A GUIDE TO CORE COMPETENCIES FOR PROBLEM GAMBLING TREATMENT COUNSELORS

Oregon Health Authority

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Overview of Core Competencies

What are Core Competencies?

Core competencies refer to knowledge and skills expected of those who are deemed prepared to perform various professional roles. Competencies represent agreement among advanced members of a field on what is required at the most basic level, or in other words "core," to enter and be qualified to complete professional tasks. In this case, the professional task is providing clinical treatment to those with disordered gambling and those struggling with the impact of another's gambling. The core competencies for problem gambling counselors are organized around five primary domains. As described below, a group of advanced problem gambling counselors identified 166 core competencies that are organized into five primary domains. These domains are: 1) knowledge of problem gambling, 2) psychoeducation, 3) basic problem gambling treatment skills, 4) case management and ethical practice, and 5) sociocultural awareness and competence. Domain three, basic problem gambling skills, includes thirteen subdomains.

Why are They Important?

The goal of establishing core competencies is to improve the quality of services by problem gambling counselors. They also define the parameters of the profession, broadly answering the question "what do problem gambling counselors do?" By identifying required knowledge and skills, we can focus our own learning, as well as the training and evaluation of others, on what advanced members of the profession consider to be most important to the welfare of clients.

How Were They Developed?

A list of potential competencies for problem gambling counselors was developed using two primary sources. First, researchers[1] at a problem gambling treatment center in Oregon completed

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[1] Berman, R. & McDowell, T. (2018). *Core Competencies in Problem Gambling Treatment.* Northwest Institute of Addiction Studies, Portland, Oregon.

a line-by-line review of 50 problem gambling session transcripts to identify 75 mediators of change across the five domains used to organize the core competencies. This provided a framework for identifying what works in problem gambling treatment. This framework was used to inform a list of potential competencies for counselors. Researchers added to this list by conducting a systematic review of the literature on problem gambling treatment that was published between 1980 and 2018. Sources included journal articles, books, treatment manuals and web-based state and national reports and guidelines. An initial list of 191 potential competencies was drawn from thematic review of counseling sessions and an exhaustive literature review. The research team sorted these potential competencies into five domains based on themes related to clinical practice. When there was uncertainty about which domain a potential competency should be assigned to, researchers discussed the decision to reach consensus. The domains include: 1) knowledge of problem gambling and problem gambling treatment, 2) psychoeducation, 3) basic problem gambling treatment skills, 4) case management and ethical practice, and 5) sociocultural awareness and competence.

The final problem gambling counselor core competencies were determined using a modified Delphi study[2] funded by *Oregon Health Authority Problem Gambling Services*. The aim of a Delphi study is to generate consensus among experts through several rounds of answering questions. In this case, we solicited the opinions of experts who met one of the following criteria: 1) have at least one publication on problem gambling treatment, 2) be a licensed or ICGC-II certified provider of problem gambling treatment, or 3) be a clinical supervisor or university instructor working with problem gambling treatment providers or trainees. The Delphi study was considered "modified" because panelists were presented with an initial list of potential competencies rather than being asked to generate the first round of potential competencies themselves. Researchers provided a broad base of input by including potential competencies drawn from across the literature on problem gambling treatment. This list was augmented by including observational data from actual sessions to ensure the first round of potential competencies included

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[2] McDowell, T., Christensen, J. & Kosutic, I. (in review). Core competencies in problem gambling counseling: A modified Delphi Study.

a focus on day-to-day practice not always found in the professional literature. After each round, the responses are summarized and redistributed for further discussion in the subsequent rounds, until consensus is reached. The list of 191 potential core competencies was shared with experts in problem gambling treatment who rated each item's level of importance. They were also given the opportunity to add items to the list. The 166 competencies were rated by 75% of the panel of experts as "important" or "very important" on a scale of 1-5 are included in the final list of core competencies reflected in this document.

Who Decided on the Items?

Potential panelists were identified based on having published books or journal articles and/or presented on problem gambling treatment at national conferences. Additional experts in providing problem gambling treatment were identified through the International Certified Gambling Counselor (ICGC)-II listserv. These gambling treatment experts were contacted via email and asked to serve as panelists in order to rate the level of importance of potential competencies. Panelists all met one or more of the following criteria: 1) had at least one publication on problem gambling treatment, 2) was an ICGC-II certified counselor of problem gambling treatment, and/or 3) served as a clinical supervisor working with problem gambling counselors or trainees.

The panel included a range of professional and educational backgrounds, with an average of over twelve years of experience in the field of problem gambling treatment. Eighty percent of the panelists provided direct problem gambling treatment to clients and 50% provided clinical supervision to problem gambling counselors. Over 70% of panelists were licensed as mental health or addictions counselors, psychologists, social workers or family therapists. Half of the panelists were also certified drug and alcohol counselors. Over a quarter of the panelists held doctoral or other terminal professional degrees (i.e., MD and JD). Nearly 60% held Master's degrees, and 13% held Bachelor's degrees or less.

About a third of the panelists had published articles and nearly 10% had authored or co-authored a book on problem gambling treatment. About 20% of the panelists authored or co-authored

chapters on problem gambling treatment. Sixty-five percent had presented at regional conferences and over 50% had presented on problem gambling treatment at national conferences. All of the panelists were from the United States or Canada.

Forty-five experts completed both round-one and round-two surveys. Items on the round-two survey that were endorsed as important or very important by at least 75% of these panelists were included in the final list of 166 competencies.

How Might They Be Used?

There are a number of important uses for the core competencies, including informing workforce development, developing job descriptions, executing clinical decisions, planning agency improvement, establishing policies and procedures, evaluating readiness to practice, and informing research and future competencies.

Informing Workforce Development

The core competencies can help determine the focus of problem gambling counselor training and professional workforce initiatives. The core competencies can be used to identify areas for continued professional education for new and experienced problem gambling counselors. Agencies might also select items from among the competencies to inform staff evaluation and/or in-house trainings.

Developing Job Descriptions

Administrators can draw from the core competencies to determine a list of skills required for hiring problem gambling counselors. This provides both employers and prospective employees with a clear understanding of the skills required for the position as well as a framework for reviewing job performance.

Providing Input for Agency Executive Decisions, Policies and Procedures

Agency administrators can use the competencies to discern the readiness of counselors to provide treatment as well as to inform policies regarding problem gambling treatment delivery. For example, there is ample evidence that points to the need to pay close attention to suicidality and intimate partner violence among those seeking treatment for problem gambling. Core competencies include effectively screening for and managing these risks. Agencies can highlight screening for suicidality and intimate partner violence during initial intakes and ongoing treatment.

Evaluating Readiness to Treat Problem Gambling

To the author's knowledge, there are no empirically derived sets of competencies associated with problem gambling counselor certification. Most states use a list of tasks without requiring evaluation of specific skills related to successful practice. The core competencies can inform questions on the national certification exam, as well as endorsements for Certified Gambling Counselor applications at international, national and state levels. They can also help administrators make agency level decisions about which counselors are prepared to engage problem gamblers in treatment.

Assessing Professional Skills and Setting Professional Goals

The core competencies can be used informally for self-assessment and professional goal setting. Counselors can use the competency list to gauge areas in which they want to seek out additional training. Collective evaluation of these competencies can point to gaps in preparation and help trainers pinpoint areas for professional development. Supervisors and agency administrators can use the core competencies to inform clinical evaluations that result in ongoing counselor improvement via identifying areas of growth and setting/reaching professional goals.

Guiding Treatment Decisions

Knowing what experts deem most important can guide counselors who are new to problem gambling treatment in making decisions about what is most important to manage risk and facilitate change. The competencies reflect agreed-upon strategies that might be considered across treatment models to address unique needs of those with disordered gambling.

Informing Research and Future Competencies

The core competencies can be used to inform future research as well as efforts to identify and describe the unique knowledge and skills required to effectively treat problem gambling.

Domains and Subdomains

Problem gambling counselors are expected to demonstrate mastery of basic counseling knowledge and skills. They are also expected to know and follow state laws and professional ethics related to practice. The core competencies go beyond this baseline of professional preparation to identify additional knowledge and skills required to promote effective problem gambling treatment. This section includes a brief description of the items in each domain followed by a list of core competencies. Resources that may be helpful in more fully exploring the competencies can be found at the end of the guide.

DOMAIN 1: KNOWLEDGE OF PROBLEM GAMBLING

There is a unique body of knowledge specifically associated with problem gambling treatment. First, it is critical for counselors to be familiar with how gambling becomes problematic and what mechanisms sustain it. This includes understanding the context in which gambling disorders occur as well as gambling types, or pathways to gambling problems.[3] A basic understanding of problem gambling, e.g., gambling patterns, the effect of gambling on the brain, gambling as a conditioned response, disordered thinking related to problem gambling, experiential avoidance and gambling, and so on, are not specifically called out in this first domain. Rather the expectation that counselors

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[3] Blaszczynski, A., & Nower, L. (2002). A pathways model of problem and pathological gambling. *Addiction, 97*, 487-499.

will have this type of basic knowledge about problem gambling is reflected in competencies across multiple domains.

The competencies in this first domain reflect the expectation that counselors will have working knowledge of addictions treatment in general, including understanding stages of change, models and theories of relapse prevention, and the ability to assess and either treat or refer when other addictions are present. It is important to note that competencies include understanding the similarities and differences between treating disordered gambling and substance abuse disorders.[4] In other words, what is transferrable and what needs to be specific to problem gambling treatment.

This first domain also reflects the expectation that counselors will know and keep up with advances in theories about disordered gambling and models of problem gambling treatment,[5] including well-supported interventions[6] and evidence-based practices.[7] Counselors need to demonstrate they are aware of treatment resources and can provide a rationale for their use. This includes available recovery-based supports such as peer mentors/recovery support specialists. Competencies in this domain also reflect the importance of using interdisciplinary knowledge and understanding gambling from a biopsychosocial spiritual framework.

Domain 1 includes the expectation that counselors will understand the potential effects of disordered gambling on individuals and families. Likewise, core competencies in this domain include understanding the importance of family and social networks[8] to the recovery process.

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[4] Rizeanu, S. (2015). Pathological gambling treatment – review. *Procedia – Social and Behavioural Sciences 187*, 613-618.

[5] Petry, N. Ginley, M., & Rash, C. (2017). A systematic review of treatments for problem gambling. *Psychology of Addictive Behaviors, 31*(8), 951-961.

[6] Rodda, S., Merkouris, S. S., Abraham, C., Hodgins, D. C., Cowlishaw, S., & Dowling, N. A. (2018). Therapist-delivered and self-help interventions for gambling problems: A review of contents. *Journal of Behavioral Addictions 7(2),* 211-226.

[7] McIntosh, C. & O'Neill, K. (2017). *Evidence-Based Treatments for Problem Gambling.* Springer Briefs in Psychology: New York.

[8] Petry, N. & Weiss, L. (2009). Social support is associated with gambling treatment outcomes in pathological gamblers. *American Journal of Addiction, 18*(5), 402-408. doi: 10.3109/10550490903077861

Problem gambling counselors are also expected to be cognizant of the role of trauma in disordered gambling and the principles of trauma-informed care.[9]

CORE COMPETENCIES IN DOMAIN 1:
Competent problem gambling counselors have a working knowledge of:

1.1.1.	Theories of problem gambling.
1.1.2.	Accepted counseling models and best practices for treatment of problem gambling.
1.1.3.	Gambling types (e.g., Pathways model, Action/Escape gambling).
1.1.4.	Models and theories of relapse prevention.
1.1.5.	The role of trauma in disordered gambling.
1.1.6.	Principles of trauma-informed care.
1.1.7.	Various treatment resources and rationale for use.
1.1.8.	Symptoms and treatments of other addictions.
1.1.9.	Similarities and differences between disordered gambling and substance abuse disorders.
1.1.10.	Interdisciplinary approaches to problem gambling treatment.
1.1.11.	Social, political, economic and cultural context within which problem gambling exists.
1.1.12.	Flags, or indicators, of other addictions or mental health disorders and how to refer for diagnosis and treatment as needed.
1.1.13.	A biopsychosocial spiritual approach for understanding and treating problem gambling.
1.1.14.	Effects of problem gambling on individuals and families.
1.1.15.	Transtheoretical model/stages of change.
1.1.16.	The importance of family, social networks and community in the treatment and recovery process.
1.1.17.	Available recovery-based supports (e.g., peer mentors/recovery support specialists).

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[9] Najavits, L. (2011). Treatments for PTSD and pathological gambling: What do patients want? *Journal of Gambling Studies, 27*(2), 229-41. doi: 10.1007/s10899-010-9198-9.

DOMAIN 2: PSYCHOEDUCATION

Psychoeducation is considered by most as a foundational component of addictions treatment, including treatment for problem gambling. It is important to help individuals who are struggling with gambling and caring others understand the disorder. This often reduces the shame and blame associated with disordered gambling. Stages of change become clearer along with potential avenues for recovery. Clients are better able to step back and recognize cognitive distortions and repetitive patterns of behavior that sustain gambling to increase personal agency for change. Understanding the dynamics of disordered gambling can help caring others discontinue protective behaviors in favor of engaging in more effective coping strategies. Psychoeducation is not a one-time event in problem gambling treatment. Rather it is an ongoing process in and out of counseling sessions. Even brief interventions that include an educational component have been found to be helpful,[10] particularly when they include individualized feedback.[11]

This second domain includes expectations that counselors will have the required knowledge about problem gambling to share with clients as needed. This includes being able to facilitate psychoeducational groups and integrate psychoeducation about gambling and other addictions as needed into counseling sessions. Counselors should be able to explain the basics of problem gambling and recovery to clients. This includes the realities of chance, luck and skill, the impact of gambling on the brain, the gambling action cycle, and the stages of change. Problem gambling counselors should be able to explain basic learning theory including gambling behavior as a conditioned response. Counselors need to have a working knowledge of, and be able to explain, a biopsychosocial model of problem gambling and recovery. They should also be able to describe

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[10] Quilty, L., Wardell, J., Thiruchselvam, T, Keough, M & Hendershot, C. (2019). Brief interventions for problem gambling: A meta-analysis. *Plos.*

[11] Marchica, L. & Derevensky, J. (2016). Examining personalized feedback interventions for gambling disorders: A systematic review. Journal of Behavioral Addiction, 5(1), 1-10. doi: 10.1556/2006.5.2016.006

the potential impact of gambling on the family, as well as recognize and point out how the behavior of others may inadvertently support gambling (e.g., bailouts, loans).

CORE COMPETENCIES IN DOMAIN 2
Competent problem gambling counselors are able to:

2.1.1.	Facilitate gambling psychoeducational groups.
2.1.2.	Integrate gambling psychoeducation into counseling sessions.
2.1.3.	Integrate psychoeducation of other addictions into counseling sessions.
2.1.4.	Explain the basics of problem gambling and recovery.
2.1.5.	Describe the impact of gambling on the brain/the seeking system.
2.1.6.	Explain the realities of chance, luck and skill.
2.1.7.	Describe the gambling action cycle.
2.1.8.	Describe the stages of change.
2.1.9.	Describe the potential impact of gambling on family.
2.1.10.	Point out behaviors that support gambling (e.g., bailouts, loans).
2.1.11.	Share how gambling urges are a conditioned response.
2.1.12.	Describe how behaviorism learning theory is associated with gambling behavior.
2.1.13.	Share a biopsychosocial model of gambling and recovery.

DOMAIN 3: BASIC PROBLEM GAMBLING TREATMENT SKILLS

This third domain focuses on basic counseling skills necessary to successfully treat disordered gambling. It is the largest category of competencies and is divided into 13 subdomains.

Subdomain 3.1: Assessing and Managing Risk

An estimated 49% to 80% of those in problem gambling treatment suffer with suicidal ideation or have attempted suicide in the past[12]. Risk factors for suicidality include severity of gambling problem, substance abuse, co-occurring mental health problems, and financial stress. Studies have shown that those struggling with disordered gambling are also more likely to commit acts of intimate partner violence. One study found about a third of those in problem gambling treatment have committed acts of violence toward intimate partners.[13] There is also evidence that children are at higher risk of being abused/harshly parented or neglected when they have a parent who is gambling problematically, as well as evidence that those with disordered gambling are more likely to have suffered some form of childhood maltreatment themselves.[14] Disordered gambling heightens the risk of family financial devastation. These risks are often exacerbated by co-occurring mental health disorders and/or substance abuse. Elders and vulnerable adults are at higher risk of economic abuse by a family member with disordered gambling. This can occur without elders or vulnerable adults realizing their funds are being used for gambling. At other times, attempts to coerce them to provide money for gambling may result in physical and/or

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[12] Carr, M., Ellis, J. & Ledgerwood, D. (2018). Suicidality among gambling helpline callers: A consideration of financial stress and conflict. The American Journal of Addictions. doi.org/10.1111/ajad.12787

[13] Lane, W., Saccoc, P., Downtond, K., Ludemand, E, Levya, L. & Tracy, K. (2016). Child maltreatment and problem gambling: A systematic review. *Child Abuse and Neglect.* doi.org/10.1016/j.chiabu.2016.06.003

[14] Lane, W., Saccoc, P., Downtond, K., Ludemand, E, Levya, L. & Tracy, K. (2016). Child maltreatment and problem gambling: A systematic review. *Child Abuse and Neglect.* doi.org/10.1016/j.chiabu.2016.06.003

emotional abuse. Those who have caretakers who leave for long periods of time to gamble may suffer neglect by not having basic needs met.

Competencies in this domain focus on the ability to assess for, as well as mitigate, risks associated with disordered gambling. This includes routinely screening – both initially and throughout treatment - for interpersonal violence and potential risk of harm to self or others. It also includes identifying and reporting financial abuse of elders or vulnerable adults. Counselors are expected to demonstrate competence in intervening in risk by reducing risk-related intention, engaging family to mitigate risk, and developing safety plans. Counselors must be able to identify debt, as well as assess financial risks and take steps to help families protect their finances.

CORE COMPETENCIES IN SUBDOMAIN 3.1
Competent problem gambling counselors are able to:

3.1.1. Screen for interpersonal/domestic violence.
3.1.2. Assess financial risks and identify debt.
3.1.3. Take steps to help family protect finances from gambling.
3.1.4. Ask appropriate questions to assess risk of harm to self or other.
3.1.5. Intervene in thinking to reduce risk-related intention.
3.1.6. Develop safety plans and strategies for reducing risk.
3.1.7. Engage family to mitigate risk.
3.1.8. Identify and report financial abuse of elders or vulnerable adults.

Subdomain 3.2: Initiating Treatment

Core competencies required for initiating treatment include routinely screening for and accurately diagnosing gambling disorder.[15] There is ample evidence that those seeking problem gambling treatment are more likely to be suffering from co-occurring mental health problems and/or co-

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[15] Petry, N. (2009). Disordered gambling and its treatment. *Cognitive and Behavioral Practice, 16*(4), 457-467.http://dx.doi.org/10.1016/j.cbpra.2009.02.005

existing addictions. Counselors are expected to correctly identify and diagnose (or refer for diagnosis) co-occurring addictions, mental health problems, and relational issues. Competencies include being able to help clients set goals and meeting clients at their level of readiness to help move toward making a positive change.[16] [17] Competencies in this domain include offering initial strategies to help clients meet initial harm reduction or abstinence goals early in treatment. Counselors must also be able to identify the potential impact of disordered gambling on individuals and relationships in this initial stage of treatment.

As is true with counseling in general, therapeutic alliance has been found to be a primary factor in successful treatment of problem gambling.[18] Involving family members or concerned others has also been shown to increase retention and the success of treatment.[19] Problem gambling counselors, therefore, need to effectively engage and include family members in treatment, be able to establish alliance with both individuals and family members, and encourage within-family alliance.

CORE COMPETENCIES IN SUBDOMAIN 3.2
Competent problem gambling counselors are able to:

3.2.1.	Create and maintain therapeutic alliance with individuals.
3.2.2.	Include family members in treatment.
3.2.3.	Create and maintain therapeutic alliance with family/all involved in treatment.
3.2.4.	Create and maintain within-family alliance.
3.2.5.	Help clients set goals.

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[16] Ladouceur, R., Lachance, S. & Fournier, P. (2009). Is control a viable goal in the treatment of pathological gambling? *Behaviour Research and Therapy, 47*(3),189-97. doi: 10.1016/j.brat.2008.11.004.

[17] Stea, J., Hodgins, D. & Fung, T. (2015). Abstinence versus moderation goals in brief motivational treatment for pathological gambling. Journal of Gambling Studies, 31(3), 1029-45. doi: 10.1007/s10899-014-9461-6.

[18] Smith, S. A., Thomas, S. A., & Jackson, A. C. (2004). An exploration of the therapeutic relationship and counselling outcomes in a problem gambling counselling service. *Journal of Social Work Practice, 18(1),* 99-112.

[19] Ingle, P., Marotta, J., McMillan, G. & Wisdom, J. (2008) Significant others and gambling treatment outcomes. *Journal of Gambling Studies, 24*(3), 381-92. doi: 10.1007/s10899-008-9092-x.

3.2.6.	Be flexible in supporting clients in their goals of harm reduction or abstinence.
3.2.7.	Offer initial strategies to support clients in their goals to reduce or abstain from gambling.
3.2.8.	Routinely screen for problem gambling.
3.2.9.	Accurately diagnose gambling disorder.
3.2.10.	Accurately diagnose co-occurring addictions.
3.2.11.	Accurately diagnose mental health disorder.
3.2.12.	Accurately diagnose relational issues.
3.2.13.	Identify the influence of problem gambling on individuals and relationships.

Subdomain 3.3: Conducting Assessments

Core competencies related to conducting assessments include being able to identify multiple life domains affected by gambling and assess co-existing addictions as well as co-occurring mental health disorders.[20] They also include competence in identifying medical and pharmaceutical contributors to gambling problems and being aware of potential genetic and biological factors that may affect gambling. Counselors need to demonstrate competence in gathering gambling histories and identifying the types of gambling in which those entering treatment are engaged. Counselors should also be competent in assessing the benefits or positive impact of gambling (i.e., what the person who gambles is trying to accomplish or gets from gambling).

CORE COMPETENCIES IN SUBDOMAIN 3.3
Competent problem gambling counselors are able to:

3.3.1.	Identify multiple domains that affect and are affected by gambling (e.g., social, familial, biological).
3.3.2.	Assess for co-existing addictions and mental health disorders.

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[20] Toneatto, T. & Millar, G. (2004). Assessing and treating problem gambling: Empirical status
    and promising trends. *Canadian Journal of Psychiatry, 49(*8), 517-525.
    doi.org/10.1177/070674370404900803.

3.3.3.	Identify medical and pharmaceutical contributors to problem gambling.
3.3.4.	Gather the history of gambling problems.
3.3.5.	Gather information on current types of gambling.
3.3.6.	Understand the potential of genetic and biological factors in problem gambling (e.g., dopamine underactivity, potential genetic propensity).
3.3.7.	Assess benefits or positive impact of gambling (i.e. what the person who gambles is trying to accomplish or gets from gambling).

Subdomain 3.4: Developing and Using Service Plans

This domain includes competencies related to actively engaging clients in treatment and service planning by helping them envision change and recovery to set goals. This includes encouraging short-term achievable goals to help clients experience success early in treatment. Counselors need to be able to connect treatment goals to gambling problems. They also need to be able to tailor service/treatment plans to an accurate assessment of stages of change and associate each goal with measurable objectives[21]. Counselors are expected to regularly review service/treatment plans with clients and update plans when necessary.

CORE COMPETENCIES IN SUBDOMAIN 3.4
Competent problem gambling counselors are able to:

3.4.1.	Help clients envision change and recovery to set goals.
3.4.2.	Connect treatment goals to problem gambling.
3.4.3.	Base treatment plans on stages of change.
3.4.4.	Actively include clients in treatment/service planning.
3.4.5.	Use measurable objectives from treatment/service plan to inform treatment.

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[21] Oregon State Service Plan Requirements (OAR 309-019-0140)**:**
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=242804

3.4.6.	Establish short-term achievable goals to help clients begin experiencing successes early on.
3.4.7.	Regularly re-examine service/treatment plans and goals with client(s) to update as needed.

Subdomain 3.5: Facilitating Therapeutic Process

Competent problem gambling counselors must be able to actively structure the counseling process while remaining centered and not pushing clients to change before they are ready to do so. The ability to structure counseling includes being able to deliver specific, focused in- and between-session interventions and to follow up on interventions. Counselors need to be able to prioritize interventions that target what is most important at any given time and to determine the most useful treatment modality (e.g., individual, family, group) to reach each goal. Counselor competencies also include the ability to facilitate problem gambling treatment groups. Counselors are expected to simultaneously address substance abuse when it is present and continuously provide trauma-informed care[22].

Counselors need to demonstrate a sophisticated understanding of the dynamics of problem gambling in order to display accurate empathy. This includes being able to help reduce shame around gambling and relapse as well as help clients become more self-accepting. Competence in recognizing stages of change and using motivational interviewing[23] is considered core to successfully encouraging readiness for change and to accurately tailoring interventions to stages of change. Counselors need to be able to identify positive change in order to inspire expectation for change and instill realistic hope. Competencies in this subdomain also include the ability to facilitate in-session interaction between family members. Furthermore, counselors need to evaluate the effectiveness of counseling to guide treatment (e.g., use proximal outcome measures).

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[22] SAMSHA Concept of Trauma and Guidance for a Trauma-Informed Approach: https://store.samhsa.gov/system/files/sma14-4884.pdf

[23] Yakovenko, I., Quigley, L., Hemmelgarn, B. Hodgins, D. & Ronksley, P. (2015). The efficacy of motivational interviewing for disordered gambling: Systematic review and meta-analysis. *Addictive Behaviors, 43C*, 72-82.

CORE COMPETENCIES IN SUBDOMAIN 3.5
Competent problem gambling counselors are able to:

3.5.1.	Demonstrate accurate empathy and understanding of problem(s).
3.5.2.	Facilitate and actively structure the counseling process.
3.5.3.	Use interventions that are tailored to stages of change.
3.5.4.	Use motivational interviewing to encourage readiness for change.
3.5.5.	Help reduce shame around gambling and gambling relapse.
3.5.6.	Help clients increase self-acceptance.
3.5.7.	Remain centered without pushing for change, i.e., accept ambivalence.
3.5.8.	Evaluate effectiveness of counseling (e.g., use outcome measures) to guide treatment.
3.5.9.	Prioritize interventions targeting what is most important in treatment at any given time.
3.5.10.	Identify positive change and progress/instill realistic hope and expectation of change.
3.5.11.	Deliver specific, focused in-session interventions.
3.5.12.	Deliver specific, focused between-session interventions.
3.5.13.	Follow-up on interventions.
3.5.14.	Determine most useful treatment modality to meet each goal (e.g., individual, group, family).
3.5.15.	Facilitate family in-session interaction.
3.5.16	Provide trauma-informed care.
3.5.17	Facilitate problem gambling treatment groups.
3.5.18	Simultaneously address substance abuse in problem gambling treatment.

Subdomain 3.6: Addressing Money

Core competencies for gambling counselors include helping clients explore the meaning of money, ascertaining clients' access to money, and tracking behaviors related to money. Counselors need to be able to guide clients in establishing money barriers and help them develop and follow a

budget. Problem gambling counselors need to competently facilitate the process of clients disclosing debt to significant and/or concerned others, and to help clients become more accountable and transparent regarding money. Finally, problem gambling counselors need to help clients accept financial responsibility and develop plans for restitution.

CORE COMPETENCIES IN SUBDOMAIN 3.6
Competent problem gambling counselors are able to:

3.6.1.	Track access to money.
3.6.2.	Track behaviors around money.
3.6.3.	Guide clients in establishing money barriers.
3.6.4.	Help clients develop and follow a budget.
3.6.5.	Explore meaning of money.
3.6.6.	Facilitate disclosure of debt to family.
3.6.7.	Help clients accept financial responsibility and develop plans for restitution.
3.6.8.	Focus on financial accountability and transparency.

Subdomain 3.7: Applying Cognitive Strategies

It is generally agreed that cognitive distortions must be addressed in the treatment of disordered gambling.[24] [25] Likewise, there is significant evidence that cognitive[26] and cognitive behavioral approaches are effective in treatment of disordered gambling.[27] Specific strategies used in these models vary and the strategies themselves may be used across treatment approaches.

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[24] Fortune, E. E., & Goodie, A. S. (2012). Cognitive distortions as a component and treatment focus of pathological gambling: a review. *Psychology of Addictive Behavior, 26*(2), 298-310. doi: 10.1037/a0026422

[25] Toneatto, T., & Gunaratne, M. (2009). Does the treatment of cognitive distortions improve clinical outcomes for problem gambling? *Journal of Contemporary Psychotherapy, 39,* 221-229.

[26] Ladouceur, R., Sylvain, C., Boutin, C., Lachance, S., Doucet, C., Leblond, J., & Jacques, C. (2001). Cognitive treatment of pathological gambling. *Journal of Nervous and Mental Disease, 189,* 774–780. http://dx.doi.org/10.1097/00005053-200111000-00007

[27] Tolchard, B. (2017). Cognitive-behavior therapy for problem gambling: a critique of current treatments and proposed new unified approach. *Journal of Mental Health, 26*(3), 1-8. doi: 10.1080/09638237.2016.1207235

Competencies related to cognitive strategies include the ability to facilitate awareness of self and others and to both identify and address schemas that impact recovery. Problem gambling counselors must demonstrate skill in challenging and helping clients reshape gambling related cognitive distortions, expose logic errors (e.g., gambler's fallacy, magical thinking), unearth gambling beliefs (e.g., explanations of wins, attribution of skill and losses, bad luck), and identify gambling traps (i.e., thoughts that it is possible to improve luck). They must also be able to help clients explore the role of risk-taking related to problem gambling.

Problem gambling counselors need to be able to help clients increase their awareness of gambling urges; notice and self-monitor triggers, thoughts and urges; and problem-solve barriers to change. Competencies include helping clients prepare and rehearse counter arguments to urge thoughts, as well as generate rational self-statements. This subdomain includes a focus on helping clients directly address real-world problems, develop problem solving skills, and enhance self-efficacy.

CORE COMPETENCIES IN SUBDOMAIN 3.7
Competent problem gambling counselors are able to:

3.7.1.	Identify and help expose logic errors (e.g., gambler's fallacy, magical thinking).
3.7.2.	Identify and address schemas that impact recovery.
3.7.3.	Address reality/real-world problems directly.
3.7.4.	Facilitate self-awareness and understanding of others.
3.7.5.	Reinforce self-efficacy.
3.7.6.	Problem-solve barriers to change.
3.7.7.	Unearth gambling beliefs such as explanations of wins (e.g., attribution of skill) and losses (e.g., bad luck).
3.7.8.	Facilitate the noticing and ongoing self-monitoring of triggers, thoughts, urges, etc.
3.7.9.	Challenge urge thoughts by helping clients prepare and rehearse counter arguments.
3.7.10.	Challenge and reshape cognitive distortions related to gambling.

3.7.11. Increase active awareness of gambling urges.
3.7.12. Help clients identify gambling traps (i.e., thoughts that it is possible to improve luck).
3.7.13. Help clients develop problem solving skills.
3.7.14. Help clients generate rational self-statements.
3.7.15. Help clients explore the role of risk-taking in problem gambling.

Subdomain 3.8: Increasing Mindfulness

Increasing attention is being paid to mindfulness interventions in problem gambling treatment.[28] Core competencies for problem gambling counselors include the ability to help clients connect with the present moment and encourage nonjudgmental awareness. Counselors are expected to be competent in facilitating and teaching clients mindfulness, centering and relaxation techniques. Finally, problem gambling counselors need to be able to help clients increase tolerance of distress.

CORE COMPETENCIES IN SUBDOMAIN 3.8
Competent problem gambling counselors are able to:

3.8.1. Help clients connect with the present moment.
3.8.2. Facilitate mindfulness and centering techniques.
3.8.3. Encourage nonjudgmental awareness of the present moment.
3.8.4. Encourage distress tolerance.
3.8.5. Teach clients relaxation techniques.

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[28] de Lisle, S., & Dowling, N. (2012). Mindfulness and problem gambling: A review of the literature. Journal of *Gambling Studies, 28*(4), 719-39. doi: 10.1007/s10899-011-9284-7.

Subdomain 3.9: Applying Behavioral Strategies

Behavioral strategies are prominent in the literature concerning the treatment of disordered gambling.[29] Problem gambling counselors need to be able to track gambling patterns and plan with clients how to intervene in, or interrupt, these patterns. This includes helping clients identify gambling triggers, avoid exposure to gambling cues and situations, strategize stimulus control (e.g., high-risk situations), and plan for ways to respond to triggers. Competencies in this subdomain include being able to provide ongoing review, reset, and re-engagement to strengthen patterns of behavior to help clients move closer to their goals and values. Problem gambling counselors need to help clients replace gambling with non-gambling activities. Finally, counselors must demonstrate competence in helping family members develop coping skills.

CORE COMPETENCIES IN SUBDOMAIN 3.9
Competent problem gambling counselors are able to:

3.9.1.	Track gambling patterns.
3.9.2.	Plan with clients how to interrupt gambling patterns.
3.9.3.	Help clients identify gambling triggers.
3.9.4.	Develop plan for addressing gambling triggers.
3.9.5.	Help clients avoid exposure to gambling cues and situations.
3.9.6.	Explore replacing gambling with non-gambling activities that support values and goals.
3.9.7.	Strategize stimulus control such as identifying high-risk situations.
3.9.8.	Provide ongoing review, reset, and re-engagement to create stronger patterns of behavior that move clients closer to goals and values.
3.9.9.	Help family members develop coping skills.

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[29] Dowling, N., Jackson, A. & Thomas, S. (2008). Behavioral interventions in the treatment of pathological gambling : A review of activity scheduling and desensitization, *International journal of behavioral consultation and therapy*, 4(2), 172-187.

Subdomain 3.10: Applying Emotion-Focused Strategies

Competencies related to emotion-focused strategies include helping clients link thoughts and behavior to emotions, as well as helping them identify and develop a different relationship with emotions that trigger gambling urges. Problem gambling counselors need to be able to help clients connect pleasure and suffering to gambling. Counselors need to be competent in facilitating emotional regulation and helping clients apply mechanisms of self-regulation (i.e., under-regulation, mis-regulation, expectations). Counselors must also be able to help clients develop coping skills for underlying problems such as emotional pain, anxiety and depression. Finally, the core competencies include the ability to encourage clients to attune to the feelings of their family members and to help family members communicate feelings directly to each other.

CORE COMPETENCIES IN SUBDOMAIN 3.10
Competent problem gambling counselors are able to:

3.10.1.	Link behavior to emotions.
3.10.2.	Link thoughts to emotions.
3.10.3.	Help clients identify emotions that trigger gambling urges.
3.10.4.	Help clients develop different relationship with feelings that trigger gambling urges.
3.10.5.	Connect pleasure and/or suffering to gambling.
3.10.6.	Help clients develop coping skills for underlying problems such as emotional pain, depression, and anxiety.
3.10.7.	Encourage clients to communicate feelings directly to family members.
3.10.8.	Encourage clients to attune to feelings of family members.
3.10.9.	Facilitate emotion regulation.
3.10.10.	Understand and apply mechanisms of self-regulation (i.e., under-regulation, mis-regulation, expectations).

Subdomain 3.11: Applying Value Strategies

Competencies related to applying value strategies include helping clients identify values and identify behaviors that take them away from or toward their values. Counselors need to be competent in linking arguments for not gambling to goals that are personally meaningful for clients and encourage clients to act in ways that are consistent with their values.

CORE COMPETENCIES IN SUBDOMAIN 3.11
Competent problem gambling counselors are able to:

3.11.1. Help clients identify values.
3.11.2. Link arguments for not gambling to personally meaningful goals.
3.11.3. Help clients identify behaviors that take them toward or away from values.
3.11.4. Encourage clients to take actions that are consistent with their core values.

Subdomain 3.12: Applying Relapse Management Strategies

Relapse management competencies include helping clients understand the role of relapse in recovery and that relapse does not mean "starting all over again." Counselors must be able to help clients identify relapse warning signs, learn to interrupt relapse early in the cycle, and plan what to do if there is a relapse. Finally, counselors need to help clients celebrate successes in stepwise progression toward reaching their goals and for making choices congruent with their recovery.

CORE COMPETENCIES IN SUBDOMAIN 3.12
Competent problem gambling counselors are able to:

3.12.1. Help clients understand the role of relapse in recovery.
3.12.2. Help clients understand relapse warning signals.

3.12.3. Help clients learn to interrupt relapse early in the cycle.	
3.12.4. Help clients plan what to do if they relapse.	
3.12.5. Help clients realize that relapse is not "starting all over again."	
3.12.6. Help clients celebrate choosing not to gamble.	

Subdomain 3.13: Applying Relational Strategies

Problem gambling counselors need to demonstrate competency in engaging family members in treatment and encouraging family support for recovery, including providing psychoeducation to family members about gambling and gambling treatment interventions.[30] Counselors need to be able to identify patterns of interaction related to gambling and assist family members in communicating directly with each other. They need to be prepared to facilitate disclosure of gambling debt, help families set money barriers, and engage family members in budget planning. Problem gambling counselors need to demonstrate the ability to recognize stages of change and use motivational interviewing with all family members.

CORE COMPETENCIES IN SUBDOMAIN 3.13
Competent problem gambling counselors are able to:

3.13.1.	Engage family members in treatment.
3.13.2.	Encourage family support.
3.13.3.	Identify patterns of interaction related to problem gambling.
3.13.4.	Help family identify protective or enabling behaviors.
3.13.5.	Provide psychoeducation to family members about problem gambling interventions.
3.13.6.	Facilitate debt disclosure.

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[30] Kourgiantakis, T., Saint-Jacques, C. & Tremblay, J. (2013). Problem gambling and families: A systematic review. *Journal of Social Work Practice in the Addictions*, 13, 353–372. DOI: 10.1080/1533256X.2013.838130.

3.13.7.	Facilitate budget planning with family.
3.13.8.	Engage family in process of establishing money barriers.
3.13.9.	Facilitate direct communication between family members.
3.13.10.	Use motivational interviewing with family members.
3.13.11.	Provide gambling psychoeducation to family members.

DOMAIN 4: CASE MANAGEMENT AND ETHICAL PERSPECTIVE

Counselors are expected to competently oversee a continuum of care (e.g., medical needs, crisis intervention, relapse prevention) and coordinate treatment with others providing services to clients (e.g., attorneys, other counselors, physicians). Counselors need to know when and how to refer clients to other counselors and resources as needed (e.g., financial planners, attorneys, peer mentors). Problem gambling counselors working in outpatient services are expected to maintain working relationships with, and coordinate referrals to, residential treatment centers. Competencies related to administrative skills include completing timely and professional case notes, professional reports, etc.; adhering to professional ethics standards, codes of ethics, governing applicable licensure or certification, state laws for problem gambling treatment; engaging in continuing professional education on problem gambling treatment; utilizing and documenting, when appropriate, an ethical decision-making model when faced with an ethical dilemma; and engaging in continuing professional education on problem gambling treatment and professional ethics.

CORE COMPETENCIES IN SUBDOMAIN 4.1
Competent problem gambling counselors are able to:

4.1.1.	Oversee the continuum of care (e.g., medical needs, crisis intervention, relapse prevention).
4.1.2.	Refer to other counselors and resources as needed (e.g., financial planners, attorneys, peer mentors.
4.1.3.	Coordinate treatment with all other care counselors (e.g., other counselors, physicians).
4.1.4.	Maintain working relationship with residential treatment centers and coordinate referrals.
4.1.5.	Demonstrate professional case administrative skills (e.g., case notes, professional reports).
4.1.6.	Adhere to codes of ethics and state laws for problem gambling treatment.
4.1.7.	Observe rules for confidentiality when sharing information with outside systems (includes limits on sharing information and exceptions for mandated reporting).
4.1.8.	Engage in continuing professional education on problem gambling treatment.

DOMAIN 5: SOCIOCULTURAL AWARENESS AND COMPETENCE

Problem gambling counselors need to demonstrate competence attuning to the influence of culture on gambling and problem gambling treatment.[31] [32] [33] Sociocultural awareness includes attention to social context to meet the unique needs of those recovering from disordered gambling across gender identities, sexual orientations, races, social classes, cultures, and ages. Counselors need to

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[31] Okuda, M., Balán, I., Petry, N. M., Oquendo, M., & Blanco, C. (2009). Cognitive-behavioral therapy for pathological gambling: cultural considerations. *The American journal of psychiatry*, *166*(12), 1325–1330. doi:10.1176/appi.ajp.2009.08081235

[32] Richard, K., Baghurst, T., Faragher, J.M. & Stotts, E. (2017). Practical treatments considering the role of sociocultural factors on problem gambling. *Journal of Gambling Studies, 33*, 265. https://doi.org/10.1007/s10899-016-9625-7

[33] Wong, D., Chung, C., Wu, J., Tang, J, Lau, P. & Wan, J. (2015). Preliminary study of an integrated and culturally attuned cognitive behavioral group treatment for Chinese problem gamblers in Hong Kong. *Journal of Gambling Studies, 31*(3), 1015-27. doi: 10.1007/s10899-014-9457-2.

be able to recognize the impact of these social locations, and successfully navigate differences between themselves and their clients. Competencies in this domain include demonstrating the ability to effectively identify and name problematic power dynamics within families and social contexts. Counselors need to be able to create space in counseling to value the experience and expression of all clients, including those with less power in relationships. Competently attending to power dynamics includes encouraging transformative action that contributes to long-term recovery by supporting equitable relationships. Finally, counselors are expected to advocate for reducing stigma attached to problem gambling and for adequate resources for prevention and treatment.

CORE COMPETENCIES IN SUBDOMAIN 5.1
Competent problem gambling counselors are able to:

5.1.1.	Understand unique needs in problem gambling treatment of those at all points in the life span, gender identities, sexual orientations, races, social classes, and cultures.
5.1.2.	Recognize impact of social locations (e.g., race, class, gender, sexual orientation, age, abilities, nation of origin) and successfully navigate these differences in counseling relationships.
5.1.3.	Demonstrate the ability to attune to the influence and impact of culture, race, social class, gender, abilities, and other aspects of social location on gambling, relationships, and recovery.
5.1.4.	Effectively identify and name problematic power dynamics within family and social context.
5.1.5.	Ensure space is made in counseling to value experience and expression of all individuals including those with less power.
5.1.6.	Encourage transformative action to support equitable relationships that contribute to long-term recovery.
5.1.7	Advocate within the community for reduction of stigma attached to problem gambling and for adequate funding and public health resources for prevention and treatment.

Online Resources for Ongoing Learning Related to Core Competencies

CBT for problem gambling: https://learn.problemgambling.ca/eip/cognitive-behavioural-therapy

Center for Addiction and Mental Health PSSP Knowledge Exchange:
https://learn.problemgambling.ca/

Gamblers Anonymous: http://www.gamblersanonymous.org/ga/

Gamtalk: https://www.gamtalk.org/?gclid=EAIaIQobChMI0oLvvt2y4gIVJh6tBh2j-gp3EAAYASAAEgLluvD_BwE

Journal of Gambling Issues: https://jgi.camh.net/index.php/jgi

Journal of Gambling Studies Open Access Articles:
https://link.springer.com/search?query=&search-within=Journal&facet-journal-id=10899&package=openaccessarticles

Massachusetts Department of Public Health's Pracitce Guidelines for Treatment of Gambling-Related Problems: An Evidence-Based Treatment Guide for Clinicians:
https://www.divisiononaddiction.org/html/publications/2004_Korn_Shaffer.pdf

National Council on Problem Gambling Programs and Recourses:
https://www.ncpgambling.org/programs-resources/resources/#Publications

Oregon Council on Problem Gambling: http://oregoncpg.org/

Oregon Problem Gambling Services Resources for Counselors:
https://www.oregonpgs.org/about/

Oregon State Service Plan Requirements (OAR 309-019-0140):
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=242804

Problem Gambling Free CEU On-line Training for Clinicians and Supervisors (Lewis & Clark):
https://graduate.lclark.edu/programs/continuing_education/counselors_and_therapists/problem-gambling-treatment-online/

Problem Gamblers and Their Finances: A guide for Treatment Professionals (National Council on Problem Gambling); https://www.ncpgambling.org/wp-content/uploads/2014/08/problem_gamblers_finances-a-guide-for-treatment-profs.pdf

Research Snapshots Gambling Research Exchange Ontario:
http://researchimpact.ca/researchsnapshots-gambling-research-exchange-ontario-greo/

SAMSHA Concept of Trauma and Guidance for a Trauma-Informed Approach:
https://store.samhsa.gov/system/files/sma14-4884.pdf

SAMSHA Gambling Problems: An Introduction for Behavioral Health Services Counselors:
http://www.ncpgambling.org/wp-content/uploads/2014/04/Gambling-Addiction-An-Introduction-for-Behavioral-Health-Counselors-SAMHSA-2014.pdf

SAMSHA Problem Gambling Toolkit:
https://taadas.s3.amazonaws.com/files/f5231bb65ab1dc98656fabcf2f8bec50-Problem%20Gambling%20Toolkit.pdf

SAMSHA Podcast on Gambling and Behavioral Health:
https://www.samhsa.gov/sites/default/files/audio/kathryn_keith_tobacco_gambling.mp3

SMART Recovery: https://www.smartrecovery.org/gambling-addiction/

Voices of Problem Gambling Recovery: http://vpgr.net/

What Clinicians Need to Know About Gambling Disorders (NCRG)
http://www.ncrg.org/sites/default/files/uploads/docs/monographs/ncrgmonograph7final.pdf

Appendix: List of Core Competencies

PROBLEM GAMBLING COUNSELOR CORE COMPETENCIES

The problem gambling counselor core competencies were developed* using a modified Delphi method. The aim of a Delphi study is to generate consensus and this is done by soliciting the opinions of experts through several rounds of answering questions. After each round, the responses are summarized and redistributed for further discussion in the subsequent rounds, until consensus is reached. Problem gambling treatment experts were recruited to serve as panelists who rated the level of importance of potential competencies based on existing research and literature. Fifty-two experts rated their level of agreement with each potential competency and suggested additional competencies in a round-one survey. Forty-five of the 52 panelists responded to the second-round survey, in which they were asked to again consider their level of agreement given the responses of other panelists. One hundred and sixty-six competencies were rated in round two by 75% of the panel of experts as "important" or "very important" on a scale of 1-5.

The goal of establishing core competencies is to improve the quality of services by problem gambling counselors. The core competencies are organized around five primary domains. Domain three, basic problem gambling skills, includes thirteen subdomains. The primary domains are: 1) knowledge of problem gambling, 2) psychoeducation, 3) basic problem gambling treatment skills, 4) case management and ethical practice, and 5) sociocultural awareness and competence.

Domain 1: Knowledge of Problem Gambling
Competent problem gambling counselors have working knowledge of:
1.1.1   Theories of problem gambling.
1.1.2   Accepted counseling models and best practices for treatment of problem gambling.
1.1.3   Gambling types (e.g., Pathways model, Action/Escape gambling).
1.1.4.   Models and theories of relapse prevention.
1.1.5.   The role of trauma in disordered gambling.
1.1.6.   Principles of trauma-informed care.
1.1.7.   Various treatment resources and rationale for use.
1.1.8.   Symptoms and treatments of other addictions.
1.1.9   Similarities and differences between disordered gambling and substance abuse disorders.
1.1.10. Interdisciplinary approaches to problem gambling treatment.
1.1.11. Social, political, economic and cultural context within which problem gambling exists.
1.1.12. Flags, or indicators, of other addictions or mental health disorders and how to refer for diagnosis and treatment as needed.
1.1.13. A biopsychosocial spiritual approach for understanding and treating problem gambling.

1.1.14.	Effects of problem gambling on individuals and families.
1.1.15.	Transtheoretical model/stages of change.
1.1.16.	The importance of family, social networks and community in the treatment and recovery process.
1.1.17.	Available recovery-based supports (e.g., peer mentors/recovery support specialists).

Domain 2: Psychoeducation
Competent problem gambling counselors are able to:

2.1.1.	Facilitate gambling psychoeducational groups.
2.1.2.	Integrate gambling psychoeducation into counseling sessions.
2.1.3.	Integrate psychoeducation of other addictions into counseling sessions.
2.1.4.	Explain the basics of problem gambling and recovery.
2.1.5.	Describe the impact of gambling on the brain/the seeking system.
2.1.6.	Explain the realities of chance, luck and skill.
2.1.7.	Describe the gambling action cycle.
2.1.8.	Describe the stages of change.
2.1.9.	Describe the potential impact of gambling on family.
2.1.10.	Point out behaviors that support gambling (e.g., bailouts, loans).
2.1.11.	Share how gambling urges are a conditioned response.
2.1.12.	Describe how behaviorism learning theory is associated with gambling behavior.
2.1.13.	Share a biopsychosocial model of gambling and recovery.

Domain 3: Basic Problem Gambling Treatment Skills
Competent problem gambling counselors are able to:

Subdomain 3.1: Assessing and Managing Risk

3.1.1.	Screen for interpersonal/domestic violence.
3.1.2.	Assess financial risks and identify debt.
3.1.3.	Take steps to help family protect finances from gambling.
3.1.4.	Ask appropriate questions to assess risk of harm to self or other.
3.1.5.	Intervene in thinking to reduce risk-related intention.
3.1.6.	Develop safety plans and strategies for reducing risk.
3.1.7.	Engage family to mitigate risk.
3.1.8.	Identify and report financial abuse of elders or vulnerable adults.

Subdomain 3.2: Initiating Treatment

3.2.1.	Create and maintain therapeutic alliance with individuals.
3.2.2.	Include family members in treatment.
3.2.3.	Create and maintain therapeutic alliance with family/all involved in treatment.
3.2.4.	Create and maintain within-family alliance.
3.2.5.	Help clients set goals.
3.2.6.	Be flexible in supporting clients in their goals of harm reduction or abstinence.
3.2.7.	Offer initial strategies to support clients in their goals to reduce or abstain from gambling.

3.2.8.	Routinely screen for problem gambling.
3.2.9.	Accurately diagnose problem gambling.
3.2.10.	Accurately diagnose co-occurring addictions.
3.2.11.	Accurately diagnose mental health issues.
3.2.12.	Accurately diagnose relational issues.
3.2.13.	Identify the influence of problem gambling on individuals and relationships.

Subdomain 3.3: Conducting Assessments

3.3.1.	Identify multiple domains that affect and are affected by gambling (e.g., social, familial, biological).
3.3.2.	Assess for co-existing addictions ans mental health disorders.
3.3.3.	Identify medical and pharmaceutical contributors to problem gambling.
3.3.4.	Gather the history of gambling problems.
3.3.5.	Gather information on current types of gambling.
3.3.6.	Understand the potential of genetic and biological factors in problem gambling (e.g., dopamine underactivity, potential genetic propensity).
3.3.7.	Assess benefits or positive impact of gambling (i.e. what the person who gambles is trying to accomplish or gets from gambling).

Subdomain 3.4: Developing and Using Treatment/Service Plans

3.4.1.	Help clients envision change and recovery to set goals.
3.4.2.	Connect treatment goals to problem gambling.
3.4.3.	Base treatment plans on stages of change.
3.4.4.	Actively include clients in treatment planning.
3.4.5.	Use measurable objectives from treatment / service plan to inform treatment.
3.4.6.	Establish short-term achievable goals to help clients to begin experience successes early on.
3.4.7.	Regularly re-examine service/treatment plans and goals with client(s) to update as needed.

Subdomain 3.5: Facilitating Therapeutic Process

3.5.1.	Demonstrate accurate empathy and understanding of problem(s).
3.5.2.	Facilitate and actively structure the counseling process.
3.5.3.	Use interventions that are tailored to stages of change.
3.5.4.	Use motivational interviewing to encourage readiness for change.
3.5.5.	Help reduce shame around gambling and gambling relapse.
3.5.6.	Help clients increase self-acceptance.
3.5.7.	Remain centered without pushing for change, i.e., accept ambivalence.
3.5.8.	Evaluate effectiveness of counseling (e.g., use outcome measures) to guide treatment.
3.5.9.	Prioritize interventions targeting what is most important in treatment at any given time.
3.5.10.	Identify positive change and progress/instill realistic hope and expectation of change.
3.5.11.	Deliver specific, focused in-session interventions.
3.5.12.	Deliver specific, focused between-session interventions.
3.5.13.	Follow-up on interventions.

3.5.14. Determine most useful treatment modality to meet each goal (e.g., individual, group, family).

3.5.15. Facilitate family in-session interaction.

3.5.16. Provide trauma-informed care.

3.5.17. Facilitate problem gambling treatment groups.

3.5.18. Simultaneously address substance abuse in problem gambling treatment.

Subdomain 3.6: Addressing Money

3.6.1. Track access to money.

3.6.2. Track behaviors around money.

3.6.3. Guide clients in establishing money barriers.

3.6.4. Help clients develop and follow a budget.

3.6.5. Explore meaning of money.

3.6.6. Facilitate disclosure of debt to family.

3.6.7. Help clients accept financial responsibility and develop plans for restitution.

3.6.8. Focus on financial accountability and transparency.

Subdomain 3.7: Applying Cognitive Strategies

3.7.1. Identify and help expose logic errors (e.g., gambler's fallacy, magical thinking).

3.7.2. Identify and address schemas that impact recovery.

3.7.3. Address reality/real-world problems directly.

3.7.4. Facilitate self-awareness and understanding of others.

3.7.5. Reinforce self-efficacy.

3.7.6. Problem-solve barriers to change.

3.7.7. Unearth gambling beliefs such as explanations of wins (e.g., attribution of skill) and losses (e.g., bad luck).

3.7.8. Facilitate the noticing and ongoing self-monitoring of triggers, thoughts, urges, etc.

3.7.9. Challenge urge thoughts by helping clients prepare and rehearse counter arguments.

3.7.10. Challenge and reshape cognitive distortions related to gambling.

3.7.11. Increase active awareness of gambling urges.

3.7.12. Help clients identify gambling traps (i.e., thoughts that it is possible to improve luck).

3.7.13. Help clients develop problem solving skills.

3.7.14. Help clients generate rational self-statements.

3.7.15. Help clients explore the role of risk-taking in problem gambling.

Subdomain 3.8: Increasing Mindfulness

3.8.1. Help clients connect with the present moment.

3.8.2. Facilitate mindfulness and centering techniques.

3.8.3. Encourage nonjudgmental awareness of the present moment.

3.8.4. Encourage distress tolerance.

3.8.5. Teach clients relaxation techniques.

Subdomain 3.9: Applying Behavioral Strategies

3.9.1.	Track gambling patterns.
3.9.2.	Plan with clients how to interrupt gambling patterns.
3.9.3.	Help clients identify gambling triggers.
3.9.4.	Develop plan for addressing gambling triggers.
3.9.5.	Help clients avoid exposure to gambling cues and situations.
3.9.6.	Explore replacing gambling with non-gambling activities that support values and goals.
3.9.7.	Strategize stimulus control such as identifying high-risk situations.
3.9.8.	Provide ongoing review, reset, and re-engagement to create stronger patterns of behavior that move clients closer to goals and values.
3.9.9.	Help family members develop coping skills.

Subdomain 3.10: Applying Emotion-Focused Strategies

3.10.1.	Link behavior to emotions.
3.10.2.	Link thoughts to emotions.
3.10.3.	Help clients identify emotions that trigger gambling urges.
3.10.4.	Help clients develop different relationship with feelings that trigger gambling urges.
3.10.5.	Connect pleasure and/or suffering to gambling.
3.10.6.	Help clients develop coping skills for underlying problems such as emotional pain, depression, and anxiety.
3.10.7.	Encourage clients to communicate feelings directly to family members.
3.10.8.	Encourage clients to attune to feelings of family members.
3.10.9.	Facilitate emotion regulation.
3.10.10.	Understand and apply mechanisms of self-regulation (i.e., under-regulation, mis-regulation, expectations).

Subdomain 3.11: Applying Value Strategies

3.11.1.	Help clients identify values.
3.11.2.	Link arguments for not gambling to personally meaningful goals.
3.11.3.	Help clients identify behaviors that take them toward or away from values.
3.11.4.	Encourage clients to take actions that are consistent with their core values.

Subdomain 3.12: Applying Relapse Management Strategies

3.12.1.	Help clients understand the role of relapse in recovery.
3.12.2.	Help clients understand relapse warning signals.
3.12.3.	Help clients learn to interrupt relapse early in the cycle.
3.12.4.	Help clients plan what to do if they relapse.
3.12.5.	Help clients realize that relapse is not "starting all over again."
3.12.6.	Help clients celebrate choosing not to gamble.

Subdomain 3.13: Applying Relational Strategies

3.13.1.	Engage family members in treatment.
3.13.2.	Encourage family support.

3.13.3.	Identify patterns of interaction related to problem gambling.
3.13.4.	Help family identify protective or enabling behaviors.
3.13.5.	Provide psychoeducation to family members about problem gambling interventions.
3.13.6.	Facilitate debt disclosure.
3.13.7.	Facilitate budget planning with family.
3.13.8.	Engage family in process of establishing money barriers.
3.13.9.	Facilitate direct communication between family members.
3.13.10.	Use motivational interviewing with family members.
3.13.11.	Provide gambling psychoeducation to family members.

Domain 4: Case Management and Ethical Perspective
Competent problem gambling counselors are able to:

4.1.1.	Oversee the continuum of care (e.g., medical needs, crisis intervention, relapse prevention).
4.1.2.	Refer to other counselors and resources as needed (e.g., financial planners, attorneys, peer mentors.
4.1.3	Coordinate treatment with all other care counselors (e.g., other counselors, physicians).
4.1.4.	Maintain working relationship with residential treatment centers and coordinate referrals.
4.1.5.	Demonstrate professional case administrative skills (e.g., case notes, professional reports).
4.1.6.	Adhere to codes of ethics and state laws for problem gambling treatment.
4.1.7.	Observe rules for confidentiality when sharing information with outside systems (includes limits on sharing information and exceptions for mandated reporting).
4.1.8.	Engage in continuing professional education on problem gambling treatment.

Domain 5: Sociocultural Awareness and Competence
Competent problem gambling counselors should:

5.1.1.	Understand unique needs in problem gambling treatment of those at all points in the life span, gender identities, sexual orientations, races, social classes, and cultures.
5.1.2.	Recognize impact of social locations (e.g., race, class, gender, sexual orientation, age, abilities, nation of origin) and successfully navigate these differences in counseling relationships.
5.1.3.	Demonstrate the ability to attune to the influence and impact of culture, race, social class, gender, abilities, and other aspects of social location on gambling, relationships, and recovery.
5.1.4.	Effectively identify and name problematic power dynamics within family and social context.
5.1.5.	Ensure space is made in counseling to value experience and expression of all individuals including those with less power.
5.1.6	Encourage transformative action to support equitable relationships that contribute to long-term recovery.
5.1.7.	Advocate within the community for reduction of stigma attached to problem gambling and for adequate funding and public health resources for prevention and treatment.