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- Purpose of certification is to provide the public and other stakeholders the means by which to identify certification standards that serve their competency assurance needs. (NOAC'02)
- Can we assure that this counselor knows what they are doing, will do no harm?
- •Through a peer review process we have established:
  - accreditation standards
  - •evaluate compliance with these standards
  - •recognize counselors that meet these standards



- •The Gambling Counselor Certification process began being formed in 1984 through the National Council on Problem Gambling. At least four different groups watch over the certification process for gambling counselors internationally. Survey data is forthcoming.
- •Though approval of gambling training hours is done in most states and nationally there is no approved standard training program for these counselors.
- •The field struggles to find a way to include recent research findings into direct clinical practice and meets various forms of resistance along the way.



- There is little evidence or no evidence that patient characteristics interact with type of treatment to affect outcome (Longabaugh & Wirtz, '01).
- Training programs need to emphasize not just the facts and figures of research but the effective ways to implement multimodal strategies focusing on:
  - integrated care is more effective for co-occuring clients (Barrowclough et al, '01; Moggi et al '99)
  - need for structured, evidence-based multi-modal paradigm
  - •integrate with empowerment and qualitative methods



- The discrepancy between what research indicates as efficacious and what most gambling counselors practice seems a growing issue.
- Movement towards clinical training that includes a Unified Model of Treatment and Research could include:
  - Community based participatory models
  - •Use of interdisciplinary research teams
  - •Inclusion of consumer perspectives
  - •Input from put-upon therapists and support with long term integration of strategies and client matching interventions.





Gambling treatment researchers are few and far between.

Their work is critical to the evolution of care that can improve availability, outcome, affordability etc.

BUT- we must consider ways of measuring effectiveness that are practical, do-able, objective and of course relevant to counselors, clients, and administrators.

Counselors in the real world don't have easy access to control groups, cannot provide care and do double blind studies.

Evaluating the clinical care of real people should not be structured like a drug trial.





Researchers and counselors should join together to create a meaningful research design that allows for good care and good evaluation of services.

The certification of gambling counselors should assure consumers and administrators alike that the individual providing clinical care is specifically trained (30-60 hrs) and has been supervised in the provision of gambling treatment and is competent, safe and effective.

Gambling counselors do not need more advanced credentials than certified drug and alcohol counselors to begin their work with gamblers and their families as long as they have completed the specialized training program.





#### **Problem Gambling Certification and Training:**

Gambling Counselor Certification should assure consumer and administrator, hiring agency, funding source, court, EAP, etc., that this service provider has been:

- specially trained to help gamblers and their families with issues unique to these clients.
- •supervised or has consulted with gambling treatment experts as they gathered first hand experience with this clinical population.
- •objectively tested with a passing grade on a national minimal competency exam that is gambling specific.

Clearly, researchers and counselors collaborating together could produce meaningful results for ourselves, the field, and the consumers we are here to serve.

