

Division of Substance Use Prevention and Recovery  
600 East Ash • Building 500, 3rd floor • Springfield, IL 62703

**Guidelines for Counselors Assisting Illinois "Voluntary Self-Exclusion Program for Problem Gamblers" Enrollees Seeking Removal from the SEP List**

In July 2002, the Illinois Gaming Board (IGB) launched a Statewide Casino Voluntary Self-Exclusion Program (SEP) for Problem Gamblers that allows persons who have determined they are problem gamblers to self-exclude themselves from all Illinois casinos. On June 28, 2019, the Sports Wagering Act was signed into law. The Sports Wagering Act requires that the Board self-exclusion program for sports wagering be incorporated into the existing self-exclusion program. Individuals already on the self-exclusion list are precluded from participation in sports wagering.

Please view Frequently Asked Questions at: <https://www.igb.illinois.gov/ProblemGamblers.aspx>

Only a licensed mental health professional who is also a certified gambling addictions counselor may provide an affidavit for the enrollee seeking removal.

Please be aware that individuals on the SEP list have previously declared themselves to be problem gamblers who are unable to gamble responsibly. A professional providing an affidavit would need to establish that the Self-Excluded person no longer is a problem gambler and can gamble responsibly. Returning to gambling could have significant financial, emotional, and other consequences for self-excluded individuals and their loved ones. For this reason, it is imperative that any professional considering providing an affidavit for the purposes of an enrollee seeking removal from the SEP list, gather and consider information carefully before coming to a determination.

The following guidelines provide *minimum* information and processes to be gathered and undertaken when assisting individuals seeking removal from the SEP list:

**Informed Consent/Waiver:**

- It is recommended for the professional to incorporate details into their Informed Consent procedures to ensure the enrollee is fully informed of the process, privacy protections, potential outcomes, and alternative options for the individual.
- The professional may also wish to work with their legal team to develop a waiver of liability, should the individual be removed from the list, and suffer adverse consequences as a result of returning to gambling.

Division of Substance Use Prevention and Recovery  
600 East Ash • Building 500, 3rd floor • Springfield, IL 62703

## Interviews:

- A minimum of two face to face sessions are suggested, with additional face to face or phone sessions as needed until it is determined whether or not an affidavit can be provided.
- Verify the identity of the individual by viewing their State-issued driver's license, identification card, or passport.
- Interview the Self-excluded individual (minimum recommended interview questions are listed below):
  - Why is it important for you now to be removed from the list?
  - Why did you place yourself on the list?
  - When did you enroll?
  - What else have you done (who else have you talked to) about getting removed from the list?
  - Please provide a chronological history of gambling from first gamble to present (including other forms of gambling, like sports wagering, lottery, video slots/poker)
  - Have you gone to an Illinois Riverboat Casino property since enrolling in the program? If so, what happened
  - Have you gone to other casinos (ex. out of state) since enrolling? If so, please provide details (when, why, where, what was your gambling like)
  - What is different now from when you stated that you are a problem gambler and unable to gamble responsibly (which is part of the SEP application process)?
  - Please describe any medical conditions and any treatment you are receiving for these:
  - Please describe any emotional/psychological conditions and any treatment you are receiving for these:
  - If you're removed from the list, how soon will you go to a casino?
  - Have you ever been in treatment for gambling? Y/N
  - If yes, would you sign a release of information allowing me to communicate with your treatment provider?
  - Have you ever attended GA, SMART, or other self-help groups for gambling? Y/N
  - Please describe your past and present relationship to substances (ex. alcohol, tobacco, cocaine, etc.):
  - What court involvement have you had since you first gambled? (Counselor should follow up regarding to what role gambling may or may not have played in this)
  - Can you please describe the current state of your finances? Please include whether or not, and how many times, you may have filed for bankruptcy, taken out consolidation or other loans.

**Division of Substance Use Prevention and Recovery**  
600 East Ash • Building 500, 3rd floor • Springfield, IL 62703

- Supportive other(s) of the self-excluded individual (in the individual's life at the time of and since their enrollment in the SEP).
  - Were you acquainted with the individual at the time they enrolled in the program?
  - What concerns did you have at that time about their gambling?
  - What has their gambling looked like since they enrolled?
  - Do you have concerns about them returning to casino gambling and/or sports wagering?
  - What do you see as any benefit of them returning to gambling?
  - Can you describe any safeguards you may have in place, if the individual returns to gambling in a problematic way?
  - Do you have any safety concerns for yourself or finances related to the individual?

### **Screening:**

- Administer and review one or both of the following instruments:
  - South Oaks Gambling Screen
  - The NORC Diagnostic Screen for Gambling Problems
  - Administer toxicology testing to explore current substance use
- Optional: Administer Gam-Anon 20 Questions as part of significant/supportive other interview

### **Other sources of information:**

Please consider accessing one or more of the following (with written permission of the SEP individual) additional sources of information:

- Illinois Gaming Board to learn of any violations of the SEP agreement
- Enrolled person financial information (sanitized of account numbers) -ex. credit report, bank statement, credit card statements (look for high balances, cash advances, expenses from gambling venues, overdrafts in bank accounts, etc.)
- Other helping professionals (ex. doctor, psychiatrist, mental health professional) the person has worked with, is working with, or is referred to if a need is identified during this process, who may have information about a condition that may be caused or exacerbated by gambling or may contribute to gambling behavior

**Division of Substance Use Prevention and Recovery**  
600 East Ash ● Building 500, 3rd floor ● Springfield, IL 62703

**When a determination is made:**

- If you choose to complete an affidavit:
  - printed on your agency letterhead
  - includes your contact information, should the Illinois Gaming Board have follow-up questions for you
  - includes both your License (mental health professional, ex. LPC, LSW, LCPC, LCSW) and Certification (ex. PCGC, ICGC) numbers
- A copy of the findings should be provided to the individual in hard copy only (not electronic) to minimize the likelihood of the document being edited after completion
- If you choose not to complete an affidavit, be mindful of retaliation against a supportive other if their concerns contributed to your decision.
- Professionals should refer the individual for further services for gambling disorder or other behavioral health conditions when it is apparent as a result of this process that services are necessary and appropriate.

**The 1-800-GAMBLER helpline and <https://weknowthefeeling.org/> website have up to date information about providers of gambling services throughout the state**