

## CHAPTER 10

# PROBLEM GAMBLING TREATMENT: SKILL BUILDING FOR PRACTITIONERS

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The issue of how to conduct counselling intervention for problem gambling is an important one. Gambling is a growth industry in New Zealand, and the recently passed Gambling Act 2003 has not noticeably restricted it. Unfortunately there are many harmful effects accompanying the expansion of gambling, although there is little research concerning either the immediate or long-term impacts of gambling on communities and families. Since the effects of problem gambling are poorly understood, it also follows that the types and levels of intervention required to address them have yet to be fully established. Nonetheless, certain forms of treatment are conventionally applied both in New Zealand and overseas. (See Payne, 2003, for information about New Zealand problem gambling services.)

### **Problem gambling**

It is important to consider the differences between healthy gambling and problem behaviour. Healthy gambling is characterised by enjoyable gambling of a type and at a level that is not detrimental to the player, their whanau (family), or other community members. Harmful gambling is deemed to be behaviour that has adverse effect(s) on the person and those around him or her. Harms from gambling may range from a relatively mild level, where the problem gambler fails to fulfil their social obligations and suffers financial loss, to extreme levels where someone's life is so chaotic and problematic that suicide is contemplated. At the pathological or severe end, the harms are relatively easy to see and to measure; however harms may also be subtle and less immediately defined, and have emotional, social and economic impact.

## **Intervention for problem gambling**

Intervention for harmful gambling does not fit into a purely medical model of counselling (i.e. the ‘disease’ of gambling), nor into a purely social model (i.e. the ‘social difficulty’ of gambling). The issues are entwined and their manifestation will depend on the person in their particular context – extending both inwardly to the individual, and outwardly to their impact on society, which may be positive or negative.

Any consideration of gambling counselling in New Zealand needs to acknowledge that there are no stand-alone gambling counselling training courses here. There are however, a few educational institutions that are beginning to include gambling as a component of their courses. Typically these are alcohol and drug counselling courses.

The issue of gaming in New Zealand is increasingly complex when environmental factors are taken into account. The types of gambling available are growing exponentially. At the same time, their prevalence and accessibility is increasing. The anticipated Responsible Gambling Bill has now been passed into law as the Gambling Act 2003, which places few restrictions on the industry. It is also unclear how it will be implemented and enforced. The costs of harmful gambling and their repercussions for future generations remain to be determined, although there is much public outcry.

The past decade of therapeutic intervention for problem gambling has been largely a response of individuals to meet their clients’ needs. No doubt ten years from now the issues will have changed considerably. For this reason, the next portion of this chapter concentrates on providing a philosophy of counselling, rather than a snapshot of current counselling practices.

## **Client expectations**

The expectation of the client is that they will be assisted to recover through the process of meeting the counsellor, discussing the matter, working through the issues, and finding solutions. Because the impacts of harmful gambling occur at the psychological and practical level, both elements should be addressed in an efficient, seamless and cohesive way. This indicates a shift is needed from the view that counselling occurs only in the counselling room and focuses only on feelings and behaviour.

Counsellors working with problem gamblers must be familiar with and engage with a global form of assessment, including areas

sometimes considered to be advocacy and social work. They must also be capable of delivering the whole service. This will ensure that the client is provided with a robust service to help counter the practical and psychological harms they may have suffered through problem gambling.

The issue of national competency standards for counsellors who work in the gambling area needs to be raised. From a client perspective this would provide an assurance that the person they are meeting 'cold' has sufficient expertise and has met the criteria for this type of health service delivery. It is only fair to the general public that a recognised standard of health service delivery be afforded them. From a management perspective this would not be too onerous and could involve a small panel meeting against criteria such as the New Zealand Association of Social Workers use for their prospective members.

### **Requirements: practitioner competencies**

The general competencies currently required to work with gambling clients are contained in the 18 core principles outlined by the Problem Gambling Purchasing Agency requirements (2001). These relate to practitioner intervention and human rights legislation for gambling harm. Core skills currently required include those of:

- engagement
- critical thinking
- assessment
- co-operative planning with clients
- therapeutic
- referral
- case management
- review
- closure.

These skill sets are generic for New Zealand counsellor training. Although variation exists in the methodology used in terms of values, cultural practices and how these are taught, the core skills remain.

The New Zealand Association of Counsellors outlines some personal qualities and skills necessary to be a counsellor. These include:

- self-awareness and knowledge
- belief in the dignity of and equity of people
- ability for positive self-critique

- sensitivity
- empathy
- communication skills
- critical thinking
- respect for others
- awareness of professional boundaries
- willingness for self-development to occur
- ability to be supervised by others
- ability to learn from others
- ability to work in a team and in a wider company of peers.

### **Counselling problem gambling clients**

The issues and knowledge base required in problem gambling intervention outlined by the PGPA (Problem Gambling Purchasing Agency, 2001) include but are not limited to understanding about:

- the different forms of gambling: continuous/non continuous and their effect on the user
- how addiction occurs in gambling
- addictive behaviour and lifestyles
- trauma, shock, suicide and suicidal ideation
- financial and legal problems
- family/whanau problems
- direct/indirect fraud
- restrictions in social networks
- issues of guilt, fear, shame, embarrassment, grandiosity, hopelessness
- deprivation, individual, systemic and inter-generational poverty
- loss of trust in self or loss of trust from others
- loss of identity.

### **Professional standards: the example of NZAC**

As mentioned, currently there is no accreditation or recognition of minimum competency or safety standards for counselling intervention for gambling in New Zealand. Different professional bodies have their own particular codes of ethics and standards of competency for practice that have been developed over many years. This is the case for other New Zealand professional bodies, such as the New Zealand Psychological Society, the New Zealand Nursing Association and the New Zealand Association of Social Workers, to name a few.

Here the professional standards of the New Zealand Association of Counsellors (NZAC) are outlined, since they are particularly applicable to counsellors who work in the field of problem gambling. The advantage of using these professional associations and societies as references is the benefit of many years of experience, research, debate and growth of those bodies. An overview of the requirements of the New Zealand Association of Counsellors will be presented here.

NZAC has three main categories of membership status. These are:

1. Subscribers: individuals or organisations who have an interest in counselling and wish to receive the publications of the NZAC.
2. Applicants: generally people training toward competency in their counselling fields who are moving toward member status in conjunction with their training provider and the NZAC.
3. Members: persons who have met the criteria for membership set out by the NZAC.

All members and applicants are bound by the ethical guidelines and practices of the NZAC. Guidelines toward membership status depend on an individual showing that they have:

- completed cohesive and comprehensive counselling training through a programme approved by the association
- a record of bi-cultural learning and/or experience, including marae experience, sensitivity to Treaty of Waitangi issues and an ability to demonstrate an understanding of *Tikanga Māori* (Māori practice)
- completed a self-awareness and personal growth component, including being a client and participating in group therapeutic process
- had suitable supervised experience in their work, during training and post-training
- ‘good character,’ and are willing to adhere to the NZAC Code of Ethics and can demonstrate they practice in a supervised and professional way.

(Adapted from *NZAC Handbook*, New Zealand Association of Counsellors, 2002, p 39.)

It is mentioned in the *NZAC Handbook* and inter-woven as a theme that the counsellor is expected to have safe fundamental skill sets and specific specialist skills in their chosen area of work. Ideally, counsellors take professional responsibility for some areas, and when they encounter issues beyond their field or level of expertise they should be aware enough to make a referral to an appropriate alternative agency or individual.

The *NZAC Handbook* lists criteria for the training of counsellors (New Zealand Association of Counsellors, 2002, p 45). A thumbnail sketch follows:

- (a) Trainers are expected to make available information about the structure and content of their course. Details regarding trainer expectations and course demands (academic, personal, and social) should be included.
- (b) Training programmes should also aim to develop trainees' self-understanding.
- (c) Trainers are expected to provide trainees with a body of specialised knowledge, skills and attitudes relevant to their future counselling responsibilities. This should include an awareness of the special needs of disadvantaged groups.
- (d) Trainers are expected to encourage trainees to discuss, explore and come to terms with ethical concerns and practices within their profession.
- (e) Trainers are expected to effectively integrate academic/theoretical study and the supervised practice of counselling to assist trainees to integrate the various facets of their learning, and to develop personally effective styles of counselling.
- (f) Trainers are expected to develop training programmes that are, whenever possible, based on competency or performance terms.
- (g) Trainers have a responsibility to provide trainees with an objective assessment of their present competencies that can assist trainees in making decisions about their professional strengths and limitations.
- (h) Trainers are expected to encourage trainees to value the ideal of helping others to help themselves, to participate actively in professional matters, and to concern themselves with current social issues.
- (i) Training programmes should include research competencies commensurate with their trainees' future roles and encouragement for trainees to conduct future research relevant to their specific work settings.

### **Counsellor supervision**

Counsellors are expected to have regular clinical supervision with a supervisor who has expertise in the field. Supervision itself is often misunderstood and misinterpreted as line management, but it is much more complicated. Supervision of and for a counsellor may be separated into four main types:

- Management supervision: which relates to worker performance, contractual compliance, or other matters of this type.
- Clinical supervision: which examines counsellor competency, practice, safe work volumes and ongoing training.
- Client feedback: which informs the counsellor how they have been perceived by the client and how relevant their work has been for the client.
- Personal supervision: which relates to personal issues which may or may not affect work.

An issue that is often overlooked in examining competency is the area of organisational structure as a vital ingredient fundamental to counsellor and client success. The often promoted therapeutic triangulation of client, practitioner and problem also contains a fourth component too often neglected in this world of costings, contracts, outputs and fiscal restraint. This is the health and well-being of the employment or management system where the counsellor works. Counsellors spend three to six years of their life training at their own expense. The client relies on the counsellor's health as well as their professional capacity to become well. Counsellor health, safety and enhancement through their working environment is as central an issue as the competencies required to practice. A similar triangulation exists between the counsellor, the client, and the client's issue; this engagement takes place in the theatre of a functioning organisational structure for counselling to be effective.

### **Gambling counselling versus alcohol and drug counselling**

Often counselling for gambling seems aligned with alcohol and drug counselling. The relationship between the two fields has yet to be fully researched in this country or developed. Many clinicians would argue that there are similarities as well as differences. The similarities may include social reinforcement and peer pressure as primary motivators to begin use.

Some of the differences may include, but are not limited to: financial problems, such as eviction, fraud, inability to earn; plus trauma after an active addictive phase or trauma in the family unit after the 'crash,' suicidal feelings, relationship issues, issues of trust, loss of self-esteem and the need for a person to chase wins or losses. This list of issues is overly simplistic and needs more research in terms of harms, and will differ in importance and definition depending on the person affected and the way they are affected.

Some obvious differences between working in the area of problem gambling versus working in the drug and alcohol field is the ‘toolbox’ each carries of services available to the client. Some of the differences in service capacity available to each discipline include:

- (a) There are no detoxification facilities available to the gambling counsellor where people can de-traumatise, have managed care in time of crisis, and re-orientate themselves. In comparison, this is a fairly established practice for serious drug and alcohol cases.
- (b) There is no residential treatment service available solely for problem gamblers, whereas for the alcohol and drug counsellor this treatment path is long established, and comparatively well funded and available.

Generally speaking, there is a higher expectation that the client who suffers harms through gambling will be managed and will become better in the community, with counselling as the primary device. This is diametrically opposed to people who have harms from alcohol or drug issues who can be treated 24/7 with wraparound care.

### **The need for clients and counsellors to develop research**

Because of the rapid movement and expansion of gambling type and availability there is a need to keep the conversation between client needs and service provision open rather than closed. The last decade of problem gambling growth has certainly informed those involved in service delivery that they ‘need to keep on the ball,’ and be informed by those who have been harmed. It is likely this trend will continue.

### **Conclusion**

Training for problem gambling counselling is very much in its infancy in New Zealand. Here some of the issues have been presented so it may further develop in order to benefit those who have been harmed by gambling, as well as their affected others and the wider ‘social good.’ Research should focus on the client and their needs rather than relying on ‘old school’ indicators, due to the rapid expansion of damage arising from gambling harm and the rapid growth and proliferation of types of gambling, and the number of routes for gambling available to the public.

This chapter has indicated that research, development and integration are needed for a cohesive, safe and fair service to the client. It indicates that professional standards for counselling exist, and for the public good these should be adhered to. It also mentions that a dual approach of

theoretical counselling and practical intervention is needed to de-scale the problems harmful gambling has at the earliest point in order to minimise damage and promote the fastest recovery. The chapter examined the need for research and training standards for the emerging counsellor in gambling, as well as the need for the acknowledgment of those standards in the practice of the counsellor who engages with gambling harm.

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