of upon initial enrollment. That individual's baseline and follow-up interview data were not used in analyses.

Figure 2: Study Sample



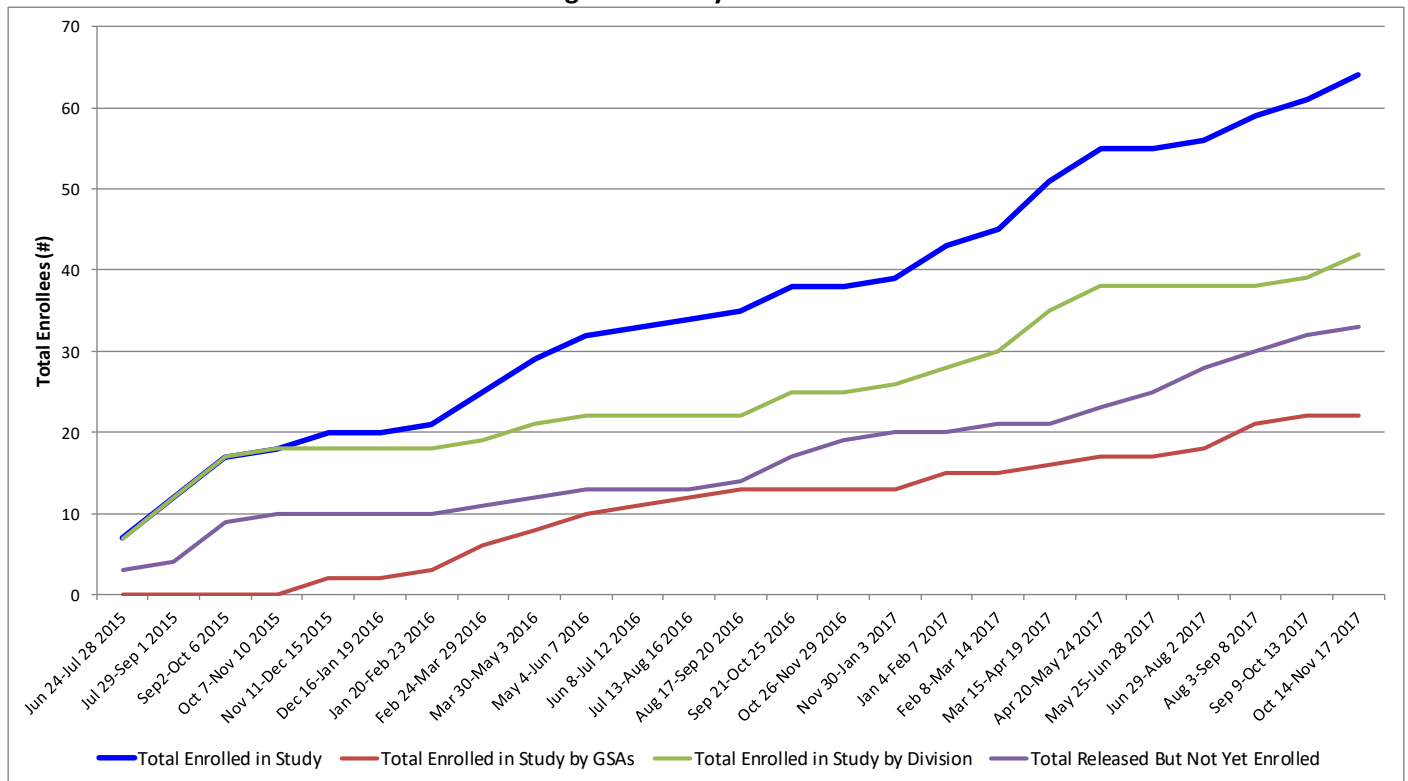
For study enrollment after MA-VSEP enrollment and retroactive study enrollment (i.e., the 28 enrollees who signed releases prior to the beginning of the study and the 47 who provided releases during the study period), the Division was able to establish contact with 64 of those 75 individuals (85.3%). Among the 75 individuals who released their information to us, 42 (56%) enrolled in the study.

Figure 3 provides a depiction of study enrollment across time and method. The figure includes data for MA-VSEP enrollees who agreed to be contacted by the Division but did not respond to contact attempts (i.e., released but not yet enrolled). In our analyses, we compare those who agreed to participate in the study with the rest of the MA-VSEP population on the application data we had available for everyone. We also compare those who completed their baseline interview more than a month after MA-VSEP enrollment to those who completed the baseline interview within a month of MA-VSEP enrollment.

2.3.4. Retention

At the time of this report, we have completed follow-up interviews with 47 of the 64 study participants (73%). Among the remaining 17, we have had some contact with 7 of them, were unable to reach 9, and had one refusal. In our analyses, we compare those who dropped out to those who completed follow-up on baseline and application data.

Figure 3: Study Enrollment



Note. “Released But Not Yet Enrolled” refers to MA-VSEP enrollees who signed releases, but did not respond or refused to participate when contacted by Division staff.

2.4. Measures

2.4.1. Baseline Survey

The baseline survey, attached in Appendix C, asked individuals about their gambling behavior, gambling attitudes, gambling problems, mental and physical health, substance use, social support, and past treatment. The survey took between 10 and 20 minutes to complete. The bullet points that follow describe the domains that compose the survey.

- **Satisfaction with the Self Exclusion Process.** To assess satisfaction with the VSEP enrollment process, the baseline survey included questions asking respondents to rate their satisfaction with enrollment, as well as provide their impressions about the enrollment location and interactions with staff. The survey also asked respondents to select from a list of reasons for their decision to self-exclude, compiled based on previous self-exclusion research (Nelson et al., 2010), and also provide their own reason for self-excluding on that day in particular.
- **Gambling Behaviors and Problems.** To assess gambling behavior, the survey included questions about how often respondents had gambled in their lifetime using a 7-point scale ranging from never to 1,000+ times, how old they were when they first began gambling, and, for nineteen different game types (e.g., casino table games, casino slots, non-casino poker, lottery), how often they played the game (from “never” to “daily or more” on an 8-point scale). To assess gambling problems, the survey incorporated a past-12 month adaptation of the gambling section of the Alcohol Use Disorder and Associated Disabilities Interview Schedule IV (AUDADIS-IV: Grant et al., 2003). The AUDADIS-IV Gambling Section assesses signs and symptoms of disordered gambling. Each of the 16 items pertains to one of the 10 Diagnostic and Statistical Manual of Mental Disorders (DSM-IV: American Psychiatric Association, 2000) criteria for pathological gambling. Examples include, “Ever find that you became restless, irritable, or anxious when trying to quit or cut down on your gambling” and “Ever more than once try to quit or cut down on your gambling, but found you could not do it”. When scoring the AUDADIS-IV, endorsement of any item pertaining to a DSM criterion results in a score of 1 (i.e., yes) for that criterion; endorsing more than one item pertaining to a single criterion does not increase a respondent’s score. In addition to reframing the AUDADIS-IV questions to ask only about the past 12 months, we altered one question, originally “Did you ever spend a lot of time gambling, planning your bets, or studying the odds?” to read “Did you

ever spend a lot of time thinking about gambling, planning your bets, or studying the odds?” This question, a measure of preoccupation, would have been confounded with gambling frequency had we not altered it. We have used this adaptation of the AUDADIS-IV questions in previous work (Nelson, Kleschinsky, LaPlante, Gray, & Shaffer, 2013). For the current study, to create a measure of DSM-5 gambling disorder, we combined the AUDADIS-IV criteria according to DSM-5 rules instead of DSM-IV rules, including only the nine criteria present in DSM-5 and coding endorsement of four or more of these nine criteria as indicative of gambling disorder. We also coded whether that disorder was mild (4-5 criteria endorsed), moderate (6-7 criteria endorsed), or severe (8-9 criteria endorsed).

- Gambling-Related Beliefs and Attitudes. To measure gambling attitudes, the survey included 15 statements adapted from previous work with casino employees (LaPlante, Gray, LaBrie, Kleschinsky, & Shaffer, 2012) and expanded to include questions about attitudes toward gambling expansion. Participants rated each statement on a 5-point Likert scale from “disagree strongly” to “agree strongly”.
- Mental and Physical Health. To screen for mental health problems, the survey included several short screens. Respondents answered a modified version of the Patient Health Questionnaire-4 screen for anxiety and depression (PHQ-4: Kroenke, Spitzer, Williams, & Lowe, 2009), indicating how often in the past 2 weeks they had experienced specific symptoms of anxiety and depression (on a 4-point scale from “not at all” to “nearly every day”). Individual items adapted from the Composite International Diagnostic Interview (CIDI: Kessler & Ustun, 2004) also assessed how respondents rate their physical and mental health in the past year (on a 5-point scale from “poor” to “excellent”). Finally, 10 items the Division developed as part of another project (see the [CARS project](#)) assessed life stressors that individuals have encountered in the past 12 months.
- Readiness to Change. To measure readiness to change, the survey included the readiness ruler (Heather, Smailes, & Cassidy, 2008) tailored to gambling. The readiness ruler includes two items, both on a 10-point scale. One asks how prepared respondents are to change their behavior; the other asks how confident respondents are that they can make a change.
- Support. To measure support, the survey included the TCU Social Support Scale (Joe, Broome, Rowan-Szal, & Simpson, 2002), as well as several questions asking respondents to rate the quality of their relationships.
- Treatment. To assess treatment engagement, the survey included items asking respondents whether they had ever received treatment for gambling-related problems, substance use problems, and mental health problems, as well as whether they had attended support groups for gambling or other problems. Each question asked about both lifetime and past year engagement.

2.4.2. Follow-Up Interview

The follow-up interview, attached in Appendix C, covered similar domains to the baseline survey. Specifically, using the same measures described above, it re-assessed satisfaction with the MA-VSEP program, gambling behaviors, gambling problems, mental and physical health, readiness to change, support, and treatment since MA-VSEP enrollment. In addition, the follow-up interview asked about experiences during MA-VSEP enrollment, attempts to enter the casino since MA-VSEP enrollment, and overall impressions of the MA-VSEP.

2.4.3. Existing Records from MGC, Plainridge Park Casino, and MCCG

As part of this study, the Division also collected copies¹⁰ of the 274 MA-VSEP applications and 73 one-week MCCG check-in records that occurred during the study period from MGC and MCCG. We also collected player card records for those 116 MA-VSEP enrollees who used player cards at PPC prior to exclusion and enrolled in MA-VSEP after May, 2016¹¹. As mentioned previously, the results of this report include information about the application data, one-week follow-up records, and player card data for all MA-VSEP enrollees, not just study participants. Notably, the MA-VSEP application changed three times during the course of our study, though its primary components remained the same. All three versions are attached as part of Appendix D.

¹⁰ These materials were de-identified for MA-VSEP enrollees who were not study participants.

¹¹ PPC was only able to provide player card data from June 2016 forward due to established data storage processes and delays associated with the development of appropriate data acquisition routines.

2.4.3.1. MA-VSEP Application: June 2015 Version

The first version of the application, in circulation from June 2015 through November 2015, included six sections. The first section gathered name, contact information, information about length of exclusion term, and the enrollee's Player Card number, if he or she had one. Only data related to exclusion start date and length of exclusion term were provided to the Division, to preserve confidentiality. The second section gathered information about demographics and identifying information including ID number (e.g., driver's license), social security number, and date of birth. The Division received information about demographics and birth year, but not ID number, social security number, or full birthdate. The third section was developed through collaboration between the Division and the MGC. It included some of the most important questions from the baseline survey to ensure that all MA-VSEP enrollees provided some information about their gambling prior to enrollment, especially during the time period prior to the study start date. This section asked respondents to indicate reasons for signing up for MA-VSEP, gambling behavior before enrollment, and additional demographics. This section was clearly labelled as "OPTIONAL" and "NOT REQUIRED".¹² The Division received all information from this section for those who completed it. The fourth section included statements the respondent was required to initial to acknowledge understanding of the terms and conditions of MA-VSEP enrollment. The Division did not receive any information from this section. The fifth section included three statements for respondents to initial allowing the MGC to share information to gambling licensees for purposes of maintaining the VSEP database and allowing the MGC to share de-identified information for the purpose of evaluating the MA-VSEP. The Division did not receive any information from this section. The sixth and final section included the signatures of the enrollee and the staff member overseeing enrollment. The Division did not receive information from this section.

2.4.3.2. MA-VSEP Application: December 2015 Version

The second version of the application, in circulation from December 2015 through February 2016, included five sections. The five sections were identical to Sections 1, 2, 4, 5, and 6 of the first application version. MGC removed the section about gambling behavior and reasons for enrollment because the study began in December, it was assumed that most enrollees would provide this information as part of their participation in the study, and MGC was concerned about the length of this application section.

2.4.3.3. MA-VSEP Application: March 2016 Version

The third version of the application, in circulation from March 2016 through the present, was introduced to address low recruitment rates to the study that occurred during the first three months of the study. Because of low recruitment, the Division and MGC together decided to re-introduce a set of questions about gambling behavior and reasons for enrollment into the MA-VSEP application. This allowed for some level of information about pre-enrollment to be gathered from all MA-VSEP enrollees, whether they participated in the study or not. This version also included an additional "Release of Contact Information" section.

Sections 1, 2, and 4 were identical to the first version of the application. Section 3 introduced a more extensive set of questions about gambling behavior and demographics than had been included in the first version of the application. These questions were no longer labeled as optional. Section 5, though the wording changed somewhat, included the same items to initial as in the first application. Section 6 of this application included two new statements to which enrollees could check either yes or no. The first asked whether the enrollee gave permission for the Division to contact them about the research study. The second asked whether the MCCG could contact them to conduct the one-week follow-up call described previously. Section 7 of this application was identical to Section 6 of the first version of the application.

2.4.3.4. MA-VSEP Application: Data Anomalies

In February of 2017, the Division received the first batch of application data from MGC. This included application data for all MA-VSEP enrollees (n=173) from June 25th 2015 through January 15th 2017. During data entry, Division staff identified a pattern of responses that appeared to be out of the ordinary. For a specific set of questions, respondents who fit this pattern had answered all questions with the first answer option. The pattern impacted sixteen questions from Section 3 of the MA-VSEP application, all of which required a single multiple-choice response. Upon completion of data

¹² The labeling of this section as optional was a decision made by the MGC to reduce the potential length of the application process.

entry, we determined that 50 out of 173 (28.9%) of respondents shared this same identical pattern of responses (i.e., selecting the first answer option on all 16 impacted questions). To determine the full scope of the issue, Division staff spoke with MGC staff as well as GSAs. After these meetings, Division staff determined that the issue related to the coding of questions in the electronic form. As drafted, these questions had radio buttons forcing respondents to select one of the provided options. When MGC programmed the MA-VSEP application as an electronic pdf that could be completed electronically, they programmed these questions not with radio buttons, but with drop down responses where the default response was the first answer option. Therefore, any respondent who completed version 3 of the application and tried to leave Section 3 blank had these questions auto-filled for them. GSAs confirmed this conclusion as consonant with their experience. After we identified this issue and brought it to the attention of MGC, their programmer updated the application to allow for non-response. After the initial batch of 173 applications, only 2 more applications fit this pattern. These applications were all completed between the time we received the first batch of data and when we notified MGC of the error. We addressed this issue with the help of the MGC by first gathering as many original paper copies of Section 3 from VSE applications that we could. MGC provided us with original paper applications for 41 of the 52 applications that fit the pattern. For the remaining 11 applications, we deleted responses to the 16 questions that fit the pattern.

2.4.3.5. MA-VSEP One-Week Check-In Form for MCCG

The MA-VSEP check-in form used by the MCCG for one-week check-ins initially was a study document to be filled out only for those MA-VSEP enrollees who participated in the study and were randomized to the enhanced MA-VSEP condition. When the study design changed during March 2016, the check-in form became a standard part of MA-VSEP enrollment materials to be completed for all MA-VSEP enrollees. The form, attached as Appendix E, includes two parts: one to be filled out at time of MA-VSEP enrollment, and one to be completed by MCCG staff during the one-week check-in call.

The first part, in addition to collecting contact information, asks the GSA facilitating the MA-VSEP enrollment to indicate whether they reviewed resources with the enrollee, whether they provided individualized information about resources in an enrollee's residential area, whether the enrollee accepted an offer to connect him or her directly with resources, and whether the GSA was able to connect the enrollee directly with the MCCG Helpline or other resources. For each answer, the GSA also records information about the resources offered and notes about why the enrollee declined to hear about resources if they did so.

The second part, to be completed by the MCCG staff member attempting the check-in call, includes fields for the staff member to enter number of contact attempts and whether they were able to reach the enrollee. For MA-VSEP enrollees with whom they are able to check in, staff indicate whether the MA-VSEP enrollee reported having accessed any resources since enrollment, whether they offered to connect the enrollee with resources during the call (if the enrollee was not already accessing resources), whether the enrollee accepted that offer, and whether they were able to connect the enrollee directly with resources. For each answer, the MCCG staff member also records information about the resources offered, notes about why the enrollee declined to hear about resources if they did so, and next steps.

Division staff received de-identified information from these forms for all 67 MA-VSEP enrollees for whom GSAs and MCCG staff completed forms upon initial MA-VSEP enrollment¹³, and a link to study number for matching purposes for those 37 enrollees who also were participants in our study.

2.4.3.6. Plainridge Park Player Card Records for MA-VSEP Enrollees Who Used a Player Card

As mentioned previously, the Division intended to collect and analyze player card records for those MA-VSEP enrollees who used player cards at PPC prior to exclusion. However, PPC, using their database of gambling activity and the software provided to them by Scientific Games, was only able to deliver gambling activity data for the 116 MA-VSEP enrollees who had player card activity after May, 2016. For these individuals, we report their frequency of play, amount wagered, and amount lost during the period between June 2016 and their MA-VSEP enrollment date, as well as whether they used their player cards at any point after their MA-VSEP enrollment date.

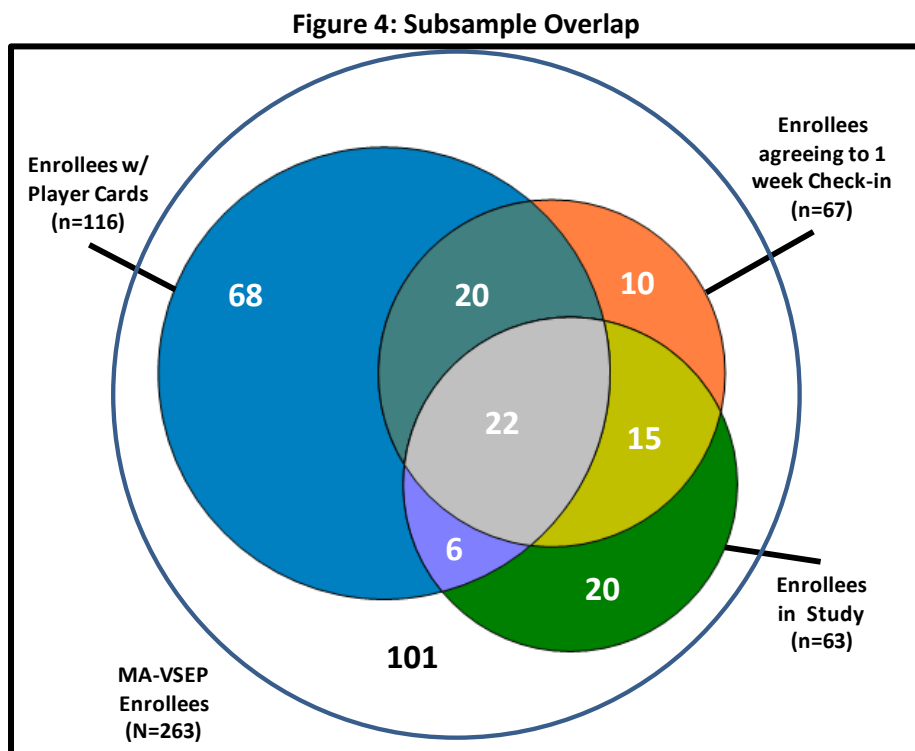
¹³ Six of the check-in form records were for re-enrollments and thus excluded from our data set.

2.5. Analytic Plan

Because our data for this report derive from multiple sources, we have basic information about the entire population of 263 enrollees in the MA-VSEP between June 24th 2015 and November 30th 2017, as well as several subsamples with more detailed information. These subsamples include (1) enrollees who agreed to one-week check-ins with MCCG staff as part of their initial MA-VSEP enrollment (n = 67), (2) MA-VSEP enrollees who used player cards at PPC after May 2016 (n = 116), (3) MA-VSEP enrollees who agreed to participate in our evaluation (n = 63) after their initial MA-VSEP enrollment, and (4) MA-VSEP enrollees who completed both baseline and follow-up interviews in our study after their initial MA-VSEP enrollment (n = 46). These groups are not mutually exclusive, and their overlap is depicted in Figure 4.

To provide an understanding of how our subsamples relate to the population of MA-VSEP enrollees, after examining general MA-VSEP enrollment trends, we provide a comparison of these subsamples to other MA-VSEP enrollees on demographics and key metrics within the application data available for the full sample. We use ANOVA and Chi-Square analyses for these comparisons. We also include demographic data from MA residents and PPC patrons for comparison.

Other than these comparisons, we organize our analyses according to our study goals and research questions, rather than by sample. Within each set of analyses, we clearly demarcate which sample or subsample is involved in the analysis.



Note. Follow-up subsample not pictured here due to its complete nesting w/in study enrollees.

In addition, we have included in Appendix F an analysis of missing data by item and instrument, including the VSEP application, the MCCG check-in form, the baseline survey, and the follow-up survey. Finally, for each set of analyses, we include a series of exploratory analyses in Appendix I examining moderators. In these analyses, we test whether MA-VSEP enrollee characteristics, behaviors, and changes in behavior vary by gender, age (via median split: younger than 49 or older than 48), and term of enrollment (via median split: 12 months or less or 36 months or more). We did not include race or ethnicity in these comparisons because of the uneven distribution of race and ethnicity in the sample.

2.5.1. Analyses of MA-VSEP Enrollment Trends

We provide descriptive information about MA-VSEP enrollment trends across time, examining enrollment location, length of enrollment term, unenrollment, and re-enrollment. We use curve estimation analyses to examine enrollment patterns across time.

2.5.2. Analyses of Characteristics of MA-VSEP Enrollees

We provide descriptive information about the geographic distribution, demographic profiles, gambling experiences, gambling opinions and attitudes, substance use and mental health, social support, and treatment history of MA-VSEP enrollees. We also describe the motivations MA-VSEP enrollees endorse for signing up for MA-VSEP. Finally, we examine actual gambling activity at PPC prior to MA-VSEP enrollment among the subsample of enrollees with player card data.

2.5.3. Analyses of Enrollees' Satisfaction and Experiences with MA-VSEP

We provide descriptive information about how many MA-VSEP enrollees engaged in the optional follow-up check-in with MCCG after enrollment, whether they reported using the treatment resources offered, and, based on follow-up interviews, how many attempted to enter the PPC casino floor after MA-VSEP enrollment. MA-VSEP enrollees who participated in the study provided information about their impressions of and satisfaction with MA-VSEP both at baseline and follow-up. We present descriptive information about these impressions.

2.5.4. Analyses of Enrollees' Changes in Behavior and Well-Being after MA-VSEP Enrollment

We provide descriptive information about changes in behavior and well-being after MA-VSEP enrollment, based on the baseline and follow-up interviews. We use repeated measure ANOVAs and paired t-tests to examine these changes.

We include a series of exploratory regression analyses in Appendix J to examine factors that predict positive change among MA-VSEP enrollees. In each analysis for which we have baseline and follow-up measures of the outcome, we enter the baseline measure into the regression first, followed by baseline measures of demographics, enrollment characteristics, gambling behavior, gambling problems, attitudes, motivations, and intentions at enrollment, physical and mental health, social support and relationships, and MA-VSEP experiences. Table J1 in Appendix J includes a list of those predictors. Because of the small sample size for these analyses, these analyses should be interpreted with caution and require future replication.

2.5.6. Analyses of Resource and Treatment Access before and after MA-VSEP Enrollment

We provide detailed descriptive information about treatment-seeking and treatment engagement before and after MA-VSEP enrollment and use regression analyses to determine whether those variables predict improved outcomes among MA-VSEP enrollees. In these regression analyses, we first enter the baseline measure of the outcome, followed by orthogonally contrast-coded variables (see Davis, 2010) that capture treatment, treatment-seeking, and self-help before and after MA-VSEP enrollment. As with the other regression analyses presented in Appendix J, because of the small sample size for these analyses, these analyses should be interpreted with caution and require future replication.

3. RESULTS

3.1. MA-VSEP Enrollment Trends

As noted in the Methods section, there were 274 enrollments in MA-VSEP between the opening of PPC on June 24th, 2015 and the end of November, 2017. Figure 5 displays cumulative MA-VSEP enrollments across time, how many enrollments occurred at PPC with GSAs, and how many occurred with Gaming Agents (i.e., off-hour enrollments) or off-site. Figure 6 displays new enrollments across time. Throughout the course of the study, though there was considerable fluctuation, as evident in Figure 6, enrollment rates did not decline, as evident from the linear cumulative enrollment trend. Comparison of models with linear, quadratic, cubic, and logarithmic components confirmed that a linear model fit the cumulative data best ($R^2 = .99$, $F(2,22) = 1,937.2$, $p < .001$). Most enrollments occurred with GSAs at PPC. Gaming agents conducted twenty-four enrollments (9%), and four enrollments (1%) occurred offsite at either MCCG (n=3) or MGC (n=1).

Figure 5: MA-VSEP Cumulative Enrollments Across Time

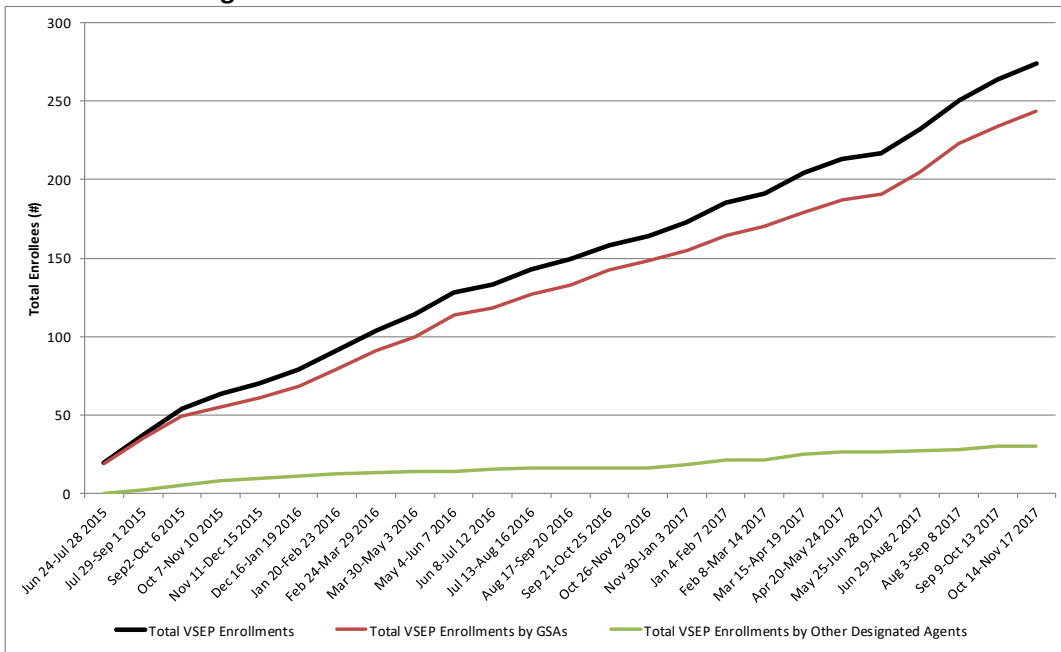
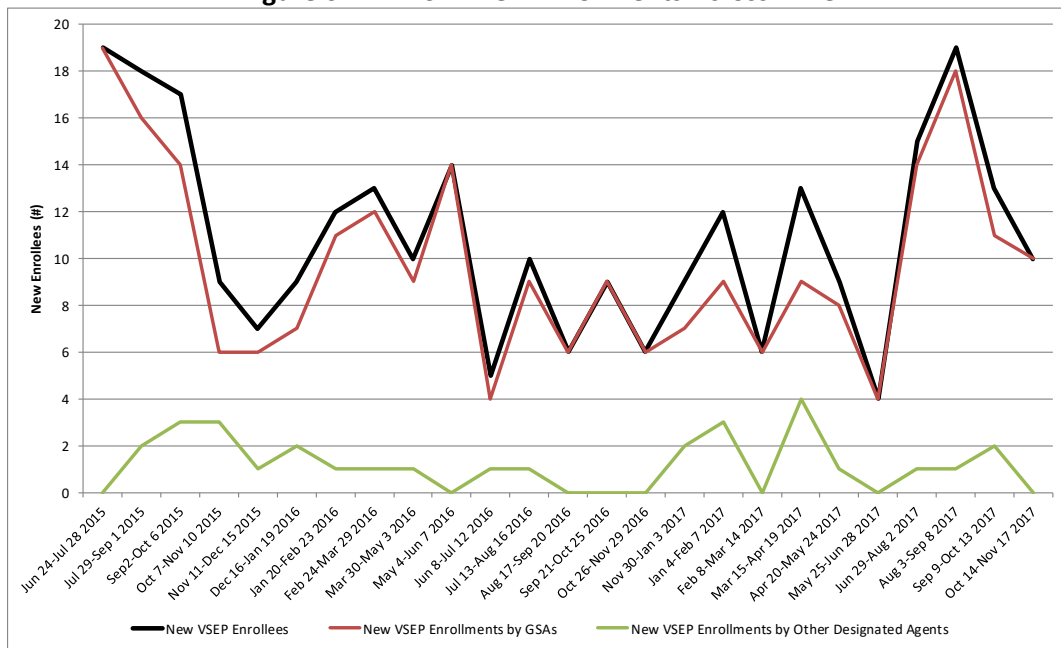
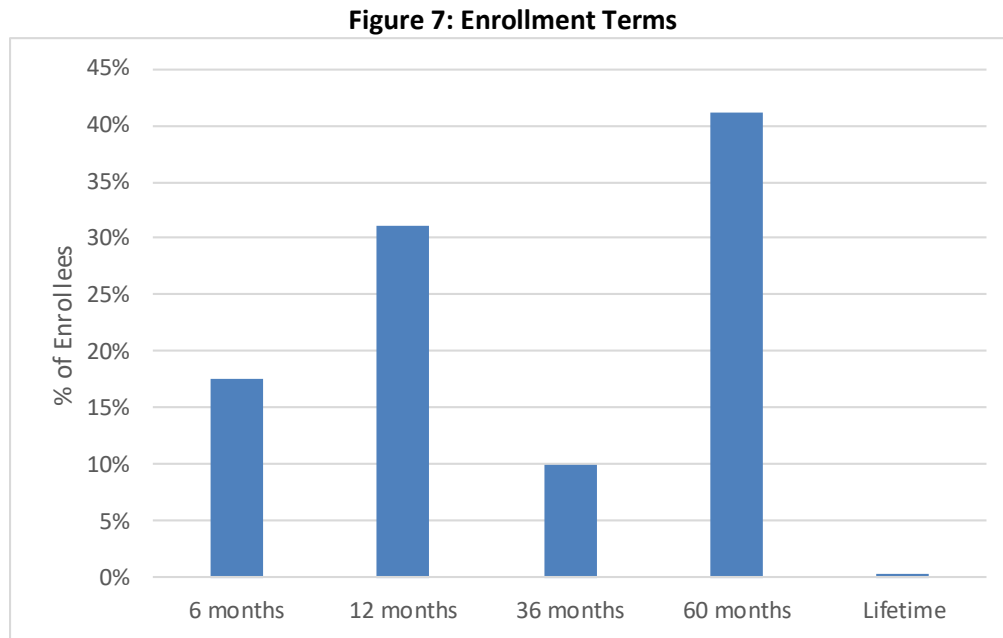


Figure 6: MA-VSEP New Enrollments Across Time



Upon initial enrollment, MA-VSEP enrollees selected whether to enroll for six months, one year, three years, or five years. After completing one enrollment term, enrollees were able to re-enroll for a lifetime term. As Figure 7 shows, the most common initial enrollment term was five years, selected by 108 (41%) of initial enrollees. One enrollment was listed as lifetime, even though it appeared to be a first enrollment.



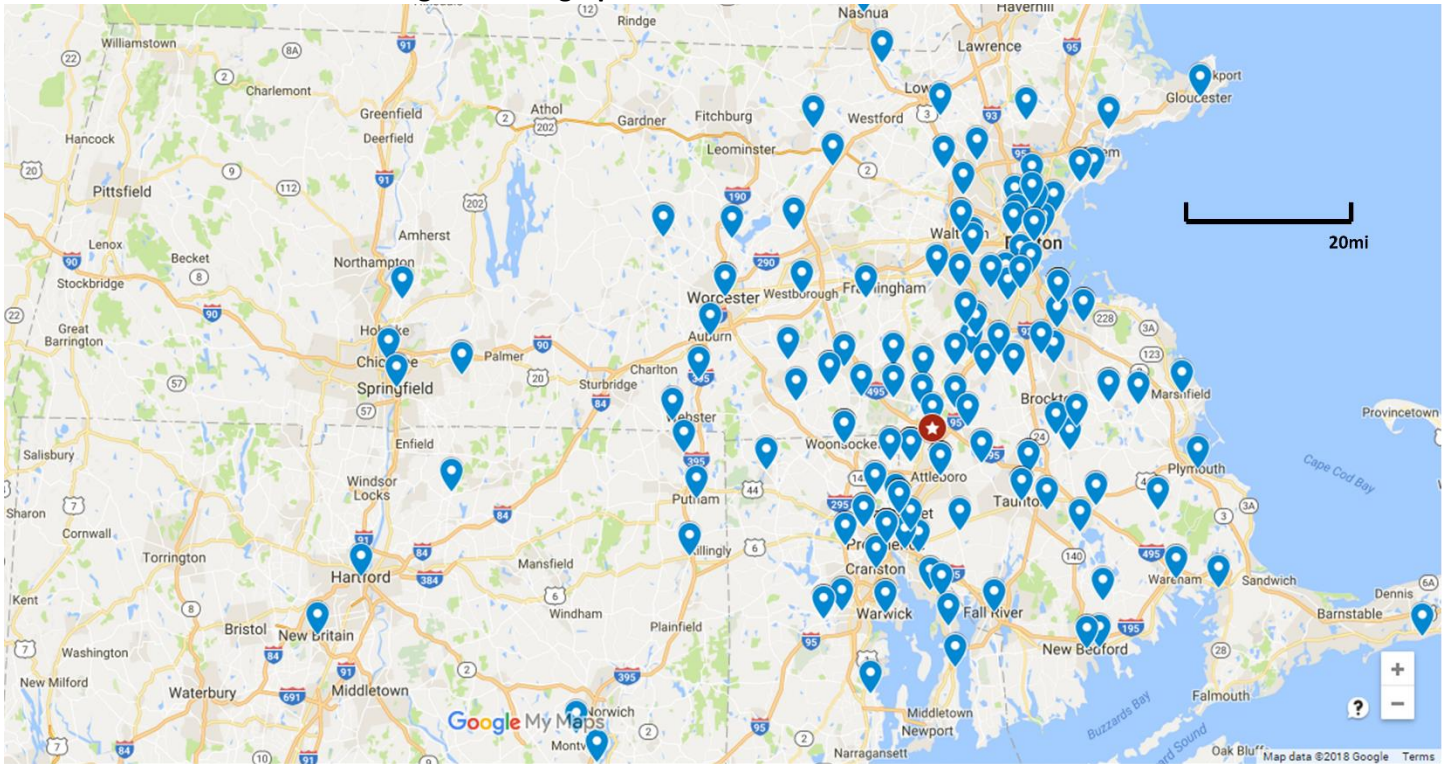
Throughout the course of the study, thirty-three MA-VSEP enrollees (12.5%) removed themselves from the MA-VSEP list after their terms expired. Eleven of those thirty-three re-enrolled, four for a lifetime term. Time between term expiration and re-enrollment ranged from 33 to 519 days with a mean of 147 days ($SD=155$) and a median of 90 days. However, time between formal removal from the MA-VSEP list (i.e., completing the exit interview) and re-enrollment was considerably shorter for these 11 re-enrollees, ranging from 8 to 332 days with a mean of 107 days ($SD=115$) and a median of 60 days.

3.2. Characteristics of MA-VSEP Enrollees

3.2.1. Geographic Distribution

MA-VSEP enrollees were residents of towns and cities throughout Massachusetts and neighboring states. As the map in Figure 8 shows, the majority of enrollees (65.8%) were residents of Massachusetts, and most of those lived in the eastern half of the state. However, more than a quarter were residents of Rhode Island, four percent lived in Connecticut, two percent lived in New Hampshire, and two percent lived in states not neighboring Massachusetts. There were no MA-VSEP enrollees who were residents of Plainville, MA, where PPC is located.

Figure 8: Geographical Location of MA-VSEP Enrollees



Note. The red marker indicates the location of Plainridge Park Casino. The blue dots indicate the cities in which MA-VSEP enrollees reside.

3.2.2. Demographics

Table 1 includes demographics for MA-VSEP enrollees, as well as for the non-exclusive subsamples of enrollees who (a) agreed to the MCCG one-week check-in, (b) had player card information available, (c) agreed to participate in the study, and (d) completed study follow-up. As Table 1 shows, MA-VSEP enrollees were slightly more likely to be male (58%) than female (42%) and were primarily non-Hispanic (98%) Whites (79%). Their average age was 48, though age ranged from 22 to 84. Half of enrollees were employed full-time, and almost 60% had a household income of \$50,000 or higher. In addition (not shown in Table 1), slightly less than five percent of enrollees (4.8%) reported that they had an immediate family member who worked in the gambling industry, but only three enrollees had worked in the industry themselves. Twenty percent of enrollees were divorced or separated, and most had not been in the military.

These full-sample demographics varied by gender and age. Female enrollees were older ($M=54.3$, $SD=12.3$) than male enrollees ($M=44.0$, $SD=13.0$), $F(1,261)=42.5$, $p<.001$. Female enrollees were as likely to be employed full-time as male enrollees, but less likely to be self-employed and more likely to be retired, $\chi^2(7)=19.5$, $p<.01$. Female enrollees were more likely than male enrollees to be divorced, separated, or widowed, and less likely to be married or never married, $\chi^2(4)=27.3$, $p<.001$. Younger enrollees (i.e., those under age 49) were less likely to be White, $\chi^2(5)=22.2$, $p<.001$, more likely to be employed full-time (and less likely to be retired), $\chi^2(7)=32.3$, $p<.001$, and less likely to be divorced, separated, or widowed, $\chi^2(4)=25.3$, $p<.001$, than older enrollees (i.e., those older than age 48).

Demographics did not vary substantially by subsample, as summarized in Table 1. The only significant difference that emerged was between the income of enrollees who had player cards that were active after May of 2016 and those who did not. In this case the difference was not linear (e.g., with one group having higher household incomes than the other); those with player cards were more likely to have very low household incomes (i.e., less than \$20,000), less likely to have low household incomes (i.e., \$20,000-\$49,999), and more likely to have household incomes over \$50,000.

Table 2 displays MA-VSEP enrollee demographics compared to MA resident demographics obtained from the US Census (US Census Bureau, 2016, 2017), as well as PPC patron demographics obtained from a study of PPC patrons conducted in 2016 by the SEIGMA (i.e., Social and Economic Impacts of Gambling in Massachusetts) team (Salame et al., 2017).

Table 1: MA-VSEP Enrollee Demographics

	MA-VSEP Enrollees (N=263)	Enrollees Agreeing to One-Week Check-in (n=67)	Enrollees w/ Available Player Card Data (n=116) ^a	Enrollees w/ Baseline Study Data (n=63)	Enrollees Completing Study Follow-Up (n=46)
	Valid %				
Gender					
Male	57.8%	50.7%	54.3%	61.9%	60.9%
Female	42.2%	49.3%	45.7%	38.1%	39.1%
Race					
White	78.7%	82.1%	75.9%	87.3%	91.3%
Black	8.0%	7.5%	9.5%	3.2%	2.2%
Asian	6.1%	4.5%	5.2%	3.2%	4.3%
Middle Eastern	0.8%	0.0%	0.0%	1.6%	0.0%
AI/AN ^b	0.0%	0.0%	0.0%	0.0%	0.0%
Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Other/Unknown	6.5%	6.0%	9.4%	4.8%	2.2%
Ethnicity					
Non-Hispanic	97.0%	97.0%	96.5%	97.7%	100.0%
Hispanic	3.0%	3.0%	3.5%	2.3%	0.0%
Household Income					
<\$20K	9.8%	16.1%	16.9%	10.9%	9.8%
\$20K - \$49K	30.8%	23.2%	16.8%	29.0%	34.2%
\$50K - \$74K	24.8%	23.2%	31.0%	27.3%	29.3%
\$75K - \$99K	14.4%	14.3%	16.9%	10.9%	9.8%
\$100K+	20.2%	23.2%	18.3%	22.0%	17.1%
Employment Status					
Full-Time	56.5%	49.1%	56.6%	48.2%	46.3%
Part-Time	6.0%	10.9%	7.9%	8.9%	9.8%
Self-Employed	11.3%	12.7%	7.9%	14.3%	14.6%
Student	1.2%	0.0%	0.0%	1.8%	0.0%
Disabled	4.2%	5.5%	5.3%	7.1%	7.3%
Retired	16.1%	16.4%	18.4%	16.1%	17.1%
Homemaker	2.4%	3.6%	1.3%	3.6%	4.9%
Unemployed	2.4%	1.8%	2.6%	0.0%	0.0%
Marriage Status					
Married	36.0%	30.9%	29.2%	31.5%	29.3%
Divorced or separated	19.5%	29.1%	25.0%	24.1%	22.0%
Widowed	5.5%	7.3%	9.7%	3.7%	4.9%
Marriage-like relationship	9.8%	9.1%	6.9%	9.3%	12.2%
Never Married	29.3%	23.6%	29.2%	31.5%	31.7%
Military Status					
Never in the military	92.5%	87.3%	91.5%	88.9%	87.8%
Military service	7.5%	12.7%	8.5%	11.1%	12.2%
	M(SD)				
Age	48.3 (13.7)	49.4 (13.9)	49.9 (13.1)	48.9 (14.0)	51.0 (14.3)

Note. Hispanic was not included as an option on Version 1 of the MA-VSEP application; therefore, the valid percents presented in this table for ethnicity include only the 197 for whom Hispanic was provided as an option. In Version 2 of the MA-VSEP application, Hispanic was listed as a race, not an ethnicity. In those instances, we categorized responses as unknown for race and Hispanic for ethnicity. Version 3 of the MA-VSEP application included a separate question about ethnicity. Household income was only available for 153 of 263 enrollees. Employment only available for 168 of 263 enrollees. Relationship status was only available for 164 of 263 enrollees. Veteran status was only available for 160 of 263 enrollees.

^aEnrollees with player cards were more likely to have low or high incomes than those without player cards, $p < .01$.

^bAI/AN = American Indian or Alaska Native

Compared to the general population, MA-VSEP enrollees were more likely to be male, less likely to be Hispanic, and had slightly lower household incomes. Compared to other PPC patrons, MA-VSEP enrollees were more likely to be male, were younger, and had lower household incomes.

Table 2: MA-VSEP Enrollee Demographics Compared to MA residents and PPC Patrons

	MA-VSEP Enrollees (N=263)	MA Residents (2016-2017 Census) ^a	SEIGMA PPC Patron Survey Data ^b
Gender			
Male	57.8%	48.5%	51.6%
Female	42.2%	51.5%	48.3%
Race			
White	78.7%	81.3%	81.8%
Black	8.0%	8.8%	5.1%
Asian	6.1%	6.9%	5.7%
Middle Eastern	0.8%	--	--
AI/AN ^b	0.0%	0.5%	--
Pacific Islander	0.0%	0.1%	--
Other/Unknown	6.5%	2.4%	2.9%
Ethnicity			
Non-Hispanic	97.0%	8.1%	95.4%
Hispanic	3.0%	11.9%	4.6%
Household Income			
<\$20K	9.8%	<\$15K: 11.0%	<\$15K: 6.3%
\$20K - \$49K	30.8%	\$15K-\$49K: 25.8%	\$15K-\$49K: 23.8%
\$50K - \$74K	24.8%	15.5%	\$50K-\$69K: 19.9%
\$75K - \$99K	14.4%	12.5%	\$70K-\$99K: 20.3%
\$100K+	20.2%	35.3%	29.7%
Employment Status			
Full-Time	56.5%	--	Employed: 59.1%
Part-Time	6.0%	--	--
Self-Employed	11.3%	--	--
Student	1.2%	--	--
Disabled	4.2%	--	--
Retired	16.1%	--	30.5%
Homemaker	2.4%	--	--
Unemployed	2.4%	--	2.4%
Marriage Status			
Married	36.0%	--	Married/Partner/Widow: 68.1%
Divorced or separated	19.5%	--	13.6%
Widowed	5.5%	--	--
Marriage-like relationship	9.8%	--	--
Never married	29.3%	--	18.3%
Military Status			
Never in the military	92.5%	93.6%	84.1%
Military service	7.5%	6.4%	15.9%
Age [Mean SD]	48.3 (13.7)	--	56.4 (--)

Note. Hispanic was not included as an option on Version 1 of the MA-VSEP application; therefore, the valid percents presented in this table for ethnicity include only the 197 for whom Hispanic was provided as an option. In Version 2 of the MA-VSEP application, Hispanic was listed as a race, not an ethnicity. In those instances, we categorized responses as unknown for race and Hispanic for ethnicity. Version 3 of the MA-VSEP application included a separate question about ethnicity. Household income was only available for 153 of 263 enrollees. Employment only available for 168 of 263 enrollees. Relationship status was only available for 164 of 263 enrollees. Veteran status was only available for 160 of 263 enrollees.

^aMA Census information obtained from <https://www.census.gov/quickfacts/fact/table/ma/PST045217> and <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

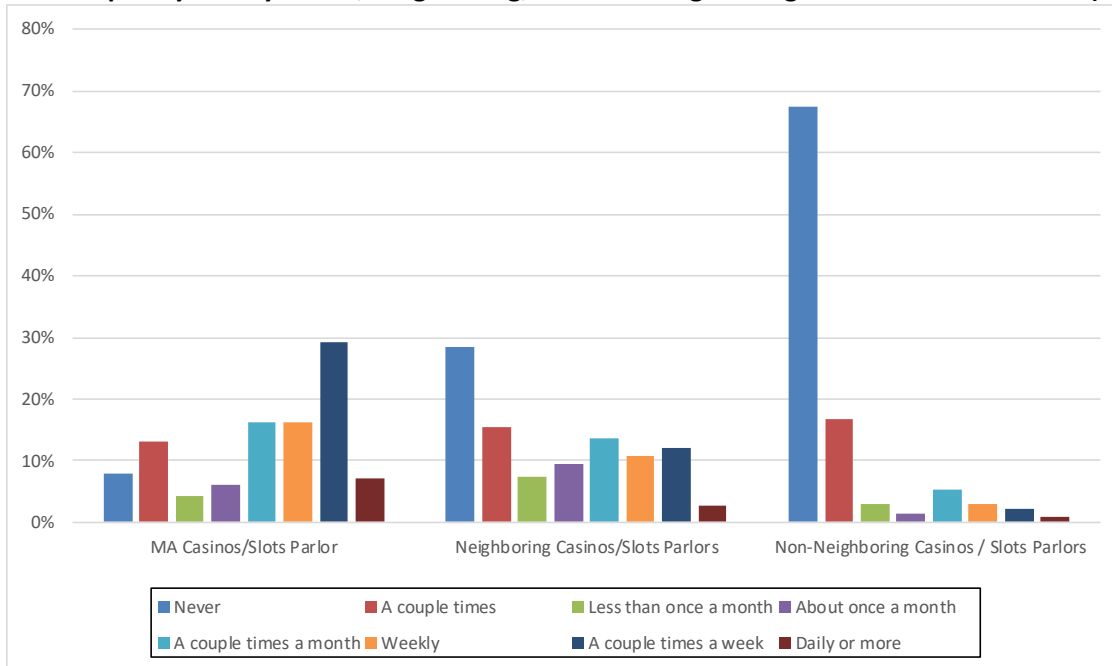
^bSEIGMA PPC Patron Survey data obtained from (Salame et al., 2017).

^bAI/AN = American Indian or Alaska Native

3.2.3. Past Gambling Behavior

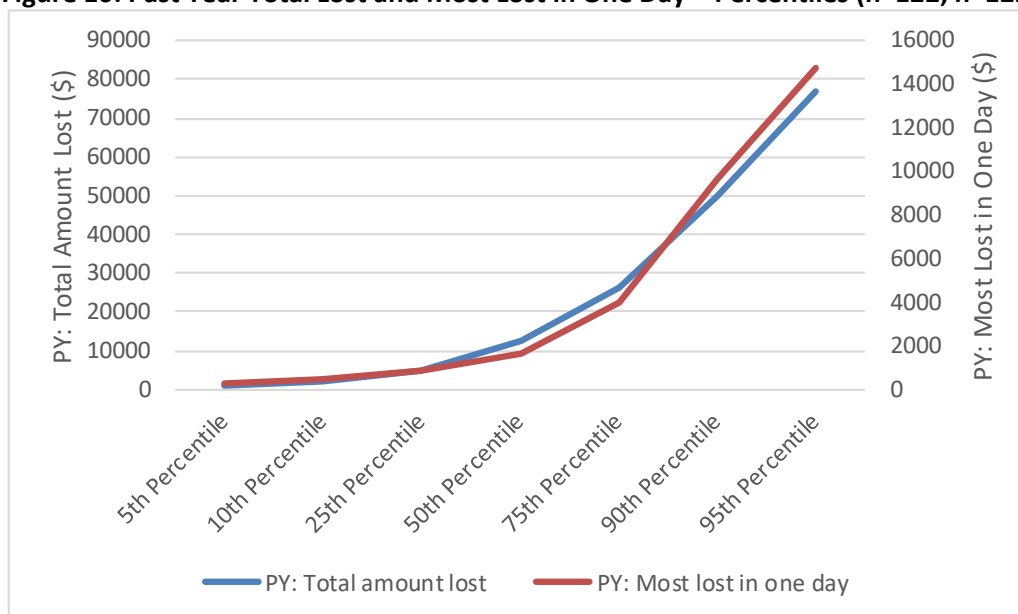
Among those in the full sample who responded to questions about their gambling behavior, the vast majority of MA-VSEP enrollees (86.2%) reported that the games they had lost the most money on during the past year were electronic gambling machines at casinos. As shown in Figure 9, about 30% of these enrollees reported gambling a couple times a week at PPC, and more than 70% had frequented casinos or slots parlors in neighboring states in the past year. Most enrollees (87.6%) had placed their last bet within a week of signing up for MA-VSEP.

Figure 9: Frequency of Play at MA, Neighboring, and Non-Neighboring Casinos & Slots Parlors (n=167)



MA-VSEP enrollees who responded to questions about their gambling behavior reported losing substantial amounts of money, both overall, and in any one day. The mean estimated total amount lost in the past year was \$30,000 (SD=\$94,810), and the mean maximum daily loss in the past year was \$3,747 (SD=\$6,655). The medians for each of these variables were considerably lower (Median=\$12,250 and \$1,600, respectively) indicating positive skew. Figure 10 displays the distributions for these variables.

Figure 10: Past Year Total Lost and Most Lost in One Day – Percentiles (n=122; n=129)



In both cases, a few enrollees reported substantially greater losses than the rest of the sample. Eighty-eight percent of enrollees also endorsed needing to get more money in the middle of a gambling outing at some point in the past year.

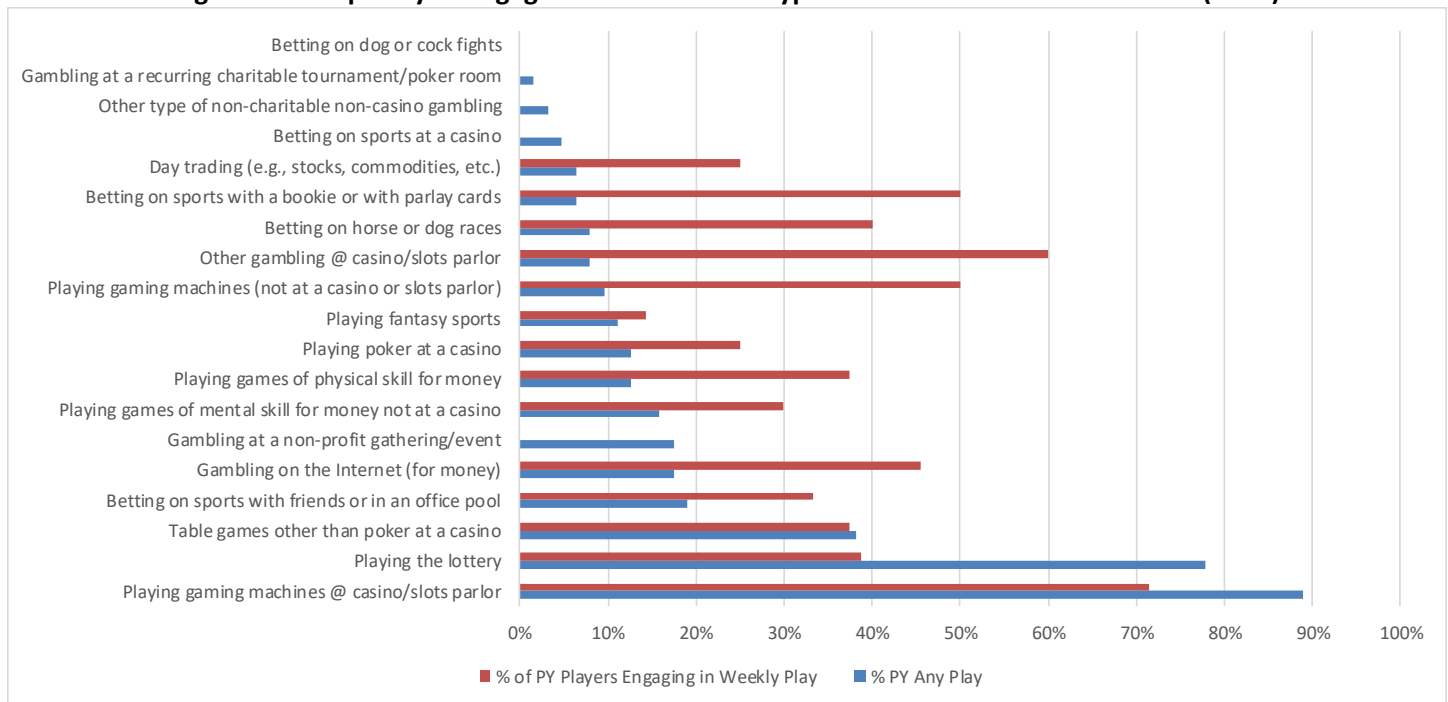
3.2.3.1. Past Gambling Behavior: Baseline Survey Respondents (n=63)

Though these results should be interpreted with caution due to the low recruitment rate, MA-VSEP enrollees who completed the baseline survey (n=63) provided additional information about their gambling behavior prior to MA-VSEP enrollment. On average, these enrollees reported beginning to gamble during their 20s (M=23.3, SD=12.5, Median=20.0). Most enrollees (i.e., 85.7% of those who completed the baseline survey) had gambled more than 1,000 times during their lifetime.

Enrollees who completed the baseline survey gambled on a variety of game types in the year prior to exclusion. For each game, Figure 11 displays the percent of enrollees who played each game at all during the past year, as well as the percent who played it on a weekly or more frequent basis. This figure shows that the gambling machines at slot parlors or casinos, in addition to being the most commonly played game, also had the largest percentage of players who played weekly or more. The figure also shows that many of the game types that were less prevalent in this sample were nevertheless played frequently by those who played them.

On average, enrollees who completed the baseline survey had engaged in between 3 and 4 different types of gambling during the year prior to enrollment (M=3.6, SD=2.5, Median=3.0), with a range from 0 to 13.

Figure 11: Frequency of Engagement with Game Types Prior to MA-VSEP Enrollment (n=63)



3.2.4. Past Gambling Behavior at PPC – Player Card Data

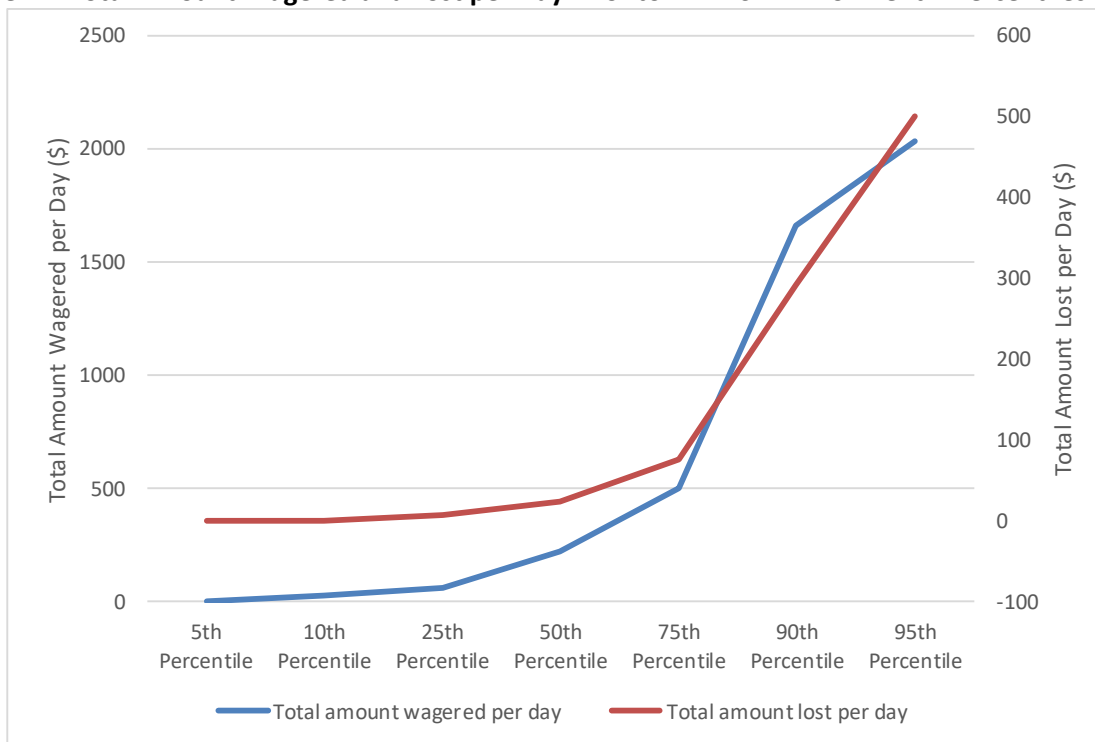
One hundred sixteen MA-VSEP enrollees had player card activity in the PPC system after May 2016 (i.e., the earliest records PPC made available to us). Of those 116 enrollees, 91 had recorded gambling activity in the PPC system that could be used to calculate measures of amount wagered, amount lost, and frequency of play.¹⁴ For each of the 91 with player card gambling activity, we calculated the total amount they had wagered and the total amount they had lost using their card prior to their date of MA-VSEP enrollment, and the number of visits they had made to PPC during which they recorded gambling activity prior to their date of VSEP enrollment. To control for their time at-risk (i.e., some enrollees had hundreds

¹⁴ The other 25 enrollees had registered activity within the PPC player card system prior their MA-VSEP enrollment date, but that activity did not include placing bets. Examples of alternate player card activity include depositing money on a card or withdrawing a voucher for money remaining on a card. It is unclear why these 25 did not record bets. Given this data anomaly, other problems with the data described in our forthcoming PlayMyWay management system evaluation report, and the limited sample, caution should be used in interpreting these data.

of days during which they could have recorded card activity prior to MA-VSEP enrollment and others had only a few weeks), we calculated three additional variables: amount wagered per day (i.e., total amount wagered divided by days between the enrollee’s first gambling activity in the PPC system and the date of their MA-VSEP enrollment), amount lost per day (i.e., total amount lost divided by days between the enrollee’s first gambling activity in the PPC system and the date of their MA-VSEP enrollment), and frequency of play (i.e., number of visits divided by days between the enrollee’s first gambling activity in the PPC system and the date of their MA-VSEP enrollment).

Information about amount wagered and amount lost among MA-VSEP enrollees who had player cards generally reflected MA-VSEP enrollees’ self-reported behavior in that there was considerable positive skew for these variables. The mean total amount wagered per day¹⁵ using a player card prior to MA-VSEP enrollment was \$518.7 (SD=\$924.8), and the mean total amount lost per day prior to MA-VSEP enrollment was \$99.7 (SD=\$251.2). However, the medians for each of these variables were considerably lower (Median=\$223.5 and \$24.1, respectively), due primarily to a single outlier who wagered \$ 3,149,292.4 and lost \$951,720.5 over the course of 135 visits within a 460-day timespan. Figure 12 displays the distributions for these two variables. MA-VSEP enrollees who had player cards visited PPC and used their cards on an average of 19.6% of the days they could have visited between the first day they recorded gambling activity on their card and their date of MA-VSEP enrollment, approximately 1.4 days per week. Their median frequency of visits was 15.6%, approximately 1.1 days per week.

Figure 12: Total Amount Wagered and Lost per Day Prior to MA-VSEP Enrollment – Percentiles (n=91)



Note. Data derive from player card records for MA-VSEP enrollees who used player cards prior to MA-VSEP enrollment and after May 2016.

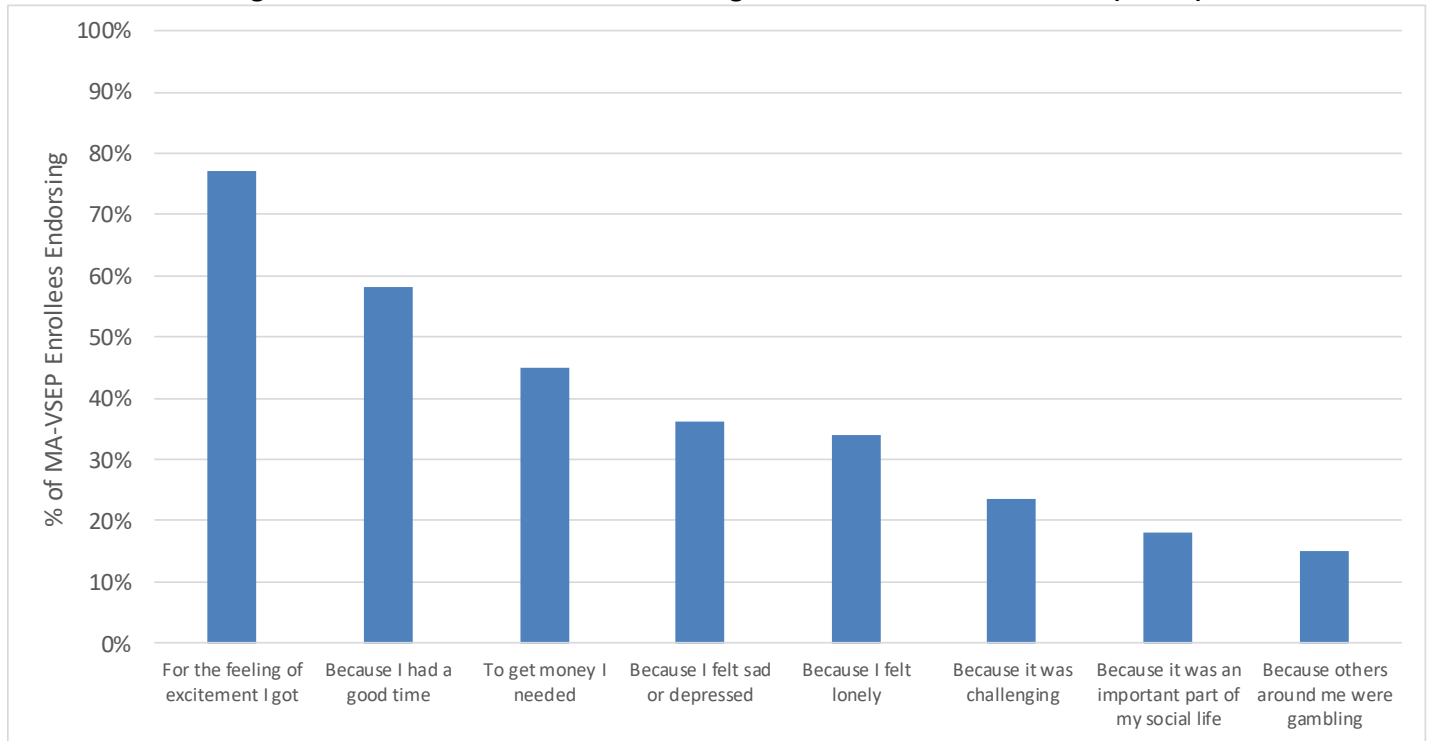
3.2.5. Past Gambling Motivations, Attitudes, and Experiences

Figure 13 displays the reasons MA-VSEP enrollees endorsed for gambling. Enrollees were able to select more than one reason, so the categories are not mutually exclusive. This question was included on both the VSEP application and the baseline survey, so we combined these data sources.¹⁶ In all, one hundred twenty-seven MA-VSEP enrollees answered this question.

¹⁵ The per day measures refer not to days the enrollee were actually at PPC, but days that they could have been at PPC between the first day they recorded gambling on their card after May 2016 and their date of MA-VSEP enrollment.

¹⁶ For this question and the question about motivations for MA-VSEP enrollment, if an enrollee endorsed a reason on either their application or the baseline survey, we included their response.

Figure 13: Endorsed Reasons for Gambling Prior to MA-VSEP Enrollment (n=127)



Note. Categories are not mutually exclusive.

The most commonly endorsed reason for gambling prior to MA-VSEP enrollment was for excitement, followed by to have a good time and to get money. More than 30% of enrollees also endorsed gambling out of loneliness or feelings of depression, as well. Thirty-nine enrollees also provided other reasons for gambling, displayed in Table 3. Some of these responses overlapped with provided categories. Others referred to escape, boredom, and addiction.

3.2.5.1. Past Gambling Attitudes and Experiences: Baseline Survey Respondents (n=63)

Though these results should be interpreted with caution due to the low recruitment rate, MA-VSEP enrollees who completed the baseline survey answered question about their beliefs about luck and probability as they relate to gambling, as well as their attitudes about the benefits and costs of gambling. Table 4 summarizes the results of those questions.

Almost half of these respondents agreed that gambling machines could be lucky, and about a third agreed that machines or numbers could be hot or cold or that numbers were “due” if they hadn’t shown up for a while. However, most of these enrollees did not believe that there were actions they could take individually to improve their luck. Enrollees expressed slightly favorable attitudes about gambling, with most agreeing that gambling is fun and that casinos will increase job opportunities. However, they did not support gambling expansion within their communities, and a large majority of enrollees viewed gambling as dangerous.

Table 3: MVEP Enrollee Reasons for Gambling prior to MA-VSEP Enrollment (n=39)

Open Response: "What are the primary reasons that you gamble? → For other reasons – specify"
A way to escape my responsibilities and commitments, a way to avoid things that were going on in my life.
Addicted to it
Addiction
Because I am a compulsive gambler
Because of an addiction.
Being lonely, escaping.
Big part of my social life
Bored
Bored
Bored
Boredom
Boredom
Chasing losses
Chasing money/addiction
Didn't have a particular reason for gambling before signing up for VSE. Started gambling after being in a very controlling relationship. Was a Buddhist at the time and my partner was a Quaker. My partner made me quit my job and I started gambling as a method of rebellion.
Enjoyed doing it
Entertainment, addicted to it
Escape worry and frustration
Escapism
Fill in a void
Financial distress, plus hoping things will get better
Forces me to feel emotions
I don't know, I am trying to figure it out
I get bored
I'm completely by myself, alone. When you are alone you keep talking to yourself (a sick person). The worst person an addict can be with is themselves. They told me I had cancer and I needed a biopsy. I kinda let myself go. You can get out of yourself, you can be a part of the slot machine and you are not alone.
Instead of going to club
It's fun and challenging
Love it
Loved eating, got a gastric bi-pass and couldn't eat, and gambling became my new companion instead of food
Medication
Recreational
Rush and excitement of the win
Something to do
Stress
To escape life of abuse from husband
Too much time on my hands
We all want to win, cannot help myself
Winning streak
Work anxiety

Table 4: MVEP Enrollee Beliefs about Gambling (n=63)

Beliefs about Luck and Probability	Agreement w/ Statement (1=Disagree Strongly; 5=Agree Strongly)	
	M (SD)	% Somewhat or Strongly Agreeing
A gambling machine can be lucky	2.9 (1.6)	49.2%
If someone keeps betting, their luck will turn around	1.9 (1.3)	18.0%
After a few losses, people are due to win	1.8 (1.3)	17.5%
A gambling machine or certain numbers can be “hot” or “cold”	2.7 (1.6)	39.7%
If a number or symbol hasn’t shown up for a while, it is due to show up	2.4 (1.5)	30.2%
People can do things that will make them luckier	1.6 (1.1)	9.5%
A lucky charm can help someone win	1.3 (0.8)	4.8%
Positive Attitudes about Gambling	M (SD)	% Somewhat or Strongly Agreeing
Gambling is an acceptable form of entertainment	3.2 (1.4)	49.2%
I would support having a resort casino in my community	1.8 (1.3)	15.9%
Casinos lead to increased job opportunities in an area	3.5 (1.3)	63.5%
Gambling is a fun activity	3.3 (1.5)	60.3%
I would support having a slots parlor in my community	1.6 (1.2)	12.7%
Concerns about Costs of Gambling	M (SD)	% Somewhat or Strongly Agreeing
Gambling is dangerous	4.3 (1.3)	81.0%
Overall, the costs of having casinos in Massachusetts outweigh the benefits	3.4 (1.3)	47.6%
Casinos lead to increased crime in an area	3.5 (1.4)	55.6%

3.2.6. Past Gambling Problems

Both the application and the baseline survey included the Brief Bio-Social Gambling Screen, which includes three criteria of gambling disorder found to be most indicative of that disorder (BBGS: Gebauer, LaBrie, & Shaffer, 2010). Figure 14 displays enrollees’ responses to these criteria and whether they screened positive on the BBGS (i.e., endorsed any of the criteria). Eighty-four percent screened positive.

3.2.6.1. Past Gambling Problems: Baseline Survey Respondents (n=63)

Though these results should be interpreted with caution due to the low recruitment rate, MA-VSEP enrollees who completed the baseline survey responded to a full assessment of gambling problems, a past 12-month adaptation of the gambling section of the Alcohol Use Disorder and Associated Disabilities Interview Schedule IV (AUDADIS-IV: Grant et al., 2003) that we have used in previous work (i.e., Nelson et al., 2013). As noted in the Methods section, we used these responses to calculate whether respondents endorsed each DSM-IV criterion for gambling disorder, but also created variables measuring whether respondents qualified for gambling disorder, as well as severity of disorder, using the nine DSM-5 criteria. Figure 15 displays the percent of enrollees endorsing 0 (no disorder), 1-3 (subclinical gambling problems), 4-5 (mild gambling disorder), 6-7 (moderate gambling disorder), and 8-9 (severe gambling disorder) criteria, broken out by whether enrollees were younger (i.e., under 49) or older (i.e., 49 or older).

Figure 14: Gambling Problems within the Past Year Prior to MA-VSEP Enrollment (n=139)

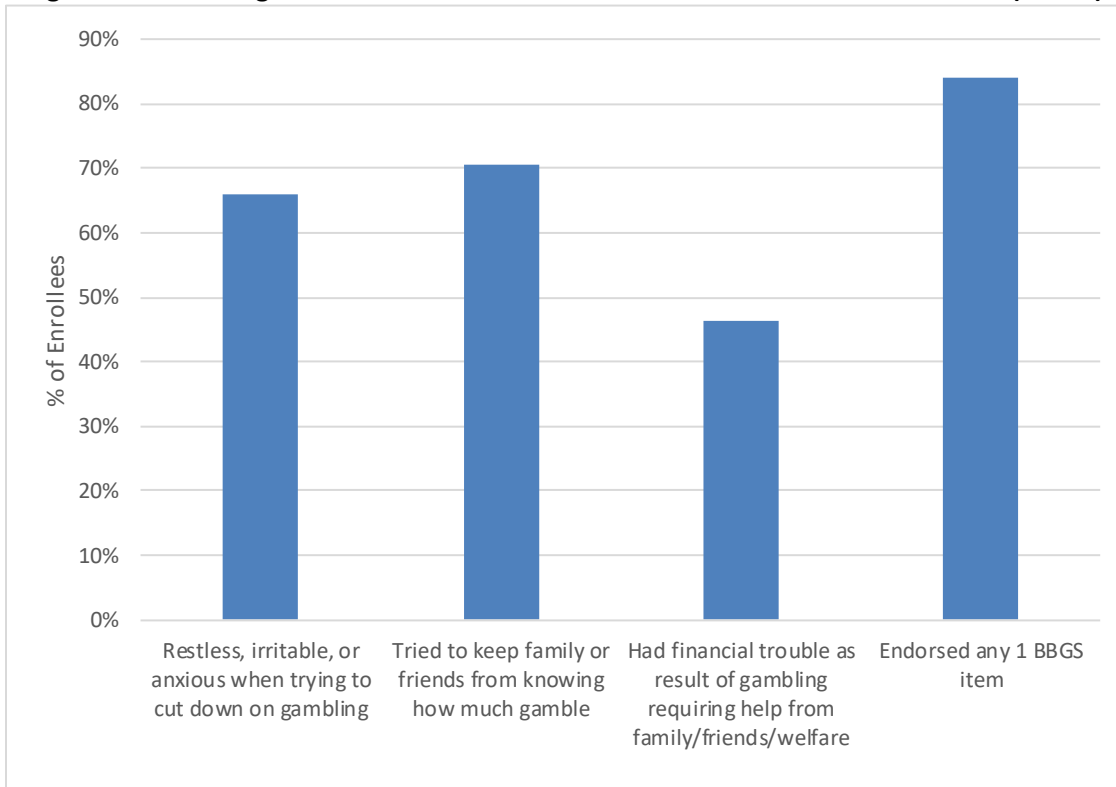
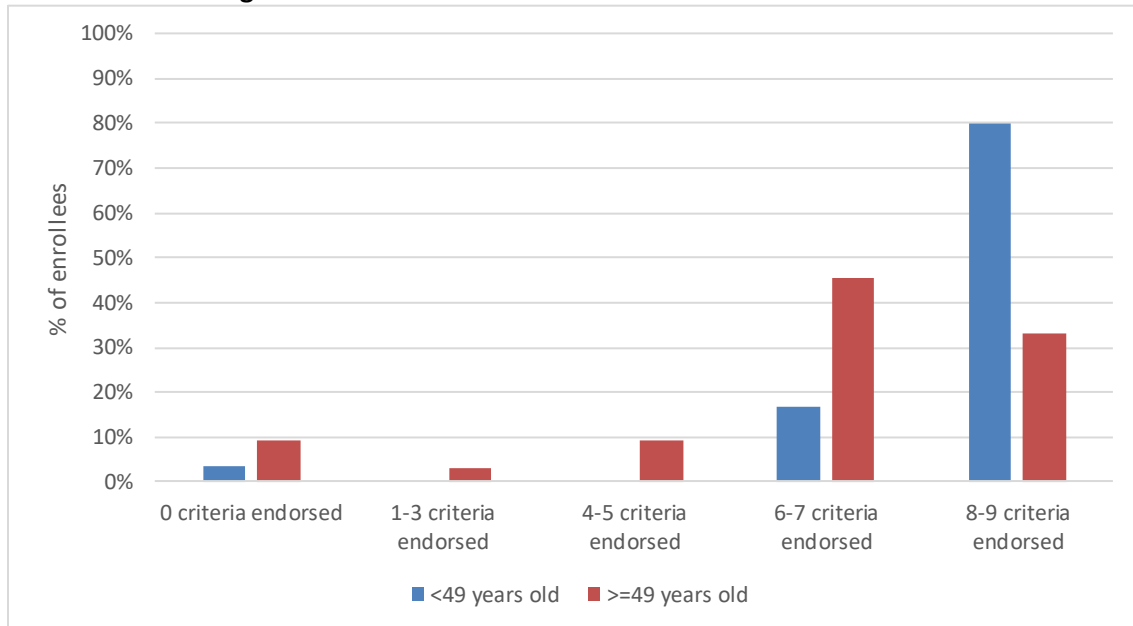


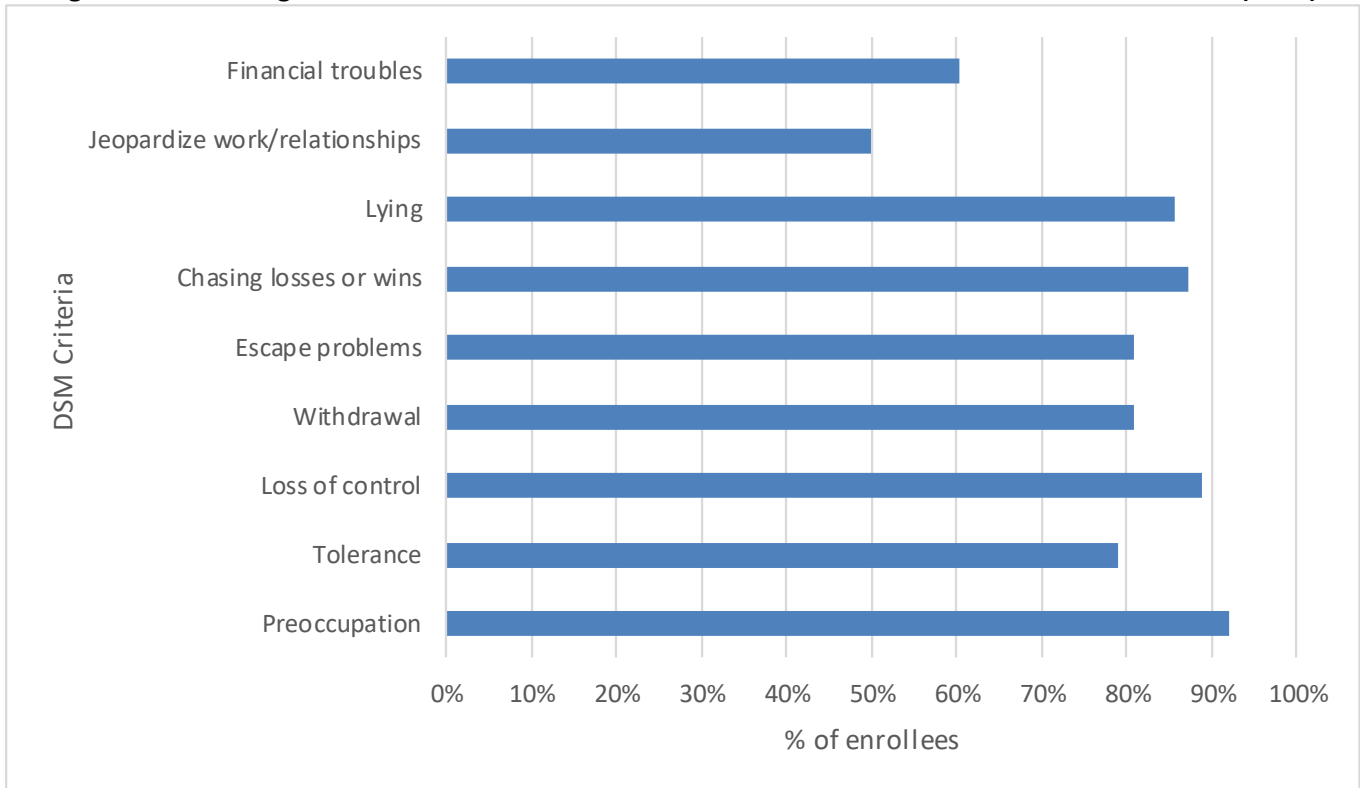
Figure 15: # of DSM-5 Gambling Disorder Criteria Endorsed within the Past Year Prior to MA-VSEP Enrollment (n=63)



Overall, 92.1% of MA-VSEP enrollees who completed the baseline survey qualified for past year gambling disorder (i.e., endorsed 4+ criteria). Younger enrollees endorsed more DSM criteria (M=7.8, SD=1.8) than did older enrollees (M=6.4, SD=2.7), $F(1,61)=6.0$, $p<.05$. Figure 16 displays the specific criteria endorsed. Enrollees most commonly endorsed preoccupation, loss of control, chasing behavior, and lying to friends and family about their gambling.

In addition to gambling-related problems, 38% of MA-VSEP enrollees who completed the baseline survey reported sometimes drinking or using drugs while gambling, and 12.7% reported doing so often or always.

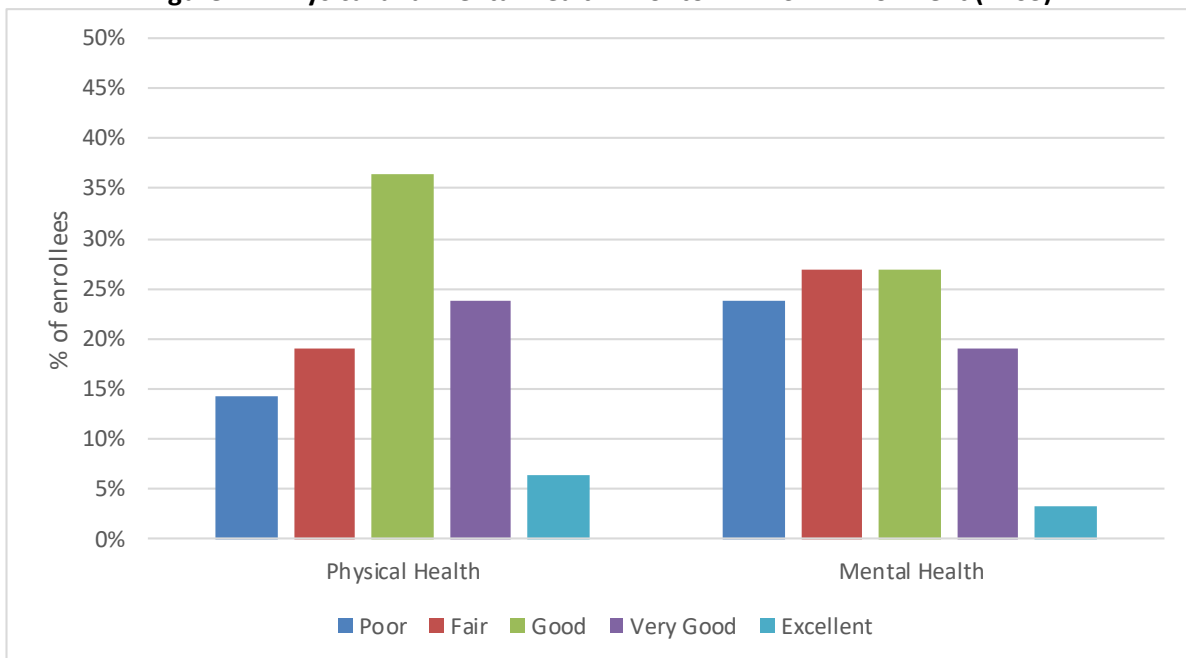
Figure 16: Gambling Disorder Criteria Endorsed within the Past Year Prior to MA-VSEP Enrollment (n=63)



3.2.7. Physical and Mental Health: Baseline Survey Respondents (n=63)

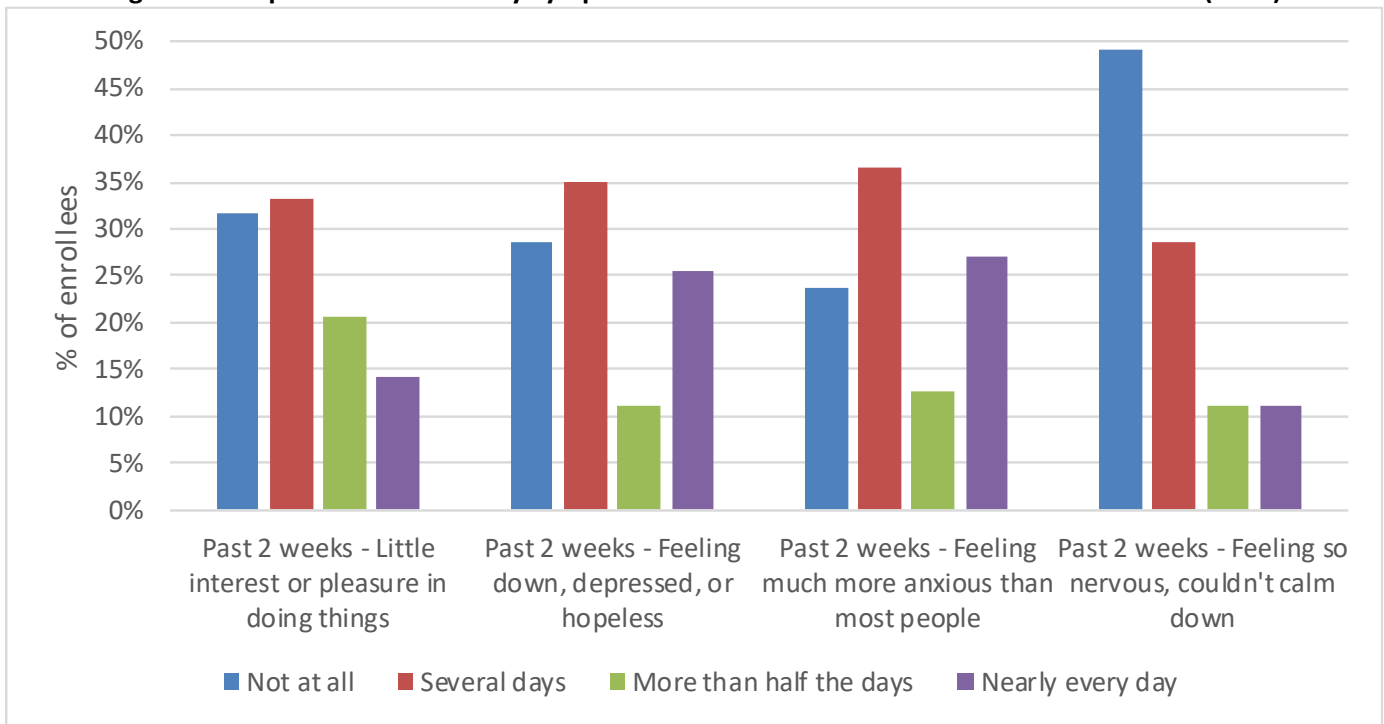
Though these results should be interpreted with caution due to the low recruitment rate, overall, MA-VSEP enrolees who completed the baseline survey rated both their mental and physical health as, on average, between “fair” and “good” (M=2.9, SD=1.1 for physical health; M=2.5, SD=1.1 for mental health). As Figure 17 shows, one third of enrolees rated their physical health as poor or fair, and more than half rated their mental health as poor or fair.

Figure 17: Physical and Mental Health Prior to MA-VSEP Enrollment (n=63)



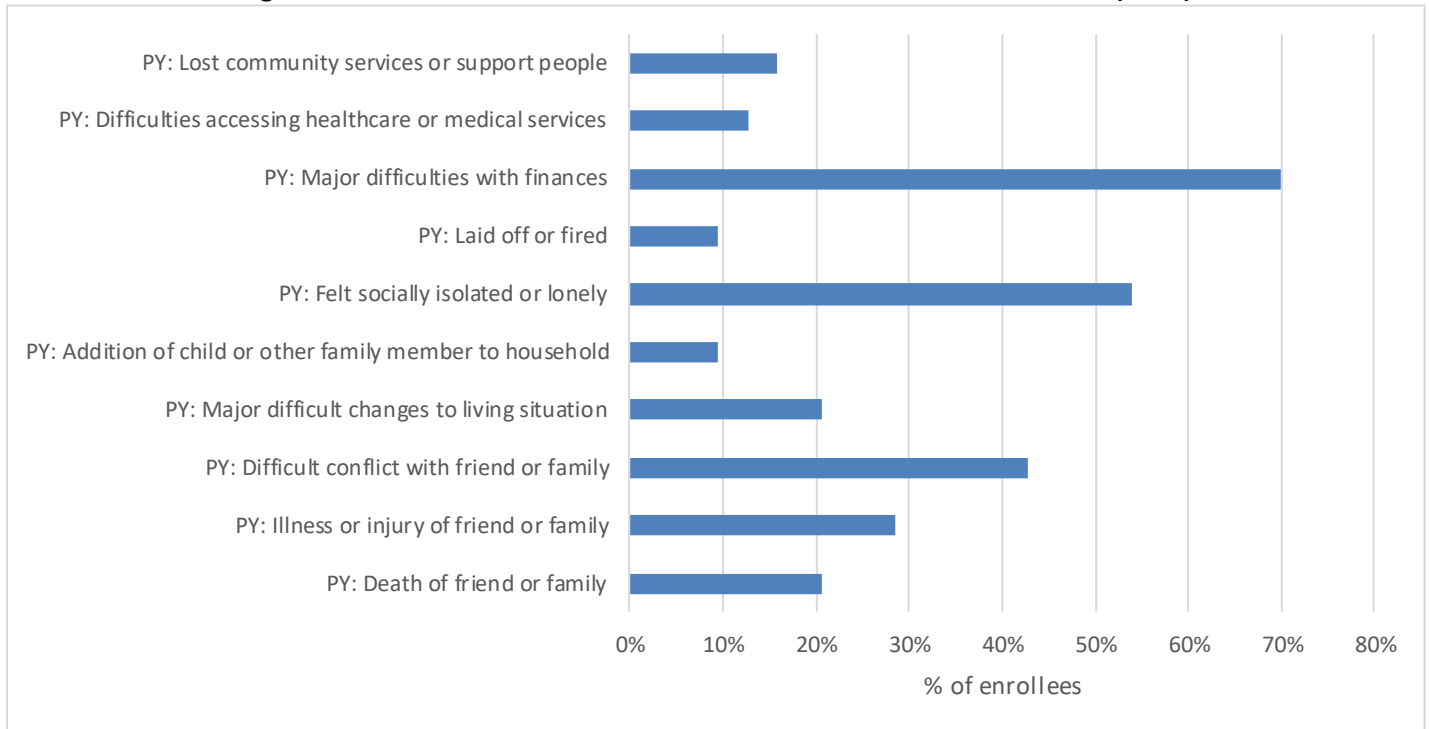
MA-VSEP enrollees who completed the baseline survey also responded to a modified version of the Patient Health Questionnaire-4 assessment for anxiety and depression in the 2 weeks prior to MA-VSEP enrollment (PHQ-4: Kroenke et al., 2009). Figure 18 displays their responses. Enrollees responded to both the depression and anxiety items with average scores ranging from 1.8 to 2.4 on a 4-point scale where 1 indicates “not at all”, 2 indicates “several days”, and 4 indicates “nearly every day”. As shown in Figure 18, the majority of enrollees indicated experiencing each symptom in the past two weeks. Using PHQ scoring practices, in which responses to depression and anxiety items are summed and a score of 5 or greater on either indicates a positive screen, we found that 41.3% of enrollees screened positive for depression and 38.1% screened positive for anxiety.

Figure 18: Depression and Anxiety Symptoms in Two Weeks Prior to MA-VSEP Enrollment (n=63)



To examine potential triggers for mental health issues that might exacerbate gambling issues, the baseline survey asked MA-VSEP enrollees whether they had experienced any of 10 life events in the year prior to MA-VSEP enrollment. As Figure 19 shows, seventy-percent of enrollees who completed the baseline survey indicated that they had major financial difficulties, and more than 50% indicated they felt socially isolated or lonely. More than 40% reported a difficult conflict with a friend or family member. On average, enrollees reported 2.8 stressors (SD=2.0) in the year prior to MA-VSEP enrollment. Number of stressors did not vary by gender, age, or enrollment term.

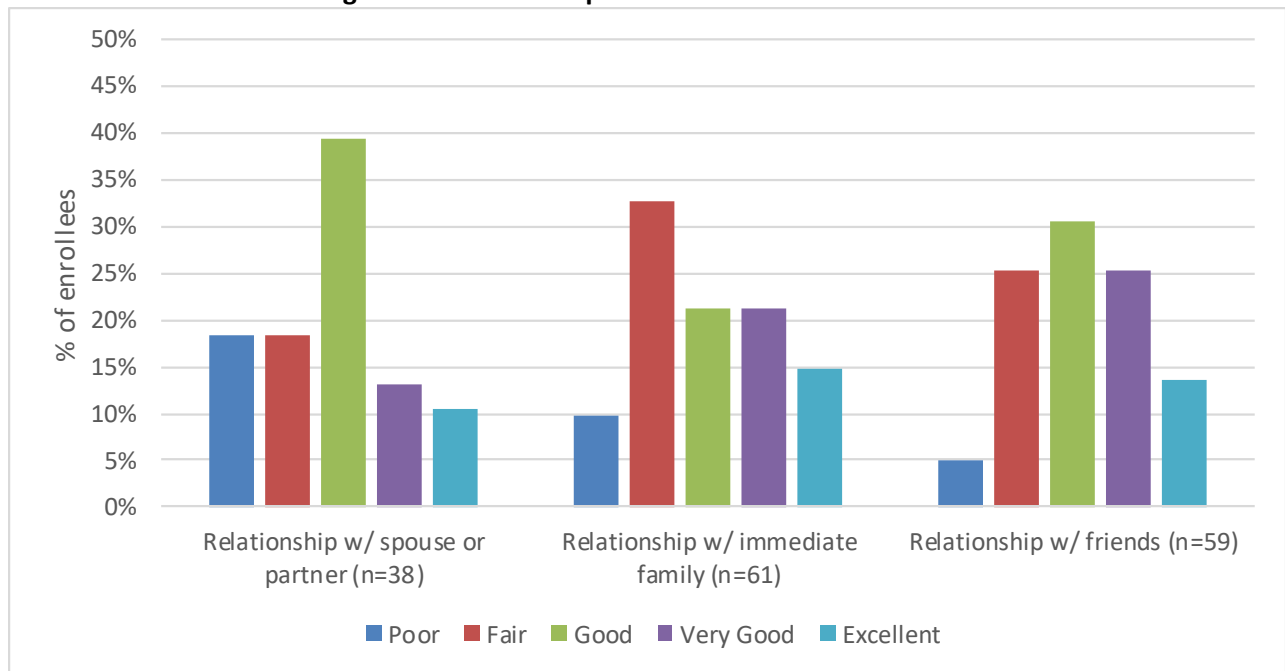
Figure 19: Stressful Life Events in the Year Prior to MA-VSEP Enrollment (n=63)



3.2.8. Relationships and Social Support: Baseline Survey Respondents (n=63)

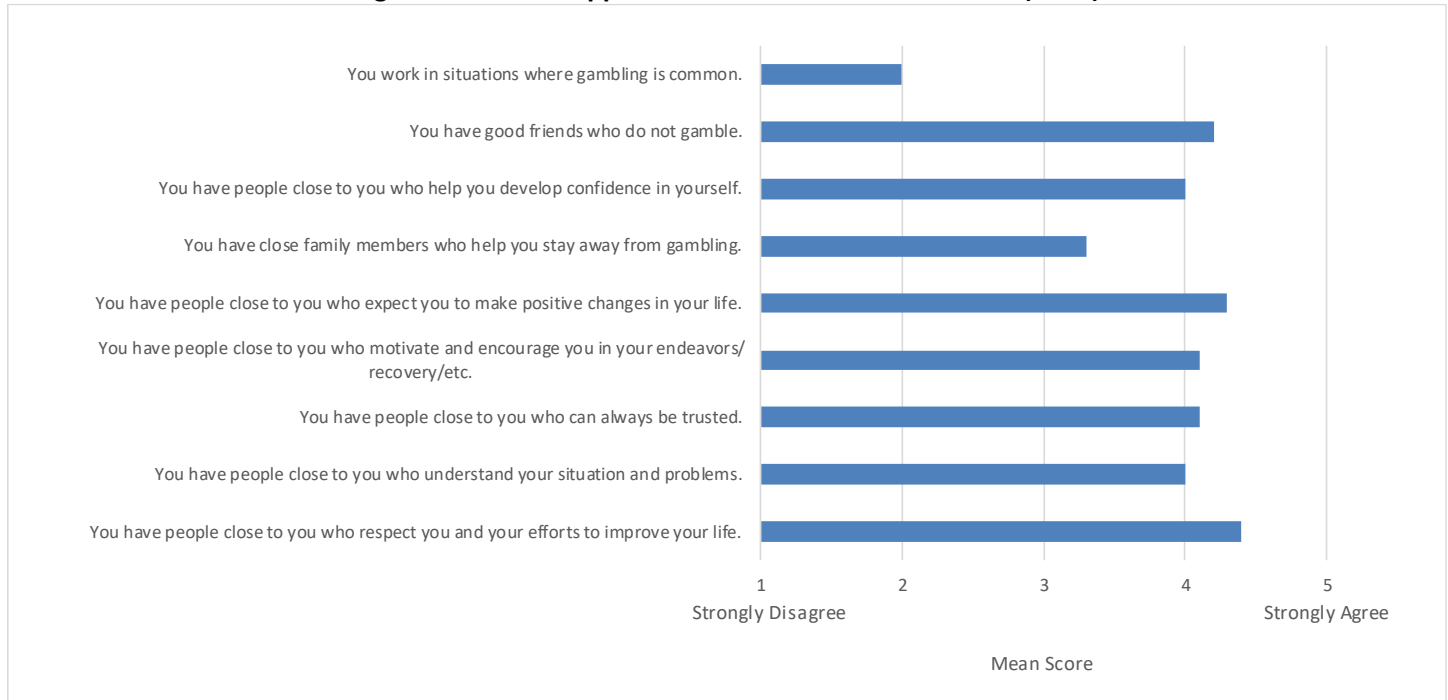
Enrolees who completed the baseline survey rated their relationships on a scale from 1 (poor) to 5 (excellent). Figure 20 illustrates these ratings. Though these results should be interpreted with caution due to the low recruitment rate, almost two thirds of enrolees who answered the question (63.2%) indicated their relationship with their spouse or partner was good, very good, or excellent, 57.4% indicated their relationship with immediate family was good or better, and 69.5% rated their relationship with friends as good or better.

Figure 20: Relationships Prior to MA-VSEP Enrollment



MA-VSEP enrollees who completed the baseline survey also responded to the TCU Social Support Scale (Joe et al., 2002), a 9-item measure of social support from friends and family. Figure 21 displays the items and enrollees' agreement with those items. Enrollees indicated they had generally strong social support networks, scoring an average 36.2 out of a maximum of 45 on the summed scale.

Figure 21: Social Support Prior to MA-VSEP Enrollment (n=63)



3.2.9. Past Treatment: Baseline Survey Respondents (n=63)

Though these results should be interpreted with caution due to the low recruitment rate, a majority of MA-VSEP enrollees who responded to the baseline survey reported having had past experience with treatment-seeking related to gambling. Slightly more than two thirds (68.3%) reported having talked to a doctor or professional about their problems with gambling. Approximately half (47.6%) previously had called a gambling helpline, and 22.2% had done so during the year prior to MA-VSEP enrollment. Approximately half of enrollees who responded to the baseline survey also reported having received treatment for a mental health or substance use problem other than their gambling-related problems. Table 5 summarizes the overlap between these categories. Just over half of enrollees in this sample had sought help specifically for gambling-related problems *and* had treatment for non-gambling mental health or substance use issues.

Table 5: MVEP Enrollee Help-Seeking Behavior Prior to MA-VSEP Enrollment (n=63)

	No prior MH or SU problems	No prior Tx but might have MH or SU problems	Prior treatment for MH or SU problems
No gambling-related help-seeking	10 (66.7%)	1 (6.7%)	4 (26.7%)
Called a gambling helpline or sought help from doctor or professional for gambling-related problems	18 (37.5%)	4 (8.3%)	26 (54.2%)

Note. MH=mental health; SU=substance use; Tx=treatment.

Figure 22 shows the different types of treatment MA-VSEP enrollees who completed the baseline survey had attended prior to MA-VSEP enrollment. Outpatient mental health treatment was the most common, followed by gambling treatment and financial counseling.

Figure 22: Treatment Services Received Prior to MA-VSEP Enrollment (n=63)

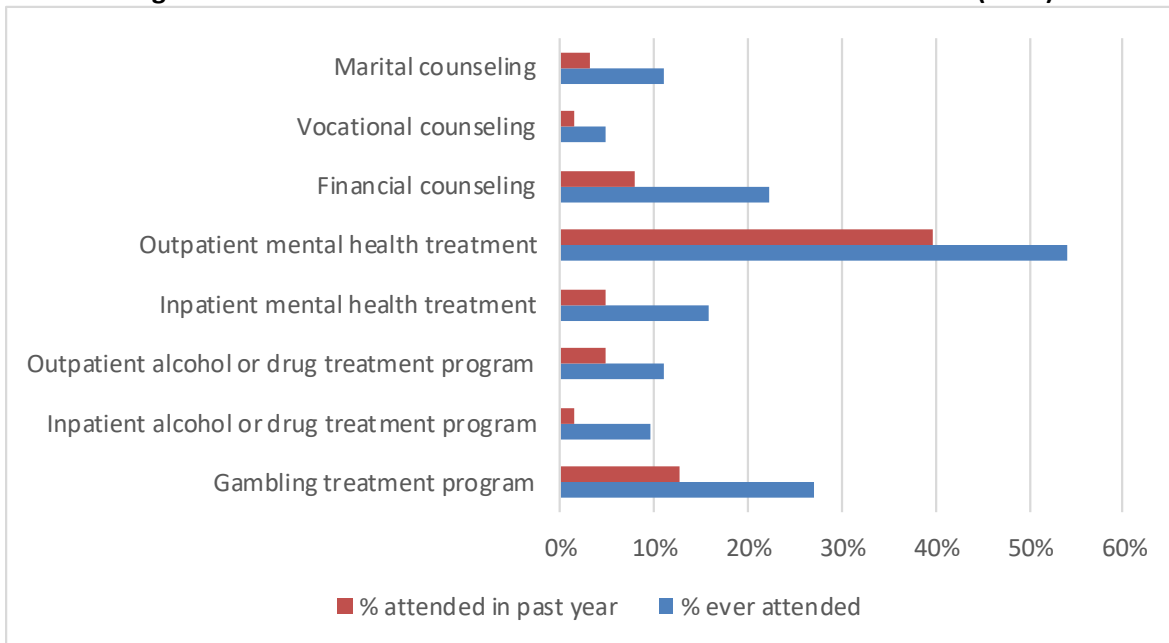
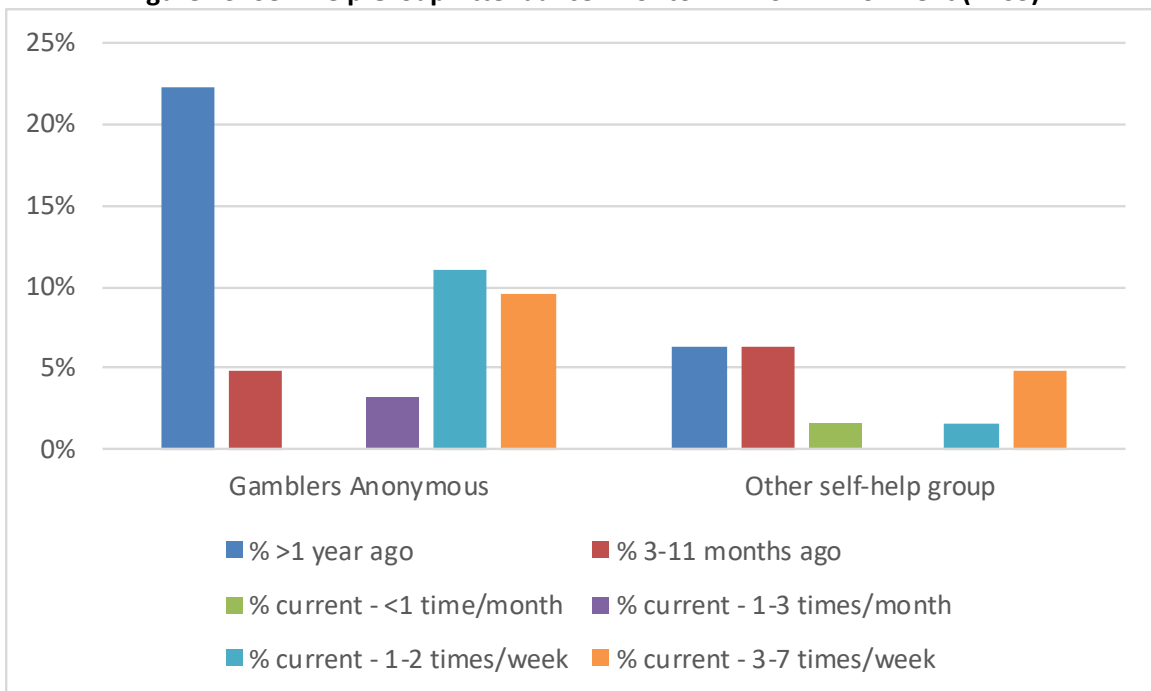


Figure 23 shows Gamblers Anonymous and other self-help group attendance prior to MA-VSEP enrollment among the MA-VSEP enrollees who completed the baseline survey. Half of enrollees (50.8%) had attended Gamblers Anonymous at some point prior to MA-VSEP enrollment, but as the figure shows, only 28.6% had attended Gamblers Anonymous during the past year. However, 11 of the 18 (61%) who had attended during the past year did so within a week before signing up for MA-VSEP. Other self-help groups were less popular. Just over 20.6% of enrollees had participated in other self-help groups prior to MA-VSEP enrollment, 14.3% in the past year.

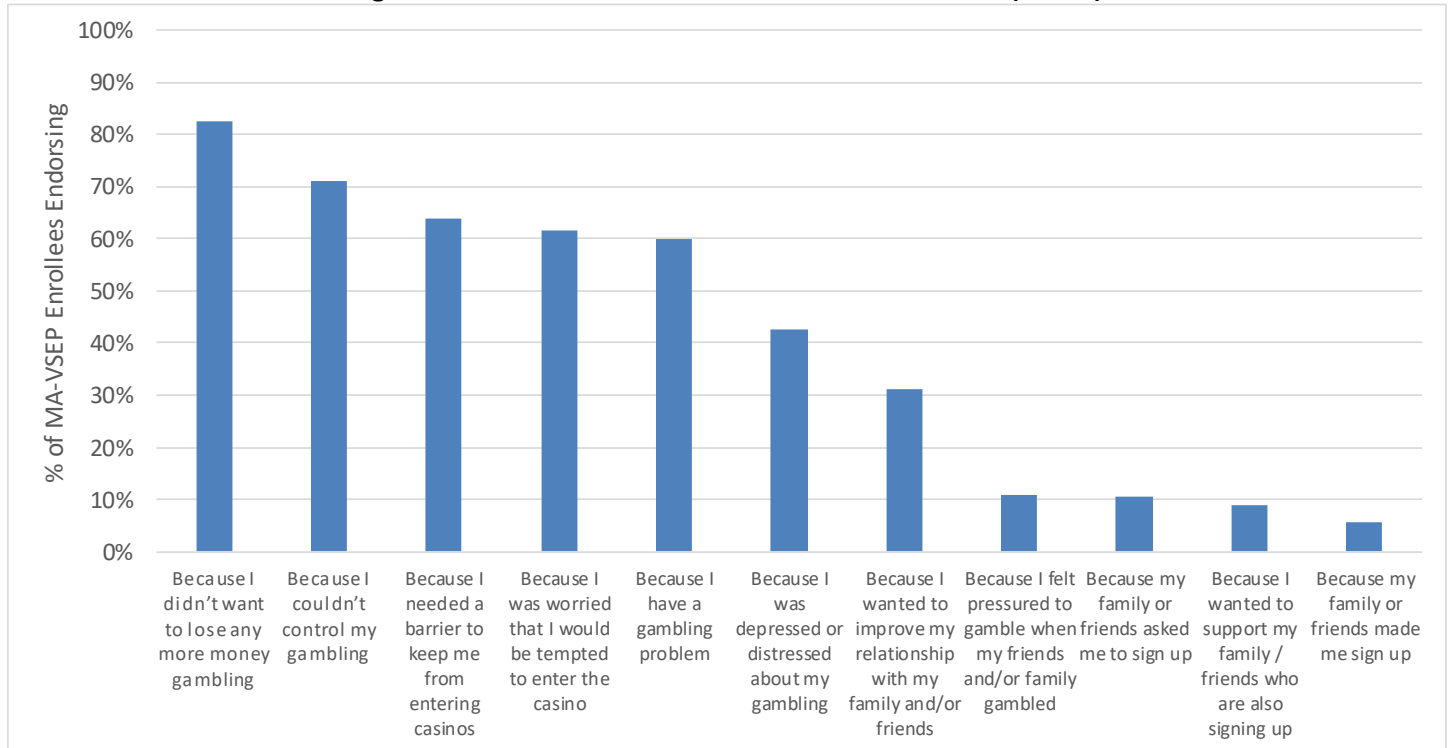
Figure 23: Self-Help Group Attendance Prior to MA-VSEP Enrollment (n=63)



3.2.10. Motivations for Enrollment

Figure 24 displays the reasons MA-VSEP enrollees endorsed for enrolling in MA-VSEP. Enrollees were able to select more than one reason, so the categories are not mutually exclusive. This question was included on both the VSEP application and the baseline survey, so we combined these data sources.¹⁷ One hundred eighty-three MA-VSEP enrollees answered this question, either on their application or the baseline survey.

Figure 24: Endorsed Reasons for MA-VSEP Enrollment (n=183)



Note. Categories are not mutually exclusive.

Most enrollees endorsed individual reasons for MA-VSEP enrollment, as opposed to reasons that indicated being influenced by others or signing up to improve relationships with others. More than 80% of enrollees indicated that they signed up for financial reasons, and more than 70% indicated that they signed up because they were unable to control their gambling.

As Table 6 shows, 26 enrollees also provided other reasons for MA-VSEP enrollment. For the most part, these responses fit within the available categories, but provided more detail. However, multiple open responses indicated that enrollees were enrolling in MA-VSEP proactively, prior to gambling or experience problems at PPC.

We also asked MA-VSEP enrollees why they chose to self-exclude on that day in particular. One hundred fifty-eight enrollees responded on either the VSEP application or the baseline survey. We included their responses as Appendix G. For many enrollees, a large loss at PPC preceded their decision to enroll. For others, as indicated earlier, enrollment was a planned action to prevent them from ever gambling at PPC. Some noted a desire to fix broken relationships, others noted that PPC's proximity to their home or work was problematic. Four individuals specifically mentioned an encounter with a GSA having led them to enroll in VSEP.

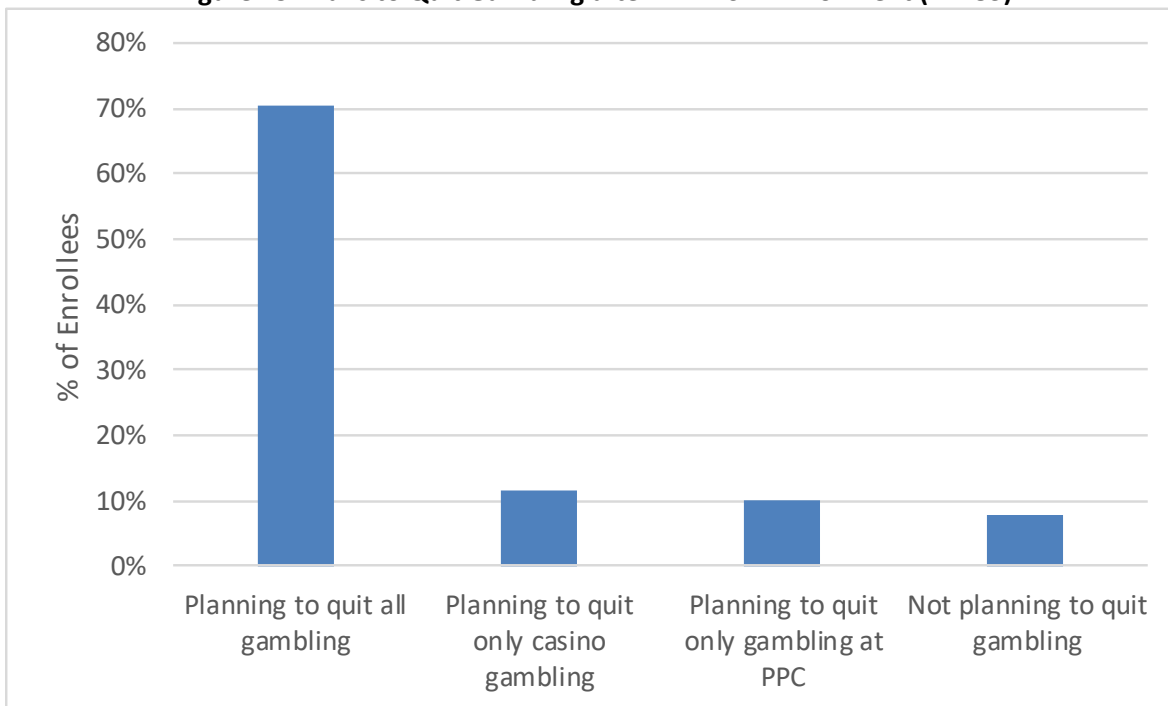
¹⁷ For this question and the question about motivations for MA-VSEP enrollment, if an enrollee endorsed a reason on either their application or the baseline survey, we included their response.

Table 6: MA-VSEP Enrollee Reasons for Enrollment (n=26)

Open Response: "Briefly, why are you signing up for the MA-VSEP? → Other reasons – specify"
A cooling down for local gambling
Because I gamble so much
Because it was available
Bored
Can control my gambling
Career reasons
Come too much
Didn't know my limits
Had a recent big loss
Had to pay bills, gotten out of control
I am already excluded from Twin River and I know I'm a compulsive gambler
I am gambling beyond my means
I have mental illness and my depression would get worse when I gambled. I would stay at the casino for 15 hours straight without eating or taking medication.
I have mental issues
I have self-excluded from another casino
I went every single day since they opened until I signed up for VSE. It was out of control.
It was an intentional exclusion, had planned on signing up whenever MA opened a casino
Losing too much money!
Main reason is my family wanted me to. Started going gambling more and more after husband died (would gamble together)
PPC was convenient to stop at, drove past it frequently. Found that it was hard to not stop when drove past
Recovering addict, jumping to a new addiction
Saw the desk and went on my own
Someone in my life has been helping me and did not want to disappoint them
Stop gambling
Unfair what they are doing; they are controlling the games
Want to stop

As Figure 25 shows, most MA-VSEP enrollees intended to quit all gambling upon MA-VSEP enrollment.

Figure 25: Plans to Quit Gambling after MA-VSEP Enrollment (n=183)



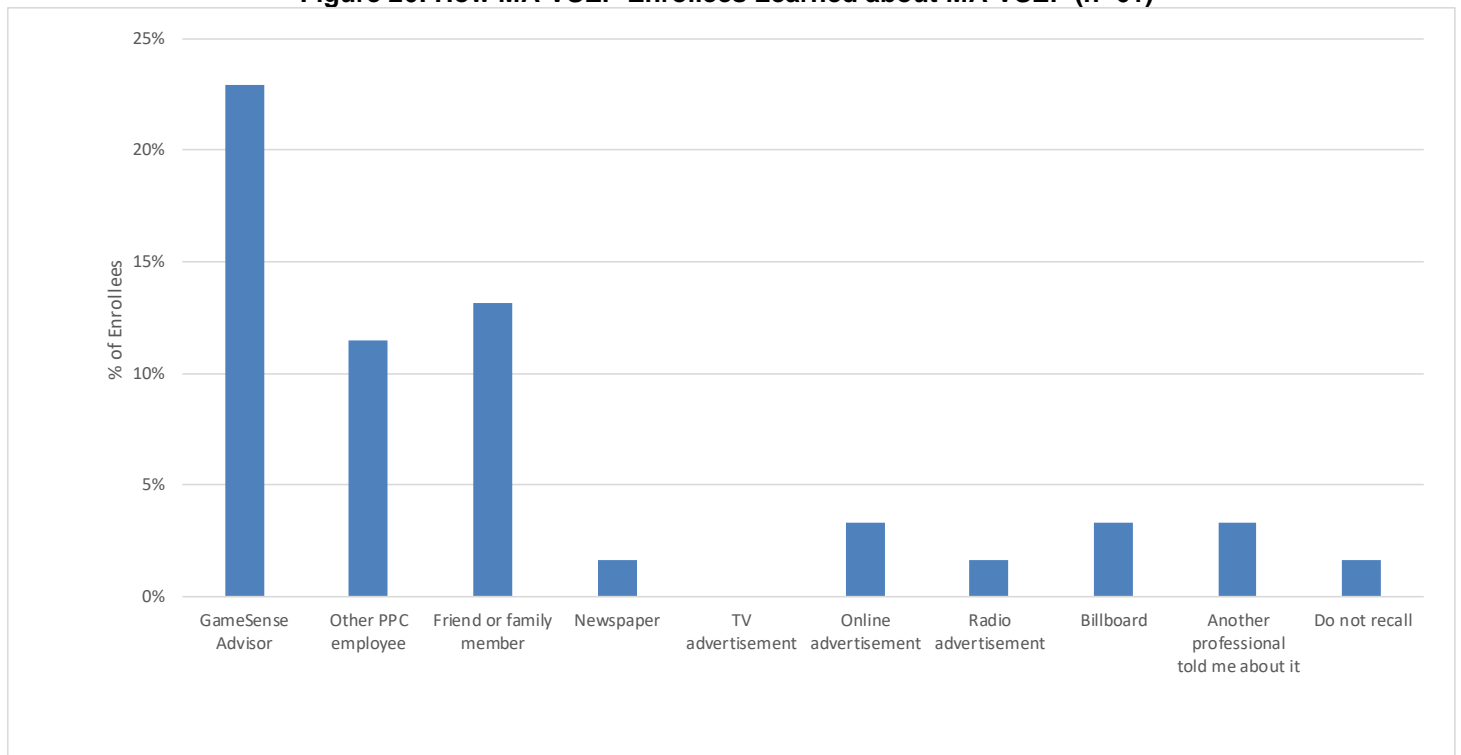
3.2.10.1. Motivations for Enrollment: Baseline Survey Respondents (n=63)

Though these results should be interpreted with caution due to the low recruitment rate, MA-VSEP enrollees who completed the baseline survey expressed both a readiness to change and confidence in their ability to change. On a scale from 0 to 10, enrollees rated themselves an average 8.2 (SD=2.2) on readiness to change, and an average 7.2 (SD=2.8) on confidence in their ability to change. However, confidence ratings varied more widely than readiness ratings.

3.3. MA-VSEP Satisfaction and Experiences: Baseline Survey Respondents (n=63)

MA-VSEP enrollees who participated in the baseline survey indicated how they learned about the MA-VSEP. Though these results should be interpreted with caution due to the low recruitment rate, Figure 26 shows that more than 20% first learned about MA-VSEP from a GSA, and enrollees were more likely to have learned about MA-VSEP from PPC staff, family or friends than through advertisements.

Figure 26: How MA-VSEP Enrollees Learned about MA-VSEP (n=61)



Note. Categories are not mutually exclusive.

More than 65% of enrollees who completed the baseline survey provided their own free response answer to this question; these answers are reported in Table 7. Multiple enrollees noted that they learned about MA-VSEP through signage at the casino, through Gamblers' Anonymous, from other casinos in the area or from the MCCG or the helpline. Of note, among the 46 MA-VSEP enrollees who completed the follow-up survey, 76.1% indicated that they had signed up for VSE in another state or at another casino prior to their MA-VSEP enrollment.

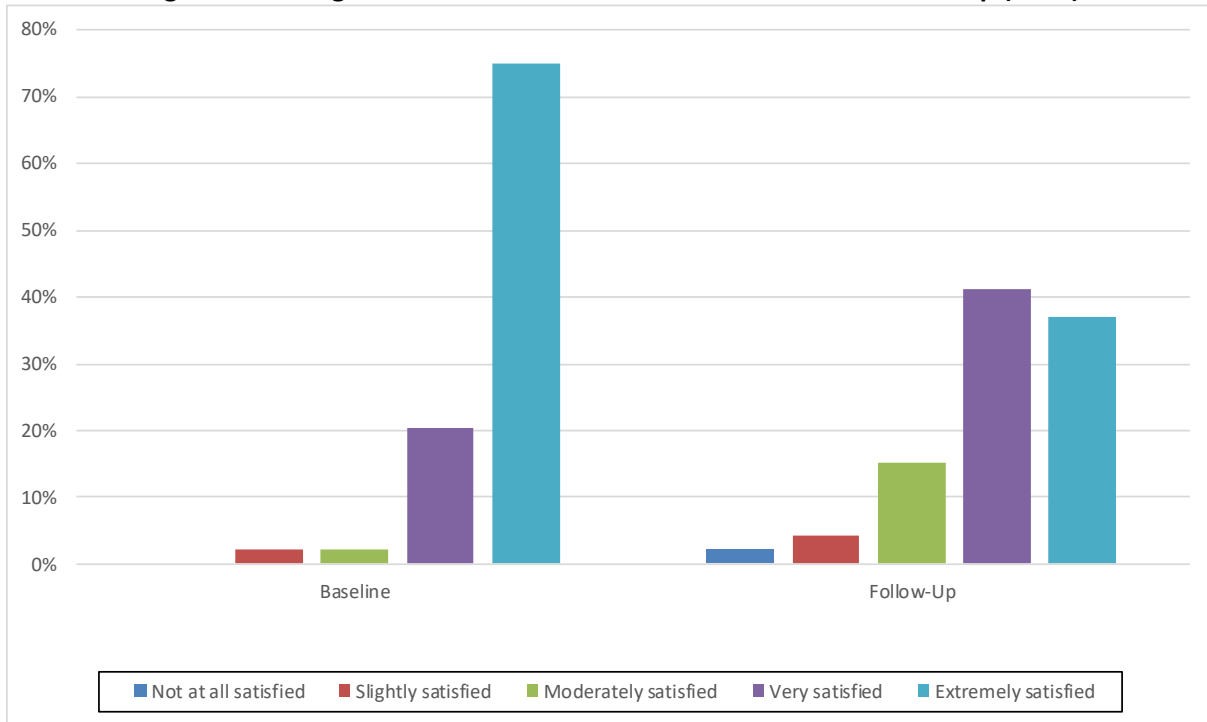
Table 7: How MA-VSEP Enrollees Learned about MA-VSEP (n=40)

Open Response: “How did you hear about the Voluntary Self-exclusion program? → Other – specify”
Ads on-site (before you get on the elevator, in the elevator), you saw the GSA office right as you walk in.
Ads/flyers in the casino
All casino have that
Already knew it was there.
Always known about it
Another gambler at Plainridge
Assumed they had one and asked
Been in and out of places for years, and assumed there was a list
Coworker had signed up
Did it at another casino
Done VSE at other casinos
GA
GA member
Gamblers Anonymous
Gamblers Anonymous
Gamblers Anonymous
Gambling hotline
Gambling hotline
Heard about it at Twin Rivers Casino.
Heard about it from an online support group
I had seen the program at other casinos.
I have done it at other casinos
I walked into the casino looking for help. I have been having a very, very, hard time to be VSE
I was already aware of it because I had used it at other casinos in the past. I saw a pamphlet for it at GA.
It was advertised in Plainridge
Knew about it from other casinos (Twin Rivers has it)
Knew about it through Twin Rivers, called GSAs to figure out how to do it.
Literature given to me, from GA meetings, heard it discussed at a presentation at Mass Council.
Looked it up on the Internet
Looked it up online after seeing GameSense
Mass Council on Compulsive Gambling. I have a good friend over there, I called her to tell me more about Game Sense.
Other casinos
Picked up a brochure at the GameSense Information Center
PPC website
Saw GameSense sign
Saw on website and familiar with it from other casinos
Saw the GameSense center
Saw the office in the casino
Signed up at Connecticut casinos, already aware of the program.
Signed up at other casinos so knew it was available.
When you put your card in the machine, it comes up.

3.3.1. MA-VSEP Satisfaction: Baseline and Follow-Up Survey Respondents (n=63; n=46)

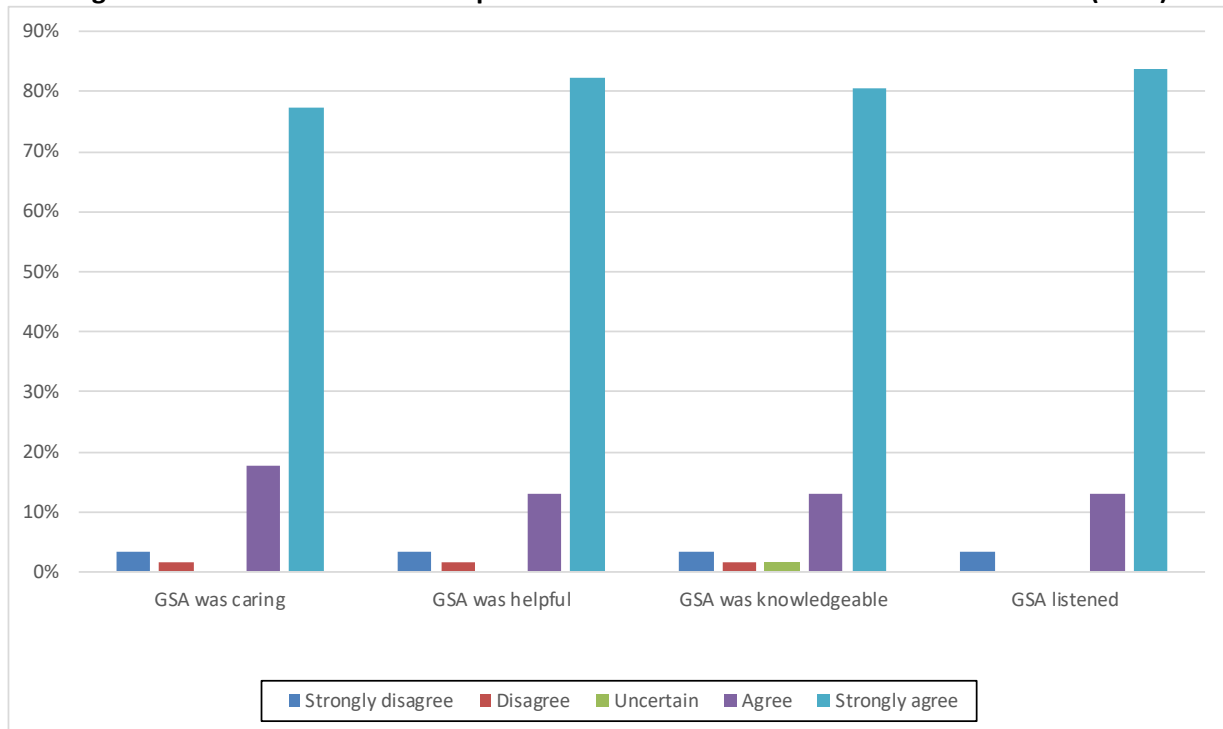
Though these results should be interpreted with caution due to the low recruitment rate, overall more than 75% of MA-VSEP enrollees who completed the baseline interview were extremely satisfied with their MA-VSEP enrollment experience, and another 20% reported being very satisfied. Only 3.3% reported being slightly or moderately satisfied, and no one reported dissatisfaction. At follow-up, these numbers declined somewhat. Thirty-seven percent of the MA-VSEP enrollees who completed the follow-up interview were extremely satisfied, 41.3% were very satisfied, 15.2% were moderately satisfied, 4.3% were slightly satisfied and 2.2% were not at all satisfied. As Figure 27 shows, among the 44 MA-VSEP enrollees who completed the follow-up interview and rated their satisfaction on both surveys, their satisfaction ratings decreased from baseline to follow-up, $t(43)=3.83, p<.001$.

Figure 27: Change in MA-VSEP Satisfaction from Baseline to Follow-up (n=44)



MA-VSEP enrollees who completed the baseline survey found the GameSense Information Center to be private (96.8%) and comfortable (95.1%). Figure 27 displays enrollees’ impressions of the GSAs who conducted their enrollments. The vast majority of enrollees who completed the baseline survey had favorable impressions of the GSAs.

Figure 28: MA-VSEP Enrollees’ Impressions of the GSAs Who Conducted Enrollment (n=62)



Among the 35 MA-VSEP enrollees who completed the follow-up survey and indicated that they had already participated in VSE in another state or at another casino, 82.8% indicated that their experience with MA-VSEP was better than their experience with other program(s), 14.3% indicated it was about the same, and 2.9% did not respond to the question. Table 8 shares additional thoughts these enrollees provided about MA-VSEP compared to other programs.

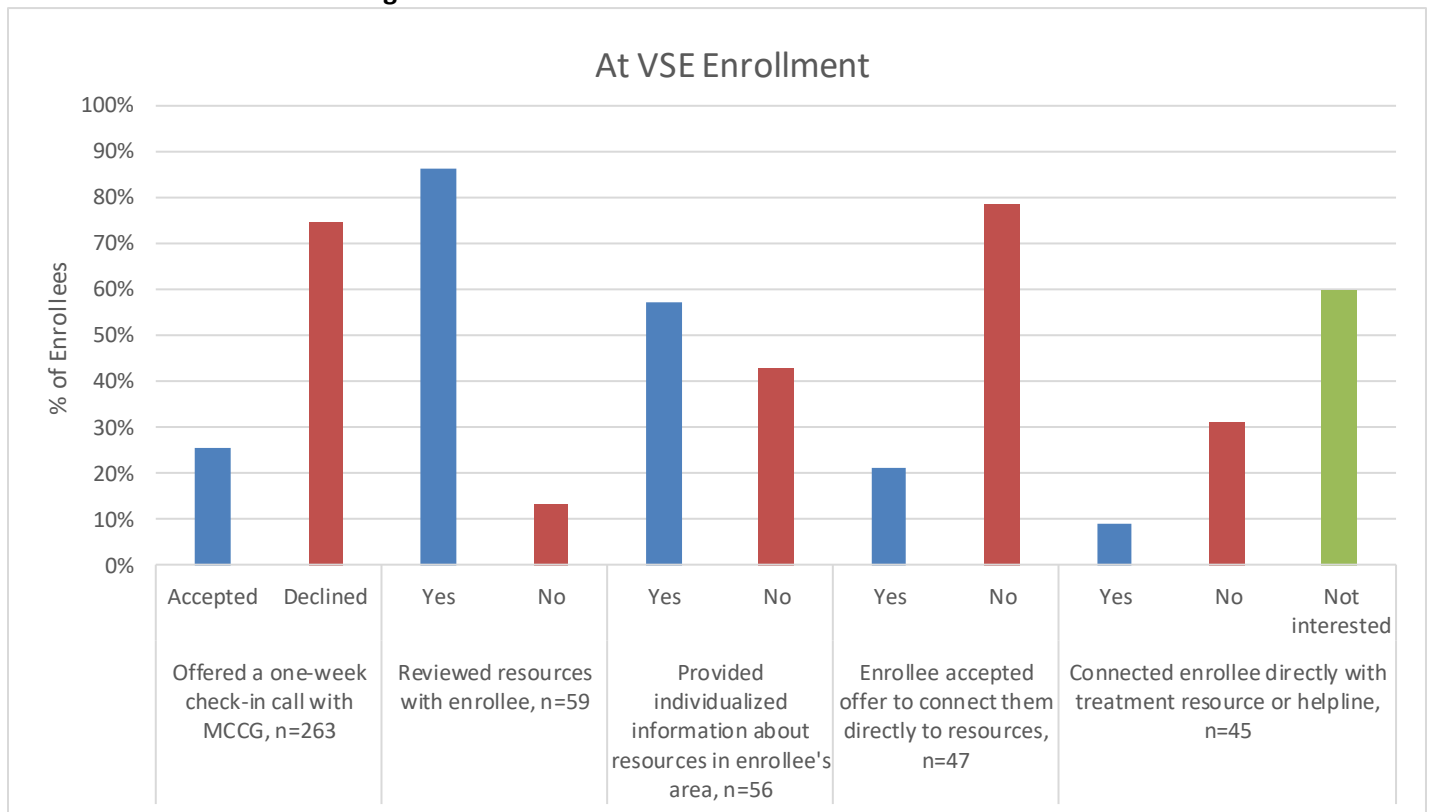
Table 8: Enrollees' Impressions of MA-VSEP Compared to Other VSE Programs (n=35)

Open Response: "Please explain how your experience with MA-VSEP compares to your experience with other self-exclusion programs. If it has been different, how has it been different?"
About the same, did not get any information and took picture
All the other ones are the same, you are treated like a criminal, security brings you in like you are being arrested, they take your photo like you are a criminal and you are run out like a bum. They treat you terrible. Massachusetts was a warm welcome, lets talk , lets see what's going on, comfortable, relaxed, felt like the guy was there to help you. IT was two different worlds. Massachusetts does it write.
At different facilities you are doing the paper work with the security department. In Massachusetts they explain everything, they give you advice, it was very informative, very detailed and a lot of information.
Clean, it's there in the casino and you can see it when you walk in. GSA were very nice, unlike other places. Other places were terrible, it was horrifying and deters her from excluding from other places. Was very humiliating, no privacy.
Considerably better, gamblers interests at heart. More personal. more in depth, more interested in helping. Free to ask questions and have an exchange of ideas.
Don't really remember. Other VSE sign up was at Twin river.
Had someone to sit down and talk to us. At Twin River, you just signed a paper. So basically support or no support.
I don't know yet, I haven't been back to PPC since excluding.
I thought if you went back in there, they would ask you why you are in there. I never would have gone back had I known they don't want you in there. Easier to get back in to a casino in other states than in Massachusetts. Signing up took a lot longer than other states.
In CT, I had to send in confirmation letters. RI was real bad because I had to actually go behind closed doors and I felt very uncomfortable and they weren't too nice. Game Sense advisors are caring and with you.
It felt like help, not a security issue
Major difference - had to go to the casino to do it. I hated it. You have to go to the casino after already deciding to never go back. It's terrible. Other states you can enroll online.
More caring, cares about what's going on. other casinos are more business
More formal, more known and caring.
More thorough, found something about it that was more helpful, maybe more caring
More understanding, less hostile. More medical based than security, cares more about the gambler, very compassionate.
Much better. In others, you sign up and you feel like a criminal, they just take your mugshot. Said he felt like a human being at PPC
No differences I've found. Much nicer (the people who do the interviews)
Other casino was Twin Rivers, they offered no help and was brought out by security. I took it more seriously after the MA-VSEP and began to look for more help. They kept trying to reach out.
Other program felt like they were trying to discourage him from self excluding
Other programs don't follow up and check in, you just self exclude and that's the end of it. I like being contacted and checked on.
Other programs take you in back room and take photo, GameSense was better and more comfortable and more explanation of program
Other VSE programs limit you to just those casinos. Signing up in MA excludes you from other places, other states as well
Rhode Island done by head security guard, very criminal like feeling. No help was offered ,just don't come back until your time is up. Massachusetts was nice, offered help if we needed it, what we needed to do if we wanted to come back. It was 100 times better. I just remember how good it was. I didn't feel belittled or criminalized.
Sat down, explained the process, help was offered. In RI, it was a security guard who told me I would get arrested if I came back. it was amazing, felt less like a criminal.
Some other states did not care about me, the one in MA was kind and understanding, helpful. you don't hear from the other states after you self exclude.
The follow up- they explained everything, walked me through the material. It wasn't just like an automatic check-in. They told me what they expect and they showed care. Other programs felt like just a process.
The GSAs are great, Massachusetts is the best. At other casinos it is just the security who do the exclusions and they just take a picture and escort you out.
The other one was ridiculous, the other casino didn't want to let me exclude because I hadn't gambled there before, I had to explain to them my rights and get a manager. The security lady was a complete boob.
The program is the same, Plainridge really follows the rules and don't let anyone in on the list. The other casinos let you in, they don't care, just want your money, pretend they don't see you.
The same, but mostly positive.
Theres a follow up, it is serious and a good program
They told me straight up what was going to happen if I tried sneaking in; liked that it was a strict policy
They're essentially the same, you can walk in and out, it's only if you hit the jackpot cause then they have to do the identity. All of them are the same. Here's the difference, Massachusetts is forever. In Twin Rivers you could do 5 years. Massachusetts is forever, that feels more serious. But you can still walk in. It's only if you win or if you cause a problem [that they would catch you]
Was treated like a criminal at other casinos, this VSEP was better and a much more positive experience and more personal.

3.3.2. MA-VSEP Utilization

As Figure 29 shows, among the full sample of first-time MA-VSEP enrollees (n=263), 67 (25.5%) agreed to have a one-week check-in call with staff from the MCCG. Among the 67 who agreed to a one-week check-in, GSAs completed forms about interactions at enrollment for 59 of them, but as Figure 29 indicates, did not answer all questions for all of these 59 enrollees.¹⁸ Among the enrollees for whom they answered these questions, GSAs reported that they reviewed resources with 86.4% of them at the time of their initial enrollment. Also, GSAs reported that they provided individualized information about resources in enrollees' areas of residence to 57.1%. Approximately one in five enrollees who agreed to a one-week check-in call accepted offers to connect them directly with resources at the time of MA-VSEP enrollment; however, only 8.9% successfully connected with a treatment resource or the helpline at the time of MA-VSEP enrollment.

Figure 29: Utilization of Resources at MA-VSEP Enrollment

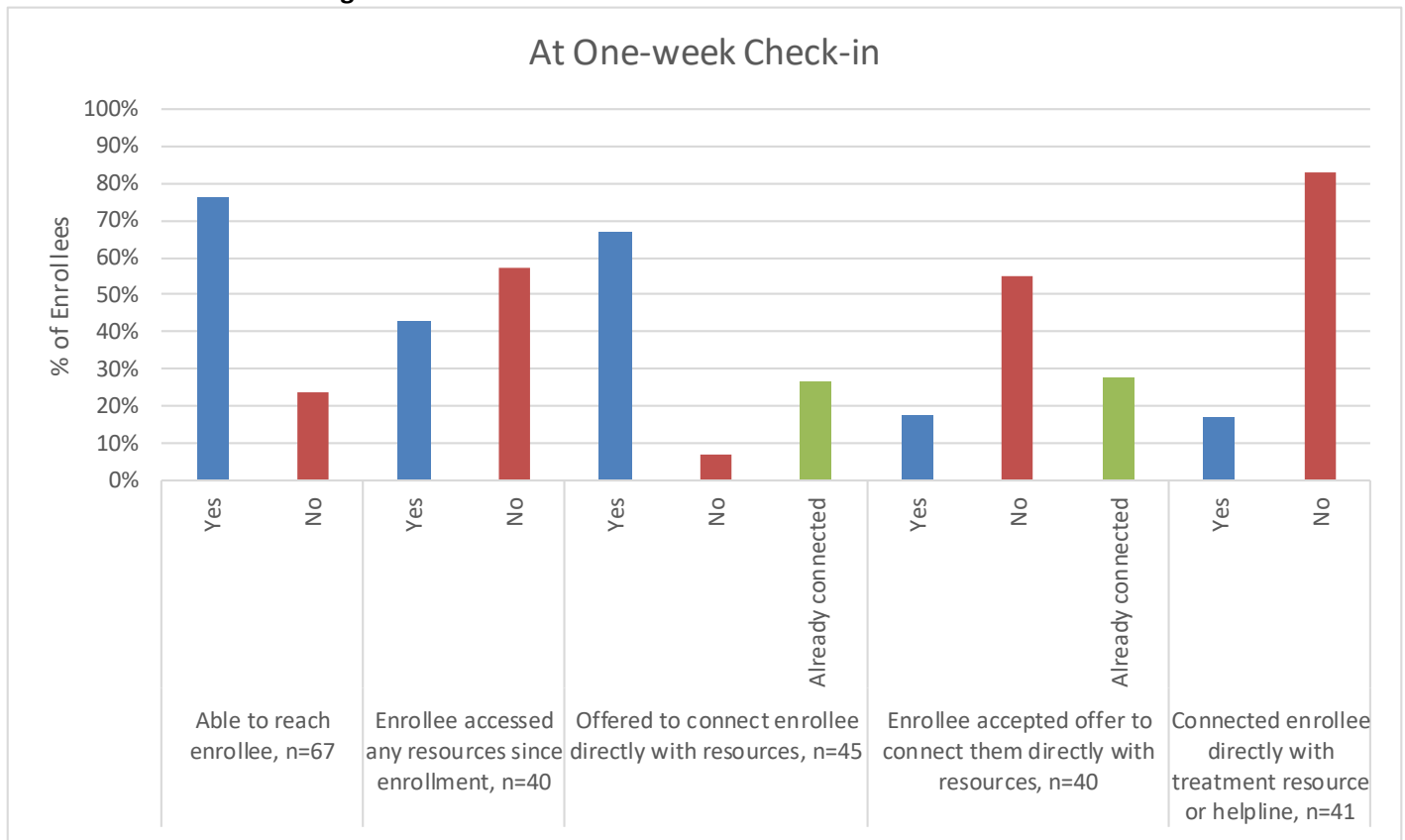


Among the 67 enrollees who agreed to be contacted, MCCG was able to establish contact with 51 (76.1%).¹⁹ As Figure 30 shows, among the enrollees with whom MCCG completed check-in calls, 17 (i.e., 42.5% of the 40 for whom MCCG staff answered the question) reported accessing the resources provided to them at enrollment. During the call, an MCCG staff member offered to connect 30 of 45 enrollees (66.7%) with resources, indicating that 12 were already connected to resources and that they did not make that offer to 3 enrollees. Staff reported that 7 enrollees (17.5% of the 40 for whom they answered this question) accepted their offer to connect them with resources at check-in, 11 (27.5%) indicated they were already accessing resources, and 55.0% refused. Finally, MCCG staff reported that they were able to connect 7 enrollees directly with services at check-in. However, these 7 did not overlap perfectly with the 7 whom MCCG indicated accepted their offer to connect with services.

¹⁸ GSAs were instructed to complete forms about their sharing of resources with enrollees at initial enrollment for all enrollees, but only ended up doing so for enrollees who agreed to a one-week check-in call.

¹⁹ MCCG only completed full one-week check-in records for 39 but indicated through notes that they had made contact with an additional 12. We used those notes to fill in the other fields where possible for those 12 (e.g., whether enrollee had accessed resources since enrollment).

Figure 30: Utilization of Resources at One-Week MCG Check-In



3.3.2.1. MA-VSEP Utilization: Follow-Up Survey Respondents (n=46)

MA-VSEP enrollees who completed the follow-up survey also reported on their utilization of MA-VSEP resources and their experiences during enrollment. Though these results should be interpreted with caution due to the low recruitment rate, Table 9 summarizes their responses to questions about resources offered during enrollment, check-in calls, and utilization of resources.

Table 9. MA-VSEP Enrollee Self-Reported Experiences with MA-VSEP Enrollment and Utilization of Resources (n=46)

Follow-Up Survey Feedback about MA-VSEP	% Endorsing
Given resource packet at MA-VSEP enrollment	95.7%
GameSense Advisor/Staff reviewed resource packet with enrollee	91.3%
Enrollee used resource packet	18.2%
Received one-week check-in call	54.8%
Signing up for MA-VSEP influenced enrollee to seek further help	41.3%

The 19 enrollees who indicated that signing up for MA-VSEP influenced them to seek further help were asked to explain how their enrollment influenced this action. As Table 10 shows, for some individuals, MA-VSEP enrollment connected them with resources they had not utilized before, while in other cases, the process of enrollment nudged them back toward resources they had utilized previously.

Table 10. How MA-VSEP Enrollment Influenced Additional Help-Seeking (n=19)

Open Response: “[Did signing up for MA-VSEP influence you to seek any kind of treatment or self-help for gambling or other problems?] Briefly, how did it influence you?”
Allowed me to understand my potential for casino-based gambling problems
Gamblers Anonymous
Gave resources to seek out help
Hard to explain, when you sign up you realize that you've lost a lot of money, gives you drive I guess.
I knew I needed help, it was the gateway to help. It didn't bring me to help, but I know I had to go and the first step was exclusion for me.
Inspired me to go to counselling session
It got me to go back to GA, it just made me realize that I just needed to stop.
It influenced me in a positive way and nothing more.
It was okay, it was just explaining what it takes. I didn't review it at all so I didn't know.
Let me know that there is help, didn't pursue it very hard before VSE.
Made me more aware of resources that I can seek out.
Made me see a therapist
Nothing except it is in my head now. I know I shouldn't be doing what I am doing.
Scared me, didn't want to be that kind of person
Struck by the non-security aspect, less intimidating and encouraging. More of an embrace than a shove.
To call the hotline and try to seek additional help, not successful though.
Told therapist about the program. same guy I have seen since 2008
Was able to see that as a support line and doing VSE added to my support group
Went to see therapist

3.3.3. MA-VSEP Enrollees’ Impressions of MA-VSEP and Suggestions for MA-VSEP Improvement: Follow-up Survey Respondents

MA-VSEP enrollees who completed the follow-up survey answered two open response questions about whether and how they believed MA-VSEP helped them, and any suggestions for improving the program. These results should be interpreted with caution due to the low recruitment rate. Table 11 includes enrollees’ statements about how they believe MA-VSEP helped them. For many, the risk of being caught is a deterrent, but many of the enrollees also mentioned the support provided as particularly important.

Table 12 includes information that MA-VSEP enrollees who completed the follow-up survey provided about how they thought MA-VSEP could be improved. Twenty-nine (63.0%) provided suggestions, and 17 (47.0%) specifically indicated that they had no suggestions or thought the program did not need to improve. Though there were many specific unique suggestions, a few themes emerged. Multiple enrollees indicated they would like to see more follow-up and check-ins from the program. Many enrollees also indicated that they thought the program could be better advertised. A few indicated allowing regional VSE or setting up the program so that an individual did not have to enter the casino or be near the gambling floor to sign up would be helpful.

Table 11. Enrollees' Perceived Benefits of MA-VSEP Enrollment (n=46)

Open Response: "Has the MA-VSEP helped you? If so, how? If not, why not?"
Encouraged me to look for hotline, but also made me go to another casino even more.
Feel as though there is something there to support me
Gives me peace of mind, acts as a barrier
Has helped me, kind of let me know how much I was losing. let me know it's a sickness, it really is, it's like drinking. once you start, you want to keep going.
Has. I went with a group of casino gamblers to exclude, went as a support person and to self exclude as precautionary measure. Program has given a psychological barrier to lean against, I take comfort that exclusion at plainridge extends to other establishments. As identified compulsive gambler, there is potential for relapse in future, the self exclusion gives me a support against that
Haven't been to any of the casinos, just need something that says you can't come here
Helped me by keeping me away from that casino.
Helped me financially and time
Helped me not gamble as much.
Helped with finance, treatment resources and support
Helps by giving a barrier to entry
I can't go gambling in any casinos in MA and RI. and I know if I go I can't gamble so it's a waste of money, so why waste your money.
I guess it's helped because I haven't gone. But again, it's still I guess.
If I want to gamble, I have to drive further. I don't know... Where there is a will there is a way. It's made it so I have to travel beyond Plainridge
I'm not going and I'm saving my money. Less stress and headaches.
It did help. while I was on it, I was able to save money and had cash to fall back on when I started gambling again.
It explained a lot about gambling, how the machines work. And now I share that information with other people.
It gives a great deal of support, I use the GameSense wallet and store my credit card in it. It reminds me, gives me subliminal reminders, makes a big difference. However, gambling is not an answer to making more money (either personally or for the state). Casinos aren't built on winners.
It has because even though I can go back in, I have to play differently. I have to limit my playing somewhat, curtail it from my normal addiction, because the way I usually play I can win more than 1200. And I might think twice before going there.
It has helped because it creates a barrier for my gambling. I live very close and now do not spend money to kill time.
It has helped because they spelled out what the program was and how I was able to implement the program into my life and not go back to the casino. Helped me get on the right track.
It has helped because they were interested in helping others, great resource.
It has helped for two reasons. 1.) The follow-up and explanation has been really helpful. 2.) I can't play anymore. If I try and play and get caught I'll get arrested, so this is a very serious offense.
It has helped me because I haven't spent the money. however, I still spend money frivolously
It has helped me stay away from gambling. I feel like there's a big stop sign because I don't want to go in there and risk getting arrested. Or spending money I don't have. And also helping me cope with my depression. Gambling triggered an increase in depression and anxiety. Game Sense has decreased my depression.
It has helped my peace of mind.
It has helped, forced me to have control over my gambling.
it has helped, forced me to not go to the casino as often and helped me control urges
It has helped, I know I can't gamble so that is helpful when I get urges. I like to look at the packet and the dates to celebrate the date I excluded.
It has, helped me see that there is support for people struggling with gambling
It has; gave me resources and help with gambling and started attending GA
It hasn't helped. I'm out of control. It was just another thing I tried to do to help and it didn't. I was homeless for 10 months and now I have had housing for the past 4 months, but I'm stuck in the house for the past 4 days. No one followed up with me.
It helped me because I think a lot more when I go that I shouldn't go gamble. I know I'm not going to get rich I'm only going to get poorer. It makes me give my decisions to gamble more thought. I felt very upset when I did go gambling.
It helped, decrease my gambling
It helps because it provides resources, but it did not stop me from going back
It made it easy for me to be excluded, and them being kind was important to me at the moment. It's the best experience I've had being excluded.
It slowed me down and I'm not as obsessive about it as I used to be. I used to want to go everyday and now I don't. Decreased the obsession.
It was informative and it kept me on course.
It's helped me as long as I can't enter. Other than that I don't know
Keeping me away from the casino. never attempted to go in when excluded
Keeps me from going. It helps. I have to do some traveling if I want to go and gamble
Made me realize what I was doing, and that I was on my way down. Has helped me a lot, and decreased urges.
Not gambling in Massachusetts or RI anymore, so it's allowed me to sign out
Only program where I did not return to the casino, very understanding and it made me feel better about myself
Psychologically it helps, it keeps you out.
The contact and surveys are a very important part of the overall help.

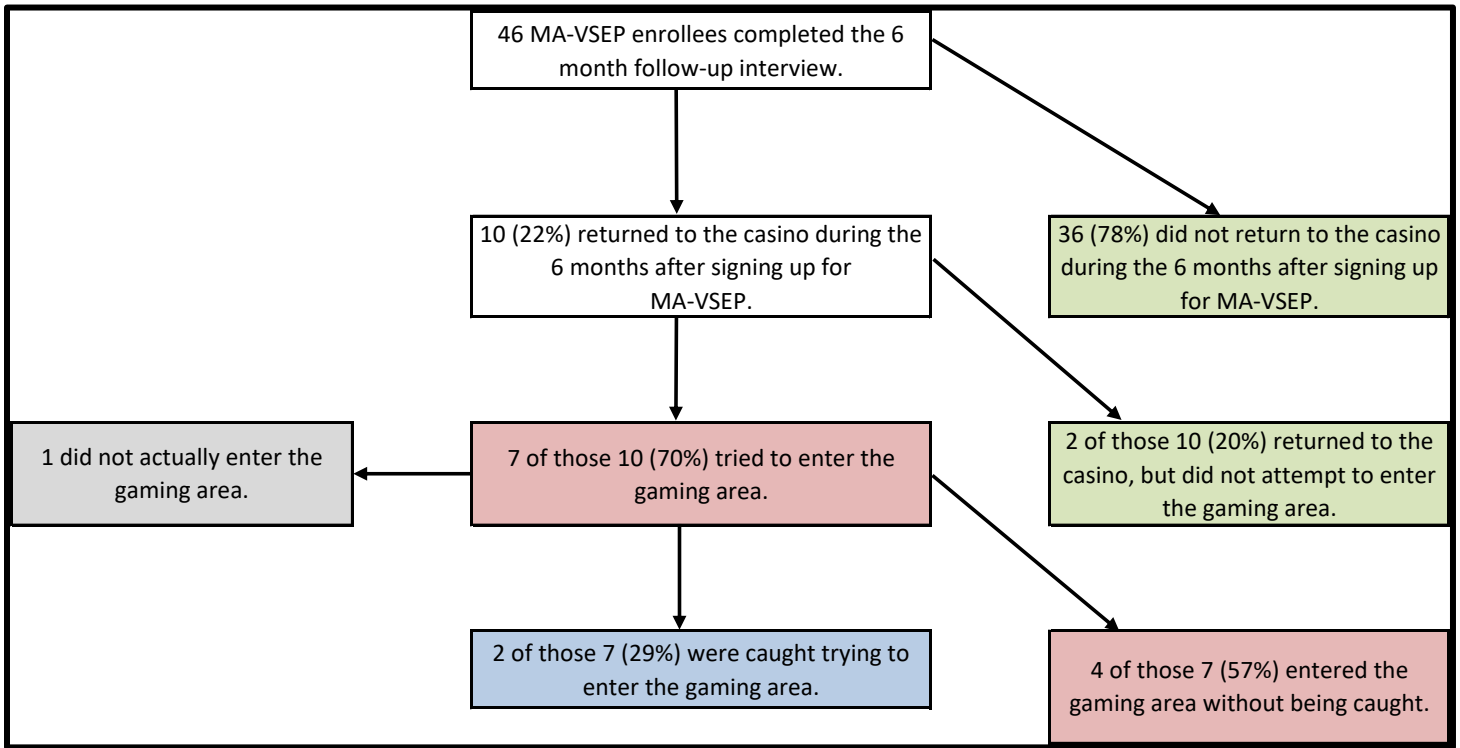
Table 12. Enrollees' Suggestions for Improving MA-VSEP (n=29)

Open Response: "Briefly, how might the MA-VSEP be improved?"
A phone call from the GSA shortly after the meeting would help
As a gambler, I wish you could just walk back in after 6 months but I understand why you cannot do that.
Exclude you from all places in MA, wouldn't have to go to the new casinos to exclude when they open up
Follow up call, check-in
GameSense area surprisingly small, went with a group and only a few could be processed at a time, adjacent to casino floor, makes it triggering when waiting to be processed.
Had to wait a long time when I wanted to sign up because people were in a meeting, there needs to always be someone available
Having it located outside the casino
I don't know yet, you guys are pretty good yet. Actually, you guys don't improve, you only do a year and 6 months or something. You should have a lifetime exclusion. With no takesies-back.
I think the surveys are helpful.
I think they should extend the minimum time past 6 months.
If there was more advertisement it would be better, because some people might not know they can exclude. There should also be some sort of networking so people can support each other.
If they built a website. Sometimes people are not comfortable enough to talk over the phone or being grouped together. An online tool where people could access it, share experiences, and make friends. I don't see any online presence for it. There's no alternative. Social options like a soccer team or something.
If they called or sent email to check in
It is important for them to reach out and keep reaching out.
Make it easier to go back once thier time is up. Make someone available at the casino to do the exit interviews at PPC.
MGC should talk about VSE more, advertise it more. All you hear about it as Wynn and the drama with the new casino. They should make it more visible, haven't seen many advertisements. While watching people at PPC, noticed that they were all compulsive gamblers
More awareness that it's an option.
More follow up interaction after a period of time
More proactive with follow up.
More specificity about the evaluation calls, possibly including more details in a mailing.
People like myself, I think the only way to help improve the system is to have the person arrested for coming back to the casino. Arrested for trespassing. Its the only thing that's going to stop someone. once, they are arrested, they'll be exposed to everyone. So that they will come out of the darkness into the light. It could also kill someone if they are exposed. Follow-up with people who sign up.
Self-exclusion led to me traveling further to Twin River. I didn't really miss PPC. Its only a bandaid because I can still get into other regional casinos. A regional self-exclusion would be hlepful
Setting up more like workshops or different programs make people more aware of the resources that are out there. I think a lot of people go to GA a couple of times and leave. If there were more explanation or why to do it or a speaker telling about what self-exclusion did for them.
Someone to follow up and check in.
They should advertise it more.
To let me gamble a couple of times without being arrested.
Tough to say right now, it's still new. Plainridge just has... I'm more of a blackjack program, I'm not tempted to go there. It's not really a temptation program for me at this time.
With periodic check-ins. An option to write your email, can we send you period check-ins, emails every couple of months, for accountability, can be a little kicker that someone needs to get help.
Work even closer with the casinos.

3.3.4. MA-VSEP Violations: Follow-Up Survey Respondents (n=46)

Forty-six MA-VSEP enrollees completed the follow-up survey 6-12 months after enrolling in MA-VSEP. Figure 30 includes information about MA-VSEP violations among these enrollees. As before, these results should be interpreted with caution due to the low recruitment rate for this sample.

Figure 31: MA-VSEP Violations among Follow-Up Survey Respondents (n=46)



Ten of those 46 (21.7%) reported having returned to PPC during the exclusion period, and seven (15.2% of the 46 and 70.0% of the 10) reported trying to enter the gambling floor. Of those seven, one did not end up entering, two entered once, two entered twice, one entered three times, and one entered six times. Two were caught: one was told to leave the first and only time he tried to enter; the other was identified by a GSA on one of the two occasions he tried to enter and removed by PPC staff. Section 3.4.2 includes information about player card use after MA-VSEP enrollment.

3.4. Changes in Behavior and Well-Being after MA-VSEP Enrollment: Follow-Up Survey Respondents (n=46)

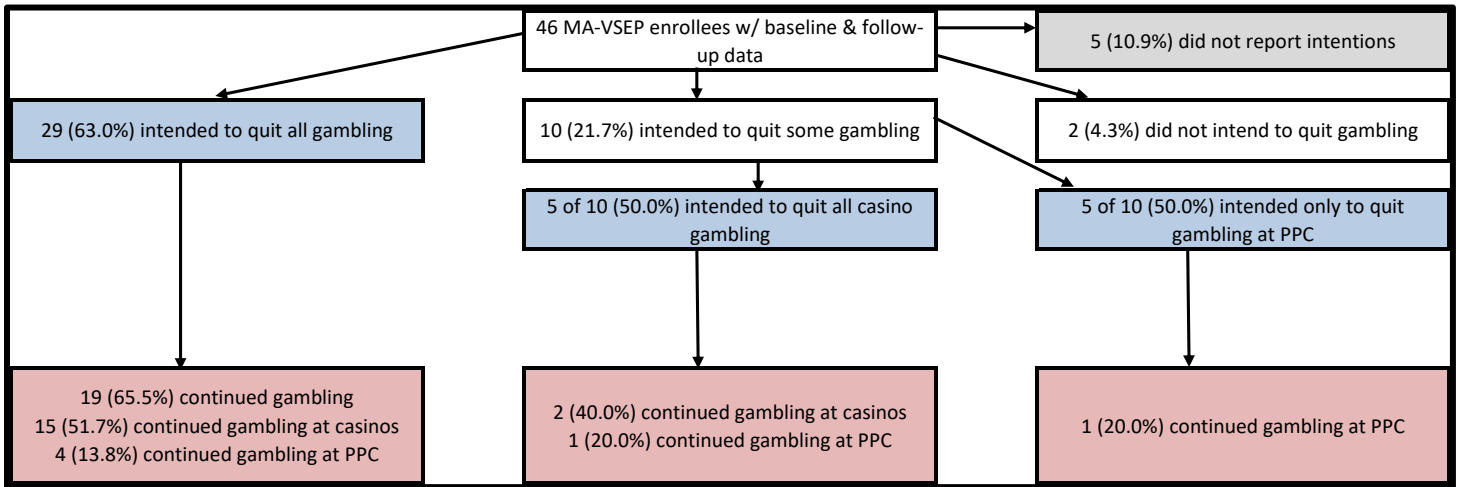
For this set of analyses, we focus on the 46 MA-VSEP enrollees who completed the follow-up survey, examining both their baseline and follow-up data to assess change across time. As before, these results should be interpreted with caution due to the low recruitment rate for the baseline survey sample. However, the 73% retention rate of that sample for the follow-up survey provides confidence that these results are generalizable to that sample of 63 individuals who joined the study.

3.4.1. Gambling Behavior

More than 70% (71.7%) of MA-VSEP enrollees who completed the follow-up survey continued to gamble after enrolling in MA-VSEP, and 17.4% did so at PPC.²⁰ Close to 30% (28.9%) of enrollees had gambled within the last week when interviewed at follow-up. Figure 32 shows how MA-VSEP enrollees' post-enrollment gambling behavior relates to their intentions upon enrolling. More than 60% of enrollees intended to quit all gambling upon enrollment, but only about one third of those succeeded (i.e., 10 of the 29). Enrollees who intended to quit either just casino gambling or just gambling at PPC had more success. Two of the five who intended to quit all casino gambling continued casino gambling after MA-VSEP enrollment, and only one of the five who intended to quit gambling at PPC returned to gamble at PPC after their enrollment.

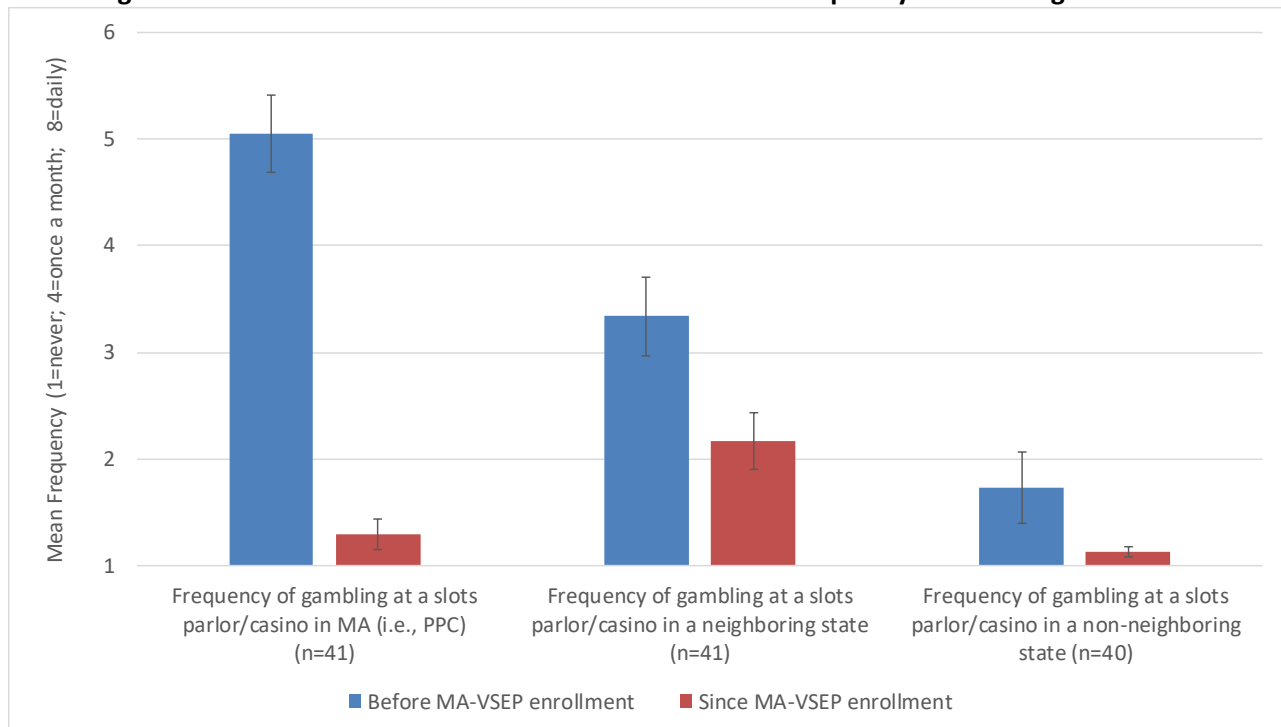
²⁰ This number does not match up to the number of individuals who reported entering the game floor at PPC after MA-VSEP enrollment. Investigation of these cases indicates that two individuals indicated that they never entered the gaming floor at PPC after MA-VSEP enrollment, but in the later question indicated that they had gambled there since enrollment.

Figure 32: MA-VSEP Enrollees' Intentions and Post-Enrollment Behavior (n=46)



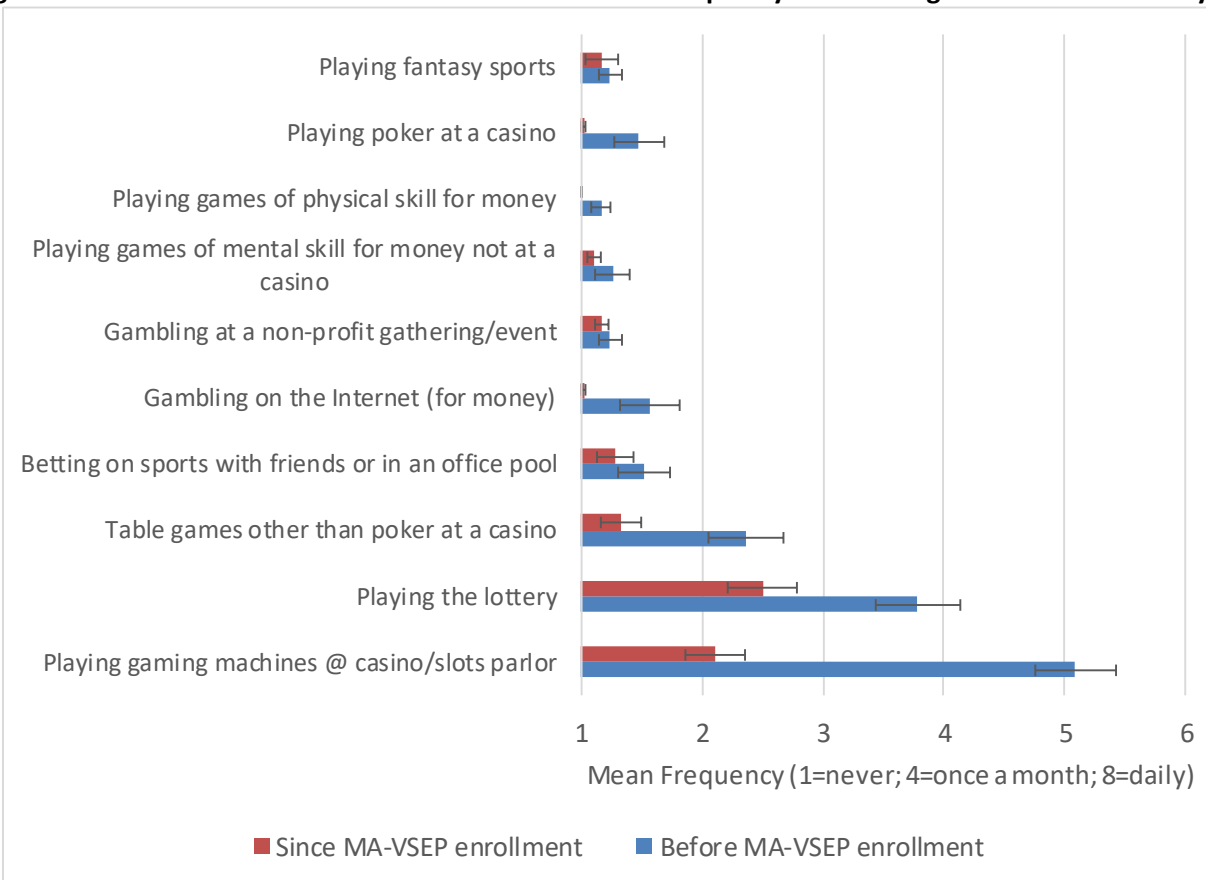
As Figure 33 shows, across enrollees who completed the follow-up survey, frequency of gambling at PPC and other casinos decreased from baseline to follow-up. Gambling at PPC had the greatest decrease; at follow-up enrollees were gambling more frequently at neighboring casinos than at PPC. However, all frequency decreases were significant: $t(40)=10.8, p<.001$ for gambling at PPC, $t(40)=3.2, p<.01$ for gambling at neighboring casinos, and $t(39)=2.4, p<.05$ for gambling at casinos in states or other locations that do not neighbor MA.

Figure 33: MA-VSEP Enrollees' Pre- and Post-Enrollment Frequency of Gambling at Casinos



We also examined changes in frequency of gambling on different game types for the 10 game types engaged in by more than 10% of the baseline sample. As Figure 34 shows, MA-VSEP enrollees who completed the follow-up survey decreased gambling on almost all game types, but evidenced the greatest decreases in playing electronic and table games at casinos, $t(45)=9.7, p<.001$, and $t(45)=3.9, p<.001$, respectively, and playing the lottery, $t(45)=3.4, p<.01$.

Figure 34: MA-VSEP Enrollees' Pre- and Post-Enrollment Frequency of Gambling on Different Game Types



The number of game types MA-VSEP enrollees who completed the follow-up survey engaged in after signing up for MA-VSEP decreased from 3.4 in the year before MA-VSEP to 1.7 since enrollment, $t(45)=4.6$, $p<.001$. When only the 33 enrollees who continued gambling after MA-VSEP were included, the reduction was less (i.e., from $M=3.4$ to $M=2.3$), but still significant, $t(32)=3.9$, $p<.01$.

More than half of MA-VSEP enrollees who completed the follow-up survey *and* reported continued gambling reported casino gaming machines as the type of gambling on which they lost the most money, but, as Table 13 shows, among the 35 who had reported gambling machines as the game on which they had lost the most money at baseline, a quarter were no longer gambling, and close to another quarter were no longer losing the most money on casino-related games.

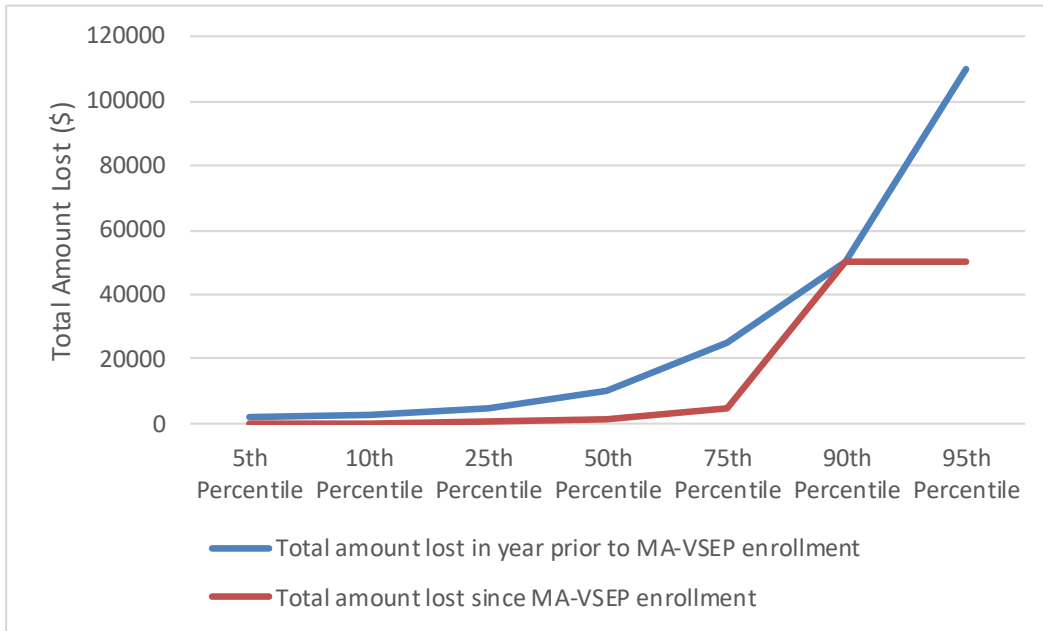
Table 13: Game Type on Which Enrollees Lost the Most Money Before and After MA-VSEP Enrollment (n=46)

Pre-MA-VSEP Enrollment	Post-MA-VSEP Enrollment				
	Casino gaming machines	Casino table games (other than poker)	Lottery / scratch cards	Other Non-Casino Games	No Gambling at Follow-Up
Casino gaming machines	14 (40.0%)	4 (11.4%)	5 (14.3%)	3 (8.6%)	9 (25.7%)
Casino table games	0 (0.0%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	2 (66.7%)
Lottery / scratch cards	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Non-Casino Games	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (100.0%)
Not Reported at Baseline	4 (80.0%)	0 (0.0%)	1 (20.0%)	0 (0.0%)	0 (0.0%)

Among the 33 who continued gambling after MA-VSEP enrollment, average total losses ($M=6,963.6$ [$SD=14,601.1$]) and maximum lost in one day ($M=1,204.0$ [$SD=1,743.3$]) since enrollment continued to be high. However, median total lost (Median=1,000.0) and median maximum lost (Median=600.0) were considerably lower than the means, suggesting positive skew. For those who continued gambling, both total losses, and the maximum lost in one day were significantly lower than prior to baseline, $t(26)=2.2$, $p<.05$, and $t(26)=2.3$, $p<.05$, respectively.²¹ Figures 35 and 36 show these distributions for enrollees who continued gambling before and after MA-VSEP enrollment.

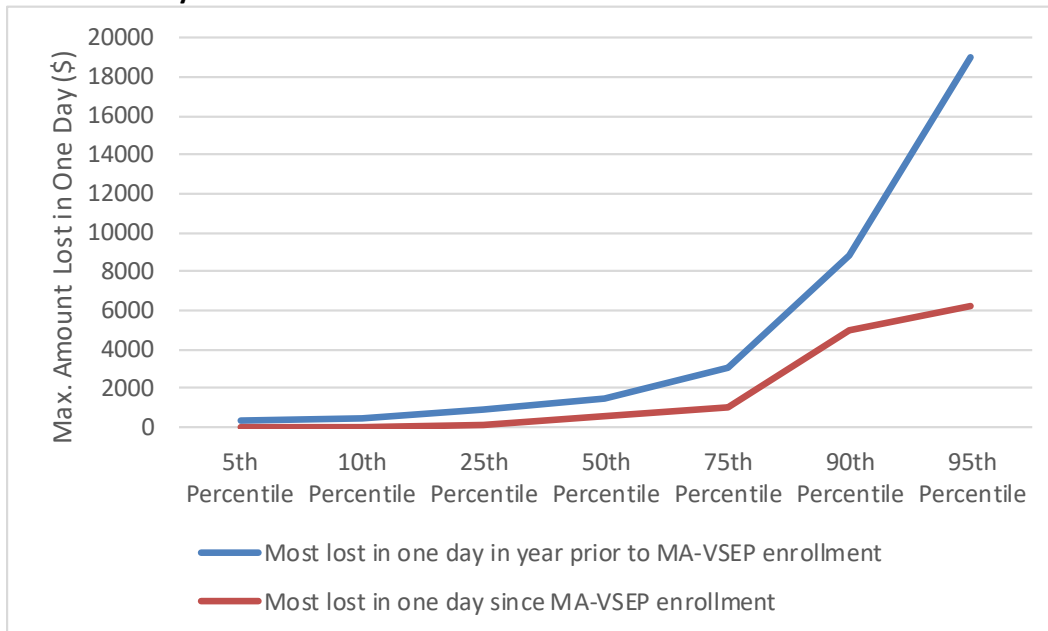
²¹ For these analyses, 6 enrollees did not provide this information at baseline, so the sample was limited to 27 instead of 33.

Figure 35: Total Lost in Year Prior to MA-VSEP Enrollment and Since MA-VSEP Enrollment – Percentiles (n=27)



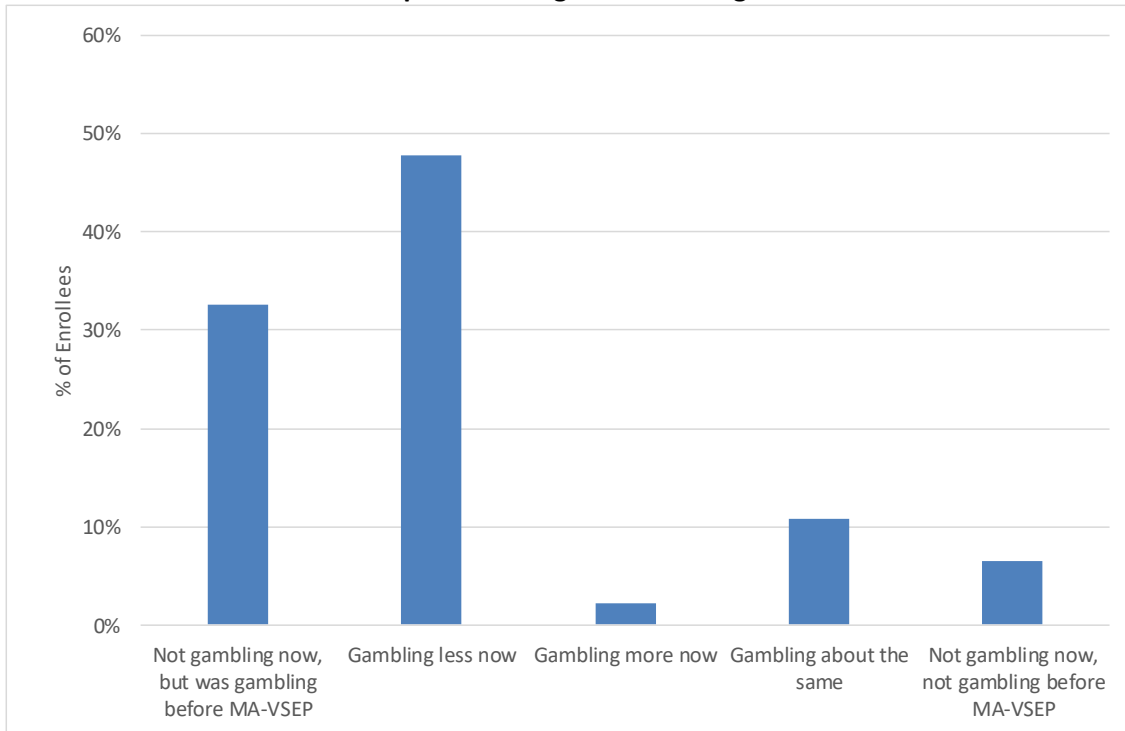
The figures demonstrate that despite the decreases, a small proportion of enrollees continued to gamble and lose disproportionately large amounts of money. More than 70% of the 33 enrollees who continued gambling after enrollment (71.9%) still reported needing to get more money in the middle of a gambling outing at some point since MA-VSEP enrollment. A McNemar test showed that this was a significant decrease ($p < .05$) from the percent who reported this behavior prior to MA-VSEP enrollment.

Figure 36: Maximum One Day Loss in Year Prior to MA-VSEP Enrollment and Since MA-VSEP Enrollment - Percentiles



When asked to report their own perceived changes in gambling from before MA-VSEP enrollment to after, as Figure 37 shows, 32.6% indicated that they were not gambling now but had been gambling prior to MA-VSEP, and an additional 47.8% indicated that they were gambling less now than when they enrolled. About 2% indicated they were gambling more now than before, and 6.5% indicated they gambled neither directly before nor after MA-VSEP enrollment.

Figure 37: MA-VSEP Enrollees' Self-Reported Changes in Gambling Behavior Since MA-VSEP Enrollment



3.4.2. Gambling Behavior at PPC after MA-VSEP Enrollment – Player Card Data

Among the 91 enrollees in our sample who had player card data available, one individual used his player card after enrolling in MA-VSEP. However, the card usage was within two weeks prior to his official removal from the MA-VSEP list, occurring two days after his term was due to expire and eight days before his formal removal. None of the other 90 enrollees had player card activity after their MA-VSEP enrollment date.

3.4.3. Gambling Motivations

Figure 38 illustrates the reasons MA-VSEP enrollees who completed the follow-up survey and continued to gamble after enrollment endorsed for gambling. According to McNemar tests, enrollees were less likely to endorse gambling to get money or gambling for excitement after MA-VSEP enrollment than they were before enrollment. Endorsement of other reasons did not vary from before to after enrollment.

3.4.4. Gambling Problems

MA-VSEP enrollees who completed the follow-up survey were less likely to endorse each of the DSM-5 criteria for gambling disorder at follow-up than at baseline, as displayed in Figure 39. Forty-one of the forty-six enrollees who completed the follow-up (89.1%) qualified for gambling disorder (i.e., endorsed 4+ DSM-5 criteria) at baseline, and 18 enrollees qualified for gambling disorder at follow-up: 39.1% of the sample and 43.9% of those individuals who qualified at baseline.

Figure 38: MA-VSEP Enrollees' Pre- and Post-Enrollment Reasons for Gambling

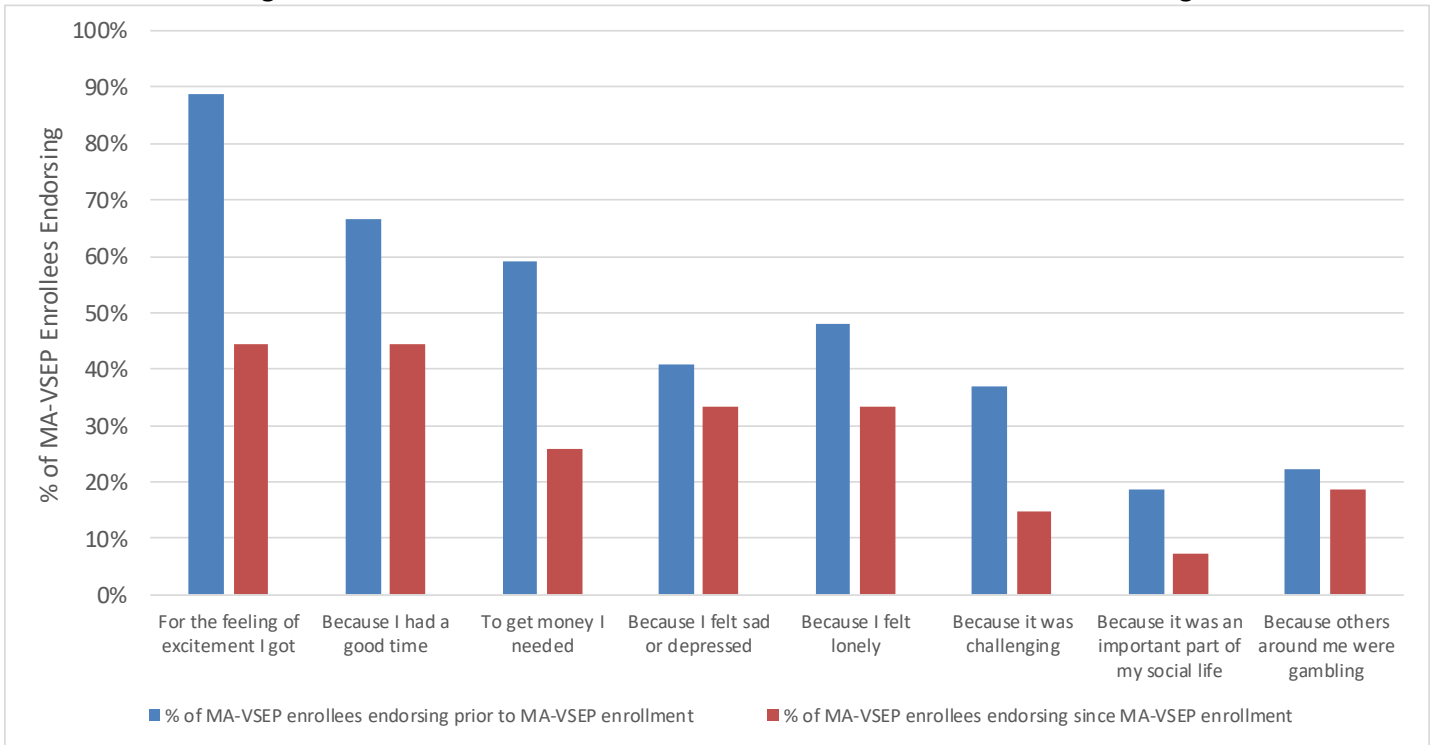
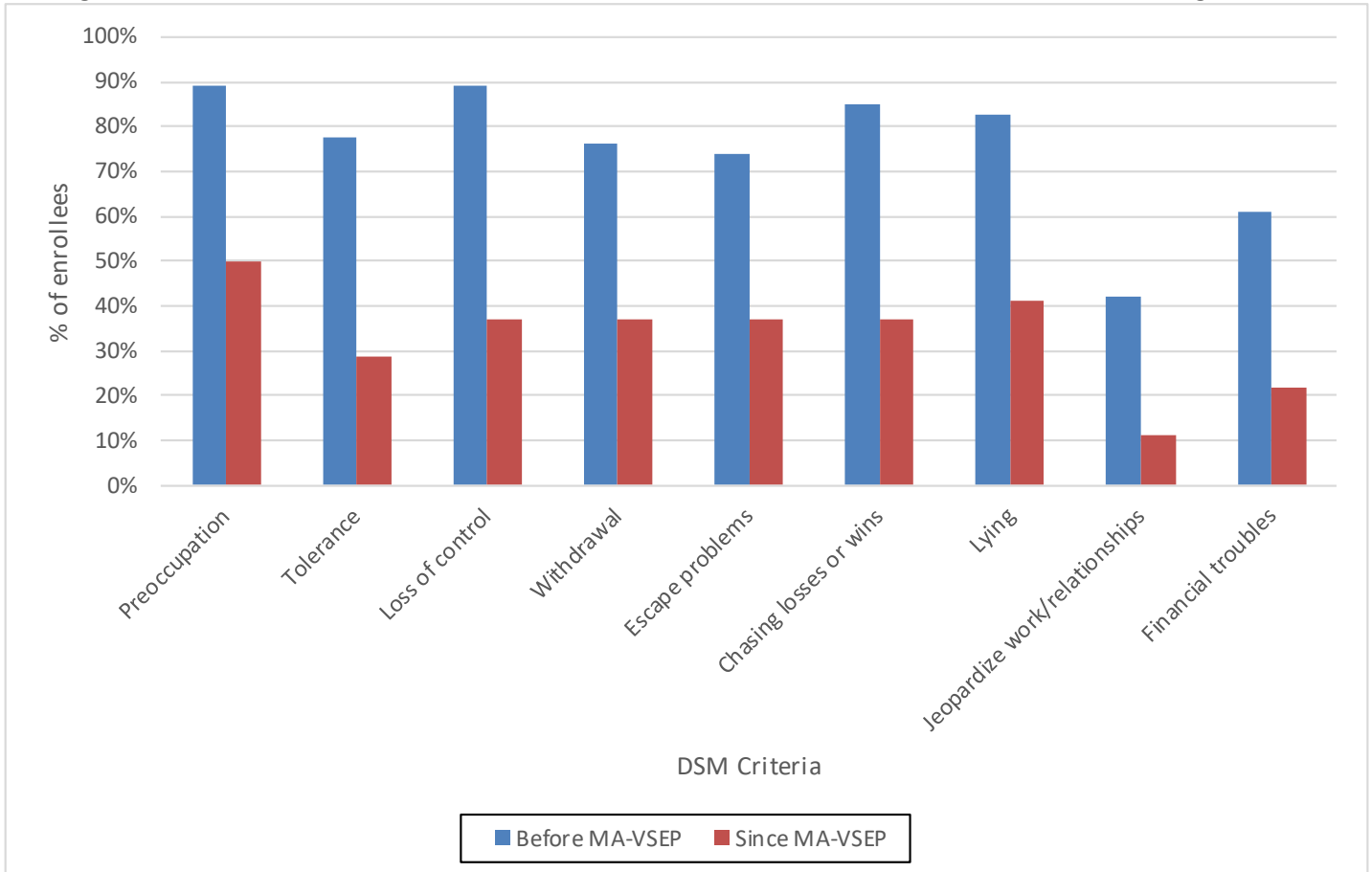


Figure 39: MA-VSEP Enrollees' Pre- and Post-Enrollment DSM-5 Criteria Endorsement for Gambling Disorder



Note. All reductions significant at the $p < .05$ level according to McNemar tests.

As Table 14 shows, the five enrollees who endorsed fewer than 4 DSM-5 criteria for gambling disorder at baseline reported no gambling problems at follow-up. The average number of DSM-5 criteria endorsed by enrollees decreased from 6.7 at baseline to 3.0 at follow-up, $t(45)=8.4$, $p<.001$.

Table 14: DSM-5 Gambling Disorder Before and After MA-VSEP Enrollment (n=46)

Pre-MA-VSEP Enrollment	Post-MA-VSEP Enrollment				
	No reported gambling problems	1-3 reported problems: Subclinical	4-5 reported problems: Gambling disorder - mild	6-7 reported problems: Gambling disorder - moderate	8-9 reported problems: Gambling disorder - severe
No reported gambling problems	4 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
1-3 reported problems: Subclinical	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
4-5 reported problems: Gambling disorder - mild	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
6-7 reported problems: Gambling disorder - moderate	6 (33.3%)	8 (44.4%)	2 (11.1%)	2 (11.1%)	0 (0.0%)
8-9 reported problems: Gambling disorder - severe	6 (27.3%)	2 (9.1%)	2 (9.1%)	6 (27.3%)	6 (27.3%)

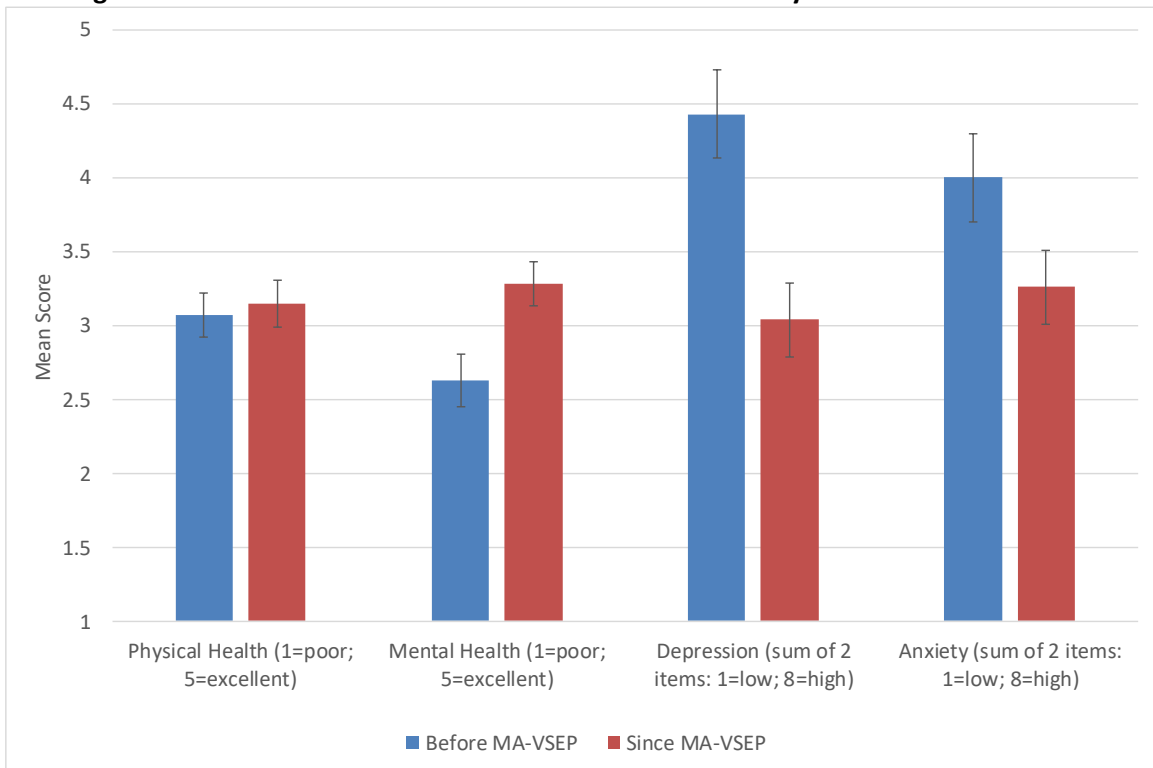
Some of these reductions are attributable to the fact that 13 MA-VSEP enrollees reported successfully stopping all gambling after enrollment. However, even when we included only those 33 who continued gambling in analyses, 13 of the 31 (41.9%) who qualified for gambling disorder at baseline no longer qualified for gambling disorder at follow-up. Among those 13, 3 reported no gambling problems at follow-up, and 10 met 1-3 gambling disorder criteria (i.e., subclinical problems). For these 33 who continued gambling after enrollment, the average number of DSM-5 criteria endorsed decreased from 7.1 at baseline to 4.2 at follow-up, $t(32)=6.9$, $p<.001$.

Among the 33 MA-VSEP enrollees who completed the follow-up survey and continued gambling after enrollment, 18.2% reported drinking or using drugs while gambling since enrollment. This practice did not decrease significantly from baseline.

3.4.5. Physical and Mental Health

MA-VSEP enrollees who completed the follow-up survey again responded to questions about physical and mental health, as well as the modified version of the Patient Health Questionnaire-4 assessment for anxiety and depression in the 2 weeks prior to follow-up (PHQ-4: Kroenke et al., 2009). Figure 40 shows changes in their responses from baseline to follow-up. Enrollees reported no improvements in physical health, but significant improvements in mental health, $t(45)=-3.9$, $p<.001$. Enrollees also evidenced significant reductions in depression and anxiety, $t(45)=5.2$, $p<.001$, and $t(45)=2.8$, $p<.01$, respectively.

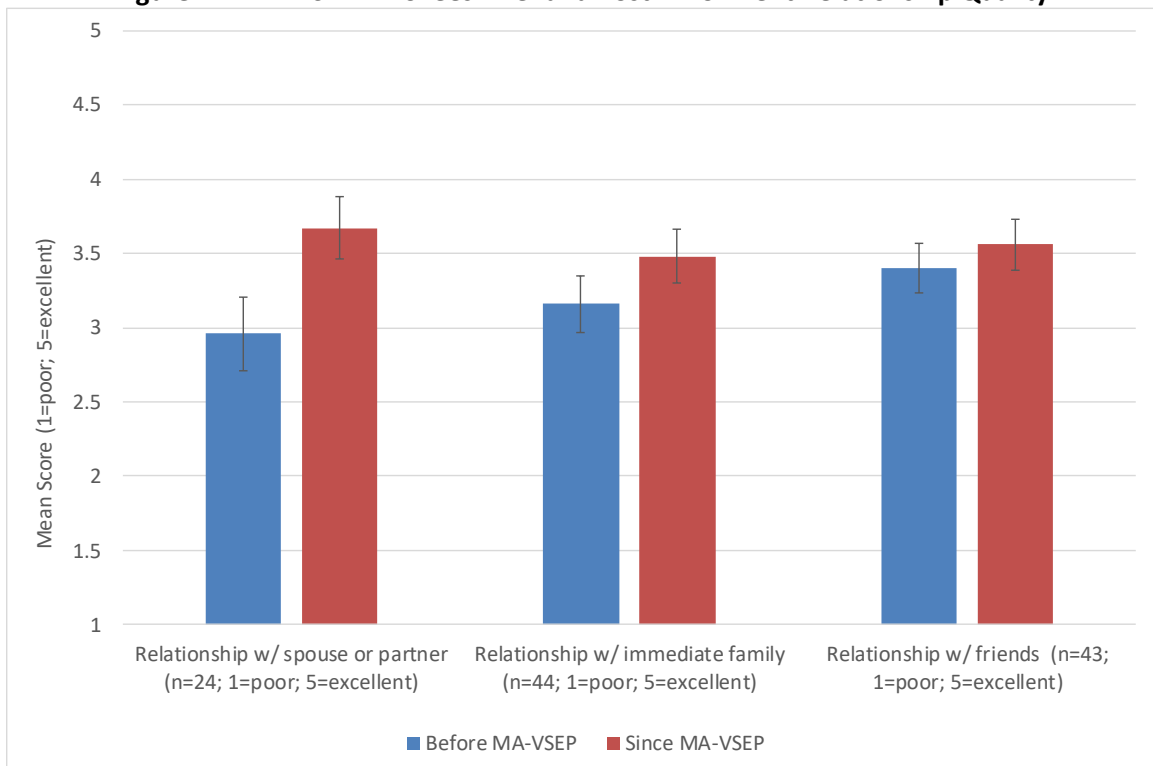
Figure 40: MA-VSEP Enrollees' Pre- and Post-Enrollment Physical and Mental Health



3.4.6. Relationships & Social Support

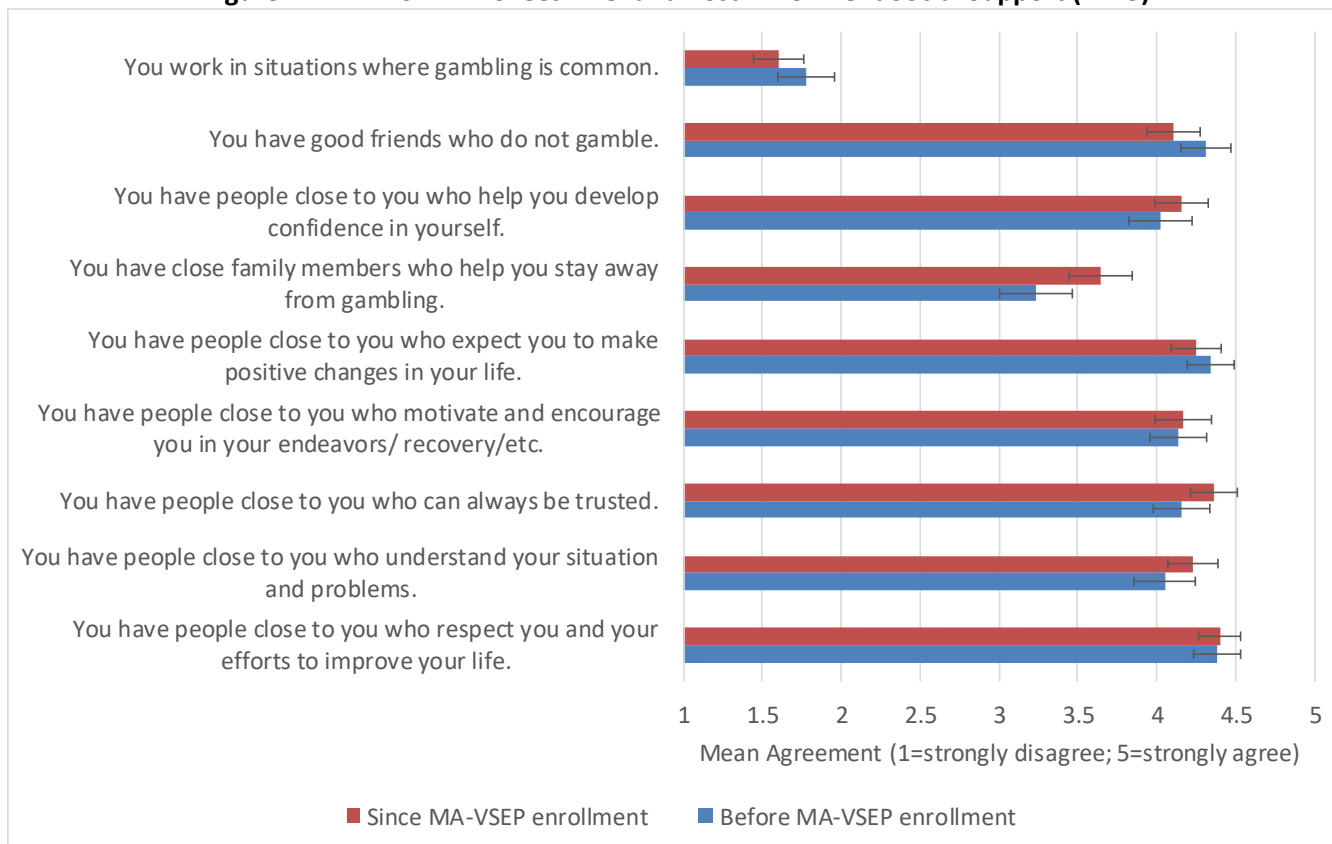
MA-VSEP enrollees who completed the follow-up survey responded to the same questions about their relationships with family and friends and social support (i.e., the TCU Social Support Scale (Joe et al., 2002), a 9-item measure of social support from friends and family) as at baseline. Figures 41 and 42 display changes in their responses from baseline to follow-up.

Figure 41: MA-VSEP Enrollees' Pre- and Post-Enrollment Relationship Quality



Enrollees reported significant improvements in the quality of their relationships with their spouse or partner, $t(23)=-2.4$, $p<.05$, and their relationships with their immediate family, $t(43)=-2.1$, $p<.05$, but no improvement in their relationships with friends. In terms of social support, enrollees did not experience significant changes overall. On one of the nine items, having close family members who help the enrollee avoid gambling, enrollees indicated significantly greater agreement at follow-up compared to baseline. Endorsement of all other items did not change from baseline to follow-up. Enrollees continued to indicate they had generally strong social support networks at follow-up, scoring an average 37.6 out of a maximum of 45 on the summed scale. This score did not vary significantly from enrollees' baseline score.

Figure 42: MA-VSEP Enrollees' Pre- and Post-Enrollment Social Support (n=45)



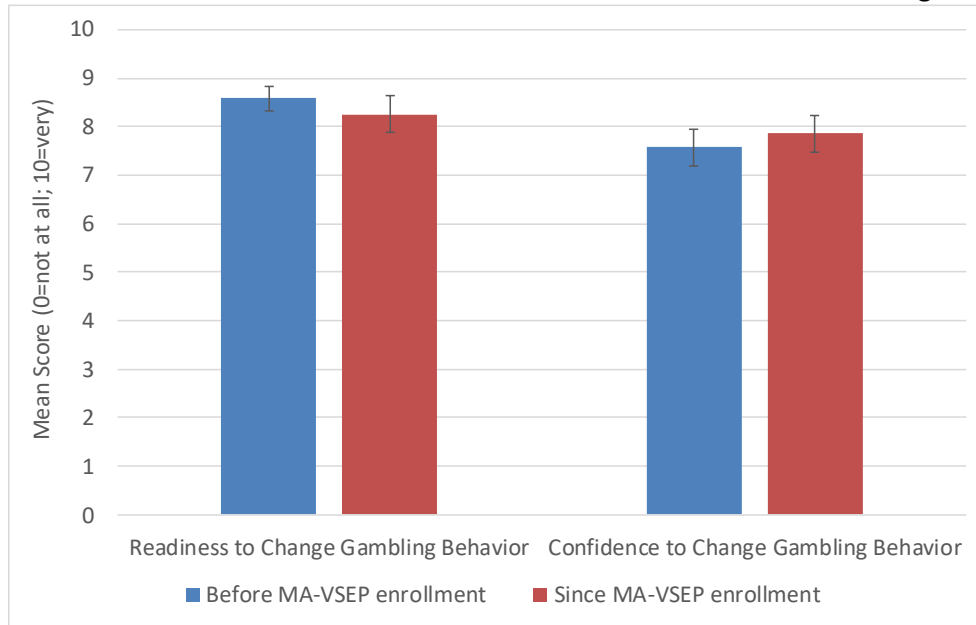
3.4.7. Treatment Readiness Before and After MA-VSEP Enrollment

MA-VSEP enrollees' readiness to and confidence in their ability to change their gambling behavior did not change significantly from baseline to follow-up. At both time points, MA-VSEP enrollees who completed the follow-up survey scored high on the readiness and confidence to change, as shown in Figure 43. Description and analysis of changes in treatment involvement follow in Section 3.5.

3.4.8. Intent-to-Treat Analyses

One way to provide more conservative estimates of change among our sample is to assume individuals who dropped out of the sample prior to follow-up did not demonstrate any improvements in their behavior. For these analyses, all 63 baseline survey respondents are retained; for those who did not respond to the follow-up survey, their baseline responses are carried forward. We re-ran the change analyses presented in Sections 3.4.1 through 3.4.7 using this approach. There were no differences between the two sets of analyses.

Figure 43: MA-VSEP Enrollees' Pre- and Post-Enrollment Readiness and Confidence to Change Gambling Behavior



3.4.9. Factors that Influence Positive Change among MA-VSEP Enrollees

To examine factors that predict positive change among MA-VSEP enrollees, we conducted a series of multiple linear regression and logistic regression analyses predicting outcomes from demographics, enrollment characteristics, gambling behavior, gambling problems, attitudes, motivations, and intentions at enrollment, physical and mental health, social support and relationships, and MA-VSEP experiences. Because these analyses were highly exploratory, had small n's, and involved samples limited by low recruitment rates, we only provide these analyses in Appendix J, not the body of the report. All of these analyses should be interpreted with caution.

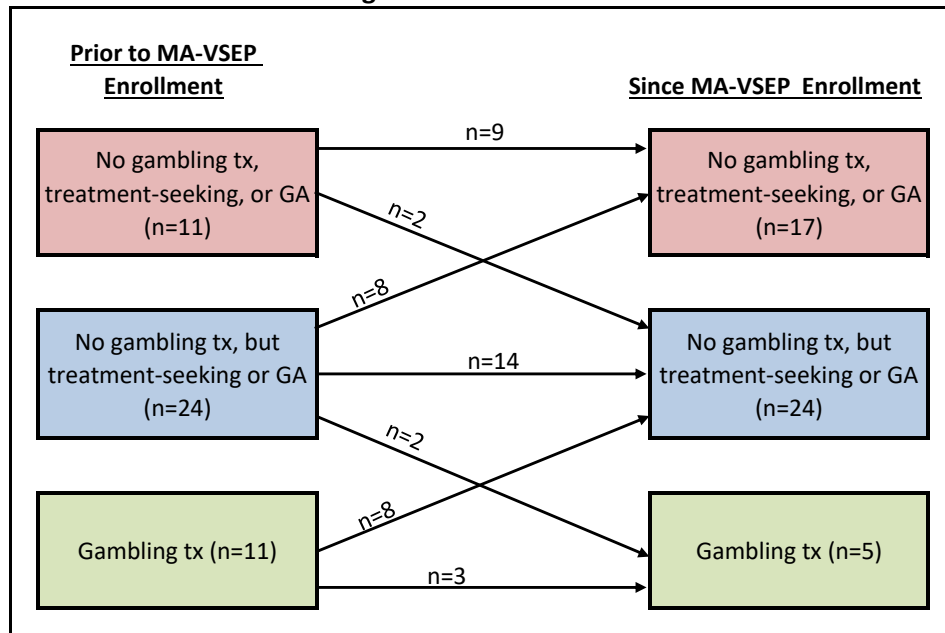
3.5. Resource and Treatment Access Before and After MA-VSEP Enrollment: Follow-Up Survey Respondents (n=46)

As reported in Section 3.2.8, two thirds of MA-VSEP enrollees who responded to the baseline survey reported having talked to a doctor or professional about their problems with gambling, half had previously called a gambling helpline, half had attended Gamblers Anonymous, and half had received treatment for a mental health or substance use problem other than their gambling-related problems.

3.5.1. Changes in Access after MA-VSEP Enrollment

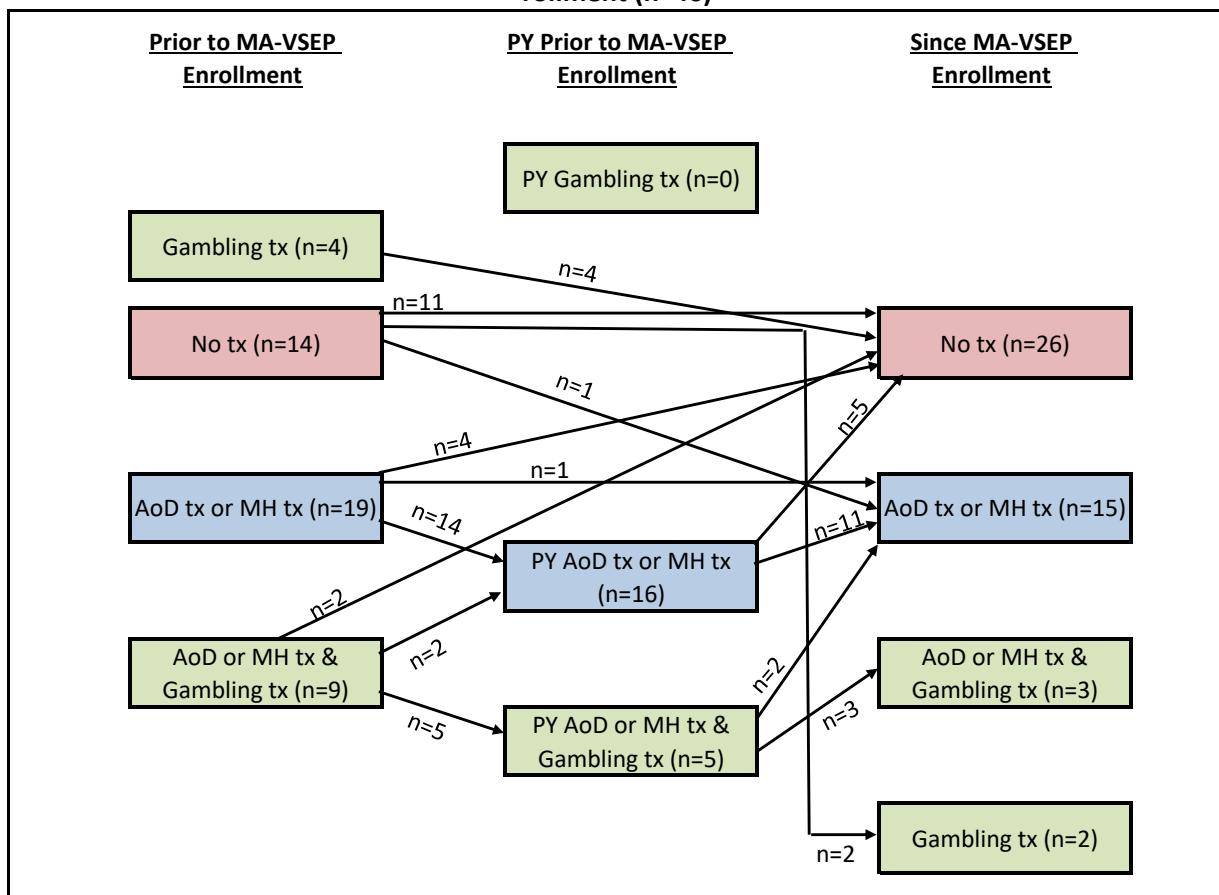
Appendix H includes a flowchart that illustrates the gambling-related treatment, treatment seeking, and self-help that each MA-VSEP enrollee who participated in the study (n=63) received before and after enrollment in MA-VSEP. As the flowchart shows, among the 14 enrollees who reported no gambling-related treatment, treatment seeking, or self-help upon enrollment to MA-VSEP, 9 (i.e., 64.3% of the 14, and 81.8% of the 11 who completed the follow-up survey) continued to report none, 3 did not complete the follow-up survey, one reported speaking with a professional about their gambling problems, and one reported newly attending Gamblers Anonymous. Among the 49 who reported some form gambling-related treatment, treatment seeking, or self-help prior to MA-VSEP enrollment, 8 (i.e., 16.3% of the 49, and 22.9% of the 35 who completed the follow-up survey) reported none at follow-up, 14 did not complete the follow-up survey, and 27 reported some form of continued treatment, treatment-seeking, or self-help at follow-up. Figure 44 illustrates the movement between levels of gambling treatment (i.e. no treatment, treatment-seeking or self-help, and treatment) from enrollment to follow-up.

Figure 44: MA-VSEP Enrollees' Gambling Treatment Prior to and After MA-VSEP Enrollment (n=46)



Note. Tx=treatment; GA=Gamblers Anonymous.

Figure 45: MA-VSEP Enrollees' Substance Use, Mental Health, & Gambling Treatment Prior to and After MA-VSEP Enrollment (n=46)



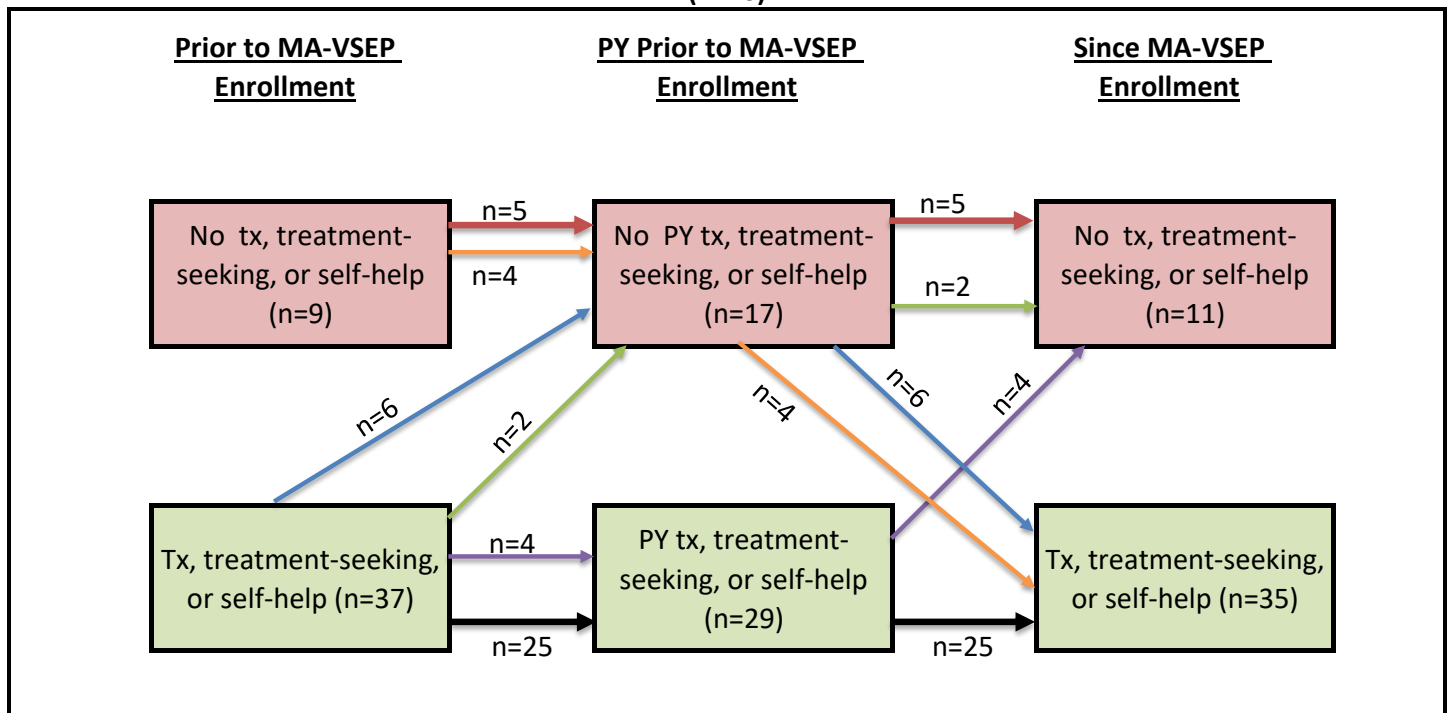
Note. Tx=treatment; PY=past year; AoD=alcohol or drug; MH=mental health.

As Figure 45 shows, at follow-up 43.5% of MA-VSEP enrollees who completed the follow-up survey were attending some kind of treatment, compared to 54.3% in the year prior to MA-VSEP enrollment, and 69.6% at any point during their lives

prior to MA-VSEP. Figure 45 also shows that the majority of enrollees who received gambling treatment after MA-VSEP enrollment received treatment for both gambling problems and other mental health or substance use issues, and that the majority of these individuals had received services for both issues prior to MA-VSEP enrollment.

Finally, Figure 46 illustrates any treatment-seeking (e.g., talking to a medical professional about problems), treatment, or self-help (e.g., Gamblers Anonymous) behavior for gambling problems, substance use problems, or mental health prior to MA-VSEP enrollment, during the 12 months prior to MA-VSEP enrollment, and after MA-VSEP enrollment. As the Figure shows, most MA-VSEP enrollees who completed the follow-up survey (80.4%) had engaged with mental health or addiction-related services in some way prior to MA-VSEP enrollment, and 63.0% had been engaged in some way in the year prior to MA-VSEP enrollment. Just over three quarters (76.1%) were engaged in some way after MA-VSEP enrollment, and just more than half were engaged with services both in the year prior to MA-VSEP enrollment and after enrollment. Among those who had not been engaged with services at all prior to MA-VSEP enrollment, 44.4% (i.e., 4 of the 9, and 8.7% of the sample) were engaged after enrollment. An additional 6 (i.e., 13.0%) who had engaged with services in the past but not in the year prior MA-VSEP enrollment became engaged after enrollment.

Figure 46: MA-VSEP Enrollees’ Treatment Seeking, Self-Help, & Treatment Prior to and After MA-VSEP Enrollment (n=46)



Note. Arrows are color coded to follow cases that move from one bin to another. Tx=treatment; GA=Gamblers Anonymous.

4. DISCUSSION

4.1. Purpose of this Evaluation

Policymakers often turn to responsible gambling programs as a strategy to mitigate harm that might result from gambling or expanded gambling opportunities. Responsible gambling programs provide gamblers with strategies to limit gambling-related harms by reducing the frequency or duration of their gambling behavior (Ladouceur et al., 2017). Voluntary self-exclusion programs, in particular, target individuals who have gambling-related problems and provide them with a “contract” and set of resources meant to help those individuals control their behavior. In Massachusetts, the Responsible Gaming Framework (Massachusetts Gaming Commission, 2014) specifies that operators will make available to patrons three opportunities for VSE: (1) removal of patrons from marketing lists; (2) preventing patrons from using check cashing or house credits; and, (3) VSE from casinos state-wide.

The current study provides an objective evaluation of the MA-VSEP by assessing the gambling behaviors, gambling problems, mental health, and well-being of MA-VSEP enrollees across time and providing evidence-based recommendations for program improvements. To that end, this discussion reviews our goals and findings and provides specific recommendations for the MA-VSEP program tied to those findings.

4.2. Evaluation Goal 1: Understand Enrollment Trends Across Time and Place

During the course of this study, across the first 29 months of operation of PPC, MA-VSEP enrollments occurred steadily from month to month with cumulative enrollments reflecting a linear trend. The enrollment rate was approximately 11 per month, with the vast majority of enrollments occurring at PPC and guided by GSAs. The lack of observable adaptation in this enrollment curve is notable; in our previous work evaluating the Missouri Voluntary Exclusion Program, we observed a leveling off of enrollments across time (LaBrie et al., 2007). We posited that this curve reflected an exposure and adaptation effect in which increased exposure to gambling opportunities resulted in initial increases in disordered gambling among the most vulnerable, evidenced by self-exclusion rates, followed by individual and population-level adaptation to the novelty of the gambling opportunities. However, the Missouri data spanned a longer time period than the current MA-VSEP data; six years as opposed to less than one year. It is possible that the MA-VSEP data will mirror this exposure and adaptation trend in the years to come, evidencing increased MA-VSEP enrollment rates with the opening of the MGM Springfield and Encore Boston Harbor casinos before showing a gradual levelling off of those rates across time. If Massachusetts does not observe this predicted levelling off of enrollments, that might be an indicator that gamblers are failing to adapt to these new opportunities and more prevention or intervention efforts are needed. It is important to note that while few individuals with gambling problems choose to participate in VSE programs, most VSE program enrollees qualify for gambling disorder (e.g., Ladouceur et al., 2007; Nelson et al., 2010; current report), making VSE enrollments a good indicator of temporal trends in gambling disorder and gambling problems.

Our previous work suggested that MA-VSEP enrollments would be geographically clustered around the MA casino(s) (LaBrie et al., 2007). For MA-VSEP enrollees, this clustering occurred at a macro level, with enrollees more likely to reside in the eastern half of the state than in central or western regions. However, *within* eastern MA, there was no evidence of clustering around PPC. Enrollees were just as likely to reside in cities and towns bordering Boston as cities and towns bordering PPC. No MA-VSEP enrollees lived in Plainville, where PPC is located. However, because PPC is within 35 miles of Boston, the largest urban area in MA, it is not surprising that many MA-VSEP enrollees lived in Boston and its close suburbs. A large proportion of MA-VSEP enrollees lived outside the state, primarily in Rhode Island. Plainville, where PPC is located, is one of the closest towns to the Rhode Island border. Twin River casino, Rhode Island’s largest casino, is located only 18 miles from PPC, and many MA-VSEP enrollees, some from Rhode Island, reported signing up for VSE at both casinos. These findings suggest that a regional VSE program, including Rhode Island, Massachusetts, and Connecticut, where two more large casinos are located, could be a valuable resource for these individuals, possibly allowing for a more streamlined process. It is also possible that a regional program of this type could lead to better deterrence, but we are aware of no research comparing regional program to other VSE programs.

MA-VSEP enrollees selected a range of enrollment terms. Though 12-month and 60-month terms were most common, all term length options were selected by at least 10% of those who enrolled in the program. Few enrollees had any complaints

about the term length options, suggesting that current options are reasonable and adequate. A small proportion (13%) of MA-VSEP enrollees fulfilled the required steps to formally remove themselves from the MA-VSEP list once their term expired, and one third of those (n=11) re-enrolled at a later time point. Most MA-VSEP enrollees whose terms expired had not formally removed themselves from the MA-VSEP report at the time of this report.

Some of the first enrollees in the MA-VSEP reported enrolling preventatively, before they ever gambled at PPC. Others reported enrolling in PPC as well as other casinos in Connecticut and/or Rhode Island within the same week or several days. First-time VSE enrollees, on the other hand, often reported enrolling after large losses at PPC. The presence of both of these MA-VSEP enrollee types (i.e., those who enroll as part of a larger planned effort to engage in VSE and those who enroll in response to negative outcomes at the casino) highlight the importance of offering MA-VSEP enrollment both at the casino, as is done in the GameSense Information Center, and in non-casino locations. Though very few individuals enrolled in MA-VSEP at locations other than PPC, this could be due to a lack of awareness and advertising about other potential enrollment locations.

4.3. Evaluation Goal 2: Understand Who Signs Up for MA-VSEP and Why

The surveys MA-VSEP enrollees completed provided a wealth of information about enrollee characteristics, gambling behavior and attitudes, gambling-related problems, mental health, treatment history, and relationships. We adapted these surveys from a survey we administered as part of a study of an Internet panel of adult Massachusetts residents distributed across the state (Nelson et al., 2013; Nelson et al., 2018). Though the initial recruitment rate for this Massachusetts “Knowledge Panel” was not sufficiently high to consider the sample representative, the panel was recruited using random address-based household sampling and matches the demographic profile and geographic distribution of the general adult population in Massachusetts. Because of the overlap among items, we can consider how MA-VSEP enrollees compare to Massachusetts residents on many of the domains we assessed in both studies. In the sections that follow, we explore these differences and similarities, and then review how MA-VSEP enrollee characteristics compare to those reported by other studies of self-excluders. These are not comparable samples or studies, so we consider the following discussion an attempt to place our findings in context, not draw direct comparisons.

4.3.1. MA-VSEP Enrollees and Massachusetts Residents

An informal comparison with an internet sample of Massachusetts residents surveyed prior to gambling expansion (MA sample) suggests that this MA-VSEP sample was of similar age, more likely to be male, more likely to be employed, less likely to be married, and had a lower household income (Nelson et al., 2013).²²

Overall, MA-VSEP enrollees appeared to have stronger concerns about the dangers of gambling than did the MA sample. This might be explained by the majority of MA-VSEP enrollees who reported financial problems and a lack of control over their gambling as motivations for their signing up for VSE. MA-VSEP enrollees’ experience with significant gambling-related problems likely shaped their current beliefs. On the other hand, MA-VSEP enrollees also seemed more likely to think of gambling as a fun or acceptable form of entertainment, suggesting they might have had conflicting attitudes toward gambling as a result of their experiences. MA-VSEP enrollees also appeared to have greater misperceptions about luck and probability than the MA sample.

Compared to MA sample members who reported gambling in the past year, MA-VSEP enrollees were more likely to play electronic gambling machines and other casinos games in the past year and more likely to report weekly or more frequent play on those games. The two samples reported similar rates of weekly play of the lottery. This lottery finding suggests that MA-VSEP enrollees could have been supplementing, not substituting the types of gambling typically engaged in by MA residents.

²² We selected this sample for comparison because we used a very similar set of questions in our survey of this internet sample. The sample is derived from a Knowledge Panel (<http://www.knowledgenetworks.com/ganp/>), which is distributed throughout the state and has demographics that match US Census demographics for Massachusetts. Comparisons with the SEIGMA baseline sample (Volberg et al., 2017) yield similar results, but the questions asked were not directly comparable.

MA-VSEP enrollees not only endorsed more gambling problems than the MA sample, but also appeared to have poorer mental health, and higher levels of anxiety and depression. Encouragingly, MA-VSEP enrollees also seemed more likely than the MA sample to report having sought help for their mental health or substance use problems.

These informal findings suggest that MA-VSEP enrollees represent a population with elevated levels of both gambling-related problems and other mental health issues, and that, as a group, they are aware of and ready to seek help for these comorbid issues.

4.3.2. MA-VSEP Enrollees and Other Samples of VSEs

MA-VSEP enrollee demographics seem consistent with other studies of VSE samples. Similar to previous studies of VSE samples, MA-VSEP enrollees tended to be middle-aged, white, and male (Kotter, Kraplin, & Buhringer, 2018; Ladouceur et al., 2007; McCormick et al., in press; Nelson et al., 2010). Rates of gambling disorder also were similar. Previous studies of VSE populations reported that 79-89% qualified for gambling disorder at baseline (Nelson et al., 2010; Pickering et al., 2018; Tremblay et al., 2008); 92% of MA-VSEP enrollees qualified for gambling disorder at baseline. Our current results support previous findings that this population is at high-risk and experiencing significant problems with their gambling.

MA-VSEP enrollees' reasons for enrolling were similar to those reported by VSEs in previous studies. Feelings of loss of control, and a desire to curb financial losses were prevalent in the current study and past studies (Ladouceur et al., 2007; Pickering et al., 2018).

Unlike previous studies where participants were more likely to choose terms of exclusion of one year or less (Ladouceur et al., 2007; Tremblay et al., 2008), the MA-VSEP enrollee population were more likely to enroll for terms greater than one year; 40% selected a 5-year term. The fact that many MA-VSEP enrollees also had enrolled in VSE programs in other states might partially explain this difference. These enrollees might have been more willing to commit to a longer term because of those other experiences.

Previous studies of VSE programs have shown that enrollees significantly reduce both gambling behavior and resulting problems after VSE enrollment (Hing et al., 2015; Kotter, Kraplin, & Buhringer, 2018; Ladouceur et al., 2007; McCormick et al., in press; Nelson et al., 2010; Townshend, 2007). The current study was no exception. Rates of gambling abstinence after MA-VSEP enrollment were higher than in other recent studies, and among those MA-VSEP enrollees who continued to gamble, a large percentage reported reductions in their gambling frequency and losses since signing up for self-exclusion. Endorsement of gambling disorder criteria and qualification for gambling disorder declined significantly between baseline and follow-up, both among those who abstained from gambling and those who continued gambling. It is important to note, however, that these findings are constrained to the minority of MA-VSEP enrollees who completed the follow-up interview. We do not have information about the gambling behavior or problems of other MA-VSEP enrollees after enrollment.

Among MA-VSEP enrollees, 17% reported breaching their self-exclusion contract during the follow-up period. That breach rate is similar to rates reported by VSEs in our evaluation of Missouri self-excluders (Nelson et al., 2010) and a more recent study in Canada (McCormick et al., in press), but lower than rates reported in a number of other studies (i.e., 26-46%)(i.e., 26-46%: Hing et al., 2015; Kotter, Kraplin, & Buhringer, 2018; Ladouceur et al., 2007; Pickering et al., 2018; Tremblay et al., 2008). It is possible that because MA-VSEP enrollees were more likely to have participated in VSE elsewhere and were also more likely to have experienced treatment for gambling, mental health, or substance use prior to enrollment than other samples of VSEs (e.g., Nelson et al., 2010), they were further along in their recovery processes and less likely to violate their VSE contracts as a result.

4.4. Evaluation Goal 3: Evaluate MA-VSEP Satisfaction and Experiences of Enrollees

As evidenced by both their ratings and open response comments, MA-VSEP enrollees were satisfied with their MA-VSEP experience. In particular, enrollees highlighted their interactions with the GSAs as important and positive. Those who had participated in VSE elsewhere noted that the MA program seemed more caring and supportive, whereas other program enrollments occurred with security personnel and felt punitive. In some cases, enrollees first learned about MA-VSEP from the GSAs and commented that these initial interactions with GSAs were crucial to their decisions to enroll. These initial

impressions are important because for many enrollees these interactions occur at a time of crisis. The supportive environment created by the GSAs might help potential enrollees use the crisis as a turning point.

Overall satisfaction with MA-VSEP at follow-up was lower than satisfaction with the enrollment process. However, satisfaction levels were still high, with more than three quarters of MA-VSEP enrollees who completed the follow-up interview very or extremely satisfied with the program. To understand any lack of or reduction in satisfaction with the MA-VSEP, it is helpful to consider enrollees' suggestions for improvement. As with other programs (Nelson et al., 2010), for some enrollees lack of satisfaction is due to regretting the decision to enroll in the first place. However, MA-VSEP enrollee comments about the program indicate that some enrollees would like to see the program adopt *more* restrictions, not fewer. Similarly, most enrollees who commented reported that they wanted more follow-up from the program. Multiple enrollees suggested having GSAs or other program staff follow up or check in. This is notable because MA-VSEP procedures include the offer of a one-week check-in call. It appears that some MA-VSEP enrollees were not aware of this option or did not understand what was being offered at the time of their enrollment. In addition, results from the one-week check-in calls suggest that GSAs did not review resources or point out resources specific to the enrollee's region of residence with all MA-VSEP enrollees upon enrollment. There are many reasons this might have occurred but given that the commonly perceived strength of the MA-VSEP is the caring, supportive environment it provides, ensuring fidelity to this part of the MA-VSEP protocol appears particularly important.

When it comes to breaching their VSE contract, less than 20% of MA-VSEP enrollees who completed the follow-up survey attempted or made it on to the gambling floor to gamble. These findings are similar to breach rates seen in Nelson et al.'s study (2010) with lifetime excluders in Missouri and a more recent study by McCormick, Cohen, & Davies (in press). However, the breach rate is much lower than what has been reported in a number of previous studies where breach rates ranged from 30% to 50% (Hing et al., 2015; Ladouceur et al., 2007; Pickering et al., 2018; Tremblay et al., 2008). Regardless, as noted in our earlier evaluation of the Missouri VSE program (Nelson et al., 2010), because of the difficulty of detecting breaches, enforcement is likely less important to successful outcomes than the enrollment process and accessibility of the program. On the other hand, MA-VSEP violations might be opportunities to reinforce the program's commitment to connecting enrollees with resources and should not be ignored entirely. Just as lapses and relapses are to be expected during recovery from other expressions of addiction, MA-VSEP violations might be part of the recovery process for some individuals with gambling problems and used as an opportunity to provide further help.

4.5. Evaluation Goal 4a: Examine Outcomes for MA-VSEP Enrollees 6-12 Months After Enrollment

We examined two primary types of MA-VSEP outcomes for this study: (1) gambling-related behaviors and problems, and (2) other corollary outcomes related to well-being, mental health, and relationships. Both relied on a sample limited by low recruitment rate and finding should be interpreted with caution. For the first type, two different subsets of MA-VSEP enrollees influenced the results – those who stopped gambling and those who continued gambling. We examined these outcomes for both groups.

In both cases, the MA-VSEP enrollees experienced significant decreases in frequency of gambling. MA-VSEP enrollees who continued gambling also experienced decreases in the amount of money lost gambling. Overall, more than three quarters of MA-VSEP enrollees who completed the follow-up interview also self-reported reductions in their gambling when they considered how they thought their behavior had changed since MA-VSEP enrollment. These findings support previous work that has shown similar decreases in gambling behavior across time (Hing et al., 2015; Kotter, Kraplin, Pittig, et al., 2018; Townshend, 2007; Tremblay et al., 2008). MA-VSEP enrollees, both the full follow-up sample and those who continued gambling, also experienced significant reductions in the number of DSM-IV criteria they qualified for from baseline to follow-up. This finding is similar to what has been reported in a majority of previous longitudinal VSE studies (Hing et al., 2015; Ladouceur et al., 2007; McCormick et al., in press; Nelson et al., 2010; Townshend, 2007; Tremblay et al., 2008).

An important observation related to gambling outcomes is that these outcomes did not necessarily match MA-VSEP enrollees' intentions upon enrollment. Only about one third of those who intended to quit all gambling succeeded. Further, MA-VSEP enrollees who intended to quit all gambling reported poorer mental health at follow-up, controlling for their mental health at enrollment, than others. This suggests that many of these individuals might have set overly ambitious goals and not received the support they needed to fulfill those goals. In contrast, those who intended to quit only casino

gambling or quit only gambling at PPC had more success fulfilling their goals. The MA-VSEP might consider asking about enrollees' goals and providing some brief motivational interviewing to help enrollees set manageable goals and recognize and access the support they need to take steps toward those goals. The relationship between quit intentions and mental health at follow-up also suggests that abstinence goals, compared to harm-reduction goals, did not lead to better outcomes. We included quit intentions in all models predicting follow-up outcomes, and the negative relationship between intention to quit all gambling and mental health was the only relationship we found.

Overall, outcomes related to well-being, mental health, and relationships also were positive for MA-VSEP enrollees who completed the follow-up interview. Enrollees reported improvements in mental health and were less likely to screen positive for depression and anxiety at follow-up than at enrollment. Though the subgroup n's were small, there was some evidence, presented in Appendix I, that younger female enrollees did not evidence these same improvements, a finding that should be examined further with larger samples.

Very few of the predictors that we examined in exploratory analyses presented in Appendix J related to MA-VSEP enrollee outcomes, and even fewer did so consistently. One notable and strong positive relationship emerged between social support upon MA-VSEP enrollment and reductions in gambling problems at follow-up. Often, individuals recovering from addiction struggle because their social networks are inextricably linked to their substance-using or gambling behavior. Changing that behavior often involves removing oneself from those social networks and dealing with the isolation and loneliness that follow. On the other hand, individuals who have people in their lives who support their behavior changes might have more confidence in their ability to make those changes, more motivation to do so, and fewer negative side effects from those changes.

All of these improvements and positive outcomes for MA-VSEP enrollees suggest the program has a positive effect on enrollees. Certainly, enrollees' open response comments about the program indicate that they perceive the program to be beneficial. However, as discussed more fully in the limitations section, with the current study design it is not possible to determine with any certainty the causes of these outcomes. We do not have a control group, so it is possible, though not likely, that these changes might have occurred whether individuals enrolled in the MA-VSEP or not. More interesting, and worthy of further exploration in future studies, is the question of whether it is simply the act of signing up for a program of this type versus specific aspects of the program itself that instigates behavior change. It might be that individuals willing to sign up for MA-VSEP are already in a place where they are ready to change their behavior and would do so without the program. Alternatively, the act of entering a VSE contract might be a concrete step that individuals can take that motivates them to change. Finally, the actual external controls imposed by the program, coupled with the support it provides might be a key element of MA-VSEP enrollees' success.

4.6. Evaluation Goal 4b: Examine whether MA-VSEP Enrollment Is a Gateway to Treatment

Unlike VSE enrollees in our previous work (Nelson et al., 2010), many MA-VSEP enrollees already had received both gambling treatment and other forms of mental health and substance use treatment prior to MA-VSEP enrollment. Almost half of those who completed the baseline survey had received mental health or substance use treatment, and a quarter had been in a gambling treatment program. Very few enrollees who were involved with gambling services weren't also involved with mental health or substance use services. Potentially because of this pre-existing treatment history, there was no evidence that MA-VSEP enrollment served as a gateway to treatment in this population. There was some evidence that some individuals who had not accessed services in the year prior to MA-VSEP enrollment returned to treatment-seeking or self-help groups after enrollment, so MA-VSEP enrollment might have nudged these individuals to re-engage with services. However, given that many enrollees specifically expressed a desire for the MA-VSEP to check in with them after enrollment, it seems that the program could further its efforts to make sure enrollees have access to the resources they want and need. Taking a basic treatment history at enrollment can help program staff better tailor the resources they offer and any follow-up. In addition, given the high comorbidity in this population, the program could consider connecting enrollees with resources for mental health treatment, not just gambling-specific services, depending on their needs.

4.7. Limitations

The primary limitation of the current work, and most VSE studies, is the absence of a control or comparison group. Though we were able to assess MA-VSEP enrollee experiences across time, because of the absence of a comparison group, we were unable to determine whether the changes we observed were due to the program, to the act of signing up for the program, or neither. Our original design, which involved comparing a standard version of MA-VSEP to an enhanced version, would have allowed us to determine whether specific program features (i.e., personalized introduction to treatment resources, offers to connect enrollees directly with treatment, and one-week check-in calls) led to improvements in behavior and well-being among MA-VSEP enrollees. However, as noted earlier, it was difficult to maintain fidelity to these two program conditions and recruit individuals to participate in the study, so the experimental design element was not included in this study. Future research needs to include these kinds of experimental components to determine whether VSE programs play a causal role in enrollee improvements, and which aspects of these programs influence change.

A second limitation of the current work is the recruitment rate into the study component of the evaluation. We were only able to recruit 24% of MA-VSEP enrollees to participate in the baseline survey component of the study; only 11% were willing to participate when invited by GSAs during their MA-VSEP enrollment. Among the enrollees who released their information but did not sign up for the study during enrollment, 56% were willing to participate when contacted by Division staff. Our use of multiple sources for data about MA-VSEP enrollees alleviates some of the concern about this low study recruitment rate – we were able to report about some information for *all* MA-VSEP enrollees during the study period. However, information from the baseline survey is limited to the 24% of MA-VSEP enrollees who were willing to participate. Our retention rate of 73% means that we only have follow-up outcomes and information for 17% of MA-VSEP enrollees who enrolled during the study period. It is quite possible that the same qualities that made these individuals more amenable to the research and more willing to be contacted for follow-up also helped them succeed in the program.

A third limitation of the current work is the amount of missing data. As Appendix F demonstrates, MA-VSEP enrollees did not consistently complete all sections on the MA-VSEP applications or the baseline surveys completed at PPC. In addition, problems with the fillable forms for the MA-VSEP applications resulted in lost data. For the MA-VSEP applications, the section that included questions about past gambling behavior and other characteristics originally was presented as optional to MA-VSEP enrollees, and then was removed during the first few months of the study on the assumption that most enrollees would complete the baseline survey. It was returned as a required component to the last version of the application. It is not clear why baseline surveys were not consistently and fully completed by enrollees who participated in the baseline component of the study at PPC. However, because GSAs were not reviewing study participant responses, it is possible that some participants skipped sections to complete the survey as quickly as possible. GSAs also only completed information about sharing resources and connecting MA-VSEP enrollees with those resources for enrollees who agreed to a one-week check-in call even though the protocol indicated that these forms should be completed for all enrollees. Finally, limitations in the availability of player card data affected the player card information available for MA-VSEP enrollees. We were provided with only player card information from June 2016 forward instead of June 2015 forward. Therefore, our sample of MA-VSEP enrollees with player card data was restricted. We also only had enough confidence in summary data from one of the tables provided to include it in the report because of problems and anomalies that have arisen in the data sets that have been provided for us (Tom et al., forthcoming).

5. RECOMMENDATIONS

Based on the current MA-VSEP evaluation, we provide three sets of recommendations: (1) Program recommendations – suggestions to improve aspects of the MA-VSEP program; (2) Data systems recommendations – suggestions to improve the way data are collected and maintained; and (3) Continued evaluation recommendations – suggestions to better integrate program evaluation into the program and data systems.

5.1. Program Recommendations

Based on the results of this evaluation, we have eight primary program recommendations.

Many MA-VSEP enrollees reported first learning about the MA-VSEP through conversations with the GSAs or by seeing signs for it at the casino. We also know that at least half of MA-VSEP enrollees have accessed treatment services related to gambling, substance use, or mental health. Therefore, we make the following two recommendations:

1) Publicize MA-VSEP more widely throughout the state.

2) Specifically collaborate with substance use and mental health treatment organizations to publicize MA-VSEP.

Though many MA-VSEP enrollees did not check the box on their applications agreeing to be contacted by MCCG staff for a check-in in the weeks after enrollment, it appears that enrollees were not fully aware of the purpose of these calls. In fact, many enrollees, including those who did not agree to or receive check-in calls, indicated a desire for more follow-up by the MA-VSEP program. Therefore, we make the following recommendation:

3) Consider making one-week check-in calls a standard part of MA-VSEP, not optional. At the very least, make sure to offer these calls and describe their purpose explicitly to every MA-VSEP enrollee.

The evaluation provided some evidence that MA-VSEP enrollee mental health outcomes differed depending on their intentions to quit gambling at enrollment, and that enrollees' intentions did not predict their future behavior. In addition, many enrollees already had some history of treatment-seeking related to gambling and other substance-related and mental health issues. Given that a strength of the MA-VSEP appears to be its supportive approach and that MA-VSEP enrollees appear to desire more contact with GSAs, it is possible that more targeted discussion about enrollee goals and possible resources could be beneficial. Therefore, we make the following two recommendations:

4) Include motivational interviewing training for program staff.

5) Conduct an assessment of treatment history and enrollment goals (e.g., abstinence vs. harm reduction) with enrollees at the time of enrollment.

Because MA-VSEP enrollees evidence comorbid mental health and substance-related issues, and because enrollees and more generally individuals with gambling problems rarely seek treatment just for gambling-related issues, the MA-VSEP could serve as an access point not just for gambling services, but for other behavioral health services. In addition, close to a quarter of MA-VSEP enrollees were residents of Rhode Island. Therefore, we make the following two recommendations:

6) Provide resources for gambling treatment and other forms of mental health and substance use treatment in enrollees' regions.

7) Include Rhode Island as a region for which resources are provided.

At least three major casinos are available to enrollees within neighboring states (i.e., Twin Rivers in Rhode Island, and Foxwoods and Mohegan Sun in Connecticut), as well as a handful of other smaller casinos. A subset of MA-VSEP enrollees elected to enroll in MA-VSEP as part of a larger endeavor to ban themselves from all regional casinos. Some of these enrollees noted their desire for a regional VSE program. In addition, at follow-up, MA-VSEP enrollees were gambling more frequently at casinos in neighboring states than at PPC. Finally, for individuals with gambling problems who are already in recovery and wish to enroll in MA-VSEP, entering a casino has the potential to be a triggering event. Though MA-VSEP

enrollment also can occur at MGC or MCCG, these locations are not necessarily convenient to most enrollees. Therefore, we make the following recommendation:

8) Consider offering regional VSE and making VSEP enrollment available through gambling, substance use, and mental health treatment providers.

5.2. Data Systems Recommendations

Throughout this evaluation project, we worked closely with the MGC to connect the various sources of records we utilized. Throughout this process, it became evident that better integration of data collection and data storage systems and processes could improve both the program and the ability to evaluate the program. In addition, problems with the electronic version of the MA-VSEP application led to several data anomalies that yielded unreliable application data for individuals who enrolled during the time period that version of the application was active. Therefore, we make the following four recommendations related to data systems:

1) Utilize a relational database to link application data with enrollment terms, one-week check-in data, player card data, and exit interview information.

2) Set up the MA-VSEP electronic application in a way that allows the information to feed directly into the relational database described above and does not default to specific answer options if a question is unanswered.

3) For any data important to the program, do not allow “optional” response within the MA-VSEP application.

4) Create a data system that can generate reports automatically detailing program enrollment, treatment resource access, program removal, and program violation, split by gender, age group, and length of enrollment term.

5.3. Continued Evaluation Recommendations

Two of the major limitations of the current evaluation, discussed earlier, involved the low recruitment rate and missing data. One way to address both of these issues is to include evaluation components within the standard MA-VSEP enrollment and exit process. This was done, to some extent, during the evaluation by including some application questions about enrollee characteristics. However, for much of the study, GSAs portrayed this section of the evaluation as optional to enrollees. This resulted in a self-selection effect for these data whereby only those sufficiently invested in the program completed that section of the application. Instead, requiring these elements and conveying to enrollees the integral role evaluation plays in MA-VSEP and its improvement will allow for more consistent, representative data for evaluation. Integrating evaluation components into all contacts with enrollees will allow for continuous evaluation. Therefore, we make the following three recommendations:

1) Formalize the information collected during check-in calls and the exit interview for the MA-VSEP, collecting a standardized set of information about outcomes for all enrollees who complete these calls and/or an exit interview. This information should include gambling behavior, gambling problems, mental health, treatment access, MA-VSEP satisfaction and suggestions for improvement, and other domains of interest to the MA-VSEP.

2) Include key domains of interest as mandatory components of the MA-VSEP application, including gambling behavior (i.e., amount, frequency, and type) prior to enrollment, treatment history, enrollment goals and quit intentions, other substance use and mental health issues, and social support.

3) Track information about resources shared with enrollees upon enrollment, information discussed during the check-in call, and enrollee access to these treatment resources.

Finally, as noted earlier, the only way to fully understand the effect of the MA-VSEP and its features is to conduct scientific experiments. Even though conducting a randomized controlled trial of MA-VSEP compared to no program might not be feasible or ethical, there are other ways to test program features. In particular, the features that are most unique to the MA-VSEP and show promise could be varied systematically, for example, by making check-in calls mandatory for a

randomly selected proportion of MA-VSEP enrollees and comparing outcomes for these enrollees compared to those for whom these calls are optional. Therefore, we make the following recommendation:

4) Examine MA-VSEP program features that might be particularly effective at facilitating change by conducting controlled experiments, randomly assigning half of MA-VSEP enrollees to each of two different program conditions and assessing outcomes.

6. CONCLUDING THOUGHTS

Overall, MA-VSEP enrollees had generally positive experiences with the MA-VSEP, demonstrated improvements in their gambling behavior, problems, mental health, and relationships after enrollment, and experienced the program as more caring and supportive than other VSE programs. In addition, for several individuals, the GSAs and the MA-VSEP appear to have been a lifeline in a time of crisis. The Massachusetts' program goal of offering a non-punitive, supportive model of VSE appears to be clear to enrollees and positively received. Based on feedback, program staff can improve this model by offering more check-ins after enrollment, and better targeting of resources that apply to both gambling and other associated behavioral health issues. In addition, program staff can elicit and recognize enrollees' intentions related to their gambling. Finally, better integration of data crucial to evaluation into existing data systems (i.e., adding baseline interview questions as mandatory components of the MA-VSEP application, recording treatment access for all MA-VSEP enrollees, adding follow-up interview questions to the exit interview), will allow for continuous evaluation of the program in real time.

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APPENDICES

1. Appendix A: Resource Packet Provided to Enrollees at MA-VSEP Enrollment
2. Appendix B: Informed Consent and Telephone Scripts
3. Appendix C: Baseline Survey and Follow-Up Interview
4. Appendix D: MA-VSEP Application Forms
5. Appendix E: MA-VSEP One Week Check-In Form
6. Appendix F: Analysis of Missing Data by Instrument and Item
7. Appendix G: MA-VSEP Enrollees' Specific Reasons for Enrolling in MA-VSEP on That Day
8. Appendix H: MA-VSEP Enrollees' Gambling-Related Treatment and Self-Help Before and After MA-VSEP Enrollment
9. Appendix I: Exploratory Analyses of Moderator Effects – Gender, Age, and Length of Enrollment
10. Appendix J: Exploratory Analyses of Predictors of Outcomes at 6- 12-Month Follow-Up

APPENDIX A: RESOURCE PACKET PROVIDED TO ENROLLEES AT MA-VSEP ENROLLMENT

[Packet includes materials distributed to MA-VSEP enrollees living in each of three regions within Massachusetts.]

Congratulations,
You have enrolled in
the VSE program.

Term of Exclusion:

Term Expiration:

If you have any questions,
call your VSE coordinator at
(617) 533-9737

To maintain confidentiality,
you will be required to prove
your identity before any
information is disclosed

GameSense

Your first step to change.





If gambling is affecting your life and you are thinking about change, you've already taken the first step. This guide will help you understand gambling, figure out if you need to change, and decide how to deal with the actual process of change. If you're at all concerned about your gambling, this guide is for you.

Your First Step to Change

Should you decide to change, this guide can help you begin your journey. You can use the guide in the way you feel most comfortable. Complete it all at once, a little at a time, or keep it as a reference that you can read whenever you want. The guide is divided into the following three sections:

Section 1: *Facts About Gambling*,
will explain how gambling works and how it
can become a problem for some people.

Section 2: *Understanding Your Gambling*,
will help you think about how you gamble
and your reasons for gambling.

Section 3: *Thinking About Change*,
will lead you through the process of change.

The first step of your journey is to figure out if you need or want to change.

Try to answer the following questions:

1. Have you often gambled longer than you had planned? Yes___ No___
2. Have you often gambled until your last dollar was gone? Yes___ No___
3. Have thoughts of gambling caused you to lose sleep? Yes___ No___
4. Have you used your income or savings to gamble while letting bills go unpaid? Yes___ No___
5. Have you made repeated, unsuccessful attempts to stop gambling? Yes___ No___
6. Have you broken the law or considered breaking the law to pay for your gambling? Yes___ No___
7. Have you borrowed money to pay for your gambling? Yes___ No___
8. Have you felt depressed or suicidal because of your gambling losses? Yes___ No___
9. Have you been remorseful after gambling? Yes___ No___
10. Have you ever gambled to get money to meet your financial obligations? Yes___ No___

If you answered "yes" to any of these questions, then you may want to consider making a change. The following sections of this guide can help. Section 1 will explain some interesting things about gambling you might not know.



Section 1: *Facts About Gambling*

Understanding Gambling

Gambling is simply putting something at stake on the outcome of an event before it happens. People usually gamble because they hope to gain something of larger value. Gambling includes everything from buying a lottery or a scratch ticket to playing Bingo to betting on the outcome of a sports event.

“What is problem gambling?”

Problem gambling is gambling to the extent that it causes emotional, family, legal, financial or other problems for the gambler and the people around the gambler. Problem gambling can get worse over time, and gambling problems can range from mild to severe.

LUCK

People who have a problem with gambling often believe that things like “luck” can affect their chances to win. For example, some people who play slot machines believe that playing one specific machine for a long time, or that wearing their lucky shirt, can favorably affect their chance of winning. These things have no effect on chance. Chance is chance.

STREAKS

Every time you flip a coin your chance of getting heads is 50% and your chance of getting tails is 50%. This means that if you flip the coin 10 times and it comes up heads all 10 times, the chance of getting heads or tails on the 11th flip is exactly the same: 50-50. The outcome of each coin toss does not affect the next. The coin does not have a memory. Although many people think that losing streaks are more likely to be followed by wins, you are never “due” to win.

“What are some signs of problem gambling?”

When people have a problem with gambling, many times they feel like they need to bet more money more frequently, feel irritated when they try to stop, and think that they can “chase” their losses to recover money. This can lead to more gambling, despite financial loss and the trust of friends and loved ones. In general, people with gambling problems usually spend a large portion of their income on gambling.



“Do a lot of people have problems with gambling?”

If gambling is becoming a problem for you, you are not alone. Research shows that 1.1% of the adult population in the U.S. and Canada has had severe problems with gambling in the past year. Also, another 2.2% of that same population has had at least some problems with gambling in the past year. Based on a recent U.S. Census, in total these estimates represent 7 million people in the U.S. alone.

“What if it’s my turn to win?”

Sometimes people who gamble tend to think that eventually it will be their turn to win, but it’s probably not. Here’s why: gambling is based on chance, probability, and randomness. If you have a 50-50 chance at winning a game, it doesn’t matter how many times you have won or lost in the past. The next time you play, your chances of winning are still 50-50.

“Are certain games more likely to lead to gambling problems?”

All gambling is risky to some degree. Games that have a quick turnaround, such as video lottery, slot machines, and scratch tickets, are typically more risky. However, gambling problems can develop by playing any type of game.

SYSTEMS AND STRATEGIES

Many problem gamblers believe either that they have found a way to “outsmart” the system or that they have an ability to beat the odds. Even if you were able to handicap a race or count cards, there are still many factors that could change the outcome of an event. As a result, it is not likely that you have turned the odds in your favor or even affected them in any substantial way. Gambling is gambling—the outcome is always unknown, and there is no way for a gambler to affect the odds of the game.



Section 2: *Understanding Your Gambling*

Understanding how gambling works and the dangers that are associated with gambling is an important step in your journey. This part of the guide will help you to understand your gambling patterns. Complete the questions below to see if you should examine your gambling patterns more closely:

1. Have you ever tried to cut down on your gambling? Yes___ No___
2. Are others annoyed by your gambling? Yes___ No___
3. Do you ever gamble alone? Yes___ No___
4. Do you ever feel guilty about your gambling? Yes___ No___
5. Do you ever gamble to feel better? Yes___ No___

If you answered "yes" to one or more questions, then you may want to consider looking at your gambling more closely. Many people are not aware of all the ways that gambling can affect their lives. The exercise on the following page will help you to identify difficulties you may be facing. Answering these questions can alert you to problems that you might not have thought about before.



1. Have you spent a great deal of your time during the past 12 months thinking of ways to get money for gambling? Yes___ No___
2. During the past 12 months, have you placed bigger and bigger bets to experience excitement? Yes___ No___
3. Did you find during the past 12 months that smaller bets are less exciting to you than before? Yes___ No___
4. Has stopping gambling or cutting down how much you gambled made you feel restless or irritable during the past 12 months? Yes___ No___
5. Have you gambled during the past 12 months to make the uncomfortable feelings that come from stopping or reducing gambling go away? Yes___ No___
6. Have you gambled to forget about stress during the past 12 months? Yes___ No___
7. After losing money gambling, have you gambled to try to win back your lost money? Yes___ No___
8. Have you lied to family members or others about how much you gambled during the past 12 months? Yes___ No___
9. Have you done anything illegal during the past 12 months to get money to gamble? Yes___ No___
10. During the past 12 months, have you lost or almost lost a significant relationship, job, educational or career opportunity because of your gambling? Yes___ No___
11. Have you relied on others (e.g. family, friends, or work) to provide you with money to cover your gambling debts? Yes___ No___
12. During the past 12 months have you tried to quit or limit your gambling, but couldn't? Yes___ No___



These questions point out different problems you might have had because of gambling. Each question identifies a very serious problem. If you answered "yes" to one or more of these questions, you might want to think about reducing or stopping gambling.

Money Problems

Another way to understand your gambling is to consider the financial impact it has on you. Many problem gamblers experience various kinds of money problems. For example, some problem gamblers are always short of cash despite adequate income, and others will borrow, pawn, or even steal to get some quick cash to gamble. Answer the following questions to see if you have found yourself in some of the same money situations as problem gamblers:

1. Have you ever been denied credit? Yes___ No___
2. Have you ever taken money out of savings, investments, or retirement accounts to gamble? Yes___ No___
3. Do you find yourself frequently bothered by bill collectors? Yes___ No___
4. Have you ever used grocery money or other money for necessities to gamble? Yes___ No___
5. Have you ever delayed paying household bills in order to get more money for gambling? Yes___ No___
6. Have you ever taken cash advances from credit cards to use for gambling? Yes___ No___

If you answered "yes" to any of these questions, it may be a sign that your gambling has affected your financial situation. Money problems, such as these, are usually symptoms, not the causes, of problem gambling. At this point you still may not know if you want to change. What's important is that you have a better understanding of your gambling. The next section of this guide will help you to think about the reasons you gamble and how to change, should you decide a change is right for you.



Section 3: *Thinking About Change*

“Do I really want to change?”

Before you make a decision, it’s good to think about the costs and benefits of each choice. Filling in the boxes below will help you see the costs and benefits of your gambling:

Here’s an example:

<p>Benefits of Not Gambling</p> <ul style="list-style-type: none"> • I would have more money to spend on other things. • I would have more time to spend with people I care about. 	<p>Benefits of Gambling</p> <ul style="list-style-type: none"> • I have fun when I gamble. • I love the feeling of excitement when I gamble.
<p>Costs of Not Gambling</p> <ul style="list-style-type: none"> • I will have to face responsibility. • I will have to somehow fill up my time. 	<p>Costs of Gambling</p> <ul style="list-style-type: none"> • I am heavily in debt. • I am depressed and anxious.

Now you try by filling in your own answers.

<p>Benefits of Not Gambling</p>	<p>Benefits of Gambling</p>
<p>Costs of Not Gambling</p>	<p>Costs of Gambling</p>

Which box has the most answers? _____

What does this mean to you? _____

Do the benefits of continuing to gamble outweigh the costs? _____

If you think the costs of continuing to gamble are greater than the benefits, you may want to consider changing your gambling behavior. This is your decision.



Deciding on Goals

The next step in the process of change is deciding on your goals. For example:

- When do you want to change?
- Do you want to stop gambling or just gamble less than you do now?

Remember that change is a process and it will take time. The first three months are usually the most difficult. The period after that will be hard too, but not quite like when you began to change. Although getting through this process may seem very difficult, the experience of many people shows that you can change your gambling patterns.

SOMETHING TO THINK ABOUT

Some people simply cut down on gambling, while others try to stop completely. Research suggests that cutting down on gambling can be a goal. However, a lot of people find that just cutting back on gambling is a difficult goal to keep because it can easily lead back to problem gambling. If reducing your gambling is too hard for you, you may choose to stop gambling completely. Obviously, neither option will be easy, but just reducing your gambling might be more risky.

To change these patterns, you must first make a decision. Think about what changes you would like to make. For example, you may decide that you want to completely stop gambling in the next year, or that you want to limit your gambling activity over the next six months.

Which of the following options would you choose?

Check the box that applies:

- Stop Completely Limit Gambling

Now write down some details about how you will accomplish the goal you just chose. For example, when are you planning to start? What specific things will you begin to do differently?

This is your goal for change. Sign your name as a promise to yourself:

Signature _____ Date: _____



“What can I do to handle an urge to gamble?”

Urges are normal for a person who is reducing the amount that they gamble. Urges are often very difficult to deal with, but with practice you will be able to let these feelings pass without giving in to them. You might notice that after stopping or cutting back your gambling you get more urges to gamble than you did before. This is normal. What’s important is that you recognize that these urges are temporary and they will pass.

Here are a few suggestions. Focus on doing other things. Replace the things in your life that you associate with gambling with other activities that will help to keep your mind off gambling. Find new enjoyable ways to spend your time. Most importantly, think about the things that you liked to do before gambling became a part of your life.

If you do feel an urge to gamble, it is important to acknowledge the urge—do not ignore it. Think, “I am having an urge to gamble right now. But I know it will pass and I don’t have to act on it.” When this happens, do something from your list of activities as soon as possible.

Make a list of those things you enjoyed before gambling became a part of your life.

Get involved with these old activities again; you might have forgotten just how much you enjoyed doing them. Keep this list with you at all times so that you can refer to it should you get an urge to gamble.

If your urge is so great that you cannot focus on your new way of thinking or an activity on your list, say, “Okay, maybe I’ll gamble in 10 minutes.” Then wait 10 minutes. If the urge is still there, keep telling yourself to just wait 10 minutes. Find other things to do from the list you made for each 10-minute interval. The urge to gamble *will* pass with time.



Now, call or visit a friend or family member that you can trust. Talk about your urges to gamble and how you are dealing with these feelings. Friends and family who support your decision to change will play a big role in helping you achieve your goals. Some people in your life, however, might not want you to change, and these people could potentially encourage you to gamble. If you know someone who may do this, avoid contacting that person—especially when you are experiencing an urge to gamble.

“What if I gamble and I really don’t want to?”

If you find that you gamble even though you are trying to quit, you are not alone. Many people find that it takes several attempts to quit or cut down on gambling. Stopping or reducing gambling is a very difficult thing to do and you may not be able to do it the first time you try. Remember, however, that a lot of people don’t even get this far. By asking for information and thinking about change, you have already begun your journey to a safer, happier, and healthier life.

If you do gamble and you don’t want to, that does not mean that you will never be able to stop. Keep trying, keep talking to people you trust, and keep asking for help. Going back to gambling doesn’t make your goals any less valuable or possible.

It might also help to try some of the following:

- Attend self-help meetings such as Gamblers Anonymous (see Website listing).
- Avoid going in or near places where gambling is available.
- Spend less time with people who gamble to avoid being pressured into gambling.
- Carry only the minimum amount of money that you need for the day.
- Have your paycheck direct-deposited, if possible.
- Destroy your credit, debit, and ATM cards.

Hopefully this guide has helped you think about change. It is a starting point, as well as a roadmap for the process of change. Thinking about change is not always easy. Should you decide a change is right for you, you will encounter many obstacles along the way. Expect them and be prepared. Your journey may be difficult at times, but it will be well worth it.



ADDITIONAL RESOURCES

Reading this guide may have helped you to notice new things about yourself. Some of these things can be hard to deal with. Some may even be life problems that don't have anything to do with gambling. If you think that you have some other types of problems (or even some gambling problems that you need more help with), you should consider getting additional support or treatment. Some of the resources in the envelope in the back of the guide will help you, should you decide to seek additional information or counseling.

Problem Gambling Related Website Information

This list of Websites has been compiled to help you better understand the issue of problem gambling. Some of these sites refer to research on problem gambling, some refer to self-help groups, and others are sites of organizations that focus on raising the awareness and education level of the general public around problem gambling.

Bettors Anonymous - www.bettorsanonymous.org

Debtors Anonymous - www.debtorsanonymous.org

Gam-Anon - www.gam-anon.org

Gamblers Anonymous - www.gamblersanonymous.org

Harvard Medical School, Division on Addictions - www.hms.harvard.edu/doa

Massachusetts Council on Compulsive Gambling - www.masscompulsivegambling.org

Massachusetts Department of Public Health/Bureau of Substance Abuse Services
(includes state compulsive gambling treatment centers) - www.state.ma.us/dph/bsas/

National Council on Problem Gambling - www.ncpgambling.org

Responsible Gambling Council - www.responsiblegambling.org

University of Minnesota Gambling Research - www.cbc.med.umn.edu/~randy/gambling

The WAGER - www.thewager.org



Additional Reading

If you would like to read more about problem gambling, you might find the following resources useful and interesting:

Berman, L., & Siegel, M. E. (1998). Behind the 8-ball: A guide for families and gamblers. New York: Kaleidoscope Software, Inc.

Blaszczynski, A. (1998). Overcoming compulsive gambling: A self-help guide using cognitive behavioral techniques. London: Robinson Publishing Ltd.

Chin, J. (2000). A way to quit gambling for problem gamblers. Lincoln, NE: Writers Showcase.

Custer, R. L., & Milt, H. (1985). When luck runs out: Help for compulsive gamblers and their families. New York: Warner Books.

Dostoevsky, F. (1981). The gambler. New York: W. W. Norton & Co.

Federman, E. J., Drebing, C. E., & Krebs, C. (2000). Don't leave it to chance. Oakland, CA: New Harbinger Publications, Inc.

Heineman, M. (1992). Losing your shirt. Minneapolis, MN: Comp Care Publishers.

Horvath, T. A. (1998). Sex, drugs, gambling, & chocolate: A workbook for overcoming addictions. San Louis Obispo, CA: Impact Publishers, Inc.

Humphrey, H. (2000). This must be hell: A look at pathological gambling. New York: Writers Club Press.

Lesieur, H. R. (1984). The chase: The career of the compulsive gambler. Cambridge, MA: Schenkman Publishing.

Moody, G. (1990). Quit compulsive gambling: The action plan for gamblers and their families. Wellingborough, England: Thorsons Publishers.

National Endowment for Financial Education. (2000). Personal financial strategies for the loved ones of problem gamblers. Denver, CO: Author. (This booklet can be ordered through the National Council on Problem Gambling at 1-202-547-9204.)

Prochaska, J. O., Norcross, J. C., & DiClemente, C. C. (1994). Changing for good: A revolutionary six-stage program for overcoming bad habits and moving your life positively forward. New York: Avon.

Svensden, R., & Griffin, T. (1998). Gambling: Choices and guidelines. (booklet). Anoka, MN: Minnesota Institute of Public Health. (This booklet can be ordered through The Gambling Problem Resource Center at the Minnesota Institute of Public Health at 1-800-782-1878.)



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Workbooks that were developed by David Hodgins et al. and Linda and Mark Sobell et al. provided substantial background and information for Your First Step to Change.

Additional resources used for this project included:

- Blaszczynski, A., McConaghy, N., & Frankova, A. (1991). Control versus abstinence in the treatment of pathological gambling: A two to nine year follow-up. British Journal of Addiction, 86, 299-306.
- Ciarrocchi, J. W. (2002). Counseling problem gamblers. New York: Academic Press.
- Ewing, J. A. (1984). Detecting alcoholism: The CAGE questionnaire. Journal of the American Medical Association, 252(14), 1905-1907.
- False beliefs and cognitions. (1999). The WAGER, 4(45).
- Gamblers Anonymous. (2001). Suggestions for coping with urges to gamble.
- Hodgins, D. C., Currie, S. R., & el-Guebaly, N. (2001). Motivational enhancement and self-help treatments for problem gambling. Journal of Consulting and Clinical Psychology, 69(1), 50-57.
- Hodgins, D. C., & Makarchuk, K. (1998). Becoming a winner: Defeating problem gambling. Calgary, Alberta, Canada: University of Calgary Press.
- Marlatt, G. A., & Gordon, J. (Eds.). (1985). Relapse prevention. New York: Guilford.
- National Endowment for Financial Education. (2000). Personal financial strategies for the loved ones of problem gamblers. Denver, CO: Author.
- Shaffer, H. J., & Freed, C. R. (in press). The assessment of gambling related disorders. In D. M. Donovan & G. A. Marlatt (Eds.), Assessment of Addictive Behaviors (second ed.). New York: Guilford.
- Shaffer, H. J., & Hall, M. N. (1996). Estimating the prevalence of adolescent gambling disorders: A quantitative synthesis and guide toward standard gambling nomenclature. Journal of Gambling Studies, 12(2), 193-214.



Shaffer, H. J., & Hall, M. N. (2001). Updating and refining meta-analytic prevalence estimates of disordered gambling behavior in the United States and Canada. Canadian Journal of Public Health, 92(3), 168-172.

Shaffer, H. J., Hall, M. N., & Vander Bilt, J. (1999). Estimating the prevalence of disordered gambling behavior in the United States and Canada: A research synthesis. American Journal of Public Health, 89(9), 1369-1376.

Shaffer, H. J., LaBrie, R., Scanlan, K. M., & Cummings, T. N. (1994). Pathological gambling among adolescents: Massachusetts gambling screen (MAGS). Journal of Gambling Studies, 10(4), 339-362.

Shaffer, H. J., & LaPlante, D. (in press). The treatment of gambling disorders. In G. A. Marlatt & D. M. Donovan (Eds.), Relapse Prevention (second ed.). New York: Guilford.

Sobell, L. C., Cunningham, J. A., Sobell, M. B., Agrawal, S., Gavin, D. R., Leo, G. I., & Singh, K. N. (1996). Fostering self-change among problem drinkers: A proactive community intervention. Addictive Behaviors, 21(6), 817-833.

Sobell, M. B., & Sobell, L. C. (1993). Problem drinkers: Guided self-change treatment. New York: Guilford.

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REGION A

Congratulations

We deeply respect your decision to enroll in the MA Voluntary Self-Exclusion (VSE) Program. VSE is intended to offer you one means of addressing problem gambling behavior, as well as an opportunity to make a positive change in your life.

Enrolling in the Voluntary Self-Exclusion Program was no doubt a difficult decision. Please know that we are here to support you by providing information, as well as referrals to resources and treatment providers.

Enclosed in this package are::

- Materials to aid in your understanding
- Help you understand the VSE process
- Answer commonly-held questions about VSE

If you still have questions after reading the enclosed materials, do not hesitate to call a VSE coordinator or designated agent at:

VSE Enrollment & Information Line: (617) 533-9737

The Problem Gambling Helpline: (800) 426-1234



Frequently Asked Questions about VSE Enrollment

“Where exactly am I excluded from?”

During the period of your exclusion, you will not be allowed to enter the gaming floor of any Massachusetts casino. The information you have provided will be given to casino personnel, MGC Agents, as well as our GameSense Advisors. If you enter a gaming area and are identified, you may be asked to leave or be escorted from the building by security personnel.

“What happens if I am in a gaming area and win while enrolled in a Self-Exclusion Program?”

If you are in the casino gambling and win while on the Self-Exclusion list, you will not be eligible to collect your winnings. If you attempt to claim a prize, it will not be paid.

“Can I keep my rewards points?”

To reduce the temptation to return to the casino, your reward points will be forfeited and marketing materials directed to you will be suspended as well.

“When does my Self-Exclusion expire?”

The Self-Exclusion period begins the moment you meet with a designated agent, complete and submit the enrollment form. Depending on the term of exclusion you selected, your period of Self-Exclusion would expire 6 months, 1 year, 3 years, or 5 years from the day you completed the form.

“Do I need to re-enroll after the date of expiration?”

If you wish to remain in the program: You can, but it is not necessary to re-enroll. Your name will remain within the Voluntary Self-Exclusion database the Massachusetts Gaming Commission shares with its Gaming Licensees until you submit a petition for removal.

If you wish to un-enroll from the Voluntary Self-Exclusion Program: You will need to participate in an exit session with a designated agent from the Massachusetts Council on Compulsive Gambling, or another authorized agent. The exit session will include discuss: Risks and Responsibility Factors; Responsible Gaming Tips; and Access to Resources should you feel you need them at any time in the future.

“I’ve changed my mind. Can I opt out of the Voluntary Self-Exclusion Program before my term expires?”

Unfortunately, you cannot opt out of the term of Self-Exclusion that you selected before it is set to expire. This is intended as a service to help you honor the commitment you made to the VSE program.

“Where can I find more information about getting help?”

Please call the Problem Gambling Helpline at 800-426-1234.

“Who can I talk to about my Self-Exclusion application?”

You may call the VCS Coordinator at 617-533-9737.



Region A
Essex, Middlesex, Norfolk, Suffolk and Worcester Counties

Department of Public Health Counseling Services

Counseling is available to anyone concerned about gambling; those who gamble, their families and/or significant others. Treatment is made available regardless of insurance coverage. Many outpatient counseling centers are able to offer other services through programs offered in the center. Translation services should be available upon request. For translation requests please first contact the center or you may contact Omar Cabrera at the Department of Public Health at 617-624-5089.

Boston ASAP

29 Winter Street, 2nd fl., Boston, MA 02108
Referral Contact: Matt Hoffman
(617) 482-5292

Mt. Auburn Hospital Prevention & Recovery Center

Clark Building (located to the right of the Main Hospital; use door on extreme left of Clark Bldg.)
330 Mt. Auburn St. Cambridge, MA 02238
Referral Contact: Monique Willett
(617) 499-5051

North Suffolk Mental Health Services*

301 Broadway, Chelsea, MA. 02150
Referral Contact: Meredith Johnson
(617)912-7578
Intake in Chelsea, services at East Boston location
Clinicians available who are fluent in Spanish and Asian languages

LUK, Inc.

545 Westminster Street, Fitchburg MA 01420
Referral Contact: Lisa Pineo
(978) 829-2248

NFI Ambulatory Services

76 Winter Street, Haverhill, MA 01830
Referral Contact: Intake Coordinator
(978) 373-1181 x11

The Psychological Center

11 Union Street, Lawrence, MA 01840
Referral Contact: Moheb Faltas
(978) 685-1337

Lowell House, Inc.

555 Merrimack Street, Lowell, MA 01852
Referral Contact: Linda Cunha
(978) 459-8656



Clinicians in Private Practice

Private practice clinicians operate independently of any counseling organization. Services are rendered in a private office setting and focus primarily on the individual but may also incorporate family into treatment.

Each clinician offers different payment methods. Contact the private practitioner to discuss what insurances they accept or if they provide services on a sliding scale of payment. All private practice clinicians have been trained in gambling disorder and other addictions.

Shelly Watson, MSW, LICSW, MA PGS
210 Highland St.
Worcester, MA 01609
(P) 508-887-2735

David Alpert, LMHC, LADC, CADC, NCC, MA PGS
Enlightened Care
1177 Washington St., 1st floor
West Newton, MA 02465-2121
(P) 617-332-5523
(F) 781-942-5886

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(F) 781-821-1743

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Methuen, MA 01844
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Manchester, NH 03104
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781-820-4575

Mary Grady, LADC1, CADC1, MA PGS
76 Norcross St.
Lowell, MA 01851
(P) 978-937-5917
mary_grady@comcast.net

Financial Resource Referrals:

General Information

<http://www.massresources.org/credit-counseling.html>

Self-Management of Finances:

Mint.com

<https://www.mint.com/>

Moneywise

<http://www.moneywise.com/>

Credit Counseling Agencies:

American Credit Counseling Service, Inc. **
Community Service Since 1988
4 Taunton Street, Suite 5 Plainville, MA 02762
Toll Free (800) 729-0551 -- Fax: (508) 695-0148
<http://www.accs.org/>

American Consumer Credit Counseling
130 Rumford Ave #202
Auburndale, MA
(617) 559-5700
<http://www.consumercredit.com>

Money Management International
Main number: (866) 226-0278
Massachusetts Branches - Boston
31 Milk St.
Boston, MA 02109
<http://www.moneymanagement.org/About-Us/Locations.aspx>

Legal Resources:

Boston Bar Association
Lawyer Referrals
(617) 742-0625 or Toll Free: (800) 552-7046
<http://www.bostonbarlawyer.org/>
Monday through Thursday, 8:30 am to 5:30 pm;
Friday from 8:30 am to 5:00 pm

Massachusetts Justice Project
Worcester: toll-free: 1-888-427-8989;
local: 508-831-9888

Greater Boston Legal Services
Toll-free: 1-800-323-3205
Boston: 617-371-1234

Merrimack Valley North Shore Legal Services
Toll-free: 1-800-336-2262
Lowell: 978-458-1465

Community Legal Aid Services
Worcester: 1-800-649-3718 or 508-752-3718

Metro-West Legal Services
Toll-free: 1-800-696-1501
Framingham: 508-620-1830



Consumer Hotline (MA Attorney General)
617-727-8400

Harvard Legal Aid

Harvard Legal Aid provides services to low-income people in civil (non-criminal) matters in order to ensure equal access to justice and to remove legal barriers to economic opportunity.

Harvard Legal Aid Bureau

23 Everett St.

Cambridge, MA 02138

Tel.: (617) 495-4408

Fax: (617) 496-268-mail

Contact by telephone during ordinary business hours, 9am to 5pm, Monday through Friday. Please do not email requests for legal help:

<http://www.harvardlegalaid.org/>

Trial Court Law Libraries

Librarians will assist pro-se litigants with legal research.

(617) 878-0339

(800) 445-8989

Peer Recovery Centers:

STEPRox

9 Palmer Street

Roxbury, MA 02119

Phone: 617.442.7837

Fax: 617.445.3573

Quincy Recovery Center

85 Quincy Avenue

Quincy, MA 02169

Phone: (617) 302-3287

baystatecs.org

Devine Recovery Center

70 Devine Way

South Boston, MA 02127

Phone: (857) 496-1384

New Beginnings

487 Essex Street Lawrence,

Massachusetts 01840

Phone: (978) 655-3674

Fax: (978) 258-4355

www.newbeginningsprc.org/

Everyday Miracles

25 Pleasant Street

Worcester, MA 01601

Phone: (508) 799-6221

Fax: (508) 756-1928

www.everydaymiraclesprsc.org

Stairway to Recovery

142 Crescent Street

Brockton, MA 02301

Phone: (774) 888-8562

Region A
Essex, Middlesex, Norfolk, Suffolk and Worcester Counties
List of Self-Help Meetings

Time	Location	Address	City	Notes	Day
8:00 AM	East Boston Social Center, 2nd Floor	68 Central Square	East Boston, MA 02128	GA. Non-Smoking. Friends & Families	Sunday
8:00 AM	East Boston Social Center, 3rd Floor	68 Central Street	East Boston, MA 02128	Gam-anon Only. Non-Smoking	Sunday
12:00- 1:30 PM	Knights of Columbus Hall	25 Teed Drive	Randolph, MA	GA. Non-Smoking. Open Meeting last meeting of month.	Sunday
5:00-6:30 PM	First Church of the Nazarene	529 Eastern Ave.	Malden, MA 02148	GA. WOMENS topic meeting. Regular. H. Non-Smoking	Sunday
7:00 PM	Church of the Nazarene	529 Eastern Ave.	Malden, MA 02148	GA. Open.	Sunday
7:00 PM	All Souls Universalist Church	196 Elm Street (Corner Church and Elm)	Braintree, MA 02184	GA. Open Meeting. Non-Smoking	Sunday
8:00 AM	Life Care Center of Stoneham	25 Woodland Rd. (The Fellsway)	Stoneham, MA 02180	BA. Closed. Non-smoking	Sunday
7:30 PM	Congregational Church of Newton Highlands	54 Lincoln Street	Newton Highlands, MA 02461	GA. Regular. Non-smoking	Monday
7:00 PM	Beth Isreal Deaconess Health Care Center	1000 Broadway	Chelsea, MA 02150	GA. Regular. Non-Smoking. No meeting on Holidays	Monday
12:00 PM - 1:15 PM	Mass. Council on Compulsive Gambling	190 High Street - 6th Floor	Boston, MA 02110	GA. Open Meeting. H. Non-smoking	Tuesday
7:30 PM	Trinity Episcopal Church	1 Blue Hill River Rd (at 1st traffic light north of Rt.128/195 on Rt. 138	Canton, MA 02021	GA. Open Meeting. Non-smoking. Handicapped Accessible	Tuesday
7:30 - 9 PM	Wesley United Methodist Church	100 Winthrop St.	Medford, MA 02155	GA. Regular. H. Non-Smoking. Open Meeting last meeting of month.	Tuesday
7:30 - 9:15 PM	Wesley United Methodist Church	100 Winthrop St.	Medford, MA 02155	Gam-anon. Non-Smoking. H	Tuesday

Gamblers Anonymous: 855-222-5542
Bettors Anonymous: 978-988-1777 or 781-662-5199
Gam-Anon: 888-644-8482

Time	Location	Address	City	Notes	Day
7:00 PM	Beth Israel Deaconess Health Care Center	1000 Broadway	Chelsea, MA 02150	GA. Regular. Non-Smoking. No meeting on Holidays	Wednesday
7:00 PM	All Saints Episcopal Church	79 Central Street	Stoneham, MA 02180	BA. Closed. Non-smoking.	Wednesday
7-8:30 PM	All Saints Episcopal Church	79 Central Street	Stoneham, MA 02180	Families & Friends of Compulsive Gamblers Anonymous. BA Affiliated. Contact: Sis M at 781-933-3842 or Janet T. at 617-569-3214	Wednesday
12:00 PM - 1:15 PM	Mass. Council on Compulsive Gambling	190 High Street - 6th Floor	Boston, MA 02110	GA. Open Meeting. H. Non-smoking	Thursday
7:30 PM	Mary Immaculate of Lourdes Church	270 Elliot Street	Newton, MA 02459	GA. Open. Non-smoking. No meetings when BC Law is closed for Holidays	Thursday
7 - 8:45 PM	First Church of Christ Congregational	678 Lynnfield Street	Lynn, MA 01904	GA. Regular. Non-smoking	Friday
7:15 AM	Beth Israel Deaconess	1000 Broadway	Chelsea, MA 02150	BA Regular. Non-Smoking	Friday
7:30 PM	St. John's United Methodist Church	80 Mt. Auburn Street (RT 16, basement, left rear)	Watertown, MA 02472	GA. Regular. H. Open Meeting 3rd meeting of month. Non-smoking	Friday
10:00 AM - Noon	Quincy Comm. Methodist Church	40 Beale Street	Quincy, MA 02184	GA. Regular. Topic discussion. Non-Smoking. H	Saturday
10:00 AM - Noon	Quincy Comm. Methodist Church	40 Beale Street	Quincy, MA 02184	Gam-anon. Non-Smoking. H	Saturday
8:15 AM	Sterling Services	589 Concord St. (Rt. 126)	Holliston, MA 01746	GA. Regular. H. Non-smoking	Sunday
7:30 PM	Our Lady of Assumption	10 Waters St.	Millbury, MA	GA. Non-smoking	Monday
7:30 PM	St. Ann's Church	124 Cochituate Rd. (Rt. 27)	Wayland, MA 01778	GA. Regular. H. Non-Smoking	Tuesday
8:00 PM - 9:30 PM	St. Mark's Church Thrift Shop	60 West Street	Leominster, MA 01453	GA. Open.	Tuesday

Gamblers Anonymous: 855-222-5542
 Bettors Anonymous: 978-988-1777 OR 781-662-5199
 Gam-Anon: 888-644-8482

Time	Location	Address	City	Notes	Day
7:30 PM	St. Lukes Parish (Parish Hall Basement)	1 Ruggles St. (Route 30 & Ruggles Street)	Westborough, MA 01581	GA. Regular. H. Non-smoking	Wednesday
8:00 PM	The United Methodist Church	104 South Main Street (Rt 122)	Orange, MA 01364	GA. Regular. Non-smoking	Wednesday
7:30 PM	Greendale People's Church	25 Francis St. (Just off West Boylston Street)	Worcester, MA 01606	GA. Regular. Non-smoking	Friday
7:30 PM	Greendale People's Church	25 Francis St. (Just off West Boylston Street)	Worcester, MA 01606	Gam-anon	Friday
7:15 PM	1st United Methodist Church. Room 101	57 Peters Street (rear)	North Andover, MA 01845	GA. 12 Step Meeting	Tuesday
7:15 PM	1st United Methodist Church. Room 101	57 Peters Street (rear)	North Andover, MA 01845	Gam-Anon	Tuesday
7:00 pm - 8:30 pm	Union Congregational Church	350 Main Street	Amesbury, MA 01913	GA. Non-smoking. 12 Step Meeting	Wednesday
2:00 PM	Saint Monica Church. St. Vincent de Paul Building behind school	212 Lawrence Street	Methuen, MA 01844	BA. Regular. Non-smoking	Saturday
7:30 PM	United Methodist Church	87 Church Street. Route 62	Wilmington, MA 01887	GA. Non-smoking. Open meeting 3rd meeting of month	Thursday
3:00 PM	St. John's the Baptist Church (Rectory Basement)	17 Chestnut Street (Behind City Hall)	Peabody, MA 01960	GA. Non-Smoking	Saturday
7:30 PM	Avon Baptist Church	119 North Main Street (Rt. 28)	Avon, MA 02322	GA. Non-Smoking. Combined meeting. Open meeting last Wednesday of the month	Wednesday
7:30 PM	Avon Baptist Church. Chapel room.	119 North Main Street (Rt. 28)	Avon, MA 02322	Gam-Anon	Wednesday
7:30 - 9 PM	Plainville United Methodist Church	16 E Bacon St. (Intersection of Rt. 106 and Rt. 1A)	Plainville, MA 02762	GA. Open Meeting. Non-smoking.	Thursday

Gamblers Anonymous: 855-222-5542
Bettors Anonymous: 978-988-1777 or 781-662-5199
Gam-Anon: 888-644-8482

REGION B

Know when to play, and when to step away.

Perhaps you've been gambling longer than you planned. Or you've often gambled until your last dollar was gone. Or you've used your savings or paycheck to gamble while bills go unpaid.

The first step to gain control of your gambling is to decide if you need or want to change. If so, the **Voluntary Self-Exclusion Program** can be a valuable resource for you.

What is the **Voluntary Self-Exclusion Program**?

The program enables you to voluntarily exclude yourself from all Massachusetts gaming venues for a pre-determined length of time.

For more information and to enroll, contact:

- GameSense Info Center
Located at Plainridge Park Casino
- Massachusetts Gaming Commission
617-979-8400
- Massachusetts Council on
Compulsive Gambling
800-426-1234

Voluntary Self-Exclusion

Know when to step away.



Learn more at
GameSenseMA.com

If you or someone you know needs
immediate help with a potential gambling
problem, call the Massachusetts Council on
Compulsive Gambling Helpline - 24 hours:

800-426-1234



GameSense

GameSense

How do I sign up to be voluntarily self-excluded?

To access the program, visit one of the following locations:

- The GameSense Info Center located at Plainridge Park Casino. If a GameSense Advisor isn't available you can also ask any casino staff for help. Sign up is available 24 hours a day.
- The Massachusetts Council on Compulsive Gambling. Call 800-426-1234 for an appointment.
- The Massachusetts Gaming Commission located in Boston. Call 617-979-8400 for an appointment.

What happens while I'm signing up?

No matter where you choose to sign up, you will meet with a professional who has been trained to handle requests for self-exclusion. They understand the difficult decision you're making and will offer support to help you make a knowledgeable choice.

You will need to show your government-issued identification, one that includes your signature and a photograph - e.g., a driver's license, passport, or other identification. You will also sign the Voluntary Self-Exclusion Agreement and have your photograph taken.

While additional help isn't required, the professional you meet with will discuss options and refer you to additional resources. Again, the choice is yours.

How long will I be self-excluded?

The length of the exclusion period is up to you. Your choices include: six months; one year; three years; five years or lifetime. You can renew or extend the period at any time but you can't reduce amount of time you select.

What happens when the term of my Voluntary Self-Exclusion ends?

If you choose to remain in the program: You can re-enroll at the Massachusetts Gaming Commission, Massachusetts Council on Compulsive Gambling or other authorized agent. It's not recommended that you go to the GameSense Info Center at Plainridge Park Casino.

What happens once I'm voluntarily self-excluded?

During the period of your exclusion you will not be allowed to enter the gaming floor of any Massachusetts casino. To reduce the temptation to return to the casino, all reward points will be forfeited and marketing materials to you suspended. Persons who break the agreement and are found on the casino floor will be escorted from the gaming floor and forfeit any winnings.

Once you've signed up, the information you provide will be given to all security offices in gaming venues throughout the Commonwealth. It is intended as a service to help you honor your commitment.

Is there additional help available?

Yes! In fact, research has shown that Voluntary Self-Exclusion, when combined with other support, can be an effective means to stop gambling or successfully regain control of your gambling behavior. In addition to voluntary exclusion you can access help by visiting the GameSense Info Center or by calling the Massachusetts Council on Compulsive Gambling. Additional help is available in the following ways:

- **Individual Counseling:** In addition to voluntary self-exclusion you may wish to consider seeking the help of a qualified clinical professional. Depending on your situation, these services may be available to you at a free or reduced rate. You will receive help and support from trained professionals who will understand what you're experiencing, not judge you, and who can help you address and reduce problems associated with gambling. If interested, just ask.
- **Self-Help Options:** If you aren't interested in counseling but still want to examine the role of gambling in your life, you may wish to consider the many self-help options.
- **Your First Step to Change,** a booklet that allows you to decide if you want to change your gambling and if you do, it guides you through that process (available in print and e-formats).
- **Gamblers Anonymous** or other 12-step programs may interest you.
- **Referrals** to allied health professionals, credit counseling, or an attorney.

How do I un-enroll from the program?

You'll need to participate in a brief information session. A trained professional will discuss with you safe gaming tips, risks of gambling and help available should you want it. It is required that you attend this session.

Can I exclude a spouse or family member?

It's understandable that you want to help a loved one who is experiencing a problem with gambling. However, only individuals seeking exclusion can sign up. No one can do it for them. Information about how to help loved ones with a gambling problem can be found at the GameSense Info Center or by contacting the Massachusetts Council on Compulsive Gambling.

Voluntary Self-Exclusion isn't for me.

Are there other options?

Yes! Voluntary self-exclusion may not be what you're looking for but the good news is there are other steps you can take.

- Voluntary credit suspension allows you to restrict access to credit in Massachusetts gaming facilities.
 - Voluntary marketing suspension allows you to stop all marketing and promotional materials from being mailed to you by specific casinos.
- GameSense Advisors can help you sign up for these programs and other resources that you may find helpful.



Know when to play.
Know when to step away.

9. Did you often gamble until your last dollar was gone?
10. Did you ever borrow to finance your gambling?
11. Have you ever sold anything to finance gambling?
12. Were you reluctant to use "gambling money" for normal expenditures?
13. Did gambling make you careless of the welfare of yourself and your family?
14. Did you ever gamble longer than you had planned?
15. Have you ever gambled to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?
17. Did gambling cause you to have difficulty in sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. Did you ever have an urge to celebrate any good fortune by a few hours of gambling?
20. Have you ever considered self destruction as a result of your gambling?*

Most compulsive gamblers will answer yes to at least seven of these questions.

How can you find out more about GA?

Many cities have a phone number listed for Gamblers Anonymous. Look in your local directory. Or you may write to Gamblers Anonymous, National Service Office, P.O. Box 17173, Los Angeles, CA 90017, or call (213) 386-8789.

If you think you are a compulsive gambler, try a GA meeting. You will find a lot of support to arrest the illness. The sooner you start an effective program of treatment, the sooner you will begin to recover!

* Twenty Questions are reprinted with permission from Gamblers Anonymous, Inc.

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HAZELDEN®

800-328-9000
hazelden.org

Order No. 1393

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What is GA?

Gamblers Anonymous (GA) is a fellowship in which people share their experience, support, and hope in order to stop gambling and build better lives.

GA was started in 1957 by two compulsive gamblers who were able to quit after they began regular meetings to talk about their gambling. Since then, GA has grown steadily and has groups throughout the United States and abroad.

GA considers compulsive gambling, like alcoholism, a progressive illness – one that cannot be cured but can be arrested by not gambling and by following a set of spiritual principles. The GA program for recovery is like that of Alcoholics Anonymous (AA), based on the Twelve Steps. The first of those Steps involves admitting to oneself that gambling has become an uncontrollable compulsion. Recognizing the problem and a sincere desire to stop gambling are all a person needs to do to recover through GA.

What happens at GA?

At GA meetings, members share their gambling and abstinence experiences. They discuss how the Twelve Steps can be used as tools to solve their compulsive gambling.

Anonymity and confidentiality are important aspects of GA. They help create an atmosphere in which members feel free to share personal experiences. Those who have successfully quit gambling offer inspiration and motivation to newcomers and encourage each other to continue to refrain from gambling.

The only requirement for membership is a desire to stop gambling. There are no dues or membership fees; GA is self-supporting through members' contributions. Each group is autonomous. The national service office in Los Angeles provides information to problem gamblers everywhere.

Is GA a religious organization?

No, GA is not religious. Essential to the program for recovery, however, is bringing about

character changes within oneself by adhering to spiritual principles. Most members feel a belief in a “Higher Power” is necessary to sustain the desire to stop gambling. But each person is responsible for defining his or her meaning of a Higher Power. For example, some consider the fellowship of their GA group as a Higher Power. GA is open to people of any religion, agnostics, and atheists, so long as they have a sincere desire to stop gambling.

What does abstinence from gambling mean?

Gambling, for the compulsive gambler, is defined as follows: any betting or wagering for oneself or others, whether for money or not, no matter how slight or insignificant, where the outcome is uncertain or depends on “skill” or chance. That means no penny-ante poker or World Series pool at the office.

Alcoholics Anonymous advises members to avoid the first drink. For compulsive gamblers, that first bet is the one to avoid, even if it's only matching for a cup of coffee.

What are the Twelve Steps?

Gamblers Anonymous uses an adapted version of the Twelve Steps of Alcoholics Anonymous as the foundation for a simple program of recovery free from compulsive gambling. By following these Steps to the best of their abilities, thousands of men and women have succeeded in making new lives for themselves, free from gambling.

Here are the Steps that are a program of recovery:

1. We admitted we were powerless over gambling – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.
3. Made a decision to turn our will and our lives over to the care of this Power of our own understanding.
4. Made a searching and fearless moral and financial inventory of ourselves.
5. Admitted to ourselves and to another human

being the exact nature of our wrongs.
6. Were entirely ready to have these defects of character removed.

7. Humbly asked God (of our understanding) to remove our shortcomings.

8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong, promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having made an effort to practice these principles in all our affairs, we tried to carry this message to other compulsive gamblers.*

* The GA Twelve Steps for recovering are reprinted with permission of GA National Board of Trustees.

Are you a compulsive gambler?

Only you can decide. In short, compulsive gamblers are those whose gambling has caused continuing problems in any facet of their lives. The following questions may be of help to you.

1. Did you ever lose time from work due to gambling?
2. Has gambling ever made your home life unhappy?
3. Did gambling affect your reputation?
4. Have you ever felt remorse after gambling?
5. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Did gambling cause a decrease in your ambition or efficiency?
7. After losing did you feel you must return as soon as possible and win back your losses?
8. After a win did you have a strong urge to return and win more?

GAMBLERS ANONYMOUS

YOUR FIRST MEETING

GAMBLERS ANONYMOUS®
INTERNATIONAL SERVICE OFFICE

P.O. BOX 17173

LOS ANGELES, CALIFORNIA 90017

PHONE: (626) 960-3500

FAX: (626) 960-3501

WEBSITE: www.gamblersanonymous.org

E-MAIL: isomain@gamblersanonymous.org

FOR MEETING INFORMATION
IN YOUR AREA CALL
(855) 2-CALL-GA
(855) 222-5542



Welcome to your first Gamblers Anonymous meeting.
Take heart – we have all been where you are right now.

After this meeting you should feel a sense of relief.

We not only understand your gambling problem, but we will offer direction and support in helping you get out of the mess you are in. So try to relax, sit back and

listen to what the members have to say.

If you feel threatened in your relationship with others because of loss of their respect, financial failure, and low self esteem, remember that we all felt the same way before our first meeting.

To come to Gamblers Anonymous is to admit that you have a problem you have not been able to solve. Compulsive gambling is an illness. You will find you will be able to live a normal, happy life without gambling with the help of the Gamblers Anonymous program.

You may have negative feelings about yourself – self-pity, self-hate, worthlessness, remorse or even thoughts of suicide. Others at the meeting will offer new perspectives, ideas and solutions. Their “therapy” will offer hope that your present situation need not be permanent. You will be welcome at the meeting. You will meet others who have a gambling problem, yet are learning how to abstain from gambling. We will show you how to relieve the pressures, including the financial difficulties, that you are now experiencing.

Up to now, you knew something was wrong. You might have even thought of your gambling problem only as a financial one. You have probably gone to great lengths to hide your gambling and to keep your financial problems a secret. As matters grew worse, the more difficult it became to keep things hidden. The burden of an “unsharable secret” then became part of the gambling problem. Because you have kept your problems to yourself, you may believe that you are unique. In Gamblers Anonymous, you will find great relief in hearing the stories of others who have had similar experiences. The members relate these experiences

not only in the sense that they have had the same problems, felt the same emotions, or did the same things, but that they find it extremely helpful to share with others. Moreover, this revealing of faults takes place in an atmosphere of acceptance. You have been devoting a great deal of energy into keeping your image intact and this pursuit has become an overwhelming burden. In Gamblers Anonymous you can put down that burden. You do not have to “con” us; you do not have to pretend that you are a success. In short, you do not have to go through all the face-saving techniques which have become a preoccupation in your everyday life.

You will soon realize that your problems are not unique. By hearing the experiences shared at meetings, you will no longer think you are the “worst person on earth” and beyond all help. There will be stories worse than yours and some not quite as bad. You will realize that gambling has caused many problems in your life and Gamblers Anonymous is the solution to those problems. In Gamblers Anonymous you will find people who truly understand you and what you have been going through – people who have faced the same obstacles and are learning how to overcome them.

While gambling, your perception of others was narrow, distorted and unrealistic. By listening to other members, you will learn ways of thinking and living you had not thought possible. In the program, you will be able to set attainable goals and develop acceptable values using the examples and guidance of other Gamblers Anonymous members who have turned their lives around.

We all welcome you to your first Gamblers Anonymous meeting.

- **Think the bet all the way through** and weigh the consequences. Most of us don't consider the possibility that if we gamble, we might lose. Consider the possibility that you will lose. Think of all the other times you have lost. **All forms of gambling are losing propositions.** You will probably lose again. Will losing this money – in addition to money already lost and problems you already have – really make you feel better? And if you were to win, what would happen to the money? What has happened to all the money from past winnings? Where is it? What is the cause of your current financial situation? **Isn't it gambling that has put you in this predicament?** Can't you see yourself betting away any winnings – PLUS MORE? Isn't it true that with a win you might pay off a few bills, yet set aside some cash for MORE GAMBLING? Isn't it true that any winnings would be used as ammunition to keep waging the war of gambling?
- **Write about the pros and cons of gambling in your life.** Take a sheet of paper and divide it into two columns. On the left side, list all the good things that gambling has given you. On the right side, list all the bad things that have happened to you as a result of your gambling. Be thorough and honest. (Note: You may want to rate each item from 1 - 10 in terms of importance, with 10 being the most important and 1 being the least. When you're through, total up each column and compare the score.) Once the list is complete, use this tool as a reminder of the effects of gambling on your life.
- **Make a decision about how you will spend your free time** instead of gambling.
- **Make a decision that you won't gamble JUST FOR TODAY!**

Again, these are all merely suggestions. Why not figure out the ones that will work best for you?

**GAMBLERS ANONYMOUS
INTERNATIONAL SERVICE OFFICE**
P.O. BOX 17173
LOS ANGELES, CALIFORNIA 90017
PHONE: (213) 386-8789
FAX: (213) 386-0030
WEBSITE: www.gamblersanonymous.org
E-MAIL: isomain@gamblersanonymous.org

**FOR MEETING INFORMATION
IN YOUR AREA CALL
(888) GA-HELPS
(888) 424-3577**



Many compulsive gamblers, especially those in early stages of recovery, experience urges to gamble. Repetition of the gambling behavior over a relatively long period of time, combined with thoughts of gambling and associated pleasurable feelings, causes the compulsive gambler to experience cravings. Sometimes these urges to bet are so intense and overpowering that they cause the gambler to relapse.

Following are some suggestions to cope with urges to gamble.

GAMBLERS ANONYMOUS

Suggestions for Coping with Urges to Gamble

SUGGESTIONS TO PREVENT URGES FROM OCCURRING

- Attend Gamblers Anonymous meetings as often as needed, but at least once a week.
- Become more involved in the Gamblers Anonymous Program. Take a **Trusted Servant position**.
- Telephone other GA members on a regular basis.
- Read and re-read the **Gamblers Anonymous Combo Book**. Many GA members have said "Everything I need to stay away from a bet is right here in this little yellow book."
- Ask another Gamblers Anonymous member to be your sponsor.
- Read and LIVE the **Gamblers Anonymous Steps of Recovery**. At first, it is OK to have a healthy skepticism about working the Steps. However, thousands of GA members have reported that the more they become involved in the Steps of Recovery, the less likely they are to gamble. It is suggested that you ask another GA member – preferably your sponsor – to help guide you through the Steps.
- Don't go in or near establishments where gambling is available, including web sites on the Internet. Shop in stores or supermarkets that are gambling-free or where gambling is out of sight.
- Don't look at anything that will remind you of gambling – for example, the sports or stock market sections of the newspaper, lottery tickets, racing programs, or advertisements for casinos or other forms of gambling.
- Don't associate with people who gamble. (This may mean curtailing relationships with friends or relatives.)
- Avoid getting caught up in conversations about gambling.
- Carry only the bare minimum amount of money that you need for the day. If possible, have your paycheck direct-deposited or put someone you trust in charge of your finances. Destroy your credit, debit, and ATM cards – anything that will put a barrier between you and excess cash.
- Establish an anniversary date – that is, your first Gamblers Anonymous meeting after your last bet. Many GA members gain a healthy inner confidence from knowing that they have acquired the habit of not wagering over time.
- Change your attitude. There is a world of difference in the statements "I have to stop gambling" and "I want to stop gambling." Think about it. If you *have* to do anything, then you probably won't want to.
- Change your behavior. This is one of the most difficult tasks in all of human endeavors, let alone in the Gamblers Anonymous Program. However, it states in the yellow combo book that it is necessary for a compulsive gambler to bring about a character change in order to prevent a relapse. GA members have reported that character defects such as anger, impatience, laziness, self-pity, etc., have led them back to gambling. Replacing negative habits with healthy ones is vital for maintaining abstinence.

- Consider getting your body into better physical condition. It has been said, "Bring the body and the mind will follow." If compulsive gambling is a sickness of the mind, then it makes sense for a compulsive gambler to be in relatively good physical condition. Remember the saying: "Healthy body, healthy mind."

SUGGESTIONS FOR WHEN YOU HAVE AN URGE TO GAMBLE

- First acknowledge the urge. Become acutely aware of it – how you feel and what is going on in your mind. Then say to yourself, "Oh, OK. I am now having an urge to gamble. Right now I want to gamble. **TOO BAD I DON'T GAMBLE ANYMORE.**"
- OK. So your urge to gamble is very strong. Again, acknowledge the urge and become aware of what is happening and say to yourself, "OK, maybe I'll gamble in 10 minutes." Wait 10 minutes. If the urge is still there, say to yourself, "OK, maybe I'll gamble in another 10 minutes." Then find something else to do for 10 minutes. If the urge persists, keep putting off gambling for 10-minute stretches. Keep doing this. The urge to gamble will pass.
- Make believe your mind is a slide projector and the thoughts that enter your brain are slides. Go to a quiet place, close your eyes and **CHANGE THE SLIDE!** Refuse to entertain thoughts about gambling. Think about a family member, a loved one, your job, a pleasant activity – anything but gambling. You can do it if you quiet your mind and concentrate.
- Accept the fact that you cannot gamble safely. This may seem painfully obvious, but many GA members have reported relapsing after having debated mentally with themselves on this point. Among some of the common inner arguments: "It'll be different this time," "I'm not that bad yet," "I'll quit once I get even," and "I'm due." Acceptance is one of the key components of the GA program.
- Say the Serenity Prayer: "God grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference." Repeat the prayer until the urge dissipates. A quieting of the mind will quiet the urge to gamble.
- Work Recovery Steps Two and Three. Envision yourself giving the urge to gamble to a Higher Power. Many GA members live by the saying, "Let go and let God."
- Go to a Gamblers Anonymous meeting regardless of the way you feel.
- Go to a quiet place and meditate. One simple method might be to close your eyes and stare out into space, visualizing the urge as a concrete object (it doesn't matter what it is). Concentrate on it for several minutes. As you hold the object in your mind, visualize it breaking up into tiny pieces. Your urge to gamble will disintegrate with it.
- Telephone someone you trust. Tell him or her about your urge to gamble.
- Leaving cash, checks, and credit cards behind, go and meet with someone.
- Stop dwelling on the urge. Get outside of yourself. Go and help someone else.

WELCOME

We congratulate and respect your decision to enroll in the MA Voluntary Self Exclusion (VSE) Program. VSE is intended to offer you one means of addressing problem gambling behavior, as well as an opportunity to make a positive change in your life.

Enrolling in the Voluntary Self-Exclusion Program was no doubt a difficult decision. Please know that we are here to support you by providing information, as well as referrals to resources and treatment providers.

Enclosed in this package are materials that will:

- Aid your understanding of problem gambling
- Help you understand the VSE process
- Answer commonly-held questions about VSE

If you still have questions after reading the enclosed materials, do not hesitate to call a VSE coordinator or designated agent at:

(VSE Enrollment & Information Line: 617-533-9737)

(Mass. Council Helpline: 800-426-1234)



Frequently Asked Questions about VSE Enrollment

What am I excluded from?

During the period of your exclusion, you will not be allowed to enter the gaming floor of any Massachusetts casino. The information you have provided will be given to security personnel, MGC Agents, as well as our GameSense Advisors. If you enter a gaming area and are identified, you may be asked to leave or be escorted from the building by security personnel.

What happens if I am in a gaming area and win while in the Self-Exclusion Program?

If you are in the casino gambling and win while on the Self-Exclusion list, you will not be eligible to collect your winnings. If you attempt to claim a prize, it will not be paid.

Can I keep my rewards points?

To reduce the temptation to return to the casino, your reward points will be forfeited and marketing materials directed to you will be suspended as well.

When does my Self-Exclusion expire?

The Self-Exclusion period begins the moment you meet with a designated agent, complete and submit the enrollment form. Depending on the term of exclusion you selected, your period of Self-Exclusion would expire 6 months, 1 year, 2 years, 3 years, or 5 years from the day you completed the form.

Do I need to re-enroll after the date of expiration?

If you wish to remain in the program: You can, but it is not necessary to re-enroll. Your name will remain within the Voluntary Self-Exclusion database the Massachusetts Gaming Commission shares with its Gaming Licensees until you submit a petition for removal.

If you wish to un-enroll from the Voluntary Self-Exclusion Program: You will need to participate in an exit session with a designated agent from the Massachusetts Council on Compulsive Gambling, or another authorized agent. The exit session will include discuss: Risks and Responsibility Factors; Responsible Gaming Tips; and Access to Resources should you feel you need them at any time in the future.

I've changed my mind. Can I opt out of the Voluntary Self-Exclusion Program before my term expires?

Unfortunately, you cannot opt out of the term of Self-Exclusion that you selected before it is set to expire. This is intended as a service to help you honor the commitment you made to the VSE program.

Region B DPH Outpatient Counseling Services

Berkshire, Franklin, Hampden, and Hampshire Counties

The Gandara Center

2155 Main Street **Springfield**, MA 01104

Referral Contact: Jaime Maldonado

(413) 732-2120 ext. 210 or Renee Pinero x203

Clinicians available who are fluent in Spanish

OTHER TREATMENT SERVICES

Holyoke Medical Center

The Center for Behavioral Health

Partial Hospitalization and Intensive Outpatient Program (PHP/IOP)

575 Beech Street

Holyoke, MA 01040

Central Intake: 413-534-2627

Referral Contact: Sara Taylor 413-540-5013

Counseling available to anyone concerned about gambling; those who gamble, their families and/or significant others.

Treatment available regardless of insurance coverage.

Translation services should be available upon request. For assistance, contact Omar Cabre a at 617-624-5089 (DPH).

Region B Private Practice List

Berkshire, Franklin, Hampden, and Hampshire Counties

Geoffrey W. Locke, PhD. LICSW, CADAC, CAS

48 N. Pleasant St., #205

Amherst, MA 01007

413-253-8900

Natalie Lavalley, LMHC, MA PGS

Therapeutic Connection

264 N. Main St. Suite 13

E. Longmeadow, MA 01028

(P) 413-525-1711 x5

(F) 413-525-1770

Eunice Aviles, PsyD, LMHC, MA PGS

3 locations:

1. Brightwood Health Center, 380 Plainfield St., **Springfield**, MA

2. 26 South Prospect St., Suite 19, **Amherst**, MA 01002

3. 57 Mulberry St., **Springfield**, MA 01105

(P) 413-657-6104 – same for all locations

(F) 413-737-3655 – same for all locations

Financial Resource Referrals

General information

<http://www.massresources.org/credit-counseling.html>

Self-Management of Finances

Mint.com

<https://www.mint.com/>

Moneywise

<http://www.moneywise.com/>

Credit Counseling Agencies

American Credit Counseling Service, Inc. **

Community Service Since 1988

4 Taunton Street, Suite 5 Plainville, MA 02762 Toll Free (800) 729-0551 -- Fax: (508) 695-0148

<http://www.accs.org/>

American Consumer Credit Counseling

<http://www.consumercredit.com>

130 Rumford Ave #202

Auburndale, MA

(617) 559-5700

Cambridge Credit Counseling

<http://www.cambridge-credit.org/>

67 Hunt St #305

Agawam, MA

(800) 527-7595

Money Management International <http://www.moneymanagement.org/About-Us/Locations.aspx>

Main number (866) 226-0278

Massachusetts Branches -Boston

31 Milk St.

Boston, MA 02109

(508)993-1002

Bankruptcy Lawyer referral

Timothy Mauser

11 Beacon St. suite 605

Boston, MA 02108

617.338.9080

GA Pressure Relief

Go to a GA meeting and ask about how to schedule a Pressure Relief meeting.

Casino Self-Exclusion Guidelines

Twin River Casinos
100 Twin River Road
Lincoln, RI 02865
(401) 475-8400

- A person must be physically present at the casinos to request self-exclusion
- Self-Exclusion is managed by the facility security
- A picture and form must be completed.
- A person can choose length of time for self-exclusion
- Self-exclusion is a non-reversible agreement.

Foxwoods Resort and Casinos
350 Trolley Line Boulevard
Mashantucket, CT 06338
(860) 312-3000

- A person ***does not*** have to be physically present at the casinos to request self-exclusion
- Self-Exclusion is managed by the Casino's Inspection Division which is part of their Gaming Commission
- A notarized form must be completed and submitted.
- A person can choose 5-years or lifetime exclusion.
- A letter from the casino will be sent in order to make the exclusion official
- Self-exclusion is a non-reversible agreement.

Mohegan Sun Resort and Casinos
1 Mohegan Sun Boulevard
Montville, CT 06382
(888) 226-7711

- A person ***does not*** have to be physically present at the casinos to request self-exclusion
- Self-Exclusion is managed by the facility security
- A notarized form must be completed and submitted.
- Only ***lifetime exclusion*** available.
- A letter from the casino will be sent in order to make the exclusion official
- Self-exclusion is a non-reversible agreement.



Massachusetts Council on Compulsive Gambling

We understand the problem. We can help.

RESOURCES

Revised 3/5/2014

Resource	Telephone	Web Address
TWELVE STEP PROGRAMS		
Gamblers Anonymous Hotline	855-222-5542*	
National	626-960-3500	gamblersanonymous.org
Connecticut	855-222-5542*	
Massachusetts	888-830-2271	
Western Massachusetts Hotline	855-222-5542*	
New York State	877-846-7369	
New York City (Long Island)	877-442-4248	
New Hampshire	855-222-5542*	
Rhode Island	855-222-5542*	
Gam-anon		
National	718-352-1671	gam-anon.org
Massachusetts	888-644-8482	
Bettors Anonymous		
Melrose	781-662-5199	
Debtors Anonymous		
Needham	781-453-2743	
ADOLESCENTS		
Wannabet Magazine	212-722-1503	wannabet.org
Youth Gambling International (Canada)	514-398-1391	youthgambling.com
RESEARCH		
National Opinion Research (Boston Office)	617-316-3700	norc.org
Institute for Research on Gambling Disorders	978-338-6610	gamblingdisorders.org

* If you are calling from out of state or using a phone with an out of state area code, you will be forwarded to that specific area code/state's gambling helpline even though you might not currently be in that state.

STATE COUNCILS	Helpline #	
Alabama Council on Compulsive Gambling Inc.	800-522-4700*	alccg.org
Arizona Council on Compulsive Gambling	800-572-1142	azccg.org
Spanish	888-665-8346	
California Council on Compulsive Gambling	800-GAMBLER	calproblemgambling.org
Problem Gambling of Colorado	800-522-4700*	problemgamblingcolorado.org
Connecticut Council on Problem Gambling	800-346-6238	ccpg.org
Delaware Council on Gambling Problems	888-850-8888	dcgp.org
Florida Council on Compulsive Gambling	888-ADMIT-IT	gamblinghelp.org
Illinois Council on Problem Gambling	800-522-4700*	icpg.info
Indiana Council on Problem Gambling	800-994-8448	indianaproblemgambling.org
Kansas Coalition on Problem Gambling	800-522-4700*	ksgamblinghelp.com
Kentucky Council on Problem Gambling	800-426-2537	kycpg.org
Louisiana Association on Compulsive Gambling	800-770-7867	helpforgambling.org
Problem Gambling Council of Maryland	800-522-4700*	ncpgambling.org
Massachusetts Council on Compulsive Gambling	800-426-1234	masscompulsivegambling.org
Michigan Association on Problem Gambling	800-270-7117	michapg.com
Minnesota-North star Alliance on Problem Gambling	800-333-4673	northstarproblemgambling.org
Mississippi Council on Problem & Compulsive Gambling	888-777-9696	msgambler.org
Missouri Council on Problem Concerns	888-238-7633	888betsoff.com
Montana Council on Problem Gambling	800-900-9979	mtcpgambling.com
Nebraska Council on Compulsive Gambling	800-560-2126	nebraskacouncil.com
Nevada Council on Problem Gambling	800-522-4700*	nevadacouncil.org
Council on Compulsive Gambling of New Jersey	800-426-2537	800gambler.org
New Mexico Council on Problem Gambling	800-572-1142	nmcpg.org
New York Council on Problem Gambling	518-867-4084	nyproblemgambling.org
North Carolina Council on Problem Gambling	800-522-4700*	Nccouncilpg.org
Ohio Council on Problem Gambling	800-522-4700*	ohiocpg.org
Oklahoma Council on Problem & Compulsive Gambling	800-522-4700*	oapcg.org
Oregon Council on Problem Gambling	800-233-8479	oregoncpg.com
Council on Compulsive Gambling of Pennsylvania	800-848-1880	pacouncil.com
Rhode Island Council on Problem Gambling	877-942-6253	ricpg.net
Texas Council on Problem & Compulsive Gambling	800-522-4700*	
Utah-Idaho Council on Problem Gambling	800-522-4700	
Vermont Council on Problem Gambling	800-522-4700*	vcpg.org
Virginia Council on Problem Gambling (802-463-9557)	800-522-4700*	vacpg.org

WashingtonState Evergreen Council on ProblemGambling	800-547-6133	evergreencpg.org
Wisconsin Council on Problem Gambling	800-426-2535	Wi-problemgamblers.org

*** If you are calling from out of state or using a phone with an out of state area code, you will be forwarded to that specific area code/state's gambling helpline even though you might not currently be in that state.**

AGENCY NUMBERS		
Alcoholics Anonymous Boston	617-426-9444	aa.org (national)
Al-Anon	757-563-1600	al-anon.org (national)
Al-Anon – Massachusetts	508-366-0556	
Alcohol and Drug Hotline	800-327-5050	
Battered Women's' Hotline (Cambridge) Safelink	617-661-7230	
Child at Risk Hotline (DHHS MA)	800-792-5200	
Elder Abuse Hotline	800-922-2275	
MA Coalition for the Homeless Safelink	781-595-7570	
MA Substance Abuse Information and Education Helpline	800-327-5050	
TTY	888-448-8321	
National Domestic Violence Hotline	800-799-7233	
TTY	800-787-3224	
National Sexual Assault Hotline	800-656-4673	
Overeaters Anonymous	505-891-2664	
Rape Crisis: Cambridge	617-492-8306 800-841-8371	
Samaritans	877-870-4673	
GENERAL RESOURCES		
Attorney General, MA	617-727-2200	
TTY	617-727-4765	
Bar Association Lawyer Referral (MA)	866-627-7577	
Boston	617-654-0400	
TTY	617-338-0585	
Department of Revenue (Richard Claytor)	774-299-6570	mass.gov/dor/
Dep't of Revenue – Child Support Enforcement Division	617-626-4158	
Cambridge Health Alliance Division on Addictions	781-306-8600	
Consumer Credit Counseling	866-889-9347	creditcounseling.org
Consumer Hotline (MA Attorney General)	617-727-8400	
National Foundation for Credit Counseling English	800-388-2227	
Spanish	800-682-9832	
National Endowment for Financial Education	303-741-6333	nefe.org
NCAA Agent, Gambling and Amateurism Activities	317-917-6222	
GAMBLING RESOURCE NUMBERS		

Massachusetts Lottery	781-849-3141	
CONNECTICUT CASINO SELF-EXCLUSION		
Foxwoods-Mashantucket Gaming Commission	860-312-3091	
Mohegan Sun Security	860-862-7698	

Massachusetts Council on Compulsive Gambling

190 High Street, Suite 5

Boston, MA 02110

617.426.4554 (office)

800.426.1234 (helpline)

masscompulsivegambling.org

REGION C

Congratulations

We deeply respect your decision to enroll in the MA Voluntary Self-Exclusion (VSE) Program. VSE is intended to offer you one means of addressing problem gambling behavior, as well as an opportunity to make a positive change in your life.

Enrolling in the Voluntary Self-Exclusion Program was no doubt a difficult decision. Please know that we are here to support you by providing information, as well as referrals to resources and treatment providers.

Enclosed in this package are:

- Materials to aid in your understanding
- Resources to help manage your gambling
- Answers to commonly-held questions about VSE

If you still have questions after reading the enclosed materials, do not hesitate to call a VSE coordinator or designated agent at:

VSE Enrollment & Information Line: (617) 533-9737

The Problem Gambling Helpline: (800) 426-1234



Frequently Asked Questions about VSE Enrollment

“Where exactly am I excluded from?”

During the period of your exclusion, you will not be allowed to enter the gaming floor of any Massachusetts casino. The information you have provided will be given to casino personnel, MGC Agents, as well as our GameSense Advisors. If you enter a gaming area and are identified, you may be asked to leave or be escorted from the building by security personnel.

“What happens if I am in a gaming area and win while enrolled in a Self-Exclusion Program?”

If you are in the casino gambling and win while on the Self-Exclusion list, you will not be eligible to collect your winnings. If you attempt to claim a prize, it will not be paid.

“Can I keep my rewards points?”

To reduce the temptation to return to the casino, your reward points will be forfeited and marketing materials directed to you will be suspended as well.

“When does my Self-Exclusion expire?”

The Self-Exclusion period begins the moment you meet with a designated agent, complete and submit the enrollment form. Depending on the term of exclusion you selected, your period of Self-Exclusion would expire 6 months, 1 year, 3 years, or 5 years from the day you completed the form.

“Do I need to re-enroll after the date of expiration?”

If you wish to remain in the program: You can, but it is not necessary to re-enroll. Your name will remain within the Voluntary Self-Exclusion database the Massachusetts Gaming Commission shares with its Gaming Licensees until you submit a petition for removal.

If you wish to un-enroll from the Voluntary Self-Exclusion Program: You will need to participate in an exit session with a designated agent from the Massachusetts Council on Compulsive Gambling, or another authorized agent. The exit session will include discuss: Risks and Responsibility Factors; Responsible Gaming Tips; and Access to Resources should you feel you need them at any time in the future.

“I’ve changed my mind. Can I opt out of the Voluntary Self-Exclusion Program before my term expires?”

Unfortunately, you cannot opt out of the term of Self-Exclusion that you selected before it is set to expire. This is intended as a service to help you honor the commitment you made to the VSE program.

“Where can I find more information about getting help?”

Please call the Problem Gambling Helpline at 800-426-1234.

“Who can I talk to about my Self-Exclusion application?”

You may call the VCS Coordinator at 617-533-9737.



Region C

Barnstable, Bristol, Dukes, Plymouth and Nantucket Counties

Department of Public Health Counseling Services

Counseling is available to anyone concerned about gambling; those who gamble, their families and/or significant others. Treatment is made available regardless of insurance coverage. Many outpatient counseling centers are able to offer other services through programs offered in the center. Translation services should be available upon request. For translation requests please first contact the center or you may contact Omar Cabrera at the Department of Public Health at 617-624-5089.

Southern New England Behavioral Health & Trauma Center

140 Park St. Attleboro, MA 02703
Referral Contact: Tony Levesque
(508) 226-1660 Ext. 213

Stanley Street Treatment & Resources, Inc.

386 Stanley Street, Fall River, MA 02720
Referral Contact: Robin Quinterno
(508) 235-7020

Steppingstone, Inc. Outpatient Treatment Services

279 N. Main Street, Fall River, MA 02720
Referral Contact: Lisa Rogers
(508) 679-0033

Clinicians in Private Practice

Private practice clinicians operate independently of any counseling organization. Services are rendered in a private office setting and focus primarily on the individual but may also incorporate family into treatment. Each clinician offers different payment methods. Contact the private practitioner to discuss what insurances they accept or if they provide services on a sliding scale of payment. All private practice clinicians have been trained in gambling disorder and other addictions.

Linda Garvey-Dickey, LMHC, CADC1, MAPGS

51 Mill Street, Suite 8
Hanover, MA 02339
781-243-6305

Thomas Wright, D.Min., MSW, LICSW, LADC I (MA), MAPGS

765 Commonwealth Ave.
Warwick, RI 02886
508-380-2840

Financial Resource Referrals:

General Information

<http://www.massresources.org/credit-counseling.html>



Self-Management of Finances:

Mint.com

<https://www.mint.com/>

Moneywise

<http://www.moneywise.com/>

Credit Counseling Agencies:

American Credit Counseling Service, Inc. **

Community Service Since 1988

4 Taunton Street, Suite 5 Plainville, MA 02762 Toll Free (800) 729-0551 -- Fax: (508) 695-0148

<http://www.accs.org/>

Money Management International

Main number (866) 226-0278

Massachusetts Branches -Boston

31 Milk St.

Boston, MA 02109

<http://www.moneymanagement.org/About-Us/Locations.aspx>

Legal Resources:

Boston Bar Association Lawyer Referrals

(617) 742-0625 or Toll Free: (800) 552-7046

<http://www.bostonbarlawyer.org/>

Monday through Thursday, 8:30 am to 5:30 pm

Friday from 8:30 am to 5:00 pm

South Coastal Counties Legal Services

Toll-free: 1-800-244-8393

New Center for Legal Advocacy

Toll-free: 1-800-244-9023

Consumer Hotline (MA Attorney General)

617-727-8400

Trial Court Law Libraries

Librarians will assist pro-se litigants with legal research.

(617) 878-0339

(800) 445-8989

Peer Recovery Centers:

Hyannis Recovery Support Center (Opening late July 2015)

209 Main Street, Hyannis, MA 02601

Region C
Barnstable, Bristol, Dukes, Plymouth and Nantucket Counties
List of Gamblers Anonymous Meetings

Time	Location	Address	City	Notes	Day
7:30 PM	Dennis Senior Center Basement	1045 Route 134 (Rte. 6, Exit 9B · Mid Cape Hwy)	East Dennis, MA 02641	GA. Non-smoking	Wednesday
11:00 am - 12:30 pm	Christ the King Church	3 Jobs Fishing Road. (Route 151 & Jobs Fishing Road near Mashpee Commons), Parking in rear	Mashpee, MA 02649	GA. Non-smoking	Thursday
10:30 am - 12 pm	Brockton V.A. Hospital. Bldg 22	940 Belmont St, (Rte 24, exit 17)	Brockton, MA 02301	GA. Step and Topics. Regular. H	Saturday
7:45 - 9:15 PM	Caritas Good Samaritan Hospital Moakley Conference Room	235 North Pearl Street	Brockton, MA 02301	Step meeting. H. Non-smoking	Friday
7:30 PM	Mirimar Retreat House · Father Ford Ctr. First Bldg on left. First Floor	121 Parks Street	Duxbury, MA 02332	GA. Regular. H. Non-Smoking	Monday
7:30 PM	Mirimar Retreat House · Father Ford Ctr. First Bldg on left. First Floor	121 Parks Street	Duxbury, MA 02332	Combined meeting Non-smoking	Monday
7:30 - 9:00 PM	St. Joseph's School Rear School Building	1355 North Main. Corner of N. Main and Weetamoe Street	Fall River, MA 02720	Open. 12 Step Meeting	Tuesday
7:00 - 8:30 PM	St. Joseph the Worker Church	1 Maguan Street (Int. Rt. 14 & 58)	Hanson, MA 02341	GA. Open Meeting. H	Thursday
6:45 PM	Seven Hills Behavioral Health	26 Gifford Street	New Bedford, MA 02740	GA. Regular. H	Monday
7:00 PM	United Memorial Methodist Church	176 Somerset Avenue	Taunton, MA 02780	GA. Regular. H. Non-smoking	Thursday
12:15 PM - 1:30 PM	Cochesett United Methodist Church	517 West Center Street (Intersection of Route 106 & 24)	West Bridgewater, MA 02379	GA. Non-smoking. Open	Wednesday

APPENDIX B: INFORMED CONSENT AND TELEPHONE SCRIPTS

**INFORMED CONSENT AND AUTHORIZATION TO USE AND DISCLOSE PROTECTED
HEALTH INFORMATION FOR RESEARCH**

We try to make this form easy to understand. However, it might have words or ideas that are not clear to you. Please ask study staff to explain anything you do not understand.

Study Title: Massachusetts Voluntary Self-Exclusion Study

Name of Investigators: Sarah E. Nelson, PhD; Debi A. LaPlante, PhD; Heather M. Gray, PhD; Matthew Tom, PhD

Consent form version date or number: 3

Name and telephone number of study contact to call with questions: Sarah Nelson, 617-575-5616

CHA IRB Number:
IRB Approval Date:
IRB Expiration Date:

Study Sponsor(s): Massachusetts Gaming Commission

You are invited to take part in a research study by Dr. Nelson and her colleagues from the Cambridge Health Alliance, the Massachusetts Gaming Commission, and the Massachusetts Council on Compulsive Gambling. The purpose of the study is to learn about how our research team can improve the voluntary self-exclusion program. We also want to learn more about the people who sign up for voluntary self-exclusion. We want the program to meet enrollees' needs. We are inviting everyone who signs up for voluntary self-exclusion to participate in this research study.

Taking part in this study is voluntary. You have the choice to take part or not. If you take part in the study, you can leave the study at any time for any reason. If you do not want to take part, you can still enroll in the voluntary self-exclusion program. If you decide to stop being in this study, you can still be in the voluntary self-exclusion program.

If you choose to participate in the study, we will give you a short questionnaire to fill out about your experiences and reasons for signing up for self-exclusion. We will give this questionnaire to you once you have signed up for self-exclusion. It will take about 15-20 minutes to complete.

In about six months, if you give us consent to, we will contact you by telephone or email with another questionnaire or interview. We want to learn about your experiences since you self-excluded. That questionnaire/interview will take about 30 minutes. We will also mail you a reminder prior to that contact so that you can update your email address or telephone number if it has changed. If you consent to follow-up, we might also contact you more than six months from now to see if you want to continue to participate in the study.

If you complete the baseline questionnaire today, we will give you a \$15 gift card. If you complete the 6-month questionnaire/interview, we will mail you a \$25 gift card at that time.

Please check yes in the box below if you consent to be contacted in six months to see if you want to participate in a follow-up interview. If you do not check the 'yes' box, we will not contact you in six months. You can still participate in the study if you do not check 'yes'.

yes
no

I consent to have the study team contact me in six months to see if I want to participate in a follow-up interview.

If you give us consent to, we will also look at some of your records for this study. We will look at your self-exclusion application. If you have a player card you have used at Plainridge Park Casino, we will use the records from your card in this study. If you have used Play Management at Plainridge Park Casino, we also will look at those records. We will look at these records from when you started gambling at Plainridge until the end of the study period. We will do this so we can learn more about how people gamble before they sign up for self-exclusion.

Please check yes in the boxes below if you consent to have the study team look at your self-exclusion application and player card records. If you do not check the 'yes' boxes, we will not access these records. You can still participate in the study if you do not check 'yes'.

yes
no

I consent to have the study team access my self-exclusion application.

yes
no

I consent to have the study team access my player card records.

This research is not designed to benefit you directly. However, what we learn might help others in the future. We want to improve the self-exclusion process. Your participation in this study will help us do that.

A potential risk of participating in this study is that the questions might upset you. Below, we tell you how to contact someone if you feel emotional discomfort or embarrassment. We appreciate that some of the questions we ask might be sensitive and the information you share with us is confidential. We will make every effort to keep all of your information private and confidential. We will not include any information that could identify you in any publication. The study database will not have your identifiable information (name, address, telephone number, etc.) in it. We will use a unique ID# to identify you within the data files. We will keep your identifiable information separate from your data. We only will use your identifiable information to contact you for your 6-month follow-up and to get your records, if you consent to those procedures. People on the research team looking at your data in the study database will not be able to see that it belongs to you. A separate file will link your contact information to your study ID#. The research team will only look at that file when trying to contact you.

If you decide to take part in this study, you need to sign this form. We will give you a copy of the signed form. Please keep your copy for your records. If you choose to take part and then decide to stop, call the study investigator at the number on the front of this form. We will use any information collected from you before the date you leave the study.

If you have questions about this study please ask study staff. You can also speak to study staff if you feel uncomfortable with any of the questions or would like more information about resources to help address gambling-related problems. You also can call the study investigator, Dr. Sarah Nelson, at 617-575-5616 for answers to any

study-related questions. That number will be checked on nights and weekends, as well as during normal business hours. The study investigator can also refer you to Dr. Howard Shaffer, a licensed clinician on the study team, if you have further concerns. If you have questions about your rights as a study participant please contact the IRB office. This office is open Monday to Friday (not holidays) from 8:30am until 5:00pm:

IRB Chair: **Dr. Lior Givon**

617-806-8702

Confirmation from Person Obtaining and Documenting Consent

I, the study participant, have read this form or it has been read to me. I understand my part in this study and have had my questions answered to my satisfaction. I agree to take part in this research study.

Participant's Signature

Date

I have informed the study participant, _____ of the procedures, purpose, and risks related to participation in the above-described study, how his/her information may be used, shared, and reported, and his/her privacy rights. The study participant has been provided with a signed copy of this form.

Signature of Researcher Obtaining Consent

Date

Printed Name of Researcher Obtaining Consent

This form is valid only if it has the IRB stamp of approval.

**Massachusetts Voluntary Self-Exclusion Program (MA-VSEP) Study
Telephone Script and Oral Consent Procedure**

Interviewer: Good (morning, afternoon, evening), may I please speak with (insert intended recipient)

[Recipient is available]

Interviewer: Good (morning, afternoon, evening). My name is (insert name), and I am calling on behalf of the Cambridge Health Alliance, Division on Addiction. We are doing a research study on the Massachusetts Voluntary Self Exclusion Program. When you enrolled in Voluntary Self Exclusion, you gave the Massachusetts Gaming Commission permission to share your contact information with us to contact you about possibly participating in the study.

The purpose of this study is to hopefully learn how to improve your experience with the voluntary self-exclusion program and the experience of those in a similar situation who might decide to enroll in the program. I was wondering if you had a couple minutes to talk further about the purpose of the study and what is involved?

(If potential participant is unsure) I just want to let you know that your participation is completely voluntary and I understand if you have some concerns. If you had 2 minutes, would you mind if I read off a more detailed description of the study, that way you can make an informed decision? If you're still not interested, I totally understand and we will take you off of our list.

[Interviewer proceeds with oral informed consent, below]

So I understand that was a lot of information. Do you have any questions?

[Recipient is not available; Leave following message]

Interviewer: I would like to inform him/her that Cambridge Health Alliance called about participating in a brief interview. S/he can call back at 617-575-XXXX or we will call back within one week. Thank you for your time.

Oral Informed Consent

Principal Investigator: Sarah Nelson, PhD - snelson@hms.harvard.edu 617-575-5616

Division on Addiction, Cambridge Health Alliance
101 Station Landing Suite 2100 Medford, MA 02155

We would like to invite you to take part in a research study being conducted by the Division on Addiction at Cambridge Health Alliance in collaboration with the Massachusetts Gaming Commission, and the Massachusetts Council on Compulsive Gambling. The purpose of the study is to learn about how our research team can improve the voluntary self-exclusion program. We also want to learn more about the people who sign up for voluntary self-exclusion. We want the program to meet enrollees' needs. We are inviting everyone who signs up for voluntary self-exclusion to participate in this research study.

Taking part in this study is voluntary. You have the choice to take part or not. If you take part in the study, you can leave the study at any time for any reason. If you choose to participate in the study, we will give you a short questionnaire to fill out about your experiences during and reasons for signing up for self-exclusion. It will take about 10-20 minutes to complete. You can do it on the phone now or we can set up a different time [*if nec:* or you can do it online]. If you complete the baseline questionnaire, we will mail you a \$15 Dunkin' Donuts gift card.

If you agree, in about six months from when you signed up for self exclusion, we will contact you by telephone or email with another survey. That survey will take about 30 minutes. We might also mail you a reminder prior to that contact so that you can update your email address or telephone number if it has changed. We might also contact you more than six months from now to see if you want to continue to participate in the study. If you complete the 6-month questionnaire/interview, we will mail you a \$25 gift card at that time.

Finally, if you agree, we will look at some of your records for this study. We will look at your self-exclusion application. If you have a player card you have used at Plainridge Park Casino, we will use the records from your card in this study. [*Once operational:* If you have used Play Management at Plainridge Park Casino, we also will look at those records.] We will look at these records from when you started gambling at Plainridge until the end of the study period. We will do this so we can learn more about how people gamble before they sign up for self-exclusion. Your name will not be attached to the records.

This research is not designed to benefit you directly. However, what we learn might help others in the future. We want to improve the self-exclusion process. Your participation in this study will help us do that.

We appreciate that some of the questions we ask might be sensitive and the information you share with us is private. We will make every effort to keep all of your information private and confidential. We will not include any information that could identify you in any publication. The study database will not have your identifiable information (name, address, telephone number, *etc.*) in it. We will use a unique ID# to identify you within the data files. We will keep your identifiable information separate from your data. We only will use your identifiable information to contact you for your 6-month follow-up and to get your records. People on the research team looking at your data in the study database will not be able to see that it belongs to you. A separate file will link your contact information to your study ID#. The research team will only look at that file when trying to contact you.

Are you willing to do the questionnaire part of the study?

Yes No

Participant's Name

Are you willing to have us contact you in the future about the study?

Yes No

Signature of Researcher Obtaining Consent

Are you willing to let us access your self-exclusion and Plainridge records?

Yes No

Date

Do you have any other questions about the study?

Can you do the interview now?

[Recipient says “yes”. Complete the MA SE Remote Baseline Survey]

Thank you. Now I would like to get a little bit of contact information from you so we can get in touch for the follow-up interview at a later time.

[Complete the VSEP Study Contact Information Sheet]

Thank you for your time. We can either email or mail your gift card to you. We will also include a sheet with study information so you can get in touch with us later if you need to.

[Recipient says “no”. Schedule an alternate time to complete MA SE Remote Baseline Survey. Complete the VSEP Study Contact Information Sheet.]

[Complete the MA SE Remote Baseline Survey at next scheduled appointment]

OR

[Recipient says “no”. If they don’t have time to ever do it over the phone, offer to email them the link or mail the survey. Complete the VSEP Study Contact Information Sheet.]

[Send following email or letter with link to or paper copy of MA SE Remote Baseline Survey:]

Email or Letter

Thank you for agreeing to participate in our survey. [You will find attached a link to the survey. You will find the survey attached.]. It will take 10-20 minutes to complete. Your Study ID # is [XXX]. Please complete the survey at your earliest convenience. [We have provided a self-addressed stamped envelope so you can easily mail it back to us.] When we receive the completed survey, we will [mail you/email you] a \$5 Dunkin’ Donuts gift card. Thank you for your time!

APPENDIX C: BASELINE SURVEY AND FOLLOW-UP INTERVIEW

MA-VSEP Study Baseline Assessment

ID# _____

Voluntary Self Exclusion

1. How did you hear about the Voluntary Self-exclusion program? (click all that apply)

- A GameSense Advisor (GSA) told me about it
- A Plainridge Park Casino employee (not a GSA) told me about it
- A friend/family member told me about it
- I read about it in the newspaper
- I saw an ad on TV
- I saw an ad online
- I heard an ad on the radio
- I saw a billboard
- Another professional told me about it
- I don't know/don't remember
- Other (specify)

2. How satisfied are you with your interaction with the GameSense Advisor?

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied
- Very satisfied
- Extremely satisfied

3. If you visited the GameSense Information Center (GSIC)...

a. Did you feel that the space was private?

- Yes
- No
- N/A: I did not visit the GSIC

b. Did you feel that the space was comfortable?

- Yes
- No
- N/A: I did not visit the GSIC

4. To what extent do you agree or disagree with each of these statements? [Check one per row.]

My GameSense Advisor (was...)

Strongly Disagree

Disagree

Uncertain

Agree

Strongly Agree

- a. Caring
- b. Helpful
- c. Knowledgeable
- d. Listened to me

Gambling

5. Think about all the times you ever placed a bet for money in your lifetime—from betting on sports in an office pool, to playing cards for money with friends, buying lottery tickets, playing bingo, buying high risk stocks, playing pool or golf for money, playing slot machines, betting on horse races, and any other kind of betting or gambling. Taking all these things together, what is your best estimate of how many times you ever made a bet of any kind for money in your entire life?

- Never
- 1-10 times
- 11-50 times
- 51-100 times
- 101-500 times
- 501-1,000 times
- More than 1,000 times

6. To the best of your knowledge, about how old were you when you placed your first bet for money?

years old

7. Approximately how often in the past 12 months have you bet or spent money on each of the following activities?

	Never	A couple of times	Less than once a month	About once a month	A couple times a month	Weekly	A couple times a week	Daily or more
Casino / Slot Parlor Gambling								
a. Playing roulette, dice, keno, or table games (other than poker) at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Playing poker at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Betting on sports at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Playing slot machines, video poker machines, video keno, or other gambling machines at a casino / slots parlor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Playing other types of games at a casino? (specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Casino Gambling (non-charitable)								
f. Playing the lottery, keno, instant Lotto games, or instant scratch-off tickets (not at a casino or slots parlor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Betting on sports with friends or in an office pool?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Betting on sports with a bookie or with parlay cards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Betting on horse or dog races?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Betting on dog or cock fights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Playing games of physical skill for money, such as pool, golf, or bowling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Day trading (e.g., stocks, commodities, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Playing poker, chess, or other game of mental skill for money (not at a casino)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Playing slot machines, video poker machines, or other gambling machines (not at a casino or slots parlor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Playing fantasy sports (for money)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Gambling on the Internet (for money - other than fantasy sports)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Other type of non-charitable non-casino gambling? (specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charitable Gambling (not for profit)								
r. Gambling at a non-profit gathering/event (e.g., church bingo game, fundraiser, raffle, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Gambling at a recurring charitable tournament or charitable poker room (e.g., Rockingham Park)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How often do you drink alcohol or use other drugs while gambling?

- Never/seldom
- Sometimes
- Often
- Always

9. In the past 12 months, have you had any of the following experiences associated with your gambling? Please answer ‘yes’ or ‘no’ for each one:

	Yes	No
a. In the past 12 months, did you ever gamble to get out of a bad mood – like feeling nervous, sad, or down?	<input type="radio"/>	<input type="radio"/>
b. In the past 12 months, did you ever gamble to forget your problems?	<input type="radio"/>	<input type="radio"/>
c. In the past 12 months, did you try to quit or cut down on your gambling, but found you couldn’t do it?	<input type="radio"/>	<input type="radio"/>
d. In the past 12 months, did you ever find that you had to increase the amount of money you would gamble to keep it exciting?	<input type="radio"/>	<input type="radio"/>
e. In the past 12 months, did you ever spend a lot of time thinking about gambling, planning your bets, or studying the odds?	<input type="radio"/>	<input type="radio"/>
f. In the past 12 months, did you ever spend a lot of time thinking about ways to get money together so you could gamble?	<input type="radio"/>	<input type="radio"/>
g. In the past 12 months, did you ever spend a lot of time thinking about the times when you won or lost?	<input type="radio"/>	<input type="radio"/>
h. In the past 12 months, did you ever have job or school trouble because of your gambling – like missing too much work, being demoted at work, losing your job, or dropping out of school?	<input type="radio"/>	<input type="radio"/>
i. In the past 12 months, did you ever break up or come close to breaking up with anyone who was important to you because of your gambling?	<input type="radio"/>	<input type="radio"/>
j. In the past 12 months, did you ever try to keep you family or friends from knowing how much you gambled?	<input type="radio"/>	<input type="radio"/>
k. In the past 12 months, did you ever have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?	<input type="radio"/>	<input type="radio"/>
l. In the past 12 months, did you ever find that you became restless, irritable, or anxious when trying to quit or cut down on your gambling?	<input type="radio"/>	<input type="radio"/>
m. In the past 12 months, did you ever raise gambling money by writing a bad check, signing someone else’s name to a check, stealing, cashing someone else’s check, or in some other illegal way?	<input type="radio"/>	<input type="radio"/>
n. In the past 12 months, did you ever find you had to gamble again as soon as possible after losing in order to win back your losses?	<input type="radio"/>	<input type="radio"/>
o. In the past 12 months, did you ever find you had to gamble again as soon as possible after winning in order to win more?	<input type="radio"/>	<input type="radio"/>
p. In the past 12 months, after losing money gambling, did you ever return another day soon after to try to win back your losses?	<input type="radio"/>	<input type="radio"/>

10. About how old were you the first time you began having some of these experiences associated with your gambling?

years old

11. Using the 0 to 10 scale below, where 0 means no prepared to change and 10 means already changing, how *ready* are you to change your gambling behavior?

**Somewhere in
the middle**

Not prepared to change	0	1	2	3	4	5	6	7	8	9	10	Already changing
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

12. Using the 0 to 10 scale below, where 0 means no prepared to change and 10 means already changing, how *confident* are you in your *ability* to change your gambling behavior?

**Somewhere in
the middle**

Not confident	0	1	2	3	4	5	6	7	8	9	10	Very confident
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

13. Please tell me the degree to which you agree or disagree with the following statements:

	Disagree strongly	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree strongly
a. A gambling machine can be lucky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gambling is an acceptable form of entertainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. If someone keeps betting, their luck will turn around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I would support having a resort casino in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Gambling is dangerous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. After a few losses, people are due to win	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Casinos lead to increased job opportunities in an area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A gambling machine or certain numbers can be "hot" or "cold"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. If a number or symbol hasn't shown up for a while, it is due to show up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Gambling is a fun activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Overall, the costs of having casinos in Massachusetts outweigh the benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. People can do things that will make them luckier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I would support having a slots parlor in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. A lucky charm can help someone win	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Casinos lead to increased crime in an area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health

- | | Poor | Fair | Good | Very Good | Excellent |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 14. How would you rate your overall <u>physical</u> health – poor, fair, good, very good, or excellent? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. How would you rate your overall <u>mental</u> health – poor, fair, good, very good, or excellent? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Having little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Feeling much more anxious or worried than most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling so nervous that nothing could calm you down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Experiences

	Yes	No
17. During the past 12 months, have you experienced the death of a family member, friend, significant other or loved one?	<input type="radio"/>	<input type="radio"/>
18. During the past 12 months, have you had to cope with the illness or injury of a family member, friend, significant other, or loved one?	<input type="radio"/>	<input type="radio"/>
19. During the past 12 months, have you had a difficult conflict with a family member, friend, significant other, or loved one?	<input type="radio"/>	<input type="radio"/>
20. During the past 12 months, have you experienced any major difficult changes to your living situation (e.g., divorce, foreclosure, homelessness)?	<input type="radio"/>	<input type="radio"/>
21. During the past 12 months, have you experienced the addition of a child or other family member to the household?	<input type="radio"/>	<input type="radio"/>
22. During the past 12 months, have you felt socially isolated or lonely?	<input type="radio"/>	<input type="radio"/>
23. During the past 12 months, have you been laid off or fired or had to resign unexpectedly from a job?	<input type="radio"/>	<input type="radio"/>
24. During the past 12 months, have you had any major difficulties with your finances?	<input type="radio"/>	<input type="radio"/>
25. During the past 12 months, have you had difficulties accessing healthcare or medical services?	<input type="radio"/>	<input type="radio"/>
26. During the past 12 months, have you lost any community services or support people on whom you used to rely?	<input type="radio"/>	<input type="radio"/>

Support

	Poor	Fair	Good	Very Good	Excellent
27. (If applicable) How would you rate your overall relationship with your spouse or partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. How would you rate your overall relationships with your immediate family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. How would you rate your overall relationships with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Please tell me the degree to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
a. You have people close to you who respect you and your efforts to improve your life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You have people close to you who understand your situation and problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You have people close to you who can always be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You have people close to you who motivate and encourage you in your endeavors/ recovery/etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You have people close to you who expect you to make positive changes in your life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You have close family members who help you stay away from gambling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You have people close to you who help you develop confidence in yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You have good friends who do not gamble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You work in situations where gambling is common.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. In your life, have you ever talked to a medical doctor or other professional about your problems with gambling?
By "other professional" we mean psychologists, counselors, spiritual advisors, and other healing professionals.

- Yes
- No

32. In your life, did you ever call a gambling helpline for help with your gambling problems?

- Yes
- No

33. How many times did you call a gambling helpline in the past 12 months?

times

34. Have you ever received treatment for a mental health or substance use problem other than gambling-related problems?

- Yes
- No, no prior mental health or substance use problems
- No, but I think I might have a mental health or substance use problem

35. Have you received any of the following kinds of treatment?

	Yes	No	If Yes
			Within the past 12 months?
a. Gambling treatment program	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
b. Inpatient alcohol/drug treatment program	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
c. Outpatient alcohol/drug treatment program	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
d. Inpatient mental health treatment	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
e. Outpatient mental health treatment	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
f. Financial counseling	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
g. Vocational counseling	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
h. Marital counseling	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
i. Other service/counseling (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

36. Have you participated in any of the following groups?

		Most recent participation	Frequency of participation when last participated
a. Gamblers' Anonymous	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 12+ months ago <input type="radio"/> 3-11 months ago <input type="radio"/> 1-2 months ago <input type="radio"/> Past 30 days <input type="radio"/> Within last week	<input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily
b. Other 12-step or support group (e.g., Alcoholics Anonymous, Narcotics Anonymous)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 12+ months ago <input type="radio"/> 3-11 months ago <input type="radio"/> 1-2 months ago <input type="radio"/> Past 30 days <input type="radio"/> Within last week	<input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily

Demographics

37. How old are you?

years old

38. How do you identify?

- Man
- Woman

MA-VSEP Study Follow-up Survey for MA-VSEP Enrollees

[Introduction for participants who complete survey online or via mail: They will already have participated in oral informed consent at time of baseline]

When you enrolled in the Massachusetts Voluntary Self Exclusion Program (MA-VSEP), you agreed to participate in a research study about the program. At the time that you signed up, or shortly after, you completed a short survey about your experiences.

This survey will help us understand your experiences since you signed up for the voluntary self-exclusion program. It also will help us learn how the MA-VSEP might be improved in the future.

We will not share your personal responses with Plainridge Park Casino or the Massachusetts Gaming Commission. No one but the research team will know how you responded. Your responses will not affect your self-exclusion status.

The survey will take about 30 minutes to complete, and you will receive a \$25 gift card once you complete the survey.

If you have any questions or concerns about this research study, or would like more information, please contact the study investigator, Sarah Nelson, at 617-575-5616 or snelson@hms.harvard.edu.

1_1. Are you willing to participate and ready to begin the survey?

- Yes, I am ready to begin the survey *[Proceed to Q1]*
- No *[Proceed to Q1_2]*

1_2. Can we contact you at a later time about this survey?

- Yes *[Exit]*
- No *[Exit]*

Voluntary Self Exclusion and Gambling

1. How satisfied have you been with the Massachusetts Voluntary Self Exclusion Program (MA-VSEP)?

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied
- Very satisfied
- Extremely satisfied

2. Have you gone to Plainridge Park Casino since signing up for the MA-VSEP?

- Yes
- No

[If Q2 = Yes]

3. How many times have you gone to Plainridge Park Casino since signing up for the MA-VSEP?

times

[If Q2 = Yes]

4. Have you tried to enter the gaming area at Plainridge Park Casino since signing up for the MA-VSEP?

- Yes
- No

[If Q4 = Yes]

5. How many times have you tried to enter the gaming area at Plainridge Park Casino since signing up for the MA-VSEP?

times

[If Q4 = Yes]

6. Have you been caught trying to enter the gaming area at Plainridge Park Casino since signing up for the MA-VSEP?

- Yes
- No

[If Q6 = Yes]

7. How many times have you been caught trying to enter the gaming area at Plainridge Park Casino since signing up for the MA-VSEP?

times

[If Q6 = Yes]

8. Briefly, what happened each time you were caught?

9. How recently did you place your last bet?

- Within the last week
- Within the past month
- 1-2 months ago
- 3-11 months ago
- More than a year ago

[If Q9 ≠ More than a year ago]

10. Have you gambled at all (for example, betting on sports in an office pool, playing cards for money with friends, buying lottery tickets, playing bingo, buying high risk stocks, playing pool or golf for money, playing slot machines, betting on horse races, or any other kind of betting or gambling) since signing up for the MA-VSEP?

- Yes
- No

[If Q10 = Yes]

11. Approximately how often have you bet or spent money on each of the following activities *since signing up for the MA-VSEP?*

	Never	A couple of times	Less than once a month	About once a month	A couple times a month	Weekly	A couple times a week	Daily or more
Casino / Slot Parlor Gambling								
a. Playing roulette, dice, keno, or table games (other than poker) at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Playing poker at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Betting on sports at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Playing slot machines, video poker machines, video keno, or other gambling machines at a casino / slots parlor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Playing other types of games at a casino? (specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Casino Gambling (non-charitable)								
f. Playing the lottery, keno, instant Lotto games, or instant scratch-off tickets (not at a casino or slots parlor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Betting on sports with friends or in an office pool?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Betting on sports with a bookie or with parlay cards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Betting on horse or dog races?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Betting on dog or cock fights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Playing games of physical skill for money, such as pool, golf, or bowling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Day trading (e.g., stocks, commodities, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Playing poker, chess, or other game of mental skill for money (not at a casino)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Playing slot machines, video poker machines, or other gambling machines (not at a casino or slots parlor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Playing fantasy sports (for money)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Gambling on the Internet (for money - other than fantasy sports)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Other type of non-charitable non-casino gambling? (specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charitable Gambling (not for profit)								
r. Gambling at a non-profit gathering/event (e.g., church bingo game, fundraiser, raffle, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Gambling at a recurring charitable tournament or charitable poker room (e.g., Rockingham Park)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[If Q10 = Yes]

12. **Since signing up for MA-VSEP**, on what type of game have you lost the most money?

- Casino slot, keno, or video poker machines
- Casino table games (other than poker)
- Other casino games (specify)
- Betting on sports with friends / Office pools
- Betting on horse or dog races
- Playing games of physical skill for money, such as pool, golf, or bowling
- Playing poker, chess, or other games of mental skill for money (not at a casino)
- Playing slot machines (not at a casino)
- Playing the lottery, keno, instant Lotto games, or instant scratch tickets (not at a casino/slots parlor)
- Playing fantasy sports (for money)
- Gambling on the Internet (for money – other than fantasy sports)
- Other non-charity, non-casino gambling (specify)
- Gambling at a non-profit gathering/event (e.g., church bingo game, fundraiser, etc.)

[If Q10 = Yes]

13. **Since signing up for MA-VSEP**, approximately how often have you gambled at the following locations?

	Never	A couple of times	Less than once a month	About once a month	A couple times a month	Weekly	A couple times a week	Daily or more
a. Slots parlor / casino in Massachusetts (e.g., Plainridge Park Casino)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Slots parlor / casino in a state neighboring Massachusetts (i.e., NH, VT, NY, CT, RI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other slots parlor / casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[If Q10 = Yes]

14. **Since signing up for MA-VSEP**, have you had any of the following experiences associated with your gambling?
Please answer 'yes' or "no" for each one:

	Yes	No
a. Since signing up for MA-VSEP, have you gambled to get out of a bad mood – like feeling nervous, sad, or down?	<input type="radio"/>	<input type="radio"/>
b. Since signing up for MA-VSEP, have you gambled to forget your problems?	<input type="radio"/>	<input type="radio"/>
c. Since signing up for MA-VSEP, have you tried to quit or cut down on your gambling, but found you couldn't do it?	<input type="radio"/>	<input type="radio"/>
d. Since signing up for MA-VSEP, have you found that you had to increase the amount of money you gamble to keep it exciting?	<input type="radio"/>	<input type="radio"/>
e. Since signing up for MA-VSEP, have you spent a lot of time thinking about gambling, planning your bets, or studying the odds?	<input type="radio"/>	<input type="radio"/>
f. Since signing up for MA-VSEP, have you spent a lot of time thinking about ways to get money together so you could gamble?	<input type="radio"/>	<input type="radio"/>
g. Since signing up for MA-VSEP, have you spent a lot of time thinking about the times when you won or lost?	<input type="radio"/>	<input type="radio"/>
h. Since signing up for MA-VSEP, have you had job or school trouble because of your gambling – like missing too much work, being demoted at work, losing your job, or dropping out of school?	<input type="radio"/>	<input type="radio"/>
i. Since signing up for MA-VSEP, have you broken up or come close to breaking up with anyone who was important to you because of your gambling?	<input type="radio"/>	<input type="radio"/>
j. Since signing up for MA-VSEP, have you tried to keep your family or friends from knowing how much you gamble?	<input type="radio"/>	<input type="radio"/>
k. Since signing up for MA-VSEP, have you had such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?	<input type="radio"/>	<input type="radio"/>
l. Since signing up for MA-VSEP, have you found that you became restless, irritable, or anxious when trying to quit or cut down on your gambling?	<input type="radio"/>	<input type="radio"/>
m. Since signing up for MA-VSEP, have you raised gambling money by writing a bad check, signing someone else's name to a check, stealing, cashing someone else's check, or in some other illegal way?	<input type="radio"/>	<input type="radio"/>
n. Since signing up for MA-VSEP, have you found you had to gamble again as soon as possible after losing in order to win back your losses?	<input type="radio"/>	<input type="radio"/>
o. Since signing up for MA-VSEP, have you found you had to gamble again as soon as possible after winning in order to win more?	<input type="radio"/>	<input type="radio"/>
p. Since signing up for MA-VSEP, after losing money gambling, have you returned another day soon after to try to win back your losses?	<input type="radio"/>	<input type="radio"/>

[If Q10 = Yes]

15. **Since signing up for MA-VSEP**, taking all of your wins and losses together, how much money, if any, have you lost due to gambling?

\$

[If Q10 = Yes]

16. **Since signing up for MA-VSEP**, on any *one* day what is the largest amount of money you have lost gambling?

\$

[If Q10 = Yes]

17. **Since signing up for MA-VSEP**, have you ever needed to get more money in the middle of a gambling outing? (For example, after beginning gambling, have you used an ATM or gotten a cash advance on a credit card while at a casino?)
- Yes
 - No

[If Q10 = Yes]

18. **Since signing up for MA-VSEP**, how often do you drink alcohol or use other drugs while gambling?
- Never/seldom
 - Sometimes
 - Often
 - Always

19. Which of the following statements comes closest to describing your gambling behavior **since signing up for the MA-VSEP**?
- I am not gambling now and I *was* gambling before signing up for MA-VSEP
 - I am gambling less than I used to gamble
 - I am gambling more than I used to gamble
 - I am gambling about the same as I used to gamble
 - I am not gambling now and I was not gambling before signing up for MA-VSEP

[If Q10 = Yes]

20. What are the primary reasons that you currently gamble? (Check all that apply)

- I gamble for the feeling of excitement I get
- I gamble to get money I need
- I gamble because others around me are gambling
- I gamble because I have a good time
- I gamble because I feel lonely
- I gamble because it is challenging
- I gamble because it is an important part of my social life
- I gamble because I feel sad or depressed
- I gamble for other reasons (specify)

21. Using the 0 to 10 scale below, where 0 means not prepared to change and 10 means already changing, how *ready* are you to change your gambling behavior?

	Somewhere in the middle											
Not prepared to change	0	1	2	3	4	5	6	7	8	9	10	Already changing
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

22. Using the 0 to 10 scale below, where 0 means not confident and 10 means very confident, how confident are you in your *ability* to change your gambling behavior?

	Somewhere in the middle											
Not confi- dent	0	1	2	3	4	5	6	7	8	9	10	Very confi- dent
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Health

23. How would you rate your overall physical health – poor, fair, good, very good, or excellent?

	Poor	Fair	Good	Very Good	Excellent
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How would you rate your overall mental health – poor, fair, good, very good, or excellent?

	Poor	Fair	Good	Very Good	Excellent
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Having little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Feeling much more anxious or worried than most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling so nervous that nothing could calm you down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions about substance use

	Have you used since signing up for MA-VSEP?	When did you last use?	How frequently have you used since signing up for MA-VSEP?	How frequently did you use in the six months before signing up for MA-VSEP?
26. Alcohol	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Never <input type="radio"/> Before MA-VSEP sign up <input type="radio"/> 3-6 months ago <input type="radio"/> 1-2 months ago <input type="radio"/> Past 30 days <input type="radio"/> Used in last week	<input type="radio"/> Not at all <input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily	<input type="radio"/> Not at all <input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily
27. Tobacco	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Never <input type="radio"/> Before MA-VSEP sign up <input type="radio"/> 3-6 months ago <input type="radio"/> 1-2 months ago <input type="radio"/> Past 30 days <input type="radio"/> Used in last week	<input type="radio"/> Not at all <input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily	<input type="radio"/> Not at all <input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily
28. Marijuana/Hashish (used without medical status)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Never <input type="radio"/> Before MA-VSEP sign up <input type="radio"/> 3-6 months ago <input type="radio"/> 1-2 months ago <input type="radio"/> Past 30 days <input type="radio"/> Used in last week	<input type="radio"/> Not at all <input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily	<input type="radio"/> Not at all <input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily
29. Other Illicit Drugs	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Never <input type="radio"/> Before MA-VSEP sign up <input type="radio"/> 3-6 months ago <input type="radio"/> 1-2 months ago <input type="radio"/> Past 30 days <input type="radio"/> Used in last week	<input type="radio"/> Not at all <input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily	<input type="radio"/> Not at all <input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily
30. Prescription Drugs (Answer only for misuse, abuse, or use without prescription)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Never <input type="radio"/> Before MA-VSEP sign up <input type="radio"/> 3-6 months ago <input type="radio"/> 1-2 months ago <input type="radio"/> Past 30 days <input type="radio"/> Used in last week	<input type="radio"/> Not at all <input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily	<input type="radio"/> Not at all <input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily

Experiences

	Yes	No
31. <i>Since signing up for MA-VSEP</i> , have you experienced the death of a family member, friend, significant other or loved one?	<input type="radio"/>	<input type="radio"/>
32. <i>Since signing up for MA-VSEP</i> , have you had to cope with the illness or injury of a family member, friend, significant other, or loved one?	<input type="radio"/>	<input type="radio"/>
33. <i>Since signing up for MA-VSEP</i> , have you had a difficult conflict with a family member, friend, significant other, or loved one?	<input type="radio"/>	<input type="radio"/>
34. <i>Since signing up for MA-VSEP</i> , have you experienced any major difficult changes to your living situation (e.g., divorce, foreclosure, homelessness)?	<input type="radio"/>	<input type="radio"/>
35. <i>Since signing up for MA-VSEP</i> , have you experienced the addition of a child or other family member to the household?	<input type="radio"/>	<input type="radio"/>
36. <i>Since signing up for MA-VSEP</i> , have you felt socially isolated or lonely?	<input type="radio"/>	<input type="radio"/>
37. <i>Since signing up for MA-VSEP</i> , have you gotten laid off or fired or had to resign unexpectedly from a job?	<input type="radio"/>	<input type="radio"/>
38. <i>Since signing up for MA-VSEP</i> , have you had any major difficulties with your finances?	<input type="radio"/>	<input type="radio"/>
39. <i>Since signing up for MA-VSEP</i> , have you had difficulties accessing healthcare or medical services?	<input type="radio"/>	<input type="radio"/>
40. <i>Since signing up for MA-VSEP</i> , have you lost any community services or support people on whom you used to rely?	<input type="radio"/>	<input type="radio"/>

Support

	Poor	Fair	Good	Very Good	Excellent	N/A
41. How would you rate your overall relationship with your spouse or partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. How would you rate your overall relationships with your immediate family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. How would you rate your overall relationships with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Please indicate the degree to which you agree or disagree with the following statements:						
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	
j. You have people close to you who respect you and your efforts to improve your life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
k. You have people close to you who understand your situation and problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
l. You have people close to you who can always be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
m. You have people close to you who motivate and encourage you in your endeavors/ recovery/etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
n. You have people close to you who expect you to make positive changes in your life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
o. You have close family members who help you stay away from gambling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
p. You have people close to you who help you develop confidence in yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
q. You have good friends who do not gamble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
r. You work in situations where gambling is common.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

45. **Since signing up for MA-VSEP**, have you talked to a medical doctor or other professional about your problems with gambling? By “other professional” we mean psychologists, counselors, spiritual advisors, and other healing professionals.

- Yes
- No

46. **Since signing up for MA-VSEP**, have you called a gambling helpline for help with your gambling problems?

- Yes
- No

47. **Since signing up for MA-VSEP**, have you used any online or print-based self-help materials for gambling problems?

- Yes
- No

48. **Since signing up for MA-VSEP**, have you received treatment for a mental health or substance use problem other than gambling-related problems?

- Yes
- No, no prior mental health or substance use problems
- No, but I think I might have a mental health or substance use problem

49. **Since signing up for MA-VSEP**, have you received any of the following kinds of treatment?

	Yes	No
j. Gambling treatment program	<input type="radio"/>	<input type="radio"/>
k. Inpatient alcohol/drug treatment program	<input type="radio"/>	<input type="radio"/>
l. Outpatient alcohol/drug treatment program	<input type="radio"/>	<input type="radio"/>
m. Inpatient mental health treatment	<input type="radio"/>	<input type="radio"/>
n. Outpatient mental health treatment	<input type="radio"/>	<input type="radio"/>
o. Financial counseling	<input type="radio"/>	<input type="radio"/>
p. Vocational counseling	<input type="radio"/>	<input type="radio"/>
q. Marital counseling	<input type="radio"/>	<input type="radio"/>
r. Other service/counseling (please specify)	<input type="radio"/>	<input type="radio"/>

50. Have you ever, in your lifetime, participated in any of the following groups?

		When did you most recently participate in this program?	When you last participated in this program, how frequently did you do so? If you're participating in this program now, describe your current situation.
c. Gamblers' Anonymous	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Prior to signing up for MA-VSEP <input type="radio"/> 3-6 months ago <input type="radio"/> 1-2 months ago <input type="radio"/> Past 30 days <input type="radio"/> Within last week	<input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily
d. Other 12-step or support group (e.g., Alcoholics Anonymous, Narcotics Anonymous)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Prior to signing up for MA-VSEP <input type="radio"/> 3-6 months ago <input type="radio"/> 1-2 months ago <input type="radio"/> Past 30 days <input type="radio"/> Within last week	<input type="radio"/> Less than once a month <input type="radio"/> 1-3 times a month <input type="radio"/> 1-2 times a week <input type="radio"/> 3-6 times a week <input type="radio"/> Daily

51. Were you given a packet of resources when you signed up for MA-VSEP?,

- Yes
 No

[If Q46 = Yes]

52. Did someone (a Game Sense Advisor or other staff) review those resources with you when you signed up for MA-VSEP?

- Yes
 No

[If Q46 = Yes]

53. Did you end up using any of those resources?

- Yes
 No

54. Did someone (a Game Sense Advisor or other staff) call you to check in after you signed up for MA-VSEP?

- Yes
 No

55. Did signing up for MA-VSEP influence you to seek any kind of treatment or self-help for gambling or other problems?

- Yes
 No

[If Q50 = Yes]

56. Briefly, how did it influence you?

57. Have you ever signed up for voluntary self exclusion in another state or with another casino?

- Yes
- No

[If Q52=yes]

58. How does your experience with MA-VSEP compare to your experiences with other self exclusion programs?

- Better
- About the same
- Worse

[If Q52=yes]

59. Please explain how your experience with MA-VSEP compares to your experience with other self exclusion programs. If it has been different, how has it been different?

60. Briefly, how might the MA-VSEP be improved?

61. Has the MA-VSEP helped you? If so, how? If not, why not?

Demographics

62. What is your annual household income from all sources, before taxes?

- Less than \$20,000
- \$20,000 but less than \$30,000
- \$30,000 but less than \$40,000
- \$40,000 but less than \$50,000
- \$50,000 but less than \$60,000
- \$60,000 but less than \$75,000
- \$75,000 but less than \$100,000
- \$100,000 but less than \$125,000
- \$125,000 but less than \$150,000
- \$150,000 or more

63. What is your current employment status? (Choose all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Employed full-time (non-temporary) | <input type="checkbox"/> Retired | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employed part-time (non-temporary) | <input type="checkbox"/> Looking for work; Unemployed | <input type="checkbox"/> Maternity Leave |
| <input type="checkbox"/> Employed temporarily | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Illness / Sick Leave |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Temporarily laid off | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Other (specify) | <input type="text"/> | |

64. Are you currently married, separated, divorced, widowed, or never married?

- Married
- Separated
- Divorced
- Widowed
- Never married

[If Q59 = Never married]

65. Are you currently living with someone in a marriage-like relationship?

- Yes
- No

66. Pending future research funding, can we contact you in the future to continue the study?

- Yes
- No

APPENDIX D: MA-VSEP APPLICATIONS

1. Version 1: June 2015 – December 2015
2. Version 2: December 2015 – March 2016
3. Version 3: March 2016 – November 2017



MA Voluntary Self-Exclusion Form

Type or print (in ink) all information requested on this form. You may bring this completed form to any designated agent for review or complete the form with a designated agent. For a list of designated agents and locations, please visit our website at massgaming.com/vse

(*) Denotes a Required Field

SECTION 1: PERSONAL INFORMATION

Applicant ID

*Term of Exclusion Six Months One Year Three Years Five Years Lifetime

*Term Expires

*Photograph

*First Name

Middle Name

*Last Name

Aliases

*Home Street Address

*City/Town

*State

*Postal Code

*Country

*Primary Number

*Email Address

Player Card Number

SECTION 2: PHYSICAL DESCRIPTION AND OTHER IDENTIFYING INFORMATION

*Gender Female Male Height Ft In

*Date of Birth *Social Security Number

*Race White Asian (e.g., Chinese, Filipino, Indian)
Black or African American Native Hawaiian or other Pacific Islander
American Indian or Alaskan Native Other (Specify)

*ID Type Green Card License Passport Other

*Issuing Entity

*ID Number



MA Voluntary Self-Exclusion Form

SECTION 3: MA-VSEP ENROLLMENT PACKET

[PLEASE NOTE: Answers to the following questions are OPTIONAL and are NOT REQUIRED.]

1. Briefly, why are you signing up for the Voluntary Self-Exclusion Program? (Choose all that apply)

- Because I can't control my gambling
- Because I don't want to lose any more money gambling
- Because I need a barrier to keep me from entering casinos
- Because I am worried that I will be tempted to enter the casino
- Because I have a gambling problem
- Because I am depressed or distressed about my gambling
- Because I feel pressured to gamble when my friends and/or family gamble
- Because I want to improve my relationship with my family and/or friends
- Because my family or friends asked me to sign up
- Because my family or friends are making me sign up
- Because I want to support my family / friends who are also signing up

2. What prompted you to sign up for the Voluntary Self-Exclusion Program today, in particular?

3. In the past 12 months, on what type of game have you lost the most money?

- Casino slot, keno, or video poker machines
- Casino table games (other than poker)
- Other casino games (specify)
- Betting on sports with friends / Office pools
- Betting on horse or dog races
- Playing games of physical skill for money, such as pool, golf, or bowling
- Playing poker, chess, or other games of mental skill for money (not at a casino)
- Playing slot machines (not at a casino)
- Playing the lottery, keno, instant Lotto games, or instant scratch tickets
- Playing fantasy sports (for money)
- Gambling on the Internet (for money – other than fantasy sports)
- Other non-charity, non-casino gambling (specify)
- Gambling at a non-profit gathering/event (e.g., church bingo game, fundraiser)



MA Voluntary Self-Exclusion Form

**4. Approximately how often in the past 12 months have you gambled at the following locations?
(Choose ONE response per row)**

	Never	A couple of times	Less than once a month	About once a month	A couple times a month	Weekly	A couple times a week	Daily or more
a. Slots parlor / casino in Massachusetts (e.g., Plainridge Park Casino)								
b. Slots parlor / casino in a state neighboring Massachusetts (i.e., NH, VT, NY, CT, RI)								
c. Other slots parlor / casino								

5. What is your annual household income from all sources, before taxes?

- Less than \$20,000
- \$20,000 but less than \$30,000
- \$30,000 but less than \$40,000
- \$40,000 but less than \$50,000
- \$50,000 but less than \$60,000
- \$60,000 but less than \$75,000
- \$75,000 but less than \$100,000
- \$100,000 but less than \$125,000
- \$125,000 but less than \$150,000
- \$150,000 or more

6. What is your current employment status? (Choose all that apply)

- Employed full-time (non-temporary)
- Employed part-time (non-temporary)
- Employed temporarily
- Self-employed
- Other (Specify)
- Retired
- Looking for work; Unemployed
- Homemaker
- Temporarily laid off
- Student
- Maternity Leave
- Illness/Sick Leave
- Disabled

7. Are you currently married, separated, divorced, widowed, or never married?

- Married
- Separated
- Divorced
- Widowed
- Never Married

8. (If not married) Are you currently living with someone in a marriage-like relationship?

- Yes
- No

9. Have you ever served in the Armed Forces, in the Reserves, or in the National Guard?

- Yes
- No



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Massachusetts Gaming Commission
101 Federal Street, 23rd Floor
Boston, MA 02110

SECTION 4: TERMS AND CONDITIONS

_____ (initial here) I understand that by placing my name on the Voluntary Self-Exclusion list, I am prohibited from entering the gaming area of a gaming establishment (“Casino”) or any area in which pari-mutuel or simulcasting wagers are placed for the duration of the exclusion period.

_____ (initial here) I understand that this Self-Exclusion Agreement applies to all gaming establishments licensed by the Commission in Massachusetts, any affiliates of the gaming licensee, whether within Massachusetts or another jurisdiction, and that the Commission may share the list with other domestic or international gaming jurisdictions resulting in placement on those lists.

_____ (initial here) I am submitting this application voluntarily of my own free will, free from outside influences, and I am doing so understanding the effects of my decision.

_____ (initial here) I am not presently under the influence of drugs, an alcoholic beverage, or suffering from a mental health condition that impairs my ability make an informed decision.

_____ (initial here) I acknowledge one or more of the following apply: (a) I identify as a problem gambler as an individual who believes their gambling behavior is currently, or may in the future without intervention, cause problems in their life or on the lives of the their family, friends, and/or co-workers; (b) I feel that my gambling behavior is currently causing problems in my life or may, without intervention, cause problems in my life; or (c) there is some other reason why I wish to add my name to the list.

_____ (initial here) I acknowledge this Self-Exclusion request is irrevocable during the _____ time period selected in Section 1. (An individual may only select the lifetime duration if their name has previously appeared on the Voluntary Self-Exclusion list for at least six months.)

_____ (initial here) I understand I may be refused entry and/or ejected from the gaming area of a gaming establishment (“Casino”) by the gaming licensee, an agent of the Commission, or law enforcement personnel.

_____ (initial here) I understand that I may not collect any winnings or recover any losses resulting from any gaming activity at a gaming establishment for the duration of the exclusion period.

_____ (initial here) I understand that any and all rewards and points earned through my player reward program to date shall be forfeited.

_____ (initial here) I agree that should I violate the agreement to refrain from entering a gaming area of a gaming establishment or any area in which pari-mutuel or simulcasting wagers are placed during the exclusion period (“The Excluded Area”), I will notify the Commission of such violation within 24 hours of my presence within The Excluded Area; and agree to release the Commonwealth of Massachusetts, the MGC, the Licensee, and all affiliated employees from any claims associated with my breach of this agreement.

_____ (initial here) I understand that upon expiration of the selected duration of exclusion, I have the opportunity to request the removal of my name from the list or petition for exclusion for a new duration. My name shall remain on the list after the expiration of the selected duration of exclusion until such time when I submit a petition for removal in accordance with 205 CMR 133.04(4) and it is approved by the Commission or its designee.



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SECTION 4: TERMS AND CONDITIONS (continued)

_____ (initial here) I agree to participate in an exit session with a designated agent. The exit session shall include a review of the risks and responsibilities of gambling, budget setting and a review of problem gambling resources should I wish to seek them.

_____ (initial here) I am aware that my signature below authorizes the Massachusetts Gaming Commission to direct all Massachusetts gaming Licensees to suspend my credit privileges for a minimum period of six months from the date of this request and indefinitely thereafter, until such time as I submit a written request to the Commission for the reinstatement of any such credit privileges.

_____ (initial here) I understand that by placing my name on the list, I will be denied access to complimentary services or items, check cashing privileges, player reward programs, and other similar benefits to persons on the list and I will not be extended credit to the extent that I have existing credit at a gaming establishment my privileges will be suspended.

SECTION 5: CONSENT FOR RELEASE OF INFORMATION

_____ (initial here) I hereby authorize the MGC and its agents to release my information and/or records to a gaming licensee for the purpose of initial entry to and subsequent maintenance of the Voluntary Self-Exclusion list and/or Voluntary Self-Exclusion database. I understand that the Voluntary Self-Exclusion list is exempt from disclosure under M.G.L. c. 66, and shall not be publicly disclosed by a gaming licensee.

_____ (initial here) I understand, however, that a gaming licensee may share the Voluntary Self-Exclusion list with other gaming licensees in Massachusetts or its affiliates in other jurisdictions for the purpose of assisting in the proper administration or responsible gaming programs operated by affiliated gaming establishments.

_____ (initial here) I hereby acknowledge and consent that the MGC may de-identify or anonymize information contained in the Self-Exclusion list and may further disclose this information to one or more research entities appointed by the Commission for the purpose of evaluating the effectiveness and ensuring the proper administration of the Voluntary Self-Exclusion process.



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SECTION 6: ACKNOWLEDGEMENT

To the best of my knowledge and understanding, I attest that the following information which I have provided above is true and accurate.

Signature _____

Print Name _____

Date _____

Signature of Designated Agent _____

Print Name _____

Date _____



MA Voluntary Self-Exclusion Form

Type or print (in ink) all information requested on this form. You may bring this completed form to any designated agent for review or complete the form with a designated agent. For a list of designated agents and locations, please visit our website at massgaming.com/vse

(*) Denotes a Required Field

SECTION 1: PERSONAL INFORMATION

Applicant ID

*Term of Exclusion Six Months One Year Three Years Five Years Lifetime

*Term Expires

*Photograph

*First Name

Middle Name

*Last Name

Aliases

*Home Street Address

*City/Town

*State

*Postal Code

*Country

*Primary Number

*Email Address

Player Card Number

SECTION 2: PHYSICAL DESCRIPTION AND OTHER IDENTIFYING INFORMATION

*Gender Female Male Height Ft In

*Date of Birth *Social Security Number

*Race White Asian (e.g., Chinese, Filipino, Indian)
Black or African American Native Hawaiian or other Pacific Islander
American Indian or Alaskan Native Other (Specify)

*ID Type Green Card License Passport Other

*Issuing Entity

*ID Number



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SECTION 3: TERMS AND CONDITIONS

(initial here) I understand that by placing my name on the Voluntary Self-Exclusion list, I am prohibited from entering the gaming area of a gaming establishment (“Casino”) or any area in which pari-mutuel or simulcasting wagers are placed for the duration of the exclusion period.

(initial here) I understand that this Self-Exclusion Agreement applies to all gaming establishments licensed by the Commission in Massachusetts, any affiliates of the gaming licensee, whether within Massachusetts or another jurisdiction, and that the Commission may share the list with other domestic or international gaming jurisdictions resulting in placement on those lists.

(initial here) I am submitting this application voluntarily of my own free will, free from outside influences, and I am doing so understanding the effects of my decision.

(initial here) I am not presently under the influence of drugs, an alcoholic beverage, or suffering from a mental health condition that impairs my ability make an informed decision.

(initial here) I acknowledge one or more of the following apply: (a) I identify as a problem gambler as an individual who believes their gambling behavior is currently, or may in the future without intervention, cause problems in their life or on the lives of the their family, friends, and/or co-workers; (b) I feel that my gambling behavior is currently causing problems in my life or may, without intervention, cause problems in my life; or (c) there is some other reason why I wish to add my name to the list.

(initial here) I acknowledge this Self-Exclusion request is irrevocable during the _____ time period selected in Section 1. (An individual may only select the lifetime duration if their name has previously appeared on the Voluntary Self-Exclusion list for at least six months.)

(initial here) I understand I may be refused entry and/or ejected from the gaming area of a gaming establishment (“Casino”) by the gaming licensee, an agent of the Commission, or law enforcement personnel.

(initial here) I understand that I may not collect any winnings or recover any losses resulting from any gaming activity at a gaming establishment for the duration of the exclusion period.

(initial here) I understand that any and all rewards and points earned through my player reward program to date shall be forfeited.

(initial here) I agree that should I violate the agreement to refrain from entering a gaming area of a gaming establishment or any area in which pari-mutuel or simulcasting wagers are placed during the exclusion period (“The Excluded Area”), I will notify the Commission of such violation within 24 hours of my presence within The Excluded Area; and agree to release the Commonwealth of Massachusetts, the MGC, the Licensee, and all affiliated employees from any claims associated with my breach of this agreement.

(initial here) I understand that upon expiration of the selected duration of exclusion, I have the opportunity to request the removal of my name from the list or petition for exclusion for a new duration. My name shall remain on the list after the expiration of the selected duration of exclusion until such time when I submit a petition for removal in accordance with 205 CMR 133.04(4) and it is approved by the Commission or its designee.



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SECTION 3: TERMS AND CONDITIONS (continued)

(initial here) I agree to participate in an exit session with a designated agent. The exit session shall include a review of the risks and responsibilities of gambling, budget setting and a review of problem gambling resources should I wish to seek them.

(initial here) I am aware that my signature below authorizes the Massachusetts Gaming Commission to direct all Massachusetts gaming Licensees to suspend my credit privileges for a minimum period of six months from the date of this request and indefinitely thereafter, until such time as I submit a written request to the Commission for the reinstatement of any such credit privileges.

(initial here) I understand that by placing my name on the list, I will be denied access to complimentary services or items, check cashing privileges, player reward programs, and other similar benefits to persons on the list and I will not be extended credit to the extent that I have existing credit at a gaming establishment my privileges will be suspended.

SECTION 4: CONSENT FOR RELEASE OF INFORMATION

(initial here) I hereby authorize the MGC and its agents to release my information and/or records to a gaming licensee for the purpose of initial entry to and subsequent maintenance of the Voluntary Self-Exclusion list and/or Voluntary Self-Exclusion database. I understand that the Voluntary Self-Exclusion list is exempt from disclosure under M.G.L. c. 66, and shall not be publicly disclosed by a gaming licensee.

(initial here) I understand, however, that a gaming licensee may share the Voluntary Self-Exclusion list with other gaming licensees in Massachusetts or its affiliates in other jurisdictions for the purpose of assisting in the proper administration or responsible gaming programs operated by affiliated gaming establishments.

(initial here) I hereby acknowledge and consent that the MGC may de-identify or anonymize information contained in the Self-Exclusion list and may further disclose this information to one or more research entities appointed by the Commission for the purpose of evaluating the effectiveness and ensuring the proper administration of the Voluntary Self-Exclusion process.



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101 Federal Street, 23rd Floor
Boston, MA 02110

SECTION 5: ACKNOWLEDGEMENT

To the best of my knowledge and understanding, I attest that the following information which I have provided above is true and accurate.

Signature _____

Print Name _____

Date _____

Signature of Designated Agent _____

Print Name _____

Date _____



MA Voluntary Self-Exclusion Form

Type or print (in ink) all information requested on this form. You may bring this completed form to any designated agent for review or complete the form with a designated agent. For a list of designated agents and locations, please visit our website at massgaming.com/vse

(* Denotes a Required Field)

Applicant ID
(Internal use only)

SECTION 1: PERSONAL INFORMATION

*Term of Exclusion (Only eligible for lifetime once another term has been completed)

*Term Expires
(Please Note: Enrollees must participate in an exit interview upon term expiration in order to be removed from VSE)

*First Name Middle Name

*Last Name

Aliases

*Photograph

*Home Street Address

*City/Town

*State

*Postal Code

*Country

*Primary Number

*Email Address

Player Card Number

SECTION 2: PHYSICAL DESCRIPTION AND OTHER IDENTIFYING INFORMATION

*Gender Height Ft In *Date of Birth

*Social Security Number

OR

*ID Type Other

*Issuing State/Country

*ID Number

*Race Specify Other

Hispanic Origin?



MA Voluntary Self-Exclusion Form

SECTION 3: MA-VSEP APPLICATION QUESTIONS

Answers to the following questions help us evaluate and improve the Voluntary Self-Exclusion Program to better serve enrollees.

1. Briefly, why are you signing up for the Voluntary Exclusion Program? (Choose all that apply)

- Because I can't control my gambling
- Because I don't want to lose any more money gambling
- Because I need a barrier to keep me from entering casinos
- Because I'm worried that I will be tempted to enter the casino
- Because I have a gambling problem
- Because I am depressed or distressed about my gambling
- Because I feel pressured to gamble when my friends and/or family gamble
- Because I want to improve my relationship with my family and/or friends
- Because my family or friends asked me to sign up
- Because my family or friends are making me sign up
- Because I want to support my family / friends who are also signing up
- Other reasons (specify)

2. What prompted you to sign up for the Voluntary Exclusion Program **today**, in particular?

3. In the past 12 months, on what type of game have you lost the most money?

Specify Other



MA Voluntary Self-Exclusion Form

4. Approximately how often in the past 12 months have you gambled at the following locations?

a. Slots parlor / casino in Massachusetts (e.g., Plainridge Park Casino)	
b. Slots parlor / casino in a state neighboring Massachusetts (i.e., NH, VT, NY, CT, RI)	
c. Other slots parlor / casino	

5. How recently did you place your last bet?

6. What are the primary reasons that you gamble? (Choose all that apply)

- I gamble for the feeling of excitement I get
- I gamble to get money I need
- I gamble because others around me are gambling
- I gamble because I have a good time
- I gamble because I feel lonely
- I gamble because it's challenging
- I gamble because it's an important part of my social life
- I gamble because I feel sad or depressed
- I gamble for other reasons (specify)

7. Taking all of your wins and losses over the past 12 months together, how much money, if any, have you lost in the past 12 months due to gambling?

\$

8. In the past 12 months, what is the largest amount of money you have lost gambling on any *one* day?

\$

9. In the past 12 months, have you ever needed to get more money in the middle of a gambling outing? (For example, after beginning gambling, have you used an ATM or gotten a cash advance on a credit card while at a casino?)

10. During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?

11. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?



MA Voluntary Self-Exclusion Form

12. During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?

13. Are you planning to quit gambling now that you are entering the Voluntary Exclusion Program?

14. What is your annual household income from all sources, before taxes?

15. What is your current employment status? (Choose all that apply)

- Employed full-time (non-temporary) Retired Student
- Employed part-time (non-temporary) Looking for work; Unemployed Maternity Leave
- Employed temporarily Homemaker Illness / Sick Leave
- Self-employed Temporarily laid off Disabled
- Other (specify)

16. Are you of Hispanic Ethnicity? (i.e., Spanish, Latino, Mexican, Chicano, Puerto Rican, Cuban or other Hispanic origin)

17. What is your race? (Choose all that apply)

- White
- Black or African American
- American Indian or Alaskan Native
- Asian (e.g., Chinese, Filipino, Indian)
- Native Hawaiian or other Pacific Islander
- Other (Specify) _____

18. Are you currently married, separated, divorced, widowed, or never married?

19. (If not married) Are you currently living with someone in a marriage-like relationship?

20. Have you ever served in the Armed Forces, in the Reserves, or in the National Guard?

21. Have you or any member of your immediate family ever worked in the gambling industry?



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SECTION 4: TERMS AND CONDITIONS

(initial here) I understand that by placing my name on the Voluntary Self-Exclusion list, I am prohibited from entering the gaming area of a gaming establishment (“Casino”) or any area in which pari-mutuel or simulcasting wagers are placed for the duration of the exclusion period.

(initial here) I understand that this Self-Exclusion Agreement applies to all gaming establishments licensed by the Commission in Massachusetts, any affiliates of the gaming licensee, whether within Massachusetts or another jurisdiction, and that the Commission may share the list with other domestic or international gaming jurisdictions resulting in placement on those lists.

(initial here) I am submitting this application voluntarily of my own free will, free from outside influences, and I am doing so understanding the effects of my decision.

(initial here) I am not presently under the influence of drugs, an alcoholic beverage, or suffering from a mental health condition that impairs my ability make an informed decision.

(initial here) I acknowledge one or more of the following apply: (a) I identify as a problem gambler as an individual who believes their gambling behavior is currently, or may in the future without intervention, cause problems in their life or on the lives of their family, friends, and/or co-workers; (b) I feel that my gambling behavior is currently causing problems in my life or may, without intervention, cause problems in my life; or (c) there is some other reason why I wish to add my name to the list.

(initial here) I acknowledge this Self-Exclusion request is irrevocable during the _____ time period selected in Section 1. (An individual may only select the lifetime duration if their name has previously appeared on the Voluntary Self-Exclusion list for at least six months.)

(initial here) I understand I may be refused entry and/or ejected from the gaming area of a gaming establishment (“Casino”) by the gaming licensee, an agent of the Commission, or law enforcement personnel.

(initial here) I understand that I may not collect any winnings or recover any losses resulting from any gaming activity at a gaming establishment for the duration of the exclusion period.

(initial here) I understand that any and all rewards and points earned through my player reward program to date shall be forfeited.

(initial here) I agree that should I violate the agreement to refrain from entering a gaming area of a gaming establishment or any area in which pari-mutuel or simulcasting wagers are placed during the exclusion period (“The Excluded Area”), I will notify the Commission of such violation within 24 hours of my presence within The Excluded Area; and agree to release the Commonwealth of Massachusetts, the MGC, the Licensee, and all affiliated employees from any claims associated with my breach of this agreement.



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SECTION 4: TERMS AND CONDITIONS (continued)

_____ (initial here)
I understand that upon expiration of the selected duration of exclusion, I may request removal from the list by participating in an exit session with a designated agent. My name shall remain on the list after the expiration of the selected duration of exclusion until such time when I submit a petition for removal in accordance with 205 CMR 133.04(4) and it is approved by the Commission or its designee.

_____ (initial here)
I agree to schedule and participate in an exit interview with a designated agent in order to remove myself from the list. The exit session shall include a review of the risks and responsibilities of gambling, budget setting and a review of problem gambling resources should I wish to seek them. The exit session may be scheduled by contacting the Massachusetts Council on Compulsive Gambling at 617-426-4554

_____ (initial here)
I am aware that my signature below authorizes the Massachusetts Gaming Commission to direct all Massachusetts gaming Licensees to suspend my credit privileges for a minimum period of six months from the date of this request and indefinitely thereafter, until such time as I submit a written request to the Commission for the reinstatement of any such credit privileges.

_____ (initial here)
I understand that by placing my name on the list, I will be denied access to complimentary services or items, check cashing privileges, player reward programs, and other similar benefits to persons on the list and I will not be extended credit to the extent that I have existing credit at a gaming establishment my privileges will be suspended.

SECTION 5: RELEASE OF INFORMATION

_____ (initial here)
I understand that the MGC and its agents will release my information contained in this form to a gaming licensee for maintenance of the Voluntary Self-Exclusion list and/or Voluntary Self-Exclusion database. I understand that the Voluntary Self-Exclusion list is exempt from disclosure under M.G.L. c. 66, and shall not be publicly disclosed by a gaming licensee.

_____ (initial here)
I understand that a gaming licensee may share the Voluntary Self-Exclusion list with its affiliates in other jurisdictions for the purpose of assisting in the proper administration or responsible gaming programs operated by affiliated gaming establishments.

_____ (initial here)
I understand that the MGC may de-identify or anonymize information contained in the Self-Exclusion list and may further disclose this information to one or more research entities appointed by the Commission for the purpose of evaluating the effectiveness and ensuring the proper administration of the Voluntary Self-Exclusion process.



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SECTION 6: CONSENT FOR RELEASE OF CONTACT INFORMATION

The MGC is collaborating with the Cambridge Health Alliance to evaluate and improve the Voluntary Self-Exclusion Program. MGC would like to provide your contact information to the Division so they may offer you the opportunity to participate in the study. Consenting does not mean you agree to participate in the study, just that you are willing to be contacted about the study. Do you consent to the MGC providing your contact information to the Cambridge Health Alliance?

The Massachusetts Council on Compulsive Gaming (MCCG) would like to follow up with you within one week to see how you are doing and assure you've been able to connect with addition resources if you choose. Do you consent to allow the MGC to provide your contact information to MCCG?

SECTION 7: ACKNOWLEDGEMENT

I attest that the following information which I have provided in this form is true and accurate.

Enrollee Signature

Enrollee Print Name

Date

Signature and Title of Designated Agent

Print Name

Date

(initial here)

I certify that I have been offered a copy of the "MA Voluntary Self Exclusion Form" by the processing agent.

APPENDIX E: MA-VSEP ONE WEEK CHECK-IN FORM

MA VSEP:
Follow Up Information Sheet

Name _____

Enrollment Date _____ Enrollment Time _____

Date One Week Check-In Due _____

Preferred Phone # for One Week Contact _____

cell home work
[circle one]

Alternate Phone # for One Week Contact _____

cell home work
[circle one]

Email Address for One Week Contact _____

May we leave a message on your voice mail?

Yes

No

_____ (initial)

May we text you on your cell phone?

Yes

No

_____ (initial)

Good times and best ways to reach enrollee

AT MA-VSEP Enrollment

Did you review resources with enrollee?

Yes No

Did you provide individualized information about resources in the enrollee's area?

Yes No

[If yes]

Please briefly describe what resources were discussed

Did the enrollee accept offer to connect him or her directly with resources?

Yes No

Were you able to connect the enrollee directly with a treatment resource or the helpline?

Yes No Enrollee not interested

[If no]

Please briefly why not and any additional plans that were made

[If yes]

Please briefly describe the connection you were able to make and next steps

FOLLOW-UP CONTACT ATTEMPTS

Attempt #	Date & Time	Notes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

FOLLOW-UP CONTACT

Were you able to reach the enrollee?

Yes No

Has the enrollee accessed any resources since enrollment (e.g., helpline, GA, treatment)?

Yes No

[If yes]

Please briefly describe what actions the enrollee has taken

Did you offer to connect the enrollee directly with resources?

Yes No Already connected

Did the enrollee accept offer to connect him or her directly with resources?

Yes No Already connected

Were you able to connect the enrollee directly with a treatment resource or the helpline?

Yes No

[If no]

Please briefly why not and any additional plans that were made

[If yes]

Please briefly describe the connection you were able to make and next steps

Additional Notes

APPENDIX F: ANALYSIS OF MISSING DATA BY INSTRUMENT AND ITEM

MA-VSEP Application (Maximum n=263 MA-VSEP enrollees)

MA-VSEP Application Question	# (%) of MA-VSEP Enrollees Who Did Not Answer Question	Notes
Length of exclusion term	0 (0%)	
Gender	0 (0%)	
Year of birth	0 (0%)	
Race	0 (0%)	In version 2 of the application, Hispanic was included as a race. We recoded this instance to indicate Hispanic ethnicity and unknown race.
Ethnicity	66 (25.1%)	Not included in version 1 of the application.
Reason for MA-VSEP enrollment	85 (32.3%)	Not included in version 2 of the application. 5 of these 85 <i>did</i> answer the question as part of the baseline survey.
Reason for MA-VSEP enrollment on this day in particular	118 (44.9%)	Not included in version 2 of the application. 12 of these 118 <i>did</i> answer the question as part of the baseline survey.
PY: Game on which you lost the most money	104 (39.5%)	Not included in version 2 of the application. Affected by data anomalies described in Methods section. 8 of these 104 <i>did</i> answer the question as part of the baseline survey.
PY: Gambling locations	Gambling at PPC: 104 (39.5%) Gambling at neighboring casinos: 128 (48.7%) Gambling at non-neighboring casinos: 147 (55.9%)	Not included in version 2 of the application. Affected by data anomalies described in Methods section. 8 of the 104, 13 of the 128, and 16 of the 147 <i>did</i> answer these questions as part of the baseline survey.
Household income	121 (46.0%)	Not included in version 2 of the application. Affected by data anomalies described in Methods section. 11 of the 121 <i>did</i> answer this question as part of the baseline survey.
Current employment status	92 (35.0%)	Not included in version 2 of the application. 6 of the 92 <i>did</i> answer this question as part of the baseline survey.
Marital status	110 (41.8%)	Not included in version 2 of the application. Affected by data anomalies described in Methods section. 10 of the 110 <i>did</i> answer this question as part of the baseline survey.
Living with someone in marriage-like relationship	113 (43.0%)	Not included in version 2 of the application. Affected by data anomalies described in Methods section. 113 does not include the 56 who were not asked this question because they were married. 6 of the 113 <i>did</i> answer this question as part of the baseline survey.
Ever served in Armed Forces	112 (42.6%)	Not included in version 2 of the application. Affected by data anomalies described in Methods section. 9 of the 112 <i>did</i> answer this question as part of the baseline survey.
Recency of last bet	158 (60.1%)	Not included in versions 1 or 2 of the application. Affected by data anomalies described in Methods section. 24 of the 158 <i>did</i> answer this question as part of the baseline survey.

[continued]

MA-VSEP Application Question	# (%) of MA-VSEP Enrollees Who Did Not Answer Question	Notes
Reasons for gambling	145 (55.1%)	Not included in versions 1 or 2 of the application. 23 of the 145 <i>did</i> answer this question as part of the baseline survey.
PY: Total amount lost	165 (62.7%)	Not included in versions 1 or 2 of the application. 24 of the 165 <i>did</i> answer this question as part of the baseline survey.
PY: Largest amount lost in one day	158 (60.1%)	Not included in versions 1 or 2 of the application. 24 of the 158 <i>did</i> answer this question as part of the baseline survey.
PY: Needed to get more money in the middle of a gambling outing	161 (61.2%)	Not included in versions 1 or 2 of the application. Affected by data anomalies described in Methods section. 25 of the 161 <i>did</i> answer this question as part of the baseline survey.
PY BBGS Screener	158 (60.1%)	Not included in versions 1 or 2 of the application. Affected by data anomalies described in Methods section. 34 of the 158 <i>did</i> answer these questions as part of the baseline survey.
Intentions to quit gambling	159 (32.3%)	Not included in versions 1 or 2 of the application. Affected by data anomalies described in Methods section. 25 of the 159 <i>did</i> answer these questions as part of the baseline survey.
Self or family worked in gambling industry	162 (61.6%)	Not included in versions 1 or 2 of the application. Affected by data anomalies described in Methods section. 25 of the 162 <i>did</i> answer these questions as part of the baseline survey.

Note. Version 1 of the MA-VSEP application was in use from June 2015 through November 2015. Version 2 of the MA-VSEP application was in use from December 2015 through February 2016. Version 3 of the MA-VSEP application was in use from March 2016 through the end of the baseline component of the study in November 2017.

MA-VSEP One Week Check-In (Maximum n=67 MA-VSEP enrollees who agreed to receive a check-in call)

One Week Check-In Form Question (filled out by GSAs or MCCG staff)	# (%) of MA-VSEP Enrollees Who Agreed to Receive a Check-In Call for Whom GSAs or MCCG Staff Did Not Answer Question	Notes
At enrollment: Reviewed resources with enrollee	8 (11.9%)	
At enrollment: Provided individualized information about resources in the enrollee's area	11 (16.4%)	
At enrollment: Describe what resources were discussed	27 (40.3%)	27 does not include the 12 who were not asked this question because they did not discuss resources.
At enrollment: Whether enrollee accepted offer to connect directly with resources	10 (14.9%)	10 does not include the 10 who were not asked this question because they did not discuss individualized resources.
At enrollment: Able to connect enrollee directly with resources	17 (25.4%)	17 does not include the 2 for whom this question was not asked because the enrollee did not accept offer to connect directly with resources or the 3 for whom this question was not asked because resources were not discussed.
At enrollment: If no direct connection, why not and what else was done	31 (46.2%)	31 does not include the 24 for whom this question was not asked because the answer to the previous question was "yes" or "not interested" or the 3 for whom this question was not asked because resources were not discussed.
At enrollment: If connection, describe connection and next steps	23 (34.3%)	31 does not include the 41 for whom this question was not asked because the answer to the previous question was "no" or "not interested" or the 3 for whom this question was not asked because resources were not discussed.
At check-in: Whether reached enrollee	0 (0.0%)	
At check-in: Whether enrollee has accessed any resources since enrollment	15 (22.4%)	15 does not include the 24 for whom this question was not asked because no check-in contact was established.
At check-in: What actions the enrollee has taken	17 (25.4%)	17 does not include the 13 for whom this question was not asked because enrollee had not accessed resources or the 24 for whom this question was not asked because no check-in contact was established.
At check-in: Offer to connect the enrollee directly with resources	11 (16.4%)	11 does not include the 24 for whom this question was not asked because no check-in contact was established.
At check-in: Whether enrollee accepted offer to connect directly with resources	18 (26.9%)	18 does not include the 24 for whom this question was not asked because no check-in contact was established.
At check-in: Able to connect enrollee directly with resources	15 (22.4%)	15 does not include the 24 for whom this question was not asked because no check-in contact was established. However, this question was answered whether the answer to the previous questions about connecting enrollees with services were yes or no, despite skip logic instructing respondent to only answer this question if the enrollee accepted the offer to connect with services.

[continued]

One Week Check-In Form Question (filled out by GSAs or MCCG staff)	# (%) of MA-VSEP Enrollees Who Agreed to Receive a Check-In Call for Whom GSAs o MCCG Staff Did Not Answer Question	Notes
At check-in: If no direct connection, why not and what else was done	17 (25.4%)	17 does not include the 7 for whom this question was not asked because direct connection was established or the 24 for whom this question was not asked because no check-in contact was established.
At check-in: If connection, describe connection and next steps.	9 (13.4%)	9 does not include the 19 for whom this question was not asked because direct connection was not established or the 24 for whom this question was not asked because no check-in contact was established.
Additional notes	7 (10.4%)	

Note. The first half of these forms were supposed to be completed for all MA-VSEP enrollees; however, GSAs only filled out the forms when they forwarded enrollees' information to MCCG for the check-in call and consequently only filled them out for the 67 enrollees who agreed to receive a check-in call.

MA-VSEP Baseline Survey (Maximum n=63 MA-VSEP enrollees who agreed to complete the baseline survey)

Baseline Survey Question	# (%) of MA-VSEP Enrollees Who Agreed to Complete the Baseline Survey Who Did Not Answer Question	Notes
Reason for MA-VSEP enrollment	17 (27.0%)	Question also asked on MA-VSEP application.
Reason for MA-VSEP enrollment on this day in particular	20 (31.7%)	Question also asked on MA-VSEP application.
How enrollee heard about MA-VSEP	2 (3.2%)	
Satisfaction w/ interaction w/ GSA	3 (4.8%)	
GameSense Info Center	Private: 1 (1.6%) Comfortable: 2 (3.2%)	
Questions about GSA	1 (1.6%)	
PY: Game on which you lost the most money	19 (30.2%)	Question also asked on MA-VSEP application.
PY: Gambling locations	Gambling at PPC: 18 (28.6%) Gambling at neighboring casinos: 19 (30.2%) Gambling at non-neighboring casinos: 20 (31.7%)	Question also asked on MA-VSEP application.
# of bets in lifetime	0 (0.0%)	
Age at 1 st bet	0 (0.0%)	
Recency of last bet	20 (31.7%)	Question also asked on MA-VSEP application.
Reasons for gambling	19 (30.2%)	Question also asked on MA-VSEP application.
PY: Total amount lost	19 (30.2%)	Question also asked on MA-VSEP application.
PY: Largest amount lost in one day	19 (30.2%)	Question also asked on MA-VSEP application.
PY: Needed to get more money in the middle of a gambling outing	19 (30.2%)	Question also asked on MA-VSEP application.
PY: Frequency of play on different game types	0-4 (0.0%-6.3%)	
Frequency of drinking/drugging while gambling	0 (0.0%)	
PY: Gambling problems	0-1 (0.0%-1.6%)	
Age first experienced problems	5 (7.9%)	
Intentions to quit gambling	20 (31.7%)	Question also asked on MA-VSEP application.
Readiness and confidence to change gambling behavior	0 (0.0%)	
Attitudes about gambling	0-2 (0.0%-3.2%)	
Overall physical and mental health	0 (0.0%)	
Past two weeks depression and anxiety symptoms	0 (0.0%)	
PY life events	0 (0.0%)	
Relationships	w/ spouse or partner: 25 (39.7%) w/ immediate family: 2 (3.2%) w/ friends: 4 (6.3%)	
Social support	0-4 (0.0%-6.3%)	
Spoke w/ professional about gambling problems	0 (0.0%)	

[continued]

Baseline Survey Question	# (%) of MA-VSEP Enrollees Who Agreed to Complete the Baseline Survey Who Did Not Answer Question	Notes
Called helpline about gambling problems	0 (0.0%)	
PY: # of times called helpline	0 (0.0%)	0 does not include the 33 who were not asked this question because they had never called a gambling helpline.
Received treatment for mental health or substance use problem	0 (0.0%)	
Types of treatment received	0 (0.0%)	
PY: Types of treatment received	2-9 (3.2%-14.3%)	2-9 does not include 32-60 respondents who were not asked these questions because they answered no to lifetime receipt of treatment type.
Lifetime Gamblers Anonymous participation	0 (0.0%)	
Lifetime other 12-step participation	0 (0.0%)	
Most recent Gamblers Anonymous participation	0 (0.0%)	0 does not include the 31 who were not asked this question because they had never been to Gamblers Anonymous
Most recent other 12-step participation	0 (0.0%)	0 does not include the 50 who were not asked this question because they had never been to another 12-step group
Frequency of Gamblers Anonymous participation	1 (1.6%)	1 does not include the 31 who were not asked this question because they had never been to Gamblers Anonymous
Frequency of other 12-step participation	1 (1.6%)	1 does not include the 50 who were not asked this question because they had never been to another 12-step group
Household income	18 (28.6%)	Question also asked on MA-VSEP application.
Employment	18 (28.6%)	Question also asked on MA-VSEP application.
Ethnicity	18 (28.6%)	
Race	18 (28.6%)	Question also asked on MA-VSEP application.
Marital status	18 (28.6%)	Question also asked on MA-VSEP application.
Living with someone in marriage-like relationship	18 (28.6%)	18 does not include 12 who were not asked this question because they were married. Question also asked on MA-VSEP application.
Ever served in Armed Forces	18 (28.6%)	Question also asked on MA-VSEP application.
Self or family worked in gambling industry	18 (28.6%)	Question also asked on MA-VSEP application.

Note. Other than "relationships, the questions for which more than 9 respondents are missing data are questions that were not asked on the baseline survey when versions of the MA-VSEP application were active that included these questions.

MA-VSEP Follow-Up Interview (Maximum n=46 MA-VSEP enrollees who agreed to complete the follow-up interview)

Follow-Up Survey Question	# (%) of MA-VSEP Enrollees Who Agreed to Complete the Follow-Up Survey Who Did Not Answer Question	Notes
Satisfaction w/ MA-VSEP	0 (0.0%)	
Since MA-VSEP: Gone to PPC	0 (0.0%)	
Since MA-VSEP: # of times gone to PPC	0 (0.0%)	0 does not include the 36 who were not asked this question because they had not returned to PPC.
Since MA-VSEP: Tried to enter gaming area at PPC	0 (0.0%)	0 does not include the 36 who were not asked this question because they had not returned to PPC.
Since MA-VSEP: # of times tried to enter gaming area at PPC	0 (0.0%)	0 does not include the 39 who were not asked this question because they had not tried to enter the gaming area at PPC.
Since MA-VSEP: Caught trying to enter gaming area at PPC	1 (2.2%)	1 does not include the 39 who were not asked this question because they had not tried to enter the gaming area at PPC.
Since MA-VSEP: # of times caught trying to enter gaming area at PPC	1 (2.2%)	1 does not include the 43 who were not asked this question because they had not been caught trying to enter the gaming area at PPC.
What happened when caught	1 (2.2%)	1 does not include the 43 who were not asked this question because they had not been caught trying to enter the gaming area at PPC.
Recency of last bet	1 (2.2%)	
Since MA-VSEP: Any gambling	0 (0.0%)	
Since MA-VSEP: Frequency of play on different game types	0 (0.0%)	
Since MA-VSEP: Game on which you lost the most money	1 (2.2%)	1 does not include the 13 who were not asked this question because they had not gambled on any game since MA-VSEP enrollment.
Since MA-VSEP: Gambling locations	0 (0.0%)	
Since MA-VSEP: Gambling problems	0 (0.0%)	
Since MA-VSEP: Total amount lost	0 (0.0%)	0 does not include the 13 who were not asked this question because they had not gambled on any game since MA-VSEP enrollment.
Since MA-VSEP: Largest amount lost in one day	0 (0.0%)	0 does not include the 13 who were not asked this question because they had not gambled on any game since MA-VSEP enrollment.
Since MA-VSEP: Needed to get more money in the middle of a gambling outing	1 (2.2%)	1 does not include the 13 who were not asked this question because they had not gambled on any game since MA-VSEP enrollment.
Since MA-VSEP: Frequency of drinking/drugging while gambling	0 (0.0%)	0 does not include the 13 who were not asked this question because they had not gambled on any game since MA-VSEP enrollment.
Reasons for gambling	0 (0.0%)	0 does not include the 13 who were not asked this question because they had not gambled on any game since MA-VSEP enrollment.
Since MA-VSEP: Perception of gambling behavior	0 (0.0%)	
Readiness and confidence to change gambling behavior	Readiness: 0 (0.0%) Confidence: 4 (8.7%)	
Overall physical and mental health	0 (0.0%)	
Past two weeks depression and anxiety symptoms	0 (0.0%)	

[continued]

Follow-Up Survey Question	# (%) of MA-VSEP Enrollees Who Agreed to Complete the Follow-Up Survey Who Did Not Answer Question	Notes
Since MA-VSEP: Substance use	0 (0.0%)	
Since MA-VSEP: Substance use recency	0 (0.0%)	0 does not include 17-45 respondents who were not asked these questions because they answered no to use of specific substance.
Since MA-VSEP: Substance use frequency	0 (0.0%)	0 does not include 17-45 respondents who were not asked these questions because they answered no to use of specific substance.
6 months prior to MA-VSEP: Substance use frequency	0 (0.0%)	0 does not include 17-45 respondents who were not asked these questions because they answered no to use of specific substance.
Since MA-VSEP: Life events	0 (0.0%)	
Relationships	w/ spouse or partner: 20 (43.5%) w/ immediate family: 0 (0.0%) w/ friends: 2 (4.3%)	
Social support	0-1 (0.0%-2.2%)	
Since MA-VSEP: Spoke w/ professional about gambling problems	0 (0.0%)	
Since MA-VSEP: Called helpline about gambling problems	0 (0.0%)	
Since MA-VSEP: Used online or print-based self-help materials for gambling problems	0 (0.0%)	
Since MA-VSEP: Received treatment for mental health or substance use problem	0 (0.0%)	
Since MA-VSEP: Types of treatment received	0-1 (0.0%-2.2%)	
Gamblers Anonymous participation	0 (0.0%)	
Other 12-step participation	0 (0.0%)	
Most recent Gamblers Anonymous participation	0 (0.0%)	0 does not include the 22 who were not asked this question because they had never been to Gamblers Anonymous
Most recent other 12-step participation	0 (0.0%)	0 does not include the 33 who were not asked this question because they had never been to another 12-step group
Frequency of Gamblers Anonymous participation	1 (2.2%)	1 does not include the 22 who were not asked this question because they had never been to Gamblers Anonymous
Frequency of other 12-step participation	1 (2.2%)	1 does not include the 33 who were not asked this question because they had never been to another 12-step group
Received resource packet at MA-VSEP enrollment	0 (0.0%)	
Reviewed resource packet w/ staff at MA-VSEP enrollment	1 (2.2%)	1 does not include the 2 who were not asked this question because they reported that they had not received resource packets at MA-VSEP enrollment.
Used resources from MA-VSEP packet	0.0%	0 does not include the 2 who were not asked this question because they reported that they had not received resource packets at MA-VSEP enrollment.

[continued]

Follow-Up Survey Question	# (%) of MA-VSEP Enrollees Who Agreed to Complete the Follow-Up Survey Who Did Not Answer Question	Notes
Received check-in call after MA-VSEP enrollment	4 (8.7%)	
MA-VSEP enrollment influenced treatment-seeking or self-help	0 (0.0%)	
How MA-VSEP enrollment influenced treatment-seeking or self-help	0 (0.0%)	0 does not include 27 who were not asked this question because they indicated that MA-VSEP enrollment had not influenced treatment-seeking or self-help.
Signed up for VSE in another state or w/ another casino	0 (0.0%)	
Comparison between MA-VSEP and other program	1 (2.2%)	1 does not include 11 who were not asked this question because they indicated that they had not signed up for VSE elsewhere.
How MA-VSEP can be improved	0 (0.0%)	
How MA-VSEP has been helpful	0 (0.0%)	
Household income	0 (0.0%)	
Employment	0 (0.0%)	
Marital status	0 (0.0%)	Question also asked on MA-VSEP application.
Living with someone in marriage-like relationship	13 (28.3%)	13 does not include 16 who were not asked this question because they were married. Question also asked on MA-VSEP application.

APPENDIX G: MA-VSEP ENROLLEES' SPECIFIC REASONS FOR ENROLLING IN MA-VSEP ON THAT DAY

Open Response Reasons for Enrolling in MA-VSEP Today (N=158)
You feel it is the best decision for you do it tonight
Work around here
Want to recover. Had it in mind for a while, after being away from gambling for 2 months I felt ready
Wants a different life
Wanted to ensure to be signed out of each casino. Had done other casinos, need to do this one as well to stop the temptation.
Want to build a better life. Blew \$300, and was walking out of the casino, saw GameSense and decided to try 6 months.
Trying to win my money back, and I know I have a gambling problem.
Trying to stop. Was thinking about it and the stress associated with gambling and decided it was time to stop. Knew that id spend the money I won.
tried of losing money
Tried (sp?) of losing money.
totally done
Today is the day. Lost more money than usual
tired of losing money
tired of hurting my family
This cusion [sic] doest [sic] pay out.
The overall mass gaming so-unfair rules. Plus, I don't want to lose anymore money.
The dissapointment [sic] to one man in general. The one person over the years who has tried to help me through tough times. He has had my back thru [sic] thick & thin, regardless of my poor decisions. just had enough, too much time
Started to gamble 2 yrs ago today. Lost a large amount of money.
spent too much money, behind
Spent more money than I had in free slot play around \$500. It was becoming a frequent habit after work. I worked close by. I was already there and I had lost more than I had wanted to and decided this was it.
Spent money I don't have.
Spending too much time. Was debating it for awhile
Spending too much money and time gambling.
son is in town
slot machine play
Sister told her about the program
seeing your green shirt. Had been thinking about it, was playing at the casino that day and wasn't winning, had heard about it before
Received an email from PPC and decided he had enough
Reached my bottom
putting it off for a while, decided today is the day
planned on it for a long time but did not know it was possible here
Planned action. Gave himself permission to check it out, spent whatever money he brought, then signed up. Went on a day he knew he would be able to sign up (had the day off of work).
on my own
Nothing particular. I finished school, my friend who know about my problem said to me let's go through this self-exclusion journey together. I had self-excluded from foxwood and mohegan sun. We did all of them from Maine to Delaware. We did this all in 2 days.
Nothing
no reason
New year
Needed to stop
Needed to get it done.
I was just done. Tired of losing. I had made up my mind that I was going to play and before I left I was going to sign up. myself. Was drinking too much and spending money
My lack of self control. Knowledge of the option to do so.

Open Response Reasons for Enrolling in MA-VSEP Today (N=158) [cont.]

my friends and family asked to sign up
My 6 yr anniversary for stopping gambling
Moral Son
Money spent too quickly no entertainment provided.
Me
Lost to much need stop my child step. the day her son could go with her. he didn't want it to go any longer
Lost money more than what I could afford
lost money after being up
Lost lots of money, worst day of life! Every time I make money, whatever sometimes I dont pay rent and I go over there and lose my money. Went to the casino that day with 2,000 and lost it all in one hour. I did't know what I was doing. I had stress, this made it worse. I can't control myself.
lost all my money, had enough. I lost money I didn't have, said it was enough. Talked to the guy at GameSense (Gerry). Said I had enough, and I signed up.
Lost all money for trip to Ireland
Lost a lot today
Lost a lot of money.
Lost a lot of money and wanted
Lost a lot of money
lost 37000 in 3 days
Lost \$1000
Live left the time in Maine and now here. Putting a stop to it today.
Last place to sign out
knew it was an option. need to cool off
Knew I was going to sign out when I entered the casino. It was planned
just want to stop gambling, I have a gambling problem
just ready
Just lost some money that was meant....
Just had enough. Sick in tired of being tired.
Just had enough. realized that I was spending too much and out of control. Did it at Twin River, was an easy time to go, had a break during job
just had enough
just decided today was the day. Thinking of quitting and saw GSA, had a conversation about losing too much money and it was fate finding the GSA.
ive been losing every time I come down, enough is enough, i had \$2900 in my pocket and have
Its a suckers game, lost a large.....
It's been a long time since she's been in a casino entering this one makes her feel like nothing has changed. She hasn't been in a casino in one & a half years. She was excited about plain ridges open
It's a way to save money
It was planned for today
im sick of this, the machines are too strictly controlled
If I don't do nothing good today, I do this. I lost \$2500 in 3 visits this week and...
I won a good deal of money and gave it back.
I want to save to buy a house.
I lost too much \$ today!
I know I have a problem and it
I knew I needed to
I felt this was the day to do it
I do not want to lose anymore money.
hit bottom. spent too much money
havent won at Plainridge
have done it at other casino
Had made up my mind to VSE today

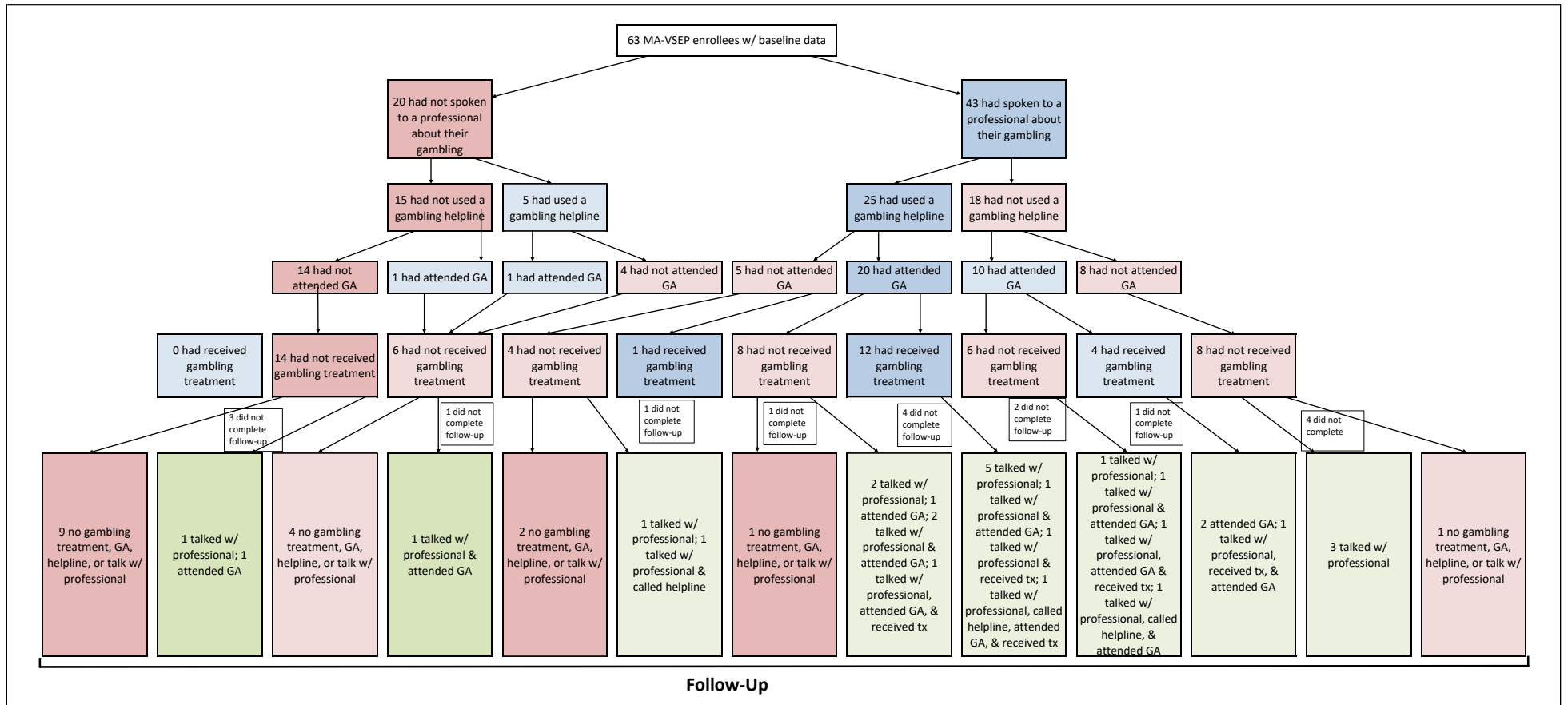
Open Response Reasons for Enrolling in MA-VSEP Today (N=158) [cont.]

Had enough.
had enough!
Had enough of losing my money.
Had a set day. Getting barred from the casino, and see how they compared to other casinos and support others.
had a set day
Had a reality check after today's
Habit is getting out of control
gambling-problem
Financially bankrupt... will file with court. Spoke with me before Christmas
Finally decided today is the day.
Figured out I can't control my gambling
Felt need to do it.
Felt it was in her best interest
felt guilty, spendi..... I had been gambling for a month and was severely depressed and needed to stop.
Fed up with gambling lose money on slot. I had lost money the day before. And I didn't want to blow \$400 the next week if I had the chance to.
due to the fact that I gave PPC \$80,000.00
dont want to lose his marriage due to gambling
Don't want to lose anymore money
Do not want to lose any more money. I can't deal with it anymore, didn't care that I was borrowing money from others or fighting with boyfriend.
Do not want to lose any more money
Do not want to lose any more money
do not want to lose any more money
Do not want to lose any more money.
Do not want to lose any more money
do not want to lose any more money
Do not want to hurt my wife anymore. For about 10 years I had cleaned my act up from gambling. I was better husband, father, everything. When I went back to it, I turned back into a scumbag and an addict. Borrowing money, lying about it. About 6 months ago, by accident I hit a \$5k winnings. I took the money and left. One night I went there with about the same amount of money and I knew I wasnt going to leave there with any money. I was talking to myself, sitting there losing it as fast as I could. It was a cry for help. A couple weeks later you made the decision to self-exclude.
Disgusted with continual losses and getting deeper in debt.
Did not walk away when I was up\$1000.00 earlier today.
did it before vacation
Decided to take this step last Friday actually (8/4) after trying not to gamble more than a specific amount and not having enough control to follow through.
Day off excluding everywhere
Control my gambling
Come here to much
change in personality, getting angry at family members who are winning. saw gambling as a rip off, knew that she would keep going
Casino location is too close to home. For a while I wanted to take a cool down. When I was there I decided to do it. I wanted to take a 3 year. I'm not a compulsive gambler. I go a lot so its a way to reduce the amount of times I gamble. My goal is to gamble once or twice a year at a destination such as Las Vegas or Atlantic City.
Cannot stop gambling. because I had the time and I was with someone that would support me. I had signed out of all the other casinos and figured I would just do them all. I knew if I had signed out of 3/4, I would just go to the 4th.
Cannot control my gambling
Can't stop coming in.
can't control gambling, gambling problem
Came just to sign up
came in to the casino on multiple occasions with the intent of signing out

Open Response Reasons for Enrolling in MA-VSEP Today (N=158) [cont.]

Came as a group to sign out. Made arrangements to go down with two friends and all self-exclude. became familiar with gamesense and my involvement with council.
Came as a group to exclude. The sight of slot machines and supporting a friend
Big bills coming up.
better relationship with family
Began self-exclusion at ALL local casinos
been thinking about it for a while
Been here too much.
Been considering it for a while
Becoming completely broke, worried I will be homeless... I got paid on Friday an
Because my first exclusion for life
Because it's so close to home. Too tempting. I was at the casino for a 3rd or 4th time that week, lost 600-700 that day
Because I lost a lot of money
Attending college and need a break from the casino
as stated about (question 1)
already thinking about it
Tried to sign up a week or two before. Not a good experience with a GSA. went in and said let's try it again. That guy was pleasant and decided to sign up for 6 months, just to give it a go
Traveling home and discovered this casino and wanted to make sure that he was banned from every casino he could go to.
Losing money, location of Plainridge was way too close to home
It was just hte right time, I'd just had enough, I was playing that day and blew a few hundred, and I just went through with it.
I was stressed out about losing money and worried it was going to get me in to trouble.
I was just done.
I had just won a runner up prize on a 10k prize, \$500 slot play and I sat down and put it all back into the machine. I put everything in the machine. I put all my money and winnings into the machine. I lived there, was there every day. I lost everything.
I had heard of it. Decided I would sign up if I didn't have a good night at PPC. Had one last hurrah
i feel, since i know i have a gambling problem Plainridge is to close to home and felt it was time to exclude myself before it becomes out of control.
Budget resolve
before signing he won big, and wanted to prevent himself from losing any more money
Because I need to stop gambling and cant do it on my own

APPENDIX H: MA-VSEP ENROLLEES' GAMBLING-RELATED TREATMENT AND SELF-HELP BEFORE AND AFTER MA-VSEP ENROLLMENT



APPENDIX I: EXPLORATORY ANALYSES OF MODERATOR EFFECTS – GENDER, AGE, AND LENGTH OF ENROLLMENT

For each set of analyses conducted in the body of the report, we also conducted a series of exploratory analyses examining moderators. In these analyses, we tested whether MA-VSEP enrollee characteristics, behaviors, and changes in behavior vary by gender, age (via median split: younger than 49 or older than 48), and term of enrollment (via median split: 12 months or less or 36 months or more). We did not include race or ethnicity in these comparisons because of the uneven distribution of race and ethnicity in the sample. Because of the number of comparisons, size of the sample, and limitations of the sample, these results require replication and should be interpreted with caution.

Past Gambling Behavior Prior to MA-VSEP Enrollment

Older enrollees (i.e., age 49 and older) were more likely than younger enrollees (i.e., age 48 and younger) to report electronic gambling machines as the games on which they had lost the most money, $\chi^2(8)=15.7$, $p<.05$, but game type did not vary by gender or enrollment term.

Frequency of visiting PPC and venues in neighboring and non-neighboring states did not differ by gender, age, or term of enrollment. Recency of last bet prior to signing up for MA-VSEP also did not differ by gender, age, or term of enrollment.

MA-VSEP enrollees who responded to questions about their gambling behavior reported losing substantial amounts of money, both overall, and in any one day. These financial variables did not vary by gender or age. However, the maximum amount lost in one day varied by term of enrollment, $F(1,127)=7.6$, $p<.01$. Those who signed up for 3-year or 5-year MA-VSEP terms reported significantly greater maximum one day losses ($M=\$5,085.3$, $SD=\$8,485.5$) than those who signed up for 6-month or 12-month terms ($M=\$2,013.0$, $SD=\$2,125.7$).

MA-VSEP enrollees who completed the baseline survey ($n=63$) provided additional information about their gambling behavior prior to MA-VSEP enrollment. Older enrollees reported beginning gambling at a later age ($M=28.8$, $SD=14.1$) than younger enrollees ($M=17.3$, $SD=6.7$), $F(1,61)=16.3$, $p<.001$. Age of gambling initiation did not vary by gender or term of enrollment. Lifetime frequency of gambling did not vary by gender, age, or term of enrollment.

Enrollees who completed the baseline survey gambled on a variety of game types in the year prior to exclusion. Game choice varied somewhat by gender and age, but not by enrollment term. Women bet on sports with friends less frequently than men, $F(1,61)=41$, $p<.05$, and young enrollees played table games and poker at a casino and engaged in games of physical skill for money more frequently than older enrollees, $F(1,61)=11.0$, $p<.01$, $F(1,61)=5.1$, $p<.05$, and $F(1,61)=6.1$, $p<.05$, respectively. Male enrollees and younger enrollees had engaged in significantly more different types of gambling in the prior year than female and older enrollees, $F(1,61)=4.2$, $p<.05$, and $F(1,61)=8.0$, $p<.01$, respectively for gender and age.

Past Gambling Behavior at PPC Prior to MA-VSEP Enrollment – Player Card Data

For each of the 91 enrollees with player card gambling activity, we calculated the total amount they had wagered and the total amount they had lost using their card prior to their date of MA-VSEP enrollment, and the number of visits they had made to PPC during which they recorded gambling activity prior to their date of VSEP enrollment. To control for their time at-risk (i.e., some enrollees had hundreds of days during which they could have recorded card activity prior to MA-VSEP enrollment and others had only a few weeks), we calculated three additional variables: amount wagered per day (i.e., total amount wagered divided by days between the enrollee's first gambling activity in the PPC system and the date of their MA-VSEP enrollment), amount lost per day (i.e., total amount lost divided by days between the enrollee's first gambling activity in the PPC system and the date of their MA-VSEP enrollment), and frequency of play (i.e., number of visits divided by days between the enrollee's first gambling activity in the PPC system and the date of their MA-VSEP enrollment). These variables did not vary by gender, age, or enrollment term.

Past Gambling Motivations, Attitudes, and Experiences Prior to MA-VSEP Enrollment

Reasons for gambling did not vary by gender or age. However, MA-VSEP enrollees who selected enrollment terms of 36 months or more were more likely than others to report gambling because they felt sad or depressed (47.7% compared to 24.2%, $\chi^2(1)=7.6$, $p<.01$).

MA-VSEP enrollees who completed the baseline survey answered question about their beliefs about luck and probability as they relate to gambling, as well as their attitudes about the benefits and costs of gambling. Attitudes and beliefs did not vary by gender or age. However, enrollees who selected 6 month or 12 month terms had greater agreement with the statement that someone's luck would turn around if they kept gambling ($M=2.4$, $SD=1.4$) than enrollees who selected a 36 month or longer term ($M=1.5$, $SD=1.1$), $F(1,59)=12.3$, $p<.01$.

Past Gambling Problems Prior to MA-VSEP Enrollment

Both the application and the baseline survey included the Brief Bio-Social Gambling Screen, which includes three criteria of gambling disorder found to be most indicative of that disorder (BBGS: Gebauer et al., 2010). Men and women were just as likely to screen positive on the BBGS, as were older and younger enrollees; however, younger enrollees were more likely to endorse having financial trouble as a result of their gambling, $\chi^2(1)=6.0$, $p<.05$. BBGS item endorsement did not vary by enrollment term.

MA-VSEP enrollees who completed the baseline survey responded to a full assessment of gambling problems, a past 12-month adaptation of the gambling section of the Alcohol Use Disorder and Associated Disabilities Interview Schedule IV (AUDADIS-IV: Grant et al., 2003) that we have used in previous work (i.e., Nelson et al., 2013). Younger enrollees endorsed more DSM criteria ($M=7.8$, $SD=1.8$) than did older enrollees ($M=6.4$, $SD=2.7$), $F(1,61)=6.0$, $p<.05$, but criteria endorsement did not vary by gender or enrollment term.

Physical and Mental Health Prior to MA-VSEP Enrollment

Physical and mental health ratings did not vary by age, gender, or enrollment term. Depression and anxiety scores also did not differ by gender, age, or enrollment term. To examine potential triggers for mental health issues that might exacerbate gambling issues, the baseline survey asked MA-VSEP enrollees whether they had experienced any of 10 life events in the year prior to MA-VSEP enrollment. Female enrollees were more likely than male enrollees to report dealing with the illness of a friend or family member (45.8% compared to 17.9%), $\chi^2(1)=5.7$, $p<.05$, and enrollees who selected a 6 or 12 month term were more likely to report having difficulty access health care or medical services (22.2% compared to 5.6%), $\chi^2(1)=3.9$, $p<.05$, but no other gender, age, or enrollment term differences emerged. Number of stressors did not vary by gender, age, or enrollment term.

Relationships and Social Support Prior to MA-VSEP Enrollment

Enrollees who completed the baseline survey rated their relationships on a scale from 1 (poor) to 5 (excellent). There were no differences by gender, age, or enrollment term. MA-VSEP enrollees who completed the baseline survey also responded to the TCU Social Support Scale (Joe et al., 2002), a 9-item measure of social support from friends and family. Social support did not vary by gender or age. However, enrollees who selected 6 or 12 month terms reported less social support ($M=33.4$, $SD=7.1$) than enrollees who selected a term of 36 months or more ($M=38.3$, $SD=6.7$), $F(1,56)=7.2$, $p<.05$.

Past Treatment Prior to MA-VSEP Enrollment

Female enrollees were more likely than male enrollees to have talked to a doctor or professional about their gambling problems (i.e., 83.3% compared to 59.0%), $\chi^2(1)=4.1$, $p<.05$. There were no other gender, age, or enrollment term differences in past treatment, treatment types received, or self-help group attendance.

Motivations for Enrollment Prior to MA-VSEP Enrollment

Reasons for MA-VSEP enrollment did not differ by gender or age. However, enrollees who selected enrollment terms of 36 months or longer were more likely to endorse enrolling because they couldn't control their gambling (i.e., 82.7% compared to 57.6%), and because they wanted to improve relationships with their family and friends (i.e., 38.8% compared to 22.4%) than enrollees who selected shorter enrollment terms, $\chi^2(1)=13.8$, $p<.001$ and $\chi^2(1)=5.7$, $p<.05$, respectively.

Most MA-VSEP enrollees intended to quit all gambling upon MA-VSEP enrollment. This did not vary by gender or age. However, enrollees who selected a 36 month or longer enrollment term were more likely that others to intend to quit all gambling (80.0% compared to 59.3%), $\chi^2(3)=9.4$, $p<.05$.

In addition, though male and female enrollees expressed similar readiness and confidence in their ability to change their behavior, older enrollees expressed greater readiness to change their behavior ($M=9.0$, $SD=1.4$) than younger enrollees ($M=7.2$, $SD=2.5$), $F(1,61)=13.0$, $p<.01$. Neither readiness to change nor confidence in ability to change varied by length of enrollment term.

MA-VSEP Satisfaction and Experiences

MA-VSEP enrollees who participated in the baseline survey indicated how they learned about the MA-VSEP. There were no gender or enrollment term differences, but younger enrollees were more likely to report having been told about MA-VSEP by PPC staff (other than a GSA), $\chi^2(1)=4.2$, $p<.05$.

MA-VSEP satisfaction and impressions of the GSAs did not differ by gender, enrollment term, or age.

MA-VSEP Utilization

As Figure 28 shows, among the sample of first-time MA-VSEP enrollees ($n=263$), 67 (25.5%) agreed to have a one-week check-in call with staff from the MCCG. There were no statistically significant differences between those who agreed to and those who declined an MCCG one-week check-in call based on gender, age at enrollment, or term of MA-VSEP enrollment.

Among the enrollees with whom MCCG completed check-in calls, there were no differences in rates related to check-in and utilization of resources by gender, age at enrollment, or length of enrollment term.

MA-VSEP Violations

MA-VSEP violations reported by enrollees who completed the follow-up survey did not differ by gender, age at enrollment, or enrollment term.

Baseline and Follow-up Survey Respondents: Changes in Gambling Behavior after MA-VSEP Enrollment

Gambling after enrollment did not vary by age or gender, but enrollees who selected terms of 36 months or longer were more likely to report gambling after enrollment.

Across enrollees who completed the follow-up survey, frequency of gambling at PPC and other casinos decreased from baseline to follow-up. There were some differences by gender, age, and enrollment term. Enrollees who selected shorter enrollment terms (i.e., 6- or 12-months) demonstrated greater decreases in their frequency of gambling at PPC than other enrollees, $F(1,39)=11.6$, $p<.01$, younger enrollees demonstrated greater decreases in their frequency of gambling at neighboring casinos than older enrollees, $F(1,37)=4.4$, $p<.05$, and male enrollees demonstrated greater decreases in their frequency of gambling at non-neighboring casinos than female enrollees, $F(1,36)=6.0$, $p<.05$. In all three cases, the group that evidenced greater decreases also had higher baseline scores. Cell counts were low for these comparisons, so these findings should be interpreted with caution.

We also examined changes in frequency of gambling on different game types for the 10 game types engaged in by more than 10% of the baseline sample. There were no gender or enrollment term effects, but there were two age differences. Younger enrollees demonstrated greater decreases in their frequency of playing table games and poker at casinos than older enrollees, $F(1,42)=4.4$, $p<.05$ and $F(1,42)=6.0$, $p<.05$, respectively. In both cases, the younger group that evidenced greater decreases also had higher baseline scores. Cell counts were low for these comparisons, so findings should be interpreted with caution.

The number of game types MA-VSEP enrollees who completed the follow-up survey engaged in after signing up for MA-VSEP decreased. These reductions did not vary by gender or age of enrollment. However, among the 33 who continued gambling after MA-VSEP enrollment, those who had selected 6 month or 12 month terms reduced the number of game types they played more than other enrollees after enrollment, $F(1,31)=6.9$, $p<.05$.

Among the 33 who continued gambling after MA-VSEP enrollment, both total losses, and the maximum lost in one day were significantly lower than prior to baseline. These reductions did not differ by gender, enrollment term, or age at enrollment.

Enrollees' perceived changes in gambling from before MA-VSEP enrollment to after did not vary by gender or age, but enrollees who selected a longer enrollment term were more likely than others to report not gambling at all after enrollment, $\chi^2(4)=12.3$, $p<.05$.

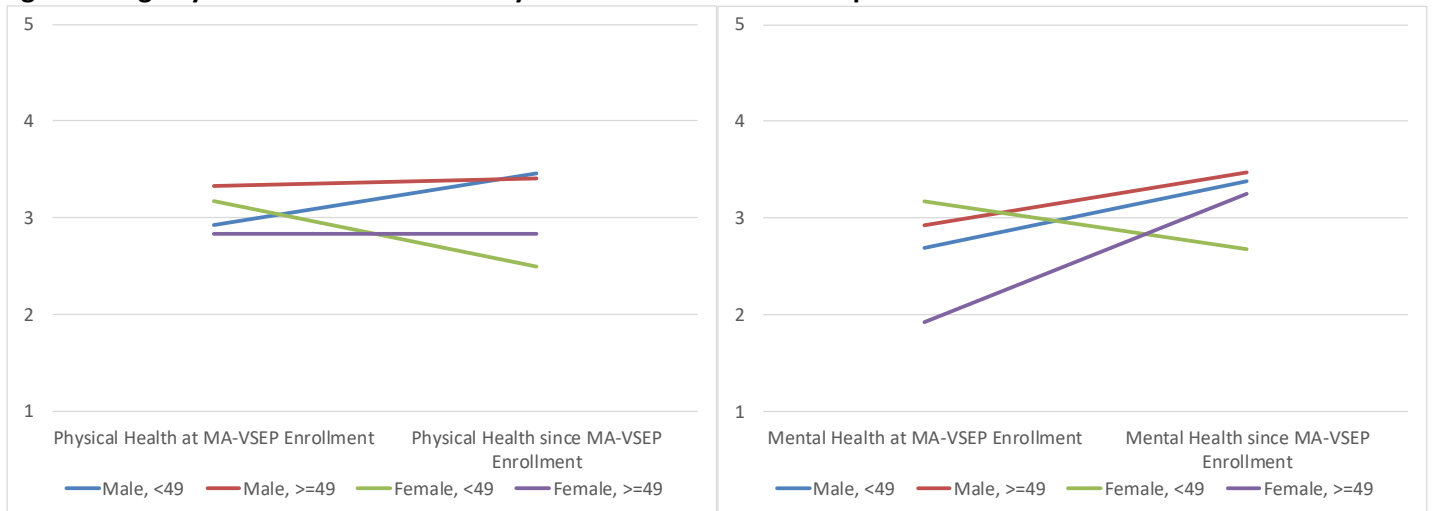
Baseline and Follow-up Survey Respondents: Changes in Gambling Problems

MA-VSEP enrollees who completed the follow-up survey were less likely to endorse each of the DSM-5 criteria for gambling disorder at follow-up than at baseline, and the average number of DSM-5 criteria endorsed by enrollees decreased. None of these findings varied by gender, enrollment term, or age.

Baseline and Follow-up Survey Respondents: Changes in Physical and Mental Health

MA-VSEP enrollees who completed the follow-up survey again responded to questions about physical and mental health, as well as the modified version of the Patient Health Questionnaire-4 assessment for anxiety and depression in the 2 weeks prior to follow-up (PHQ-4: Kroenke et al., 2009). Changes in physical health differed by gender, $F(1,42)=5.2$, $p<.05$, changes in mental health differed by age group, $F(1,42)=6.7$, $p<.05$, and both evidenced a three-way interaction between gender, age group, and time, $F(1,42)=4.1$, $p<.05$ for physical health and $F(1,42)=9.5$, $p<.01$ for mental health. As Figure I1 shows, young male enrollees experienced improvements in both their physical and mental health from MA-VSEP enrollment to follow-up, whereas young women showed declines in both across time. For older enrollees, these differences were not evident; older enrollees experienced no change in physical health, and both male and female older enrollees demonstrated improvements in mental health. There were no differences by enrollment term.

Figure I1: Age by Gender Differences in Physical and Mental Health Improvements Pre- and Post-MA-VSEP Enrollment



Baseline and Follow-up Survey Respondents: Changes in Relationships & Social Support

MA-VSEP enrollees who completed the follow-up survey again responded to questions about their relationships with family and friends, as well as the TCU Social Support Scale (Joe et al., 2002), a 9-item measure of social support from friends and family. Improvements in the quality of their relationships with their spouse or partner did not differ by gender, age, or enrollment term. Social support did not vary significantly from enrollees' baseline score, and there were no pre- post-differences by gender, age, or enrollment term.

Baseline and Follow-up Survey Respondents: Changes in Treatment Readiness

MA-VSEP enrollees' readiness to and confidence in their ability to change their gambling behavior did not change significantly from baseline to follow-up. However, there was a significant time by age group interaction for readiness to change, such that the readiness to change reported by younger MA-VSEP enrollees increased from before to after MA-VSEP enrollment (from $M=7.7$, $SD=1.9$ to $M=8.4$, $SD=2.2$), whereas the readiness of older MA-VSEP enrollees decreased slightly (from $M=9.2$, $SD=1.3$ to $M=8.2$, $SD=2.9$), $F(1,42)=4.6$, $p<.05$. Changes in readiness and confidence to change did not vary by gender or enrollment term.

APPENDIX J: EXPLORATORY ANALYSES OF PREDICTORS OF OUTCOMES AT 6- 12-MONTH FOLLOW-UP

To examine factors that predict positive change among MA-VSEP enrollees, we conducted a series of multiple linear regression and logistic regression analyses. For each regression, we entered the baseline measure, if available, of the follow-up outcome under investigation, followed by baseline measures of demographics, enrollment characteristics, gambling behavior, gambling problems, attitudes, motivations, and intentions at enrollment, physical and mental health, social support and relationships, and MA-VSEP experiences that reached at least a $p < .10$ threshold for statistical significance for the univariate analyses examining their association with the outcome variable. In the analysis section, Table J1 includes a list of those predictors and how we defined them. We conducted these regressions for the following outcomes: (1) whether enrollees reported gambling less at follow-up than prior to MA-VSEP enrollment, (2) total money lost gambling since MA-VSEP enrollment, (3) maximum daily gambling loss since MA-VSEP enrollment, (4) number of DSM-IV gambling disorder criteria endorsed at follow-up, (5) mental health at follow-up, and (6) relationship quality at follow-up.

Table J1: Baseline Predictors of Follow-Up Outcomes

Domain	Predictor
Demographics	Gender (0=male; 1=female)
	Race / Ethnicity (0=white non-Hispanic; 1=other race/ethnicity)
	Age Group (0=less than 49; 1=greater than 48)
	Household Income (0=<\$50K; 1=\$50K+)
	Employment (0=full-time; 1=other than full-time)
	Relationship Status (0=married or in marriage-like relationship; 1=not married)
Enrollment Characteristics	Length of Enrollment Term (0=12 months or less; 1=36 months or more)
	Removal (0=still active; 1=removed self from list)
Gambling Behavior	Frequency of Play at MA casinos (0=never; 7=daily or more)
	Frequency of Play at neighboring casinos (0=never; 7=daily or more)
	Total \$ lost in past year
	Most \$ lost in one day in past year
	Maximum Frequency of Play on non-casino games (0=never; 7=daily or more)
Gambling Problems	# of DSM-IV Criteria of Gambling Disorder Endorsed
Attitudes, Motivations, and Intentions	Gambling for Excitement / Good Time (0=no; 1=yes)
	Gambling to Get Money (0=no; 1=yes)
	Gambling Because Lonely/Sad (0=no; 1=yes)
	Belief in Luck (average agreement w/ 7 statements about luck: 1=disagree strongly; 5=agree strongly)
	Readiness to Change (0=not at all ready; 10=completely ready)
	Confidence in Ability to Change (0=not at all confident; 10=completely confident)
	Planning to Quit All Gambling upon Enrollment (0=no; 1=yes)
Physical and Mental Health	Physical health (1=poor; 5=excellent)
	Mental health (1=poor; 5=excellent)
	Depression or Anxiety Screen (0=did not screen positive; 1=screened positive)
	# of Stressful Life Events in Past Year
Relationships and Social Support	Relationships (average rating of relationships with partner/family/friends: 1=poor; 5=excellent)
	Social Support (summed score of agreement with 9 items: 1=disagree strongly; 5=agree strongly for each item)
MA-VSEP Experiences	MA-VSEP Interaction Satisfaction (1=not at all satisfied; 5=extremely satisfied)
	MCCG Check-In Call Willingness (0=refused; 1=agreed to)
	MCCG Check-In Call Completion (0=no; 1=yes)

Gambling

Upon univariate investigation, three variables – whether the enrollee had formally removed himself or herself from MA-VSEP list, frequency of gambling at PPC prior to MA-VSEP enrollment, and beliefs about luck – were associated with whether an enrollee reported not gambling or gambling less since MA-VSEP enrollment. Table J2 displays these predictors, and their relationship to the outcome within a logistic regression. As the table shows, the predictors contributed significantly to the likelihood of gambling less or not at all after MA-VSEP enrollment. This contribution to the model was driven by a positive relationship between beliefs in luck at baseline and gambling less or not at all since MA-VSEP enrollment, Wald $\chi^2(40)=-4.3$, $p<.05$. This analysis should be interpreted with caution due to the small n.

Table J2: Predictors of Reduced Gambling Since MA-VSEP Enrollment among MA-VSEP Enrollees (n=41)

Baseline Predictors	Outcome: Whether Enrollee Reported Not Gambling or Gambling Less Since MA-VSEP Enrollment				
	B	SE	Exp(B) [95% CI]	Step χ^2	Model χ^2
Step 1:				11.48**	11.48**
Removal (0=still active; 1=removed self from list)	-.99	1.27	.37 [.03; 4.52]		
Frequency of play at MA casinos (0=never; 7=daily+)	-.51	.34	.60 [.31; 1.18]		
Belief in luck (1=disagree strongly; 5=agree strongly)	2.11	1.02	8.22* [1.11; 60.94]		

* $p<.05$

Total Amount Spent Gambling and Maximum Daily Loss Gambling

Upon univariate investigation, only one baseline variable, number of stressful life events experienced in the past year, related to total amount lost gambling since MA-VSEP enrollment ($r=.26$, $p<.10$). The baseline measure of past year total amount lost gambling did not relate to the follow-up measure ($r=-.03$, $p=.86$). Because only one variable demonstrated an association, we did not conduct a regression for this variable. However, we re-ran these analyses using only the follow-up sample who continued gambling after MA-VSEP enrollment. Among this group, two variables, relationship status and term length of MA-VSEP enrollment, were associated with total amount lost gambling since MA-VSEP enrollment, but baseline total amount lost in the past year was not. Table J3 displays these predictors, as well as the baseline measure, and their relationship to the outcome within a multiple linear regression using only data from enrollees who continued gambling after enrollment. As Table J3 shows, neither individual predictor contributed meaningfully to the model, but the addition of both contributed significantly to the model. Controlling for gambling losses in the year prior to MA-VSEP enrollment, there was a trend such that enrollees who were not married or in a marriage-like relationship had higher total losses after MA-VSEP enrollment than others ($p=.08$), and enrollees who selected longer enrollment terms had higher total losses after MA-VSEP enrollment ($p=.11$). This analysis should be interpreted with caution due to the small n.

Table J3: Predictors of Total Money Lost Gambling Since MA-VSEP Enrollment among MA-VSEP Enrollees Who Continued Gambling (n=27)

Baseline Predictors	Outcome: Total Money Lost Gambling Since MA-VSEP Enrollment among Enrollees Who Continued Gambling				
	B	SE	β	Step $R^2 \Delta$	Model R^2
Step 1:				.03	.03
Total Money Lost Gambling PY	.09	.10	.18		
Step 2:				.22*	.25*
Total Money Lost Gambling PY	.09	.10	.17		
Relationship status (0=married/partner; 1=other)	10,276.04	5521.39	.34		
Length of enrollment term (0=6-12 mo; 1=36 mo+)	9,234.37	5,631.05	.30		

* $p<.05$

Examining univariate results, three baseline variables – number of DSM gambling disorder criteria endorsed, readiness to change gambling behavior, and number of stressful life events experienced in the past year – related to maximum daily loss gambling since MA-VSEP enrollment. The baseline measure of maximum past year daily loss gambling did not relate

to the follow-up measure. Table J4 displays these predictors, as well as the baseline measure, and their relationship to the outcome within a multiple linear regression. As this table shows, the predictors contributed significantly to the prediction of maximum daily loss since enrollment, controlling for past year maximum daily loss prior to MA-VSEP. This contribution to the model was driven by a negative relationship between readiness to change gambling behavior at baseline and maximum daily loss since MA-VSEP enrollment, $t(40)=-2.6$, $p<.05$.

Table J4: Predictors of Maximum Daily Loss Gambling Since MA-VSEP Enrollment among MA-VSEP Enrollees (n=41; n=23)

Baseline Predictors	Outcome: Maximum Daily Loss Gambling Since MA-VSEP Enrollment (n=41)				
	B	SE	β	Step R ² Δ	Model R ²
Step 1: Maximum Daily Loss Gambling PY	.07	.05	.24	.06	.06
Step 2: Maximum Daily Loss Gambling PY # of DSM-IV criteria of gambling disorder endorsed Readiness to change (0=not at all ready; 10=completely ready) # of Stressful Life Events in Past Year	.05 -2.63 -348.05 206.19	.05 103.67 136.49 150.03	.17 -.01 -.38* .23	.22*	.28*
Baseline Predictors	Outcome: Maximum Daily Loss Gambling Since MA-VSEP Enrollment among Enrollees Who Continued Gambling (n=23)				
	B	SE	β	Step R ² Δ	Model R ²
Step 1: Maximum Daily Loss Gambling PY	.18	.07	.50	.25*	.25*
Step 2: Maximum Daily Loss Gambling PY Length of enrollment term (0=6-12 mo; 1=36 mo+) Total money lost gambling PY # of DSM-IV criteria of gambling disorder endorsed Gambling to get money (0=no; 1=yes) Readiness to change (0=not at all ready; 10=completely ready) MCCG Check-In Call Completion (0=no; 1=yes)	-.15 1,078.66 .04 70.06 666.24 -60.54 764.02	.15 757.36 .03 171.27 746.65 195.71 751.78	-.42 .29 .77 .08 .18 -.06 .20	.30	.55

* $p<.05$

We repeated these analyses using only the follow-up sample who continued gambling after MA-VSEP enrollment. Among this group, seven variables – enrollment term, gambling to get money, agreement to MCCG check-in, successful completion of MCCG check-in, total amount lost in past year, number of DSM gambling disorder criteria endorsed, and readiness to change gambling behavior – in addition to baseline past year maximum daily loss, were associated with maximum daily loss gambling since MA-VSEP enrollment. Table J4 also displays these predictors and their relationship to the outcome within a multiple linear regression using only data from enrollees who continued gambling after enrollment. As the table shows, the predictors did not contribute significantly to the model beyond the baseline measure of past year maximum daily loss. These analyses should be interpreted with caution due to the small n.

Gambling Problems

Upon univariate investigation, six variables – gambling for excitement, frequency of gambling at PPC, readiness to change gambling behavior, confidence in ability to change gambling behavior, number of past year stressful life events, and social support – in addition to baseline number of DSM-5 gambling disorder criteria endorsed, were associated with number of DSM-5 gambling disorder criteria endorsed at follow-up. Table J5 displays these predictors, as well as the baseline measure, and their relationship to the outcome within a multiple linear regression. As the table shows, as a group the predictors did not contribute significantly to the model beyond the baseline measure of number of criteria endorsed.

We also repeated these analyses using only the follow-up sample who continued gambling after MA-VSEP enrollment. Among this group, eleven variables – gender, employment, gambling for excitement, gambling to get money, quit

intentions, agreement to MCCG check-in, successful completion of MCCG check-in, total amount lost in past year, readiness to change gambling behavior, number of past year stressful life events, and social support – in addition to baseline number of DSM-5 gambling disorder criteria endorsed, were associated with number of DSM-5 gambling disorder criteria endorsed at follow-up.

Table J5 also displays these predictors and their relationship to the outcome within a multiple linear regression using only data from enrollees who continued gambling after enrollment. As the table shows, the predictors contributed significantly to the prediction of number of DSM-5 gambling disorder criteria endorsed at follow-up, controlling for number of criteria endorsed prior to MA-VSEP enrollment. Significant negative relationships between baseline past year stressful life events, baseline social support, and number of gambling disorder criteria endorsed at follow-up accounted most for this contribution, $t(20)=-4.0$, $p<.01$ and $t(20)=-3.3$, $p<.01$, respectively. These analyses should be interpreted with caution due to the small n.

Table J5: Predictors of # of DSM-5 Criteria of Gambling Disorder Endorsed among MA-VSEP Enrollees at Follow-Up (n=36; n=21)

Baseline Predictors	Outcome: # of DSM-IV Gambling Disorder Criteria Endorsed at Follow-Up (n=36)				
	B	SE	β	Step R ² Δ	Model R ²
Step 1: # of DSM-IV criteria of gambling disorder endorsed	.58	.24	.39*	.15*	.15*
Step 2: # of DSM-IV criteria of gambling disorder endorsed Frequency of play at MA casinos (0=never; 7=daily+) Gambling for excitement/good time (0=no; 1=yes) Readiness to change (0=not at all ready; 10=completely ready) Confidence in ability to change (0=not confident; 10=confident) # of Stressful Life Events in Past Year Social support (0=lowest; 45=highest)	.45 .09 -1.88 -.66 .14 .01 -.15	.25 .23 3.07 .33 .25 .34 .07	.30 .06 -.10 -.36 .11 .01 -.35	.26	.41*
Baseline Predictors	Outcome: # of DSM-IV Gambling Disorder Criteria Endorsed at Follow-Up among Enrollees Who Continued Gambling (n=21)				
	B	SE	β	Step R ² Δ	Model R ²
Step 1: # of DSM-IV criteria of gambling disorder endorsed	.96	.31	.59**	.34**	.40**
Step 2: # of DSM-IV criteria of gambling disorder endorsed Gender (0=male; 1=female) Employment (0=full-time; 1=other) Gambling for excitement/good time (0=no; 1=yes) Total money lost gambling PY Gambling to get money (0=no; 1=yes) Planning to quit all gambling upon enrollment (0=no; 1=yes) Readiness to change (0=not at all ready; 10=completely ready) # of Stressful Life Events in Past Year Social support (0=lowest; 45=highest) MCCG Check-In Call Completion (0=no; 1=yes)	.62 -.13 .47 -4.19 .00 .52 1.23 .08 -1.15 -.26 2.52	.22 .86 .99 2.20 .00 .93 .87 .27 .29 .08 .94	.38* -.02 .07 -.29 .33* .08 .19 .04 -.69** -.60** .39*	.55*	.89**

* $p<.05$; ** $p<.01$

Mental Health

Upon univariate investigation, ten variables – gambling for excitement, quit intentions, number of DSM gambling disorder criteria endorsed, having a positive depression or anxiety screen, readiness to change gambling behavior, physical health, number of past year stressful life events, successful completion of MCCG check-in, relationship quality, and social support – in addition to baseline mental health, were associated with mental health at follow-up. Table J6 displays these predictors, as well as the baseline measure, and their relationship to the outcome within a multiple linear regression. As the table shows, the predictors contributed significantly to the prediction of mental health at follow-up, controlling for mental health prior to MA-VSEP enrollment. The only predictor that exhibited a significant direct relationship with mental health at follow-up, controlling for mental health prior to MA-VSEP enrollment, was quit intentions. Enrollees who planned to quit all gambling when they enrolled had worse mental health than others at follow-up. This analysis should be interpreted with caution due to the small n.

Table J6: Predictors of Mental Health among MA-VSEP Enrollees at Follow-Up (n=29)

Baseline Predictors	Outcome: Mental Health at Follow-Up				
	B	SE	β	Step R ² Δ	Model R ²
Step 1: Mental health (1=poor; 5=excellent)	.47	.14	.53**	.29**	.29**
Step 2: Mental health (1=poor; 5=excellent)	.16	.18	.18	.46*	.75**
# of DSM-IV criteria of gambling disorder endorsed	-.06	.07	-.14		
Gambling for excitement/good time (0=no; 1=yes)	.79	.87	.14		
Readiness to change (0=not at all ready; 10=completely ready)	.07	.08	.13		
Planning to quit all gambling upon enrollment (0=no; 1=yes)	-.79	.33	-.34*		
Physical health (1=poor; 5=excellent)	.02	.20	.02		
Depression/anxiety positive screen (0=no; 1=yes)	.33	.33	.15		
# of Stressful Life Events in Past Year	-.02	.12	-.03		
Relationships w/ partner/family/friends (1=poor; 5=excellent)	.23	.18	.23		
Social support (0=lowest; 45=highest)	.05	.03	.32		
MCCG Check-In Call Completion (0=no; 1=yes)	-.41	.34	-.19		

* $p < .05$; ** $p < .01$

Relationship Quality

Upon univariate investigation, ten variables – race/ethnicity, employment, number of DSM gambling disorder criteria endorsed, having a positive depression or anxiety screen, confidence in ability to change gambling behavior, physical health, mental health, number of past year stressful life events, social support, and satisfaction with the interactions with staff during the MA-VSEP enrollment process – in addition to baseline relationship quality, were associated with relationship quality at follow-up. Table J7 displays these predictors, as well as the baseline measure, and their relationship to the outcome within a multiple linear regression. As Table J7 shows, the predictors contributed significantly to the prediction of relationship quality at follow-up, controlling for relationship quality prior to MA-VSEP enrollment. The only predictor that exhibited a significant direct relationship with relationship quality at follow-up, controlling for relationship quality prior to MA-VSEP enrollment, was social support. Enrollees who reported more social support when they enrolled had better relationship quality than others at follow-up. This analysis should be interpreted with caution due to the small n.

Table J7: Predictors of Relationship Quality among MA-VSEP Enrollees at Follow-Up (n=35)

Baseline Predictors	Outcome: Relationship Quality at Follow-Up				
	B	SE	β	Step R ² Δ	Model R ²
Step 1: Relationships w/ partner/family/friends (1=poor; 5=excellent)	.53	.13	.58***	.33***	.33***
Step 2: Relationships w/ partner/family/friends (1=poor; 5=excellent)	.40	.15	.43*	.36*	.69**
Race/eth (0=white non-hisp; 1=other race/eth)	-.68	.43	-.22		
Employment (0=full-time; 1=other)	-.35	.29	-.17		
# of DSM-IV criteria of gambling disorder endorsed	.03	.06	.08		
Depression/anxiety positive screen (0=no; 1=yes)	-.09	.27	-.05		
Confidence in ability to change (0=not confident; 10=confident)	.07	.06	.19		
Physical health (1=poor; 5=excellent)	.07	.15	.07		
Mental health (1=poor; 5=excellent)	-.24	.17	-.31		
# of Stressful Life Events in Past Year	-.03	.09	-.06		
Social support (0=lowest; 45=highest)	.05	.02	.41*		
MA-VSEP satisfaction (1=not satisfied; 5=extremely satisfied)	.24	.18	.16		

* $p < .05$; ** $p < .01$; *** $p < .001$

Resource Access as a Potential Mediator of Positive Change

Because of the low number of enrollees engaged in just gambling treatment before or after MA-VSEP enrollment, to examine the effect of treatment engagement on outcomes, we used the categories depicted in Figure 46. For each outcome we examined in the earlier section, we assessed the effect of treatment engagement on that outcome, controlling, where applicable, for the baseline level of the outcome. We contrast-coded the treatment engagement variables such that we had a set of three independent dichotomous variables: (1) any treatment/treatment-seeking/self-help (tx/tx-sk/sh) compared to none; (2) tx/tx-sk/sh before MA-VSEP enrollment but not after, compared to tx/tx-sk/sh after MA-VSEP enrollment (whether tx/tx-sk/sh occurred prior to enrollment or not); and (3) tx/tx-sk/sh only after MA-VSEP enrollment, compared to tx/tx-sk/sh before and after MA-VSEP enrollment. Treatment engagement did not contribute to any of the models predicting outcomes at follow-up.