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ORIGINAL PAPER

Principles for Developing Benchmark Criteria for Staff Training in Responsible Gambling

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Abstract One approach to minimizing the negative consequences of excessive gambling is staff training to reduce the rate of the development of new cases of harm or disorder within their customers. The primary goal of the present study was to assess suitable benchmark criteria for the training of gambling employees at casinos and lottery retailers. The study utilised the Delphi Method, a survey with one qualitative and two quantitative phases. A total of 21 invited international experts in the responsible gambling field participated in all three phases. A total of 75 performance indicators were outlined

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and assigned to six categories: (1) criteria of content, (2) modelling, (3) qualification of trainer, (4) framework conditions, (5) sustainability and (6) statistical indicators. Nine of the 75 indicators were rated as very important by 90 % or more of the experts. Unanimous support for importance was given to indicators such as (1) comprehensibility and (2) concrete action-guidance for handling with problem gamblers, Additionally, the study examined the implementation of benchmarking, when it should be conducted, and who should be responsible. Results indicated that benchmarking should be conducted every 1–2 years regularly and that one institution should be clearly defined and primarily responsible for benchmarking. The results of the present study provide the basis for developing a benchmarking for staff training in responsible gambling.

Keywords Responsible gambling · Staff training · Performance indicators · Benchmarking · Delphi method

Introduction

Responsible gambling (RG) guidelines and practices are those designed to prevent and reduce harms associated with gambling behaviour. Theoretical and practical issues of RG have been addressed in a number of academic publications (Blaszczynski et al. 2011; Blaszczynski et al. 2004; Griffiths 2012; Wood et al. 2014a). Blaszczynski et al. (2011) described the general principles and minimal requirements of RG. They also stated that staff training for gaming operator staff members is one of the minimal essential components for RG programs. One approach to assess the impact of such training sessions is scientific evaluation (Dufour et al. 2010; Ladouceur et al. 2004; LaPlante et al. 2012; Smitheringale 2001). An alternative approach is to assess the effectiveness of employee RG training using benchmarking.

Benchmarking is defined as the search for industry best practices that lead to superior performance (Camp 1995). To identify a point for comparison, a benchmark is needed against which all others can compare, and is the core principle of benchmarking (Codling 1992). This benchmark as the point for comparison reflects best practice, and is identified by leaders in the field. The process of benchmarking allows a company or an individual to determine how their performance compares with others through comparison and then collaboratively share the processes that supports attainment of best practice (Camp 1998; Otieno et al. 2008). Despite the wide use of benchmarking in many organisations, in the context of gaming operators, RG benchmarking has been a little explored field.

Breen et al. (2005) investigated the level of implementation of RG practices in casinos, hotels, and licensed clubs in the state of Queensland. They used benchmarking to examine the extent to which the *Queensland Responsible Gambling Code of Practise* has been implemented. However, to date, the majority of RG staff training programs have not been tested empirically (Blaszczynski et al. 2004; Wood et al. 2014a). Ladouceur et al. (2004) described and evaluated an awareness training program (entitled 'As luck would have it') completed by video lottery retailers in Quebec Province (Canada) and found that the program was successful in improving retailers' understanding of problem gambling and its symptoms. In addition, the program showed it was effective in increasing the tendency for retailers to approach people they identified as problem gamblers (Ladouceur et al. 2004). Giroux et al. (2008) developed a workshop called 'Des gens qui font la difference' ('People

making a Difference') to train casino employees about problem gambling and how to offer help to gamblers in crisis. One example of important benefits of this program was, that employees who completed it had a better understanding of the importance of identifying gamblers in crisis. Kalke et al. (2007) evaluated a social responsibility concept concerning active prevention of pathological gambling in Hamburg. Five interviews with staff in lottery ticket agencies were undertaken. However, the study only presented the results from the first two interviews. The baseline interviews showed that the knowledge about pathological gambling and addiction services were estimated to be "poor" to "mediocre". The results of the baseline interviews confirmed the need for training of the staff (Kalke et al. 2007). Dufour et al. (2010) developed a training session in the Quebec (Canada) to inform video lottery terminal employees about problem gamblers and how to help them. A part of this survey was the evaluation of staff training in lottery ticket agencies. This session was effective in improving employees' attitudes regarding problem gamblers and increasing their knowledge about how to help. Furthermore, the employees showed behavioural change after the training. However, at follow-up, these changes were not fully maintained (Dufour et al. 2010). LaPlante et al. (2012) described an evaluation of the *Casino, Inc.* 'Play Responsible' gambling program. The program was more effective in providing new knowledge of responsible gambling concepts than it was in correcting mistaken beliefs that existed prior to training (LaPlante et al. 2012). Furthermore RG training programs that train and educate employees about gambling and gambling-related problems, might also help limit health-related problems among employees (Gray et al. 2014). This is important because casino employees have higher prevalence of gambling, smoking, alcohol problems, and depression than the general adult population (Griffiths 2000; Shaffer et al. 1999; Shaffer and Hall 2002).

As far as the authors are aware, there is no published study that has assessed benchmark criteria for RG staff training. Furthermore, best practices concerning employee training for comparison with other programs are not available. Consequently, it is important to define suitable RG performance indicators before adequate validated methods of measurement can be developed and disseminated to gaming operators. Consequently, the objective of the present paper was to evaluate a comprehensive set of useful RG performance indicators for the training of employees in casino and lottery retailers by surveying RG experts using the Delphi Method.

Methods

Delphi Methodology

In order to collect relevant data, the Delphi procedure was used. The Delphi method is a systematic, interactive assessment of expert opinion used in fields where there is little empirical data (Häder 2002). Experts in their relevant fields are (by default) the most knowledgeable individuals concerning their research expertise. Therefore, they have the expertise and informed opinion to provide statements that exceed what is empirically known (Hank and Trenkel 1994). The method has been used in several studies concerning RG (Griffiths and Wood 2009; McCormack and Griffiths 2013; Meyer et al. 2010; Wood et al. 2014a, b). Experts are asked to give their view several times in differentiated ways, as they evaluate statements made by other experts. By doing so, a greater consensus of the expert group's opinion can be obtained. The present study included opened and closed questions via one qualitative and two quantitative phases:

- In the first (qualitative) phase, a short survey was sent to RG experts with five open-ended questions was used to obtain a wide spectrum of criteria and key indicators relating to the quality of RG staff training.
- Based on the results of the first qualitative phase, the second (quantitative) survey was developed. Here, a standardized questionnaire with closed questions was sent to the RG experts.
- In the third phase, (also quantitative), the results of the second phase were sent back to the RG experts. They were then asked to reconsider their opinions in view of the overall expert expert panel.

The three phases of the Delphi study occurred during February 2011, September 2011, and August 2012. The entire Delphi study used an online questionnaire (developed with the help of the software *Lime Survey*).

The Expert Panel

A panel of international experts was selected from Canada, USA, France, Sweden, Austria, Germany, Switzerland and Australia. The experts came from research organizations/university, hospital/health organizations, and industry/consulting companies (see Table 1). Much effort was put into selecting a group of experts with demonstrable RG experience including relevant publications in the field of RG, in order to incorporate the viewpoints of both research and practice. Häder (2002) emphasises that a high number of participants is not important. Instead, the focus needs to be on choosing the right experts by using appropriate hypotheses and/or research questions. A total of 40 international experts were invited.

First Phase: Qualitative Survey

The first part of the survey attempted to collate criteria and key indicators for assessing the effectiveness of RG training programs. In the first phase, 40 experts were invited to complete five open-ended questions in free text-form:

- Please provide at least eight criteria or key indicators that you think are useful for the evaluation of staff training on responsible gambling, for example criteria in reference to quality, usability, etc.
- Please provide at least three criteria or key indicators that you think are not useful for the evaluation of staff training on problem gambling prevention.
- Which department, or individual in your opinion, needs to be responsible for the benchmarking of employee training on problem gambling prevention?
- When does benchmarking for staff training on problem gambling prevention have to be conducted?

Table 1 Affiliation of participants

Affiliation of the participants	First phase	Second phase	Third phase
Hospital/health organizations	9 (45 %)	9 (37.5 %)	8 (38.1 %)
Research organization/university	7 (35 %)	7 (29.2 %)	7 (33.3 %)
Industry/consulting companies	4 (20 %)	8 (33.3 %)	6 (28.6 %)
Sum	20 (100 %)	24 (100 %)	21 (100 %)

- In your organization or company, is a form of benchmarking for staff training on problem gambling prevention performed? If so how?

To systematically analyse the free-text answers of the questions, qualitative content analyses were used (Gläser and Laudel 2010). For the implementation we applied the inductive categorization. The categories were deduced directly from the experts' responses in the first phase without reference to pre-formulated theory concepts. The list of categories generated illustrates the possible criteria and key indicators for comparison of RG staff training. Three trained psychologists performed the overall categorization and any differences in opinions were resolved by discussion.

Second Phase: Quantitative Survey (Part 1)

For the quantitative survey, a standardized questionnaire was developed using the results of the first phase. The questionnaire represented the list of the proposed criteria and indicators that compare and evaluate employee training. This contained a ranking of each proposed indicator on a four-point Likert-Scale (Bortz 2005) in which the participants indicated the importance.

Third Phase: Quantitative Survey (Part 2)

The responses from the first quantitative survey were analysed (using SPSS 18.0) and aggregated, resulting in a list of relevant RG criteria and indicators. Subsequently the list was sent back to the experts, who were then asked to reconsider their ratings in the light of the aggregated results from all experts.

Results

First Phase

From the 40 invited experts, 20 experts responded (response rate 50 %). The distribution of the experts is shown in Table 1. From the first phase, 170 statements were generated for the criteria and indicators for the quality of staff training on problem gambling prevention. Using qualitative content analysis, 75 unique items were formulated from the 170 statements and were assigned to six categories: (1) criteria of content, (2) indicators for modelling, (3) qualification of trainer, (4) framework conditions, (5) sustainability, and (6) key figures. The experts provided nine additional comments on the criteria and indicators, which were rated as non-useful. The results of the non-useful indicators are highlighted below:

- Interviewing the gambler in the context of staff training on problem gambling prevention.
- Interviewing only a small group of employees.
- General survey of the trainees to satisfaction of education.
- The medial benefit caused by commercialization of staff trainings.
- The quantity of knowledge.
- The pure consideration of theoretical written concept (implementation is important).
- Assessment of short-term effects of staff trainings on gambling-consumer.
- Sales increase caused by staff training.

- No more than statistical tables.
- Costs of staff training.

Second Phase

In the second phase, the entire expert's panel of the first phase (n=40) and nine additional experts were invited to participate. Of the 49 invited experts, 24 responded (response rate: 48 %). The questionnaire given to the experts contained 75 questions, reflecting the criteria and indicators for the evaluation from the first phase (see Appendix 1). The distribution of the responding experts in the second phase is shown in Table 1.

Third Phase

In the final phase the 24 experts that participated in the second phase were invited to participate again. Of these, 21 responded (response rate: 88 %). This time the questionnaire contained the identical 75 items that had been used in the second phase (see Appendix 2). Again, the distribution by affiliation of the experts is shown in Table 1. Tables 2, 3, 4, 5, 6 and 7 show the results of the 28 indicators that were rated 'very important' by at least 75 % of the participants in the final phase. Additionally, Table 8 highlights all indicators that were rated by 90 % or more as 'very important'. Table 9 shows the results for the questions concerning who should be responsible for RG staff training and when benchmarking should be conducted. The detailed results of all 75 indicators can be found in the "Appendix".

Table 2 'Indicators for content' that were rated as 'very important' by at least 75 % or more experts

Cat.	Item	N	Very important	Rather important	Rather not important	Not important
A	*Indicators for content*					
A2	Robust empirical knowledge for effectiveness	21	16 (76.2 %)	5 (23.8 %)		
A6	Actuality and novelty of the content	21	16 (76.2 %)	5 (23.8 %)		
A7	Competencies for identifying problem gamblers	21	18 (85.7 %)	2 (9.5 %)	1 (4.8 %)	
A8	Empirical foundations of the characteristics of problem gamblers	21	17 (81 %)	4 (19 %)		
A9	Placement of 'awareness' toward problem-presentation of pathological gambling and its consequences	21	20 (95.2 %)	1 (4.8 %)		
A10	Competencies in intervention and taking care of problematic gambling guests	21	20 (95.2 %)	1 (4.8 %)		
A11	Concrete action-guidance for handling with problem gamblers	21	21 (100 %)			
A13	Practice-orientated content	21	20 (95.2 %)	1 (4.8 %)		
A16	Clarification of roles	21	18 (85.7 %)	3 (14.3 %)		
A17	Content must be target-group orientated	21	17 (81 %)	4 (19 %)		

Table 3 'Indicators for modelling' that were rated as 'very important' by at least 75 % or more experts

Cat.	Item	N	Very important	Rather important	Rather not important	Not important
B	*Indicators for modelling*					
B2	Reflection opportunity for participants	21	19 (90.5 %)	2 (9.5 %)		
B3	Opportunity to exchange opinions for the participants	21	16 (76.2 %)	4 (19 %)	1 (4.8 %)	
B4	Learn through practical examples	21	19 (90.5 %)	2 (9.5 %)		
B6	Motivation structure	21	16 (76.2 %)	5 (23.8 %)		
B7	Degree of interactivity	21	16 (76.2 %)	3 (14.3 %)	2 (9.5 %)	
B10	Comprehensibility	21	21 (100 %)			
B11	Straightforwardness	21	17 (81 %)	4 (19 %)		

Table 4 'Indicators for trainer competence' that were rated as 'very important' by at least 75 % of experts

Cat.	Item	N	Very important	Rather important	Rather not important	Not important
C	*Trainer competence*					
C1	Coverage of specialized theme by acknowledged experts	21	17 (81 %)	4 (19 %)		
C3	Didactic qualifications of the trainer	21	18 (85.7 %)	3 (14.3 %)		
C5	Professional and field competence of the trainer	21	19 (90.5 %)	2 (9.5 %)		

Table 5 'Criteria for the framework conditions' that were rated as 'very important' by at least 75 % of experts

Cat.	Item	N	Very important	Rather important	Rather not important	Not important
D	*Framework conditions*					
D5	Definition of the target group (who should be trained?)	21	18 (78.3 %)	5 (21.7 %)		
D7	Cooperation and coordination with the person in charge of the company	21	19 (90.5 %)	2 (9.5 %)		

Table 6 'Indicators for sustainability' that were rated as 'very important' by at least 75 % of experts

Cat.	Item	N	Very important	Rather important	Rather not important	Not important
E	*Sustainability*					
E5	Behaviour change	21	16 (76.2 %)	4 (19.0 %)	1 (4.0)	
E6	Refreshing units	21	17 (81.0 %)	4 (19.0 %)		
E12	Implementation of objectives for the social responsibility concept	20	18 (90.0 %)	1 (50.0 %)	1 (5.0 %)	

Table 7 'Statistical indicators' that were rated as 'very important' by at least 75 % of experts

Cat.	Item	N	Very important	Rather important	Rather not important	Not important
F	*Statistical indicators*					
F4	Knowledge of gambler protection and prevention	21	19 (90.5 %)	2 (9.5 %)		
F10	State of knowledge about the social responsibility concept	21	16 (76.2 %)	5 (23.8 %)		
F11	Participation rate of employees	21	16 (76.2 %)	4 (19.0 %)	1 (4.8 %)	

Table 8 'Basic indicators' that were rated as 'very important' by at least 90 % of experts

Cat.	Item	N	Very important	Rather important	Rather not important	Not important
A	*Indicators for content*					
A9	Placement of 'awareness' toward problem-presentation of pathological gambling and its consequences	21	20 (95.2 %)	1 (4.8 %)		
A10	Competencies in intervention and taking care of problematic gambling guests	21	20 (95.2 %)	1 (4.8 %)		
A11	Concrete action-guidance for handling with problem gamblers	21	21 (100 %)			
A13	Practise-orientated contents	21	20 (95.2 %)	1 (4.8 %)		
B	*Indicators for modelling*					
B2	Reflection opportunity for participants	21	19 (90.5 %)	2 (9.5 %)		
B4	Learn through practical examples	21	19 (90.5 %)	2 (9.5 %)		
B10	Comprehensibility	21	21 (100 %)			
C	*Trainer competence*					
C5	Professional and field competence of the trainer	21	19 (90.5 %)	2 (9.5 %)		
D	*Criteria for the framework conditions*					
D7	Cooperation and coordination with the person in charge of the company	21	19 (90.5 %)	2 (9.5 %)		
E	*Indicators for the sustainability*					
E12	Implementation of objectives for the social responsibility concept	20	18 (90 %)	1 (5 %)	1 (5 %)	
F	*Statistical indicators*					
F4	Knowledge of gambler protection and prevention	21	19 (90.5 %)	2 (9.5 %)		

Indicators for Content

Ten of 17 criteria for 'Indicators of content' were rated as 'very important' by at least 75 % of the experts. The criterion 'action-guidance for handling problem gamblers' was classified as 'very important' by all participants. The criterion 'placement of awareness and competencies for intervening and taking care of problematic gambling guests' was rated as

Table 9 Indicators for Responsibility

Item	N	Very important	Rather important	Rather not important	Not important
Researcher and practitioners who have an expertise in terms of gambling addiction	21	14 (66.7 %)	6 (28.6 %)	1 (4.8 %)	
Responsible authority for responsible gambling	21	14 (66.7 %)	7 (33.3 %)		
External Independent company/person	21	11 (52.4 %)	8 (38.1 %)	1 (4.8 %)	1 (4.8 %)
Gambling operator	20	10 (50 %)	5 (25 %)	4 (20 %)	1 (5 %)
Working group with a clear work order with the involvement of co-determination bodies and operational expertise	21	8 (38.1 %)	9 (42.9 %)	4 (19 %)	
Psychiatry, psychology	21	6 (28.6 %)	12 (57.1 %)	2 (9.5 %)	1 (4.8 %)
University institution, preferable with experience in the field (gambling) addiction prevention	21	4 (19 %)	9 (42.9 %)	7 (33.3 %)	1 (4.8 %)
Economic or social scientists	21	1 (4.8 %)	9 (42.9 %)	10 (47.6 %)	

'very important' by more than 95 % of the experts. Additionally, more than 75 % of the expert group categorized the following criteria as 'very important': 'practise- and target-orientated contents', 'robust empirical evidence about effectiveness', and 'actuality and novelty of the content' (i.e., up-to-date content) (see Table 2).

Indicators for Modelling

In the category 'Indicators for Modelling' seven out of 11 criteria were rated as 'very important' by 75 % of the experts. All experts classified 'comprehensibility' as 'very important'. More than 90 % of the participants rated the following criteria as 'very important': 'opportunity for reflection for the employees' and 'learning through practical examples'. 'Motivation structure' and the 'degree of interactivity' were categorized by 76 % as being 'very important' (see Table 3).

Trainer Competence

'Professional and field competence of the trainer' was considered as 'very important' by 95 % of the experts. The 'didactic qualification' and 'coverage of specialized themes by acknowledged experts' were rated as 'very important' by more than 80 % of the experts (see Table 4).

Criteria for the Framework Conditions

The criteria 'cooperation and coordination with the person in charge of the company' and the 'involvement of staff training in the global social responsibility concept of the gambling company' was rated by more than 85 % of experts as 'very important'. The''definition of the target group (who should be trained?)', was rated by 78 % of experts as 'very important' (see Table 5).

Indicators for Sustainability

In the category 'Indicators for sustainability' three of 12 criteria were rated as 'very important' by 75 % of the experts. 90 % of the experts indicated 'the implementation of the objectives for the social responsibility concept' (i.e., the harm minimisation and player protection strategy) as 'very important'. About 80 % of the participants categorized 'refreshing units' and 'a stable behaviour change' as 'very important' (see Table 6).

Statistical Indicators

The 'state of knowledge about the player protection the prevention measures' and the 'social responsibility concept' were rated by more than 76 % of experts as 'very important'. The 'participation rate of employees' in training was classified as 'very important' by 76 % of the experts (see Table 7).

Basic Indicators

Nine of the 75 'basic indicators' were rated as very important by 90 % or more of the experts. Table 8 provides a detailed overview of the highest rated indicators (see Table 8).

Benchmarking: Who and When?

The experts were also asked which departments or individuals should be responsible for the benchmarking of RG staff trainings and when benchmarking for staff training on problem gambling prevention should be conducted. The results are shown in Table 8 and Fig. 1.

Benchmarking: Yes and How?

As a final question, experts were asked whether there was any form of benchmarking for staff training on problem gambling prevention performed in their organization, and if so, how? None of the experts reported any benchmarking implementation in this context. To date, the experts had mainly only used evaluation as the scientific approach to assess the quality of the staff training.

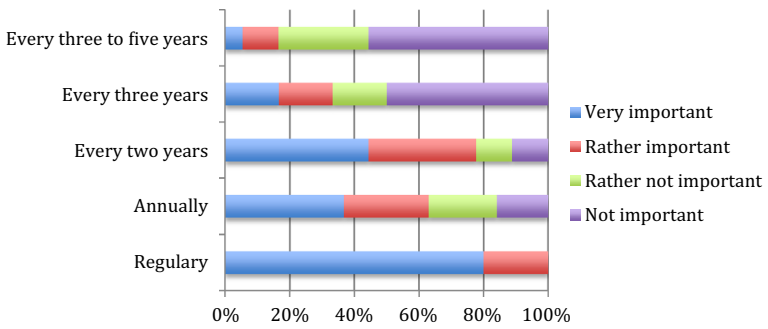

Fig. 1 When should benchmarking be conducted?

Discussion

The primary aim of the present study was to generate and evaluate a comprehensive list of useful performance indicators of RG staff training by RG experts. Table 8 highlights the most important results (i.e., highest rated basic indicators) from the Delphi study and are summarized discussed below. In the category 'Indicators for content', three criteria were deemed by most of the experts (95 %) as 'very important'. The experts agreed that 'placement of awareness toward pathological gambling and its consequences' as critically important for RG staff training. Heidenreich and Michalak (2004) defined awareness as paying attention in a certain way: on purpose, in the present moment and non-judgementally. Awareness-based elements have been integrated into cognitive-behavioural treatment over the last two decades. Blaszczynski et al. (2004) pointed out that increasing awareness about pathological gambling is important but insufficient to change the behaviour.

Furthermore, the criterion 'competencies in intervention and taking care of problem gamblers' was rated very important. This is one absolute requirement for the content already provided in RG staff training. For example, Giroux et al. (2008) performed workshop and trainings including skills training on how to detect and refer gamblers in crisis to helpful resources and service providers. This workshop also included also 'concrete action-guidance for the handling of problem gamblers' which was a high rated criterion in our study. The third highest rated criterion was that 'the content is related to practice'. Another highly rated indicator for Modelling was 'learn through practical examples'. Wahl (2002) explained how practical exercises can support the change from passive knowledge to competent behaviour. From an action-theoretical point of view, Wahl emphasised that practical training is important in almost every kind of education and how it can lead to ongoing actions and professional expertise. Furthermore, Dusenbury and Falco (1995) noted that effective prevention programs typically provide active hands-on experiences that increase participants' skills.

Another criterion for 'Modelling' that was rated by over 90 % of the experts as very important was 'reflection opportunity for participants'. Kolb and Kolb (2005) have stressed the significance of reflection in the context of learning. Reflection allows assimilation and reordering of concepts, skills, and/or values and their inclusion into pre-existing knowledge structures. All of the experts unanimously rated 'comprehensibility' as a very important factor in the design of the RG training. Prevention programs should always address the respective target group. Therefore it is important that RG training programs are adapted to the structure and procedure of the community and cultural norms of the participants (Nation et al. 2003). Related to this, Nation et al. (2003) identified nine characteristics that have been consistently associated with effective prevention programs. One of the principles related to program characteristics is the provision of well-trained staff. Likewise, results in the present study indicated that 'professional and field competence of the trainer' was rated by more than 90 % of the expert group as very important. Lewis et al. (1990) postulated that the implementation of prevention programs is enhanced when the staff members are sensitive, are competent, and have received sufficient training, support, and supervision. In the criteria for the framework conditions, 'cooperation and coordinating with the person in charge of the company' was rated very high (over 90 %). Blaszczynski et al. (2011) asserted that gambling operators should actively work to support efforts that lead to the identification of effective program interventions. They furthermore postulated that the gaming

operators should monitor compliance with these program elements. This supports the criterion 'the implementation of objectives for the social responsibility concept', which was a criterion for 'Sustainability' and was rated by most experts as very important (90 %). Related to active prevention of pathological gambling, so-called social responsibility concepts are used. The social responsibility concepts involve prevention, early intervention, and support (Kalke et al. 2006).

The results of the present study revealed knowledge of the criterion 'gambler protection and prevention' was rated very high. The evaluation of the knowledge with respect to gambling-related issues after the training had finished has been an objective of several studies. The results of these studies consistently show an improvement in knowledge following RG staff training (Dufour et al. 2010; Giroux et al. 2008; Ladouceur et al. 2004; LaPlante et al. 2012; Smitheringale 2001).

Another issue was the 'responsibility for the benchmarking of RG staff training'. The experts differed about the appropriate authority, although they agreed in principle that there should be a clearly defined and single responsible institution for benchmarking. In consideration of the affiliation of the participants and their opinion about the responsibility, the results show that experts from industry and consulting companies believed there should be someone internally that takes responsibility. However, experts from research organizations, university, hospital and health organizations believed there should be someone externally that takes responsibility. Experts asserted that benchmarking should be conducted at regular intervals (preferably every 1–2 years). Longer gaps between benchmarking activities was deemed as unuseful.

Taken as a whole, the present paper provides significant findings in the context of benchmarking of RG staff training. Nevertheless, the results have to be considered from a critical point of view. Like any study, this survey had both strength and weaknesses. Future research studies should perhaps use larger samples to verify the findings of the present study. A broader expert panel and funded participation would have increased the response rate of the experts. Additionally, a forced ordering of the criteria that were rated as 'very important' by the experts, would have achieved a better differentiation between the most important items. The Delphi method proved to be very appropriate for the assessment of experts' opinions. The method allows experts to come to an agreement about the importance of the criteria generated. In summary, the results of the present study provide the basis for developing a benchmarking for staff training in responsible gambling.

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Compliance with Ethical Standards

Conflict of interest This research was funded by the Austrian Lotteries. Funding bodies had no influence over the design and conduct of the study, and analysis and interpretation of the data.

Appendix 1: Results of the Second Phase

Cat.	Item	N valid	Very important	Rather important	Rather not important	Not important
A	*Indicators for content*					
A1	Theoretical basic assumptions of the training (positive and compatible with the state of research)	23	10 (43.5 %)	12 (52.2 %)	1 (4.3 %)	
A2	Robust empirical knowledge for effectiveness	23	13 (56.5 %)	9 (39.1 %)	1 (4.3 %)	
A3	Adequate coverage of the theoretical knowledge requirements	23	10 (41.7 %)	10 (41.7 %)	3 (13.0 %)	
A4	Sound theoretical imparting of knowledge	23	10 (43.5 %)	9 (39.1 %)	4 (17.4 %)	
A5	Importance of information	23	14 (60.9 %)	9 (39.1 %)		
A6	Actuality and novelty of the content	22	10 (45.5 %)	11 (50.0 %)	1 (4.5 %)	
A7	Competencies for identifying problem gamblers	23	17 (73.9 %)	6 (26.1 %)		
A8	Empirical foundations to the characteristics of problem gamblers	23	15 (65.2 %)	7 (30.4 %)	1 (4.3 %)	
A9	Placement of "awareness" toward problem-presentation of pathological gambling and its consequences	23	20 (87.0 %)	3 (13.0 %)		
A10	Competencies in intervention and taking care of problematic gambling guests	23	19 (82.6 %)	3 (13.0 %)	1 (4.3 %)	
A11	Concrete action-guidance for handling with problem gamblers	23	21 (91.3 %)	2 (8.7 %)		
A12	Guiding rules/heuristics for the practice of anchoring content to existing knowledge/experiences	23	13 (56.5 %)	8 (34.8 %)	2 (8.7 %)	
A13	Practice-orientated content	23	18 (78.3 %)	4 (17.4 %)	1 (4.3 %)	
A14	Gambling addiction is to discuss in view of the background of other addictions	23	8 (34.8 %)	12 (52.2 %)	2 (8.7 %)	1 (4.3 %)
A15	Placement of field competence	22	8 (36.4 %)	13 (59.1 %)	1 (4.5 %)	
A16	Clarification of roles	22	17 (77.3 %)	4 (18.2 %)	1 (4.5 %)	
A17	Content must be target-group orientated	23	18 (78.3 %)	4 (17.4 %)	1 (4.3 %)	
B	*Indicators for modelling*					
B1	Scripts, documents and online materials to contain	24	10 (41.7 %)	11 (45.8 %)	3 (12.5 %)	
B2	Reflection opportunity for participants	24	16 (66.7 %)	8 (33.3 %)		
B3	Opportunity to exchange opinions for the participants	24	15 (62.5 %)	8 (33.3 %)	1 (4.2 %)	
B4	Learn through practical examples	24	19 (79.2 %)	5 (20.8 %)		
B5	Roles playing	24	9 (37.5 %)	10 (41.7 %)	5 (20.8 %)	
B6	Motivation structure	23	14 (60.9 %)	8 (34.8 %)	1 (4.3 %)	

Cat.	Item	N valid	Very important	Rather important	Rather not important	Not important
B7	Degree of interactivity	23	14 (60.9 %)	7 (30.4 %)	2 (8.7 %)	
B8	Mediation form (frontal vs. Interactive)	24	9 (37.5 %)	11 (45.8 %)	4 (16.7 %)	
B9	Entertainment of the participants for/ with contents	24	5 (20.8 %)	14 (58.3 %)	5 (20.8 %)	
B10	Comprehensibility	24	23 (95.8 %)	1 (4.2 %)		
B11	Straightforwardness	24	18 (75.0)	6 (25.0 %)		
C	*Trainer competence*					
C1	Coverage of specialized theme by acknowledged experts	24	17 (70.8 %)	7 (29.2 %)		
C2	Technical/scientific qualifications of the trainer	24	13 (54.2 %)	9 (37.5 %)	2 (8.3 %)	
C3	Didactic qualifications of trainers	24	16 (66.7 %)	7 (29.2 %)	1 (4.2 %)	
C4	Technical and field competence of the trainer	23	21 (91.3 %)	2 (8.7 %)		
C5	Methodically structured procedure	24	15 (62.5 %)	9 (37.5 %)		
C6	Didactic most significant preparation of the content	24	11 (45.8 %)	12 (50.0 %)	1 (4.2 %)	
D	*Criteria for the framework conditions*					
D1	Group size	24	10 (41.7 %)	12 (50.0 %)	2 (8.3 %)	
D2	Gender fair	23	3 (13.0 %)	11 (47.8 %)	8 (34.8 %)	1 (4.3 %)
D3	Involvement of staff training in the global social responsibility concept of the gambling company	24	16 (66.7 %)	6 (25.0 %)	2 (8.3 %)	
D4	Standardized integration into the organizational processes	24	9 (37.5 %)	14 (58.3 %)	1 (4.2 %)	
D5	Definition of the target group (who should be trained?)	23	18 (78.3 %)	5 (21.7 %)		
D6	Cross-learning with colleagues from other operators	23	3 (13.0 %)	13 (56.5 %)	5 (21.7 %)	2 (8.7 %)
D7	Cooperation and coordination with the person in charge of the company	24	18 (75.0 %)	5 (20.8 %)	1 (4.2 %)	
D8	Integration of training into a holistic organizational development process	23	10 (43.5 %)	11 (47.8 %)	2 (8.7 %)	
D9	Discussion about the training contents	24	8 (33.3 %)	12 (50.0 %)	4 (16.7 %)	
D10	Personnel should be involved in the creation of content	24	4 (16.7 %)	11 (45.8 %)	8 (33.3 %)	1 (4.2 %)
D11	Definition from success matrics	23	7 (30.4 %)	10 (43.5 %)	6 (26.1 %)	
D12	Motivation of participants	23	14 (60.9 %)	9 (39.1 %)		
D13	Atmosphere for study	23	13 (56.5 %)	9 (39.1 %)	1 (4.3 %)	
D14	Longer time framework	23	6 (26.1 %)	14 (60.9 %)	3 (13.0 %)	
D15	Positive preliminary evaluation of a sample	23	4 (17.4 %)	10 (43.5 %)	7 (30.4 %)	2 (8.7 %)
D16	Evaluable training objectives	24	15 (62.5 %)	9 (37.5 %)		
D17	Acceptance of the participants	24	17 (70.8 %)	7 (29.2 %)		
D18	Not designed for institutions interests	24	8 (33.3 %)	11 (45.8 %)	5 (20.8 %)	

Cat.	Item	N valid	Very important	Rather important	Rather not important	Not important
E	*Indicators for sustainability*					
E1	Satisfaction of participants	23	15 (65.2 %)	6 (26.1 %)	2 (8.7 %)	
E2	Checking comprehension	24	12 (50.0 %)	11 (45.8 %)	1 (4.2 %)	
E3	Perception change	24	10 (41.7 %)	14 (58.3 %)		
E4	Attitude change	24	13 (54.2 %)	9 (37.5 %)	2 (8.3 %)	
E5	Behavior change	24	15 (62.5 %)	8 (33.3 %)	1 (4.2 %)	
E6	Refreshing units	23	15 (65.2 %)	7 (30.4 %)	1 (4.3 %)	
E7	Trainer valuation	24	10 (41.7 %)	9 (37.5 %)	5 (20.8 %)	
E8	Consequences with not complying gambler protection concept	23	13 (56.5 %)	9 (39.1 %)	1 (4.3 %)	
E9	Test gamblers/random verification of compliance with gambler protection concept	23	4 (17.4 %)	11 (47.8 %)	7 (30.4 %)	1 (4.3 %)
E10	Knowledge and competence growth	24	13 (54.2 %)	10 (41.7 %)	1 (4.2 %)	
E11	Evaluation and quality assurance of training	23	16 (69.6 %)	6 (26.1 %)	1 (4.3 %)	
E12	Implementation of objectives for the social responsibility concept	23	19 (82.6 %)	2 (8.7 %)	2 (8.7 %)	
F	*Statistical indicators*					
F1	Number of closures	23	10 (43.5 %)	7 (30.4 %)	6 (26.1 %)	
F2	Number of unlocks	23	8 (34.8 %)	8 (34.8 %)	7 (30.4 %)	
F3	Number of intervention programs achieved with problematic guests	23	16 (69.6 %)	5 (21.7 %)	2 (8.7 %)	
F4	Knowledge of gambler protection and prevention	22	16 (72.7 %)	6 (27.3 %)		
F5	Number of visiting arrangements	22	9 (40.9 %)	7 (31.8 %)	6 (27.3 %)	
F6	Price/performance ratio (costs, effects, risks, long-term effects)	22	2 (9.1 %)	14 (63.6 %)	4 (18.2 %)	2 (9.1 %)
F7	Temporal extent of trainings	23	4 (17.4 %)	14 (60.9 %)	4 (17.4 %)	1 (4.3 %)
F8	Expend financial assistance of the Organization for the problem gambling treatment programs	21	6 (28.6 %)	11 (52.4 %)	2 (9.5 %)	2 (9.5 %)
F9	State of knowledge about the help system	23	15 (65.2 %)	6 (26.1 %)	2 (8.7 %)	
F10	State of knowledge about the social responsibility concept	22	15 (68.2 %)	7 (31.8 %)		
F11	Participation rate of employees	23	16 (69.6 %)	5 (21.7 %)	1 (4.3 %)	1 (4.3 %)

Appendix 2: Results of the Third Phase

Cat.	Item	N valid	Very important	Rather important	Rather not important	Not important
A	*Indicators for content*					
A1	Theoretical basic assumptions of the training (positive and compatible with the state of research)	21	9 (42.9 %)	11 (52.4 %)	1 (4.8 %)	
A2	Robust empirical knowledge for effectiveness	21	16 (76.2 %)	5 (23.8 %)		
A3	Adequate coverage of the theoretical knowledge requirements	21	8 (38.1 %)	13 (61.9 %)		
A4	Sound theoretical imparting of knowledge	21	10 (47.6 %)	11 (52.4 %)		
A5	Importance of information	21	11 (52.4 %)	10 (47.6 %)		
A6	Actuality and novelty of the content	21	16 (76.2 %)	5 (23.8 %)		
A7	Competencies for identifying problem gamblers	21	18 (85.7 %)	2 (9.5 %)	1 (4.8 %)	
A8	Empirical foundations to the characteristics of problem gamblers	21	17 (81 %)	4 (19 %)		
A9	Placement of "awareness" toward problem-presentation of pathological gambling and its consequences	21	20 (95.2 %)	1 (4.8 %)		
A10	Competencies in intervention and taking care of problematic gambling guests	21	20 (95.2 %)	1 (4.8 %)		
A11	Concrete action-guidance for handling with problem gamblers	21	21 (100 %)			
A12	Guiding rules/heuristics for the practice of anchoring content to existing knowledge/experiences	21	13 (61.9 %)	8 (38.1 %)		
A13	Practice-orientated content	21	20 (95.2 %)	1 (4.8 %)		
A14	Gambling addiction is to discuss in view of the background of other addictions	21	6 (28.6 %)	13 (61.9 %)	2 (9.5 %)	
A15	Placement of field competence	21	6 (28.6 %)	14 (66.7 %)	1 (4.8 %)	
A16	Clarification of roles	21	18 (85.7 %)	3 (14.3 %)		
A17	Content must be target-group orientated	21	17 (81 %)	4 (19 %)		
B	*Indicators for modelling*					
B1	Scripts, documents and online materials to contain	21	8 (38.1 %)	11 (52.4 %)	1 (4.8 %)	1 (4.8 %)
B2	Reflection opportunity for participants	21	19 (90.5 %)	2 (9.5 %)		
B3	Opportunity to exchange opinions for the participants	21	16 (76.2 %)	4 (19 %)	1 (4.8 %)	
B4	Learn through practical examples	21	19 (90.5 %)	2 (9.5 %)		
B5	Roles playing	21	9 (42.9 %)	9 (42.9 %)	3 (14.3 %)	
B6	Motivation structure	21	16 (76.2 %)	5 (23.8 %)		

Cat.	Item	N valid	Very important	Rather important	Rather not important	Not important
B7	Degree of interactivity	21	16 (76.2 %)	3 (14.3 %)	2 (9.5 %)	
B8	Mediation form (frontal vs. Interactive)	21	7 (33.3 %)	13 (61.9 %)	1 (4.8 %)	
B9	Entertainment of the participants for/ with contents	21	4 (19 %)	13 (61.9 %)	4 (19.0 %)	
B10	Comprehensibility	21	21 (100 %)			
B11	Straightforwardness	21	17 (81 %)	4 (19 %)		
C	*Trainer competence*					
C1	Coverage of specialized theme by acknowledged experts	21	17 (81 %)	4 (19 %)		
C2	Technical/scientific qualifications of the trainer	21	15 (71.4 %)	4 (19 %)	2 (9.5 %)	
C3	Didactic qualifications of trainers	21	18 (85.7 %)	3 (14.3 %)		
C4	Technical and field competence of the trainer	21	13 (61.9 %)	8 (38.1 %)		
C5	Methodically structured procedure	21	19 (90.5 %)	2 (9.5 %)		
C6	Didactic most significant preparation of the content	21	14 (66.7 %)	7 (33.3 %)		
D	*Criteria for the framework conditions*					
D1	Group size	21	7 (33.3 %)	13 (61.9 %)	1 (4.8 %)	
D2	Gender fair	21	4 (19 %)	11 (52.4 %)	6 (28.6 %)	
D3	Involvement of staff training in the global social responsibility concept of the gambling company	21	18 (85.7 %)	3 (14.3 %)		
D4	Standardized integration into the organizational processes	21	12 (57.1 %)	9 (42.9 %)		
D5	Definition of the target group (who should be trained?)	21	18 (78.3 %)	5 (21.7 %)		
D6	Cross-learning with colleagues from other operators	20	2 (10 %)	10 (50 %)	6 (30 %)	2 (10 %)
D7	Cooperation and coordination with the person in charge of the company	21	19 (90.5 %)	2 (9.5 %)		
D8	Integration of training into a holistic organizational development process	21	11 (52.4 %)	10 (47.6 %)		
D9	Discussion about the training contents	21	8 (38.1 %)	10 (47.6 %)	3 (14.3 %)	
D10	Personnel should be involved in the creation of content	21	1 (4.8 %)	13 (61.9 %)	7 (33.3 %)	
D11	Definition from success matrics	21	7 (33.3 %)	11 (52.4 %)	3 (14.3 %)	
D12	Motivation of participants	21	14 (66.7 %)	9 (42.9 %)		
D13	Atmosphere for study	21	11 (52.4 %)	9 (42.9 %)	1 (4.8 %)	
D14	Longer time framework	21	3 (14.3 %)	17 (81.0 %)	1 (4.8 %)	
D15	Positive Preliminary evaluation of a sample	19	3 (14.3 %)	9 (42.9 %)	6 (28.6 %)	1 (4.8 %)
D16	Evaluable training objectives	21	15 (71.4 %)	5 (23.8 %)	1 (4.8 %)	
D17	Acceptance of the participants	21	13 (61.9 %)	8 (38.1 %)		
D18	Not designed for institutions interests	21	8 (38.1 %)	10 (47.6 %)	3 (14.3 %)	

Cat.	Item	N valid	Very important	Rather important	Rather not important	Not important
E	*Indicators for sustainability*					
E1	Satisfaction of participants	21	15 (71.4 %)	5 (23.8 %)	1 (4.8 %)	
E2	Checking comprehension	21	14 (66.7 %)	6 (28.6 %)	1 (4.8 %)	
E3	Perception change	21	9 (42.9 %)	12 (57.1 %)		
E4	Attitude change	21	11 (52.4 %)	8 (38.1 %)	2 (9.5 %)	
E5	Behavior change	21	16 (76.2 %)	4 (19.0 %)	1 (4.8 %)	
E6	Refreshing units	21	17 (81.0 %)	4 (19.0 %)		
E7	Trainer valuation	21	8 (38.1 %)	12 (57.1 %)	1 (4.8 %)	
E8	Consequences with not complying gambler protection concept	21	13 (61.9 %)	8 (38.1 %)		
E9	Test gamblers/random verification of compliance with gambler protection concept	21	4 (19.0 %)	12 (57.1 %)	4 (19.0 %)	1 (4.8 %)
E10	Knowledge and competence growth	21	13 (61.9 %)	8 (38.1 %)		
E11	Evaluation and quality assurance of training	21	15 (71.4 %)	6 (28.6 %)		
E12	Implementation of objectives for the social responsibility concept	20	18 (90 %)	1 (5 %)	1 (5 %)	
F	*Statistical indicators*					
F1	Number of closures	21	11 (52.4 %)	6 (28.6 %)	4 (19.0 %)	
F2	Number of unlocks	20	5 (25 %)	9 (45 %)	6 (30 %)	
F3	Number of intervention programs achieved with problematic guests	20	14 (70 %)	6 (30 %)		
F4	Knowledge of gambler protection and prevention	21	19 (90.5 %)	2 (9.5 %)		
F5	Number of visiting arrangements	21	6 (28.6 %)	12 (57.1 %)	3 (14.3 %)	
F6	Price/performance ratio (costs, effects, risks, long-term effects)	21		16 (76.2 %)	4 (19 %)	1 (4.8 %)
F7	Temporal extent of trainings	21	2 (9.5 %)	15 (71.4 %)	3 (14.3 %)	1 (4.8 %)
F8	Expend financial assistance of the organization for the problem gambling treatment programs	21	4 (19.0 %)	14 (66.7 %)	1 (4.8 %)	2 (9.5 %)
F9	State of Knowledge about the help system	21	15 (71.4 %)	6 (28.6 %)		
F10	State of Knowledge about the social responsibility concept	21	16 (76.2 %)	5 (23.8 %)		
F11	Participation rate of employees	21	16 (76.2 %)	4 (19.0 %)	1 (4.8 %)	

References

Blaszczynski, A., Collins, P., Fong, D., Ladouceur, R., Nower, L., Shaffer, H. J., & Venisse, J.-L. (2011). Responsible gambling: General principles and minimal requirements. *Journal of Gambling Studies, 27*(4), 565–573.

Blaszczynski, A., Ladouceur, R., & Shaffer, H. J. (2004). A science-based framework for responsible gambling: The Reno model. *Journal of Gambling Studies, 20*(3), 301–317.

Bortz, J. (2005). *Statistik für Human-und Sozialwissenschaftler: mit… 242 Tabellen*. Berlin: Springer.
Breen, H., Buultiens, J., & Hing, N. (2005). The responsible gambling code in Queensland, Australia: Implementation and venue assessment. *UNLV Gaming Research and Review Journal, 9*(1), 43–60.
Camp, R. C. (1995). *Business process benchmarking: Finding and implementing best practices* (Vol. 177). Milwaukee, WI: ASQC Quality Press.
Camp, R. C. (1998). *Global cases in benchmarking: Best practices from organizations around the world*. Milwaukee, WI: ASQ Quality Press.
Codling, S. (1992). *Best practice benchmarking: A management guide*. London: Gower Publishing Ltd.
Dufour, J., Ladouceur, R., & Giroux, I. (2010). Training program on responsible gambling among video lottery employees. *International Gambling Studies, 10*(1), 61–79.
Dusenbury, L., & Falco, M. (1995). Eleven components of effective drug abuse prevention curricula. [Research support, non-U.S. Gov't]. *Journal of School Health, 65*(10), 420–425.
Giroux, I., Boutin, C., Ladouceur, R., Lachance, S., & Dufour, M. (2008). Awareness training program on responsible gambling for casino employees. *International Journal of Mental Health and Addiction, 6*(4), 594–601.
Gläser, J., & Laudel, G. (2010). *Experteninterviews und qualitative Inhaltsanalyse*. Wiesbaden: Springer.
Gray, H. M., Tom, M. A., LaPlante, D. A., & Shaffer, H. J. (2014). Using opinions and knowledge to identify natural groups of gambling employees. *Journal of Gambling Studies,*. doi:10.1007/s10899-014-9490-1.
Griffiths, M. D. (2000). Employers need to be aware of gambling in workplace and potential effects on job performance and company health. *Report on Problem Gambling, 2*, 23–29.
Griffiths, M. D. (2012). *Internet gambling, player protection, and social responsibility*. London: Routledge.
Griffiths, M. D., & Wood, R. T. A. (2009). Centralised gaming models and social responsibility. *Casino and Gaming International, 5*(2), 65–69.
Häder, M. (2002). *Delphi-Befragungen*. Wiesbaden: Springer.
Hank, K., & Trenkel, H. (1994). Zukünftige Erscheinungsformen landwirtschaftlicher Betriebe - Eine Prognose mit Hilfe der Delphi Technik. *Berichte über Landwirtschaft, 72*, 123–145.
Heidenreich, T., & Michalak, J. (2004). Achtsamkeit («Mindfulness») als Therapieprinzip in Verhaltenstherapie und Verhaltensmedizin. *Verhaltenstherapie, 13*(4), 264–274.
Kalke, J., Farnbacher, G., Verthein, U., & Haasen, C. (2006). Das Gefährdungs-und Abhängigkeitspotenzial von Lotterien-Erkenntnisstand in Deutschland. *Suchtmedizin, 4*, 183–188.
Kalke, J., Verthein, U., Farnbacher, G., & Haasen, C. (2007). Aktive Spielsuchtprävention bei Lotterien und Sportwetten in Hamburg. *Prävention und Gesundheitsförderung, 2*(4), 249–253.
Kolb, A. Y., & Kolb, D. A. (2005). Learning styles and learning spaces: Enhancing experiential learning in higher education. *Academy of Management Learning and Education, 4*(2), 193–212.
Ladouceur, R., Boutin, C., Doucet, C., Dumont, M., Provencher, M., Giroux, I., & Boucher, C. (2004). Awareness promotion about excessive gambling among video lottery retailers. *Journal of Gambling Studies, 20*(2), 181–185.
LaPlante, D. A., Gray, H. M., LaBrie, R. A., Kleschinsky, J. H., & Shaffer, H. J. (2012). Gaming industry employees' responses to responsible gambling training: A public health imperative. *Journal of Gambling Studies, 28*(2), 171–191.
Lewis, C., Battistich, V., & Schaps, E. (1990). School-based primary prevention: What is an effective program? *New Directions for Child and Adolescent Development, 50*, 35–59.
McCormack, A., & Griffiths, M. D. (2013). A scoping study of the structural and situational characteristics of internet gambling. *International Journal of Cyber Behavior, Psychology and Learning, 3*(1), 29–49.
Meyer, G., Häfeli, J., Mörsen, C., & Fiebig, M. (2010). Die Einschätzung des Gefährdungspotentials von Glücksspielen. *SUCHT-Zeitschrift für Wissenschaft und Praxis/Journal of Addiction Research and Practice, 56*(6), 405–414.
Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist, 58*(6–7), 449–456.
Otieno, G. O., Hinako, T., Motohiro, A., Daisuke, K., & Keiko, N. (2008). Measuring effectiveness of electronic medical records systems: Towards building a composite index for benchmarking hospitals. *International Journal of Medical Informatics, 77*(10), 657–669.
Shaffer, H. J., Bilt, J. V., & Hall, M. N. (1999). Gambling, drinking, smoking and other health risk activities among casino employees. *American Journal of Industrial Medicine, 36*(3), 365–378.
Shaffer, H. J., & Hall, M. N. (2002). The natural history of gambling and drinking problems among casino employees. *Journal of Social Psychology, 142*(4), 405–424.
Smitheringale, B. (2001). *The manitoba problem gambling customer assistance program: Summary report*. Winnipeg: Addictions Foundation of Manitoba.

Wahl, D. (2002). Mit Training vom trägen Wissen zum kompetenten Handeln? *Zeitschrift für Pädagogik, 48*(2), 227–241.

Wood, R. T. A., Shorter, G. W., & Griffiths, M. D. (2014a). Rating the suitability of responsible gambling features for specific game types: A resource for optimizing responsible gambling strategy. *International Journal of Mental Health and Addiction, 12*, 94–112.

Wood, R. T. A., Shorter, G. W., & Griffiths, M. D. (2014b). Selecting the right responsible gambling features, according to the specific portfolio of games. *Responsible Gambling Review, 1*(1), 51–63.