

ADHD

Awareness in Casino Settings



Training Purpose

This training helps casino staff recognize and understand ADHD so they can interact supportively with guests who have it. ADHD is common and often persists into adulthood. Because ADHD is linked to impulsivity and risk-taking behaviour, customers with ADHD may gamble differently. By learning about ADHD, staff can provide better service, ensure safety, and respond sensitively to behaviours related to inattention or impulsivity. For example, knowing that impulsive actions or inattention may stem from ADHD enables calm, professional handling.

At the same time, it is important to highlight that individuals with ADHD represent a vulnerable group due to increased risk of developing Problem Gambling. Their impulsivity, difficulties in self-regulation, and heightened sensitivity to reward make them more prone to risky gambling behaviours. Challenges with attention and concentration can also make it harder for them to track time and money spent while gambling. For this reason, casino staff need to be aware not only of how to support these guests respectfully, but also of their role in protecting players from potential harm. Linking ADHD awareness with Responsible Gaming ensures that staff contribute to safer play environments, early recognition of problematic behaviour, and the promotion of sustainable entertainment rather than risky gambling.

What Is ADHD

ADHD (Attention-Deficit/Hyperactivity Disorder) is a neurodevelopmental condition that begins in childhood and often continues into adulthood. It is characterized by ongoing patterns of inattention, hyperactivity, and impulsivity. People with ADHD may frequently have trouble focusing on tasks, controlling restless behaviour, or thinking before acting (executive function abilities). For example, they might start tasks easily but get distracted, or they may act or speak without waiting their turn. These behaviours occur across situations (work, home, public settings) and can affect daily functioning.

Causes

ADHD arises from a combination of genetic and environmental factors. It is highly heritable: many cases run in families. Researchers have found differences in brain development and chemistry in ADHD (e.g. imbalances in dopamine and norepinephrine). Environmental factors may increase risk: for instance, prenatal exposure to tobacco/alcohol, lead, prematurity or low birth weight can play a role. No single cause has been found; rather, ADHD reflects “neurodivergence” due to gene changes and life factors.

Symptoms by Type

ADHD symptoms are grouped into 3 core types. Staff should know the key behaviours of each type:

ADHD Type	Key Behaviours / Symptoms
Inattentive	Difficulty focusing on tasks; easily distracted or forgetful; careless mistakes; trouble organizing; often “daydreams” or loses things.
Hyperactive-Impulsive	Restlessness (fidgeting, pacing, trouble sitting still); talks excessively; interrupts others; acts without waiting (e.g. jumps into games).
Combined	A mix of inattentive and hyperactive-impulsive traits (symptoms from both categories). Most people with ADHD have this type, showing both focus problems and impulsivity.

Each type involves at least 5–6 characteristic symptoms (for adults) in that domain. Table above summarizes typical examples of each.

Severity Levels

ADHD is often classified as **mild**, **moderate**, or **severe** based on symptom impact. In general:

Severity	Description
Mild	Meets diagnostic criteria but has only a few extra symptoms beyond the threshold; causes only slight impairment in daily life.
Moderate	Clearly impairs functioning in multiple areas (work, home, relationships) due to a moderate number of symptoms.
Severe	Many symptoms well above the diagnostic threshold, with serious impairment (e.g. trouble keeping a job or maintaining relationships).

For example, someone with **severe ADHD** may struggle to follow rules or complete tasks consistently, while a person with **mild ADHD** might get by with minimal support.

Comorbidity

ADHD often occurs with other mental health or learning disorders.

Common co-occurring conditions include:

- Anxiety disorders (e.g. generalized anxiety).
- Depressive or mood disorders.
- Learning disabilities (e.g. dyslexia).
- Behavioural disorders (in adults: Oppositional Defiant or Conduct Disorder).
- Substance use disorders: Adults with ADHD have higher rates of alcohol/drug use and risky behaviours.
- Gambling Addiction

In fact, studies show many people with ADHD have at least one additional condition. These comorbidities can complicate diagnosis and treatment (e.g. anxiety or depression symptoms may overlap with or obscure ADHD).

Assessment and Treatment

Diagnosis:

There is no single medical test for ADHD. A diagnosis is based on a clinical evaluation against DSM-5 criteria. Doctors or mental health specialists gather a history of symptoms in multiple settings (work, home, school). They use interviews, questionnaires and behaviour checklists, often collecting input from family, teachers or coworkers. The clinician rules out other causes (e.g. sleep problems, anxiety). Key diagnostic points include symptoms present since childhood, at least several inattentive or hyperactive-impulsive symptoms (5 or more in adults), and significant impairment in daily life.

Treatment:

ADHD can be managed, not “cured.” The most common and effective treatments combine medication and behavioural therapy. Medications include stimulants (e.g. methylphenidate, amphetamines) and non-stimulants, which help improve attention and reduce impulsivity. Behavioural interventions (**like cognitive-behavioural therapy, coaching, organizational skills training**) teach coping and time-management skills. For adults in particular, **counselling to improve routines, planning, and executive skills is valuable. Supporting treatments** (coaching, support groups, lifestyle changes) may also be recommended.

Statistics

Global Estimates:

About **6-8%** of children and adolescents worldwide have ADHD. It is more common in boys than girls.



10%
of boys



5%
of girls

Global Adults:

A 2020 meta-analysis estimated about **2.6%** of adults globally have persistent ADHD, while **~6.8%** have current ADHD symptoms. Symptoms present differently in adults, especially across genders.

Age Trends:

ADHD is most common in younger adults. For example about **5.0%** of people age 18-24 have full ADHD and **~9.0%** have any ADHD symptoms. Rates decline with age (fewer than **1%** over 60)

These figures show that a significant number of casino customers – especially young adults – may have ADHD traits.

ADHD and Casino Correlation

ADHD traits can influence gambling behaviours. People with ADHD tend toward impulsivity and sensation-seeking, which align with casino stimuli (flashy lights, loud noises, quick games, constant activity and instant rewards). Customers with ADHD may find the fast pace and high stimulation of a casino especially compelling, making them more prone to take big risks or become fixated on games. Understanding this connection helps staff recognize that risk-taking or impulsive gambling may stem from ADHD tendencies, not simply carelessness. Studies show that individuals with ADHD are at a higher risk of developing behavioural addictions, including gambling disorder. This is especially true for those undiagnosed or untreated.

Important Distinction:

While ADHD traits can increase vulnerability, having ADHD does not mean that a person automatically has or will develop Gambling Disorder. ADHD and pathological/compulsive gambling are separate conditions, and the presence of ADHD should never be equated with problematic play. For this reason, casino staff are not expected to diagnose or label guests. Their role is to remain observant, act with discretion, and offer supportive measures that align with Responsible Gaming principles, always respecting the dignity of the player.

ADHD Behaviours in Casinos

Staff may observe the following behaviours that could suggest ADHD (see symptoms above). In the casino environment, these might look like:



Impulsive betting or decision-making:

Rapidly placing large bets, changing games without considering losses, difficulty waiting for turns, difficulty in stopping once play has begun, challenges in keeping track of money spent or setting limits, seeking ways to obtain more funds repeatedly..



Restlessness or agitation:

Constant fidgeting, pacing, or needing to move around instead of sitting still, challenges in keeping track of time.



Hyperfocus:

Intense focus or “zoning out” at games and machines for long periods, difficulty leaving the gambling floor.



Distractibility:

Frequent loss of focus (not watching cards or machines carefully), easily sidetracked by nearby activities or noises.



Interruptions:

Talking over dealers or other players, grabbing chips when not their turn, or blurting out without hand raised.



Emotional reactivity:

Quick swings (e.g. excitement, frustration or anger) when games change or when losing, sometimes more intense than expected. Talks aloud to self in a distressed or impulsive way (e.g. “One more time, I have to win”).

Some examples:

- Excessively rapid and frequent switching between games or tables.
- Noticeable mood swings and emotional outbursts (e.g. loud celebration after a win, anger or shouting after a loss).
- Difficulty understanding or retaining instructions, even after repetition.
- Obvious disorganization (e.g. forgetting where personal items were left).
- Repeated requests for help with basic instructions that have already been explained.

Note: These signs alone do not confirm ADHD, but they fit common symptoms. Staff should remain observant without jumping to conclusions – instead, use this awareness to guide sensitive interaction.

Tips for Staff



Be patient and nonjudgmental

Approach guests calmly and respectfully. Avoid scolding or singling out behaviour (“You’re being bad, or This is unacceptable” etc.); instead use a friendly tone.



Communicate clearly and simply

Give instructions or information in short, direct phrases. Break messages into one step at a time. Confirm understanding by having the guest repeat key details if needed.



Manage the environment

Reduce distractions, when possible, offer environments with low-sensory zones or “cool-down” areas. For example, if providing rules or assistance, step aside from noisy machines. Visual/auditory stimuli can overstimulate and trigger loss of control. Use quiet hand signals (pointing to rules, making eye contact) and lower your voice so they can concentrate.



Provide structure and warnings

Give clear expectations (e.g. “In five minutes we close this table” or “You can take a break now”). Gently remind them of any limits (like bet maximums) to support executive function challenges before frustration builds.



Use positive reinforcement

Praise any positive behaviour (e.g. “Thank you for waiting”; “Good job following the rules”). Small rewards or recognition can motivate continued cooperation.



Allow movement if needed

If a guest appears very restless, it may help to let them take a short break (walk or get a drink) rather than staying frustrated at a table.



Stay calm during outbursts

If a guest becomes agitated, remain composed. Acknowledge their feelings (“I see this is upsetting”) and then redirect attention to a constructive approach (“Would you like a short break or something to drink?”).



Offer help discreetly

If a customer seems overwhelmed or confused, politely offer assistance (“Can I explain how this game works?”) rather than assuming fault. Some may benefit from simple reminders (“Remember, please keep cards on table until finished”). Offer responsible gambling services (“Lots of guests take a timeout — especially if they’re feeling a bit overwhelmed. It’s a normal part of our responsible gaming support.”).

These practical steps help accommodate guests with ADHD traits without stigmatizing them. They also improve service for all customers by creating clear, calm interactions.

Responsible Gaming Programs

Setting limits

Setting limits is an easy and responsible way of keeping your gaming fun. You can set voluntary limits on any of the following:



Money you can spend gambling in the casino.



Maximum number of visits you can make to the casino in a calendar month.

Self – Exclusion

The self-exclusion service allows you to exclude yourself from casino gambling, if you wish to do so. The service includes the option for a break (1 day, 1 week, 1 month) as well as the option for self-exclusion (6 or 12 months).

Psychological Techniques

Staff can use basic behavioural strategies and communication techniques to de-escalate issues and guide customers:



Clear structure: Use visual or verbal cues to break tasks into parts. For example, write or point to game steps. A simple checklist (showing the sequence of play) can help a distracted customer follow along.



Reward focus: Notice when a guest stays on task or listens well and acknowledge it. Even brief positive feedback (“Great follow-through on that rule!”) can reinforce attentive behaviour.



Redirect gently: If the customer is interrupting or acting out, calmly redirect their attention e.g. “Let’s focus back on our game,” or engage them with a question about the game.



Calming techniques: Encourage a guest to take deep breaths or a momentary pause if frustrated (“Would you like a moment to think?”). This aligns with cognitive strategies from therapy that help manage impulses.



Encourage routines: When possible, guide the guest to use tools (e.g. note-taking on a scorepad or setting a timer for game changes) to stay organized. Cognitive-behavioural approaches teach planning and time management to people with ADHD, so you can support small versions of these (like helping them set a time or money limit on play).

By combining understanding of ADHD with these techniques, staff can help guests maintain self-control and engage more positively in the gaming environment. Over time, such strategies (modelled after cognitive-behavioural therapy principles) can improve customer experience and safety for everyone.

ADHD

Awareness in Casino Settings Realistic Scenarios - Practical Guidance



Scenario 1

The customer repeatedly interrupts the dealer.**What to say:**

“I can see you’re excited, let’s complete this step first.”

This statement is calm, instructional, and helps to gradually restore the flow of the game.

**What to avoid:**

“Wait your turn, you’re disturbing others.”

Such approach may appear dismissive or aggressive, increasing the customer’s stress or aggression.

**Staff response:**

RGAs must be informed, staff approach in discreet way so the customer calm down or be asked politely to leave the venue, security to be updated to deal with possible aggressive behaviour.

Scenario 2

The customer moves frequently and appears restless, switching tables often.**What to say:**

“I see that something is bothering you, how can I help you?”

This demonstrates empathy and discretion, encourages communication free from pressure, and may assist the customer in easing their concerns or expressing a need.

**What to avoid:**

“Stop wandering around, you’re confusing the staff.”

Such formulation may appear critical or offensive and intensify the visitor’s agitation, increasing the risk of escalation.

**Staff response:**

Report to RGA, approach in a discreet manner without attracting the attention of others, offer information about the responsible gaming program.

Scenario 3

Fast and aggressive play. Customer plays very fast, moves nervously, aggressively, presses buttons too quickly, uses two machines. This behaviour may indicate increased emotional distress, impulsivity, or loss of control.**What to say:**

“I notice you’re playing very quickly, maybe a short pause could help you.”

This statement is non-judgmental and allows the client to regain control without feeling criticized.

**What to avoid:**

“You’re being too aggressive, stop playing like that.”

Such expressions can cause embarrassment, defensiveness, or escalation of tension.

**Staff response:**

Discreet approach, risk evaluation (if behaviour may suggest loss of control, emotional tension, or possible need for intervention), break encouragement, self-control tools.

Scenario 4

Emotional reaction to loss. Customer cries after losing, feel sad/depressed.**What to say:**

“I can see this loss affected you. Would you like me to offer support options?”

This wording displays empathy, respect for the visitor’s feelings, and opens the door to help without causing embarrassment.

**What to avoid:**

“It’s just a game, don’t be so emotional.”

This underestimates the customer’s feelings and may worsen their situation or make them feel ashamed.

**Staff response:**

Discreet approach, offer RG tools, refer to support structures.

Scenario 5

Looking for money to continue playing. Repeated visits to cashier, raising funds, customer leaves and keeps coming back.**What to say:**

“I notice you’ve been back and forth.

Maybe it’s a good time to take a step back and review your play.”

This expression encourages self-observation and the cessation of automated play, without embarrassing or stigmatizing the client.

**What to avoid:**

“You keep running for money, this has to stop now.”

This statement is judgmental and presumably offensive, causing defensiveness or tension.

**Staff response:**

Observation, report to RGA, risk assessment, refer to support services.

Scenario 6

Under the influence of alcohol/drugs. Customer appears intoxicated, difficult communicating.**What to say:**

“I can see you’re not feeling well right now. Let’s pause your play for today.”

This expression is polite, does not stigmatize, and emphasizes the customer’s well-being without putting them in an uncomfortable position.

**What to avoid:**

“You’re drunk, you can’t stay here.”

This is directly criticising and can cause tension, embarrassment, or conflict.

**Staff response:**

If it is suspected that a customer is unable to play responsibly, staff should remain alert and avoid disruption. The incident should be reported to the RGAs for assessment of the situation and further actions. If the behaviour is deemed risky or unpredictable, security staff should also be informed for immediate intervention. If necessary, further play should be prevented and respectfully be removed from the casino premises. If deemed appropriate, support structures may be suggested with discretion and at an appropriate time.

Suicidal ideation or emotional distress. Customer makes alarming statements or reports feeling hopeless.



What to say:

“I hear your concern, it’s important you speak with someone who can support you. Let me help you contact the **Helpline 1422**.” This approach shows empathy and respect, encourages the person to seek help, and offers concrete support without judgment.



What to avoid:

“Don’t say things like that, you’ll scare people around you.”

This expression dismisses the customer’s feelings, may reinforce feelings of shame, rejection, or isolation, and may irreparably worsen their condition.



Staff response:

Immediately notify RGA, prevent participation, gently and safely guided out of the gaming area, assist (**Helpline 1422**).

Important note:

Please note that the expected response of casino staff concerns but is not limited to the above. In all cases, the priority is human safety, the prevention of dangerous behaviour, and the provision of access to support with respect and discretion.



Attitude Makes the Difference

ADHD is not a sign of bad behaviour or carelessness—it is a different way of processing information and reduced impulse control. Remember: someone may already be doing their best. Responding with empathy instead of judgment makes all the difference.

Stay in Control

If you require support or advice:

National Helpline 1422

Free information and support to directly or indirectly affected persons from problematic and pathological gambling activity.

Operating hours:

Monday to Friday 09:00–19:00

Pharos Center for Prevention & Treatment of Pathological Gambling

Contact: 25 580 448

www.pharoscenter.org

Supervised by KENTHEA