

Canadian Problem Gambling Counsellor

Information and Application Package

**Canadian Problem Gambling Certification Board
August 1999**

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I INTRODUCTION

The impact of problem gambling on individuals, families and society has motivated many counsellors to educate themselves and assist those and their families who seek help to recover.

These trained professional people realize that problem gambling affects many areas of a gamblers world including physical and mental health, the health of family and friends, the workplace and finances.

The certification purpose is to provide the opportunity for all competent workers in the field of problem gambling and related fields to be certified as Canadian Problem Gambling Counsellors. This certification process will evaluate the skills, knowledge, experience and abilities which are needed to be competent in this field.

Who may be certified?

Any resident of Canada may apply for Canadian credentials as a Canadian Problem Gambling Counsellor (CPGC). However, he/she must be able to meet the "Standards Criteria" set by the certification body.

The application process provides the opportunity for the applicant to demonstrate adequate skill, knowledge and competence as a gambling counsellor.

II COMMITMENT TO THE COMMUNITY

The Certifying Body is dedicated to ensuring that individuals seeking assistance for or about gambling problems have access to professionals who have developed specialized knowledge, skills and competence in the area of problem gambling and who adhere to high standards of ethical practice.

III STANDARDS AND CRITERIA

Applicants may be certified subject to the following requirements:

1. An applicant must have a total of 3500 counselling hours* within 5 years prior to application.
 - 1500 hours of direct client contact with supervision
 - 2000 hours of work with a therapeutic purpose in the social service field which includes mental health and/or addictions, including, but not limited to, case management, record keeping, education sessions, and therapeutic recreation.

* includes paid/non paid experiences

2. An applicant must have a minimum of 800 supervised evaluated hours* counselling gamblers and significant others within 5 years prior to application.
 - 500 hours must be direct services
 - 300 hours may be indirect services

* includes paid/non paid experiences

3. An applicant must complete 100 hours of approved gambling specific education as defined in the core curriculum. This must be completed within six years *prior to the date of application. Approved hours must be verified. The certification board will accept one hour of training within an approved post-secondary course for one hour of approved gambling specific education to the extent that it meets the content and hour requirement of the core curriculum.

4. An applicant will be expected to abide by the Canadian Problem Gambling Counsellors Code of Ethics.

5. Counsellors must be recertified every two years with evidence of 32 hours of approved continuing education. All hours must be validated.
 - 18 hours must be gambling specific (i.e. conferences, workshops or seminars).
 - 14 hours should be in related education (i.e. addiction, brief counselling).

IV CORE CURRICULUM FOR CERTIFICATION

1)	Basic Knowledge	12 hrs
2)	Screening / Assessment	06 hrs
3)	Treatment Planning & Case Management	12 hrs
4)	Individual Counselling Skills	12 hrs
5)	Group Counselling Skills	12 hrs
6)	Family Treatment	12 hrs
7)	Co-Occurring Psychiatric Disorders & Other Addictions	12 hrs
8)	Finance & Budget Skills	06 hrs
9)	Legal Issues	06 hrs
10)	Cultural Issues & Specific Populations	06 hrs
11)	Counselling Ethics	04 hrs
	Total Hours	100 hrs

V CORE CURRICULUM DESCRIPTIONS

(The content listed below must be gambling specific.)

- 1) BASIC KNOWLEDGE 12 hrs
An understanding of the history of gambling, types of gambling and odds, relevant definitions and terminology, counsellor values and beliefs, as well as the knowledge of the significant literature in the field.
- 2) SCREENING, ASSESSMENT AND REFERRAL 6 hrs
Knowledge of screening and assessment tools and an understanding of treatment modalities and philosophies to ensure appropriate services to meet the needs of the client.
- 3) TREATMENT PLANNING & CASE MANAGEMENT 12 hrs
Knowledge on the development of individualized treatment plans, goal setting, contracting, problem solving and management of treatment and/or services.

- 4) INDIVIDUAL COUNSELLING 12 hrs
Effective counselling techniques to establish a therapeutic relationship with the client.
- 5) GROUP COUNSELLING 12 hrs
Counselling techniques to establish a therapeutic relationship in a group setting to facilitate life skills, problem solving, as well techniques and knowledge regarding group dynamics.
- 6) FAMILY TREATMENT 12 hrs
Knowledge of effects on the family and family dynamics and of appropriate interventions and counselling techniques.
- 7) CO-OCCURRING PSYCHIATRIC DISORDERS & OTHER ADDICTIONS 12 hrs
Knowledge of the signs and symptoms of other addictive disorders such as alcohol and other drugs, eating disorders and co-occurring addictions. Knowledge of signs and symptoms of psychiatric disorders which may coexist with or mask problematic gambling.
- 8) FINANCES & BUDGETING 6 hrs
Knowledge of problem solving strategies and interventions to compliment the treatment plan and financial implications for the family.
- 9) LEGAL ISSUES 6 hrs
Knowledge of basic legal issues pertaining to problem gambling and the laws regarding confidentiality.
- 10) CULTURAL ISSUES & SPECIFIC POPULATIONS 6 hrs
Knowledge of cultural values and attitudes as it pertains to gambling, problematic gambling, finances or spiritual concerns and knowledge regarding high risk populations.
- 11) COUNSELLING ETHICS 4 hrs
Knowledge and understanding of the Personal Code and Ethical Standards for gambling counsellors.

VI COMPETENCY REQUIREMENTS

1. Communication

The gambling counsellor shall be able to communicate in a variety of situations to ensure that the needs of problem gamblers, their families and/or significant others are met and that continuity of care is maintained through case collaboration with other health care providers. Applicants will be able to demonstrate the following:

- a) Speak, read and write with proficiency, to establish communication readily, and to maintain records and written reports.
- b) Document adhering to rules of competency, and confidentiality.

2. Knowledge of gambling, problem gambling and pathological gambling, treatment and recovery

- a) History and social impact of gambling in Canada, as well as the significant literature in the field.
- b) History and theoretical basis for treatment of problem gambling as well as familiarity with current research in the field.
- c) The effect of problem gambling on the gambler, personally, interpersonally, financially and during the recovery process.
- d) Understanding other addictions and a thorough knowledge of addiction, treatment, relapse and the recovery process.
- e) Knowledge of sociocultural values and attitude systems related to finances, problem gambling and spiritual concerns.
- f) Effective medical, psychological, social service and spiritual management of problem gamblers, as well as the recovery process.
- g) Knowledge of sociocultural values and effective medical, psychological, social service and spiritual management of the family of the problem gambler.
- h) Knowledge of the effect of problem gambling on occupational and legal concerns.

3. Assessment and Evaluation

To ensure appropriate services to meet the needs of clients, the ability to evaluate and assess the needs and problem stage of the client in therapy is a requirement.

- a) Knowledge of human growth and development.
- b) Knowledge of family dynamics and interaction.
- c) Knowledge of problem gambling.
- d) Knowledge of the signs and symptoms of alcohol and other drug use, abuse and addictions.
- e) Analytical skills
 1. Case history methodology

2. Ability to recognize appropriate treatment modalities
3. Evaluation of client's progress
4. Goal setting, contracting and problem solving

4. Treatment Planning

The gambling counsellor shall be able to actively involve clients in the development of the individualized treatment plan.

- a) Share information and evaluation results with client and interpret material to those involved.
- b) Inform clients of their legal rights regarding acceptance of and participation in a treatment or recovery program.
- c) Assist clients in making arrangements to pay for counselling or treatment when necessary.
- d) Inform clients of their rights and privileges regarding confidentiality.

5. Information and Referral

Clients have a multitude of needs and issues that, at times, require a multidisciplinary approach. Appropriate agencies must be recognized and utilized by the counsellor in meeting those needs through an understanding of the principles of information and referral.

- a) Choose appropriate methods of motivating clients and mobilizing community resources.
- b) Knowledge of referral sources most appropriate for clients needs.
- c) Skill in interpreting referral sources and their functions to client in relationship to their needs.
- d) Ability to follow up and provide advocacy to ensure responsiveness of service providers.
- e) Ability to evaluate outcome of treatment strategy and determine degree of effectiveness of treatment

6. Counselling and Treatment

The gambling counsellor shall have knowledge of and possess skills of various counselling techniques. Applicants shall be able to demonstrate their knowledge of and ability to utilize counselling and treatment skills to include the following:

- a) Ability to establish a genuine therapeutic relationship with the client.
- b) Ability to use counselling techniques to educate, elicit feelings, facilitate self-understanding and motivate the clients.
- c) Knowledge and ability to locate and develop basic informational support systems (materials, consultation resources etc).

- d) Skill in individual and/or group counselling methods including techniques of working with spouses and families.
- e) Ability to coordinate a client's continuum of treatment and or services.
- f) Knowledge of and ability to participate in various inpatient and outpatient treatment processes, knowledge of their rationale, relation to other methods and their limitations.
- g) Understand the steps, traditions and philosophy of Gamblers Anonymous (G.A.) and its relation to various treatments and Self Help Groups i.e., A.A., N.A. Attendance at G.A. and/or GamAnon meetings is recommended.
- h) Knowledge of long range rehabilitative processes, including awareness of needs for medical care, post treatment crisis, relapse and problems of readjustment.

VII APPLICATION INSTRUCTION FORM

PLEASE READ ALL THE INSTRUCTIONS BEFORE PROCEEDING.

- STEP #1 Read the enclosed application thoroughly.
- STEP#2 Complete application form (page 11)
- STEP #3 Read and sign the Professional Code and Ethical Standards form (page 12) and the Consent to Release of Information form (page 13)
- STEP #4 Request that your qualified supervisor read and complete the Supervisor's Evaluation forms (pgs 15,16,18,19,20) and have him/her mail it directly to the Certification Board for review.
- STEP #5 Request that a colleague complete the Colleague Evaluation forms (pgs 21,22,24,25,26) and have him/her mail it directly to the Certification Board for review.
- STEP #6 Complete the Self Evaluation forms (pgs 27,28,30,31,32)
- STEP #7 Please mail the following information:
- a) Application form (page 11)
 - b) Personal Code and Ethical standards form (page 12)
 - c) Consent to release of information form (page 13)
 - d) Self-evaluation forms (pages 27,28,30,31,32)
 - e) Approved educational (page 33)
 - f) Supervised experience form (page 34)
 - g) Initial Application fee of \$100
payable to: Canadian Problem Gambling Certification Board

Note: Please allow up to 6-8 weeks processing time for approval or denial of your application. The certification board reserves the right to require applicants to pass a written test.

Once you receive written notice of approval for certification, you will be required to pay a final fee of \$200. When your certification fee is processed, you will receive your Canadian Problem Gambling Counsellor designation and certificate.

All Canadian Problem Gambling Counsellors must re-certify every two (2) years to maintain their designation. See pages 35,36 for recertification requirements.

APPLICATION FORM

Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone (days) _____

Current Occupation _____

Employed by _____

Are you currently licensed or certified? Yes _____ No _____

If yes, please list your licenses or credentials. Indicate numbers and whether they are Provincial or National.

<u>License/Credential</u>	<u>Number</u>	<u>Provincial/National</u>
---------------------------	---------------	----------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return this application with all the required documentation and your cheque in the amount of \$100 to:

Canadian Problem Gambling Certification Board
11500 Tecumseh RdE., P.O. Box 22009.
Windsor, ON N8N 5G6
1-877-421-1181 or (519) 739-2465
Fax: (519) 739-0315
E-mail: info@cpgcb.ca

VIII PERSONAL CODE AND ETHICAL STANDARDS

(To be read and signed by the applicant and a witness.)

1. I shall support all efforts toward a primary goal of recovery for the client and his/her family.
2. I shall commit to providing the highest quality care for those who seek my professional services.
3. I shall demonstrate a genuine interest in the client, and I shall dedicate myself to the best interest of the client and his/her needs.
4. I shall maintain an objective, non-exploitative, professional relationship with the client at all times.
5. I shall be willing to recognize when it is in the best interest of the client to release or refer him/her to another program or individual.
6. I shall adhere to the rules and regulations pertaining to the confidentiality of all records, material and knowledge concerning the client.
7. I shall not discriminate against the client or my fellow employees in any way.
8. I shall maintain respect for policies and management functions within agencies and institutions, and I will take the initiative towards improving such policies when it will better serve the interest of the client.
9. I shall commit to assessing my own personal strengths, limitations, biases and effectiveness on a continuing basis; I shall continually strive for self-improvement; I shall be personally responsible for my professional growth through further education and training.

10. I shall be responsible for my own conduct in all areas, including abuse or misuse of gambling, alcohol and other drugs.
11. I shall avoid claiming or implying any personal capabilities or professional qualifications beyond those I have actually attained, recognizing that competence gained in one field of activity must not be used improperly to imply competency in another.

Applicant

name

(Please print or type.)

Applicant's signature

Witness/Supervisor's signature

Date: _____

IX CONSENT TO RELEASE OF INFORMATION

I give permission to the Canadian Problem Gambling Certification Board to request information from my present and past employers, and any institution or agency with which I am or have been associated. Information may be obtained from any individual (from my associations above), to determine my professional competence and ethical character.

I consent to the Canadian Problem Gambling Certification Board consulting with any person who may have information on my competence and ethical standards of behaviour.

I consent to Canadian Problem Gambling Certification Board inspecting any documents or records necessary to determine my "acceptable standard" for certification.

I hereby release from any liability all representatives of Canadian Problem Gambling Certification Board and all individuals and organizations who provide information to the Canadian Problem Gambling Certification Board while acting in good faith, to determine my credentials and character.

I am aware that any false or misleading information deliberately given will be considered a serious matter, and will be dealt with accordingly.

Applicant's Name (Please print or type)

Applicant's Signature

Date

X SUPERVISOR QUALIFICATIONS

Qualified Supervisor

You have been identified as a supervisor of an applicant applying for the Canadian Problem Gambling Counsellor designation. A qualified supervisor must be:

- a) A person in a supervisory role with the applicant.
- b) A person who has first hand knowledge regarding the level of skills and competencies of the applicant.
- c) A person who can rate the level of skills and competencies
and
- d) If necessary, the Certification Board retains the right to require additional information from any supervisor.

The following forms need to be completed by your supervisor and forwarded directly to the Canadian Problem Gambling Certification Board.

- Pg. 15 Verification of applicant's counselling and gambling specific hours.
- Pg. 16 Applicant eligibility – please attach a copy of your degree, license or certificate.
- Pg. 18, 19, 20 Evaluation scoring on the certification standards.
- Pg. 34 Before the applicant submits the job description, it must be signed by the supervisor.

If you feel that you do not have access to a supervisor with these qualifications, please feel free to make contact with our office.

The applicant has signed a consent to release of information for present employers or any person who may have information about the applicant's competence and ethical standards of behaviour. If any further verification is required a copy of the consent will be sent to you.

Please send above documentation directly to:
Canadian Problem Gambling Certification Board
11500 Tecumseh RdE., P.O. Box 22009.
Windsor, ON N8N 5G6
1-877-421-1181 or (519) 739-2465
Fax: (519) 739-0315 E-mail: info@cpgcb.ca

XI SUPERVISOR EVALUATION FORM

To my knowledge, the candidate meets the following requirements:

- A. No history or evidence of addictive disorders involving gambling, drugs, or alcohol for a minimum of two (2) years immediately prior to the date of the application.
- B. A minimum of 3500 counselling hours* upon application:
 - 1500 hours of direct client contact with supervision
 - 2000 hours of work with a therapeutic purpose in the social service field which includes mental health and/or addictions, including, but not limited to, case management , record keeping, education sessions

and therapeutic recreation.

* includes paid/non paid experiences

C. A minimum of 800 supervised evaluated hours* counselling gamblers and significant others:

- 500 hours must be direct services
- 300 hours may be indirect services

* includes paid/non paid experiences

To my knowledge, the candidate meets the above requirements:

Supervisor Signature

Date: _____

PLEASE NOTE: As a matter of clarification, the term "*problem gambling*" includes *compulsive, pathological, excessive and disordered gambling* .

Supervisor's Evaluation Form CONFIDENTIAL

Applicant's Name

I hereby certify that I have been in a position to observe and have first hand knowledge of the above named person's work during the period from _____ to _____.
Month/Year Month/Year

Description of the work setting program:

In my judgment, this applicants eligibility and professional experience
Is or is not consistent with certification standards as set forth by the Certification Board.

The information I am giving is my best judgment of the above named person's capabilities to be certified as a gambling counsellor.

Supervisor name & Address

Phone number _____

*Highest academic degree/diploma _____

Professional licensure/certification _____

Supervisor's signature _____ Date _____

***Attach a copy of your degree, license or certificate.**

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GUIDELINES FOR SUPERVISOR EVALUATION

The **10 Point Scale** used on the evaluation forms may seem somewhat subjective to you as you attempt to rate the counsellor. We hope the following guidelines will help you.

A rating of **9 or 10** means that the counsellor is markedly above satisfactory, demonstrating sufficient mastery of the skills required. Realistically, few of us really function at a rating of 10, though it is certainly a possibility.

A rating of **7 or 8** means that the counsellor is generally competent with respect to the criteria involved. With a rating of 8 the counsellor, in fact, requires less supervision than most emerging practitioners with respect to the rated item.

A rating of **6** simply means that the counsellor is performing at a satisfactory level with respect to that criteria. This rating implies that, although the performance is satisfactory, further development, growth or improvement is desired. This is often the case for most of us. Another way of viewing this 6 rating is that only an average or normal amount of supervision is required for the counsellor.

A rating of **5 or less** indicates that the counsellor is performing at a level that requires significant upgrading with the respect to that criteria.

SUPERVISOR EVALUATION FORM

		<u>UNACCEPTABLE</u>	<u>ACCEPTABLE</u>	<u>UNABLE TO SCORE</u>
1.	COMMUNICATION			
	A Oral.	1 2 3 4 5	6 7 8 9 10	_____
	B. Written.	1 2 3 4 5	6 7 8 9 10	_____
2.	KNOWLEDGE OF ADDICTIONS			
	A. Physiological .	1 2 3 4 5	6 7 8 9 10	_____
	B. Pharmacological .	1 2 3 4 5	6 7 8 9 10	_____
	C. Psychological.	1 2 3 4 5	6 7 8 9 10	_____
3.	EVALUATION AND CLIENT ASSESSMENT			
	A. Knowledge of:			
	Human growth and development.	1 2 3 4 5	6 7 8 9 10	_____
	Family dynamics and interaction.	1 2 3 4 5	6 7 8 9 10	_____
	Signs and symptoms of problem gambling .	1 2 3 4 5	6 7 8 9 10	_____
	Signs and symptoms indicating referral for medical, psychological or other assessment.	1 2 3 4 5	6 7 8 9 10	_____
	B. Analytical skills:			
	Assessing stage of problem gambling .	1 2 3 4 5	6 7 8 9 10	_____
	Case history methodology.	1 2 3 4 5	6 7 8 9 10	_____
	Recognize appropriate treatment modalities	1 2 3 4 5	6 7 8 9 10	_____
	Evaluation of client progress.	1 2 3 4 5	6 7 8 9 10	_____
	Goal setting, contracting, problem solving.	1 2 3 4 5	6 7 8 9 10	_____
4.	PLANNING			
	A. Individual treatment plan.	1 2 3 4 5	6 7 8 9 10	_____
	B. Involving client in planning.	1 2 3 4 5	6 7 8 9 10	_____
	C. Informing clients of legal rights.	1 2 3 4 5	6 7 8 9 10	_____
5.	INFORMATION AND REFERRAL			
	A. Outreach Skills:			
	Motivating clients for treatment .	1 2 3 4 5	6 7 8 9 10	_____
	Mobilizing community resources.	1 2 3 4 5	6 7 8 9 10	_____
	B. KNOWLEDGE OF RESOURCES:			
	Eligibility requirements .	1 2 3 4 5	6 7 8 9 10	_____
	Treatment philosophies.	1 2 3 4 5	6 7 8 9 10	_____
	C. REFERRAL SKILLS:			
	Contact and contract with others .	1 2 3 4 5	6 7 8 9 10	_____
	Selecting proper referral .	1 2 3 4 5	6 7 8 9 10	_____
	Interpret to client need for referral.	1 2 3 4 5	6 7 8 9 10	_____
	Assist individuals and families with gambling related problems to other needed special services .	1 2 3 4 5	6 7 8 9 10	_____

<u>AREA OF KNOWLEDGE, SKILL OR COMPETENCY</u>	<u>UNACCEPTABLE</u>	<u>ACCEPTABLE</u>	<u>UNABLE TO SCORE</u>
6. COUNSELLING AND TREATMENT			
A. Establish therapeutic relationship .	1 2 3 4 5	6 7 8 9 10	_____
B. Counselling techniques:			
To educate.	1 2 3 4 5	6 7 8 9 10	_____
Elicit feelings .	1 2 3 4 5	6 7 8 9 10	_____
Facilitate self-understanding.	1 2 3 4 5	6 7 8 9 10	_____
Motivate the client.	1 2 3 4 5	6 7 8 9 10	_____
C. Support systems, locate and develop basic information, materials and resources.	1 2 3 4 5	6 7 8 9 10	_____
D. Individual and group counselling techniques including work with spouse and family .	1 2 3 4 5	6 7 8 9 10	_____
E. Coordinate client's continuum of treatment.	1 2 3 4 5	6 7 8 9 10	_____
F. Understanding the philosophy of twelve step programs .	1 2 3 4 5	6 7 8 9 10	_____
7. AREA OF ETHICAL STANDARDS			
A. Orientation in all efforts toward a primary goal of recovery for client and family .	1 2 3 4 5	6 7 8 9 10	_____
B. Respect for the confidentiality of all records, materials, and communications concerning Clients .	1 2 3 4 5	6 7 8 9 10	_____
C. Respect for client by maintaining an objective non-possessive, professional relationship at all times .	1 2 3 4 5	6 7 8 9 10	_____
D. No discrimination among clients or professionals on the basis of race, color, creed, age, or sexual orientation .	1 2 3 4 5	6 7 8 9 10	_____
E. Respect for rights and views of other addictions workers and other professions .	1 2 3 4 5	6 7 8 9 10	_____
F. Respect for institutional policies and cooperation with management functions. Initiative toward improving institutional policies and management functions .	1 2 3 4 5	6 7 8 9 10	_____

<u>AREA OF KNOWLEDGE, SKILL OR COMPETENCY</u>	<u>UNACCEPTABLE</u>	<u>ACCEPTABLE</u>	<u>UNABLE TO SCORE</u>
G. Evidence of a genuine interest in helping persons with gambling problems, and dedication to helping them help themselves as much as possible .	1 2 3 4 5	6 7 8 9 10	_____
H. Willingness to assess one's own personal and vocational strengths and limitations, biases, and effectiveness. Ability and willingness to recognize when it is in the client's best interest to refer or release them to another individual or program .	1 2 3 4 5	6 7 8 9 10	_____
I. Willingness to take personal responsibility for continued professional growth through further education or training .	1 2 3 4 5	6 7 8 9 10	_____
J. Total commitment to providing the highest quality of care through both personal effort and the utilization of any other health professional or services which may assist the client in his or her recovery program .	1 2 3 4 5	6 7 8 9 10	_____

In my judgment, this applicant's eligibility and professional experience is is not consistent with certification standards as set forth by the Canadian Problem Gambling Certification Board.

Note: Please return these forms directly to:

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Note: If you are unable to score any category, please provide an explanation on the back of the evaluation form.

XII COLLEAGUE EVALUATION FORM

To my knowledge, the candidate meets the following requirements:

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 - 2000 hours of work with a therapeutic purpose in the social service field, which includes mental health and/or addictions, including, but not limited to, case management, record keeping, education sessions and therapeutic recreation.
- * includes paid/non paid experiences
- C. A minimum of 800 supervised evaluated hours* counselling gamblers and significant others:
- 500 hours must be direct services
 - 300 hours may be indirect services
- * includes paid/non paid experiences

To my knowledge, the candidate meets the above requirements:

Colleague Signature

Date: _____

PLEASE NOTE: As a matter of clarification, the term "*problem gambling*" includes *compulsive, pathological, excessive and disordered gambling*.

Colleague Evaluation Form CONFIDENTIAL

Applicant's Name

I hereby certify that I have been in a position to observe and have first hand knowledge of the above named person's work during the period from _____ to _____.
Month/Year Month/Year

Description of the work setting program:

In my judgment, this applicants eligibility and professional experience
Is or is not consistent with certification standards as set forth by the Certification Board.

The information I am giving is my best judgment of the above named person's capabilities to be certified as a gambling counsellor.

Colleague name & address

Phone number _____

*Highest academic degree/diploma _____

Professional licensure/certification _____

Colleague signature _____ Date _____

***Attach a copy of your degree, license or certificate.**

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11500 Tecumseh RdE., P.O. Box 22009.
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1-877-421-1181 or (519) 739-2465
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GUIDELINES FOR COLLEAGUE EVALUATION

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A rating of **7 or 8** means that the counsellor is generally competent with respect to the criteria involved. With a rating of 8 the counsellor, in fact, requires less supervision than most emerging practitioners with respect to the rated item.

A rating of **6** simply means that the counsellor is performing at a satisfactory level with respect to that criteria. This rating implies that, although the performance is satisfactory, further development, growth or improvement is desired. This is often the case for most of us. Another way of viewing this 6 rating is that only an average or normal amount of supervision is required for the counsellor.

A rating of **5 or less** indicates that the counsellor is performing at a level that requires significant upgrading with the respect to that criteria.

COLLEAGUE EVALUATION FORM

	<u>UNACCEPTABLE</u>	<u>ACCEPTABLE</u>	<u>UNABLE TO SCORE</u>
1. COMMUNICATION			
A Oral.	1 2 3 4 5	6 7 8 9 10	_____
B. Written .	1 2 3 4 5	6 7 8 9 10	_____
2. KNOWLEDGE OF ADDICTIONS			
A. Physiological .	1 2 3 4 5	6 7 8 9 10	_____
B. Pharmacological.	1 2 3 4 5	6 7 8 9 10	_____
C. Psychological.	1 2 3 4 5	6 7 8 9 10	_____
3. EVALUATION AND CLIENT ASSESSMENT			
A. Knowledge of:			
Human growth and development.	1 2 3 4 5	6 7 8 9 10	_____
Family dynamics and interaction.	1 2 3 4 5	6 7 8 9 10	_____
Signs and symptoms of problem gambling.	1 2 3 4 5	6 7 8 9 10	_____
Signs and symptoms indicating referral for			
medical, psychological or other assessment	1 2 3 4 5	6 7 8 9 10	_____
B. Analytical skills:			
Assessing stage of problem gambling .	1 2 3 4 5	6 7 8 9 10	_____
Case history methodology..	1 2 3 4 5	6 7 8 9 10	_____

Recognize appropriate treatment modalities	1 2 3 4 5	6 7 8 9 10	_____
Evaluation of client progress.	1 2 3 4 5	6 7 8 9 10	_____
Goal setting, contracting, problem solving.	1 2 3 4 5	6 7 8 9 10	_____
4. PLANNING			
A. Individual treatment plan.	1 2 3 4 5	6 7 8 9 10	_____
B. Involving client in planning.	1 2 3 4 5	6 7 8 9 10	_____
C. Informing clients of legal rights.	1 2 3 4 5	6 7 8 9 10	_____
5. INFORMATION AND REFERRAL			
A. Outreach Skills:			
Motivating clients for treatment .	1 2 3 4 5	6 7 8 9 10	_____
Mobilizing community resources.	1 2 3 4 5	6 7 8 9 10	_____
B. KNOWLEDGE OF RESOURCES:			
Eligibility requirements .	1 2 3 4 5	6 7 8 9 10	_____
Treatment philosophies.	1 2 3 4 5	6 7 8 9 10	_____
C. REFERRAL SKILLS:			
Contact and contract with other.	1 2 3 4 5	6 7 8 9 10	_____
Selecting proper referral .	1 2 3 4 5	6 7 8 9 10	_____
Interpret to client need for referral.	1 2 3 4 5	6 7 8 9 10	_____
Assist individuals and families with gambling related problems to other needed special services	1 2 3 4 5	6 7 8 9 10	_____

<u>AREA OF KNOWLEDGE, SKILL OR COMPETENCY</u>	<u>UNACCEPTABLE</u>	<u>ACCEPTABLE</u>	<u>UNABLE TO SCORE</u>
6. COUNSELLING AND TREATMENT			
A. Establish therapeutic relationship .	1 2 3 4 5	6 7 8 9 10	_____
B. Counselling techniques:			
To educate.	1 2 3 4 5	6 7 8 9 10	_____
Elicit feelings .	1 2 3 4 5	6 7 8 9 10	_____
Facilitate self-understanding.	1 2 3 4 5	6 7 8 9 10	_____
Motivate the client.	1 2 3 4 5	6 7 8 9 10	_____
C. Support systems, locate and develop basic information, materials and resources .	1 2 3 4 5	6 7 8 9 10	_____
D. Individual and group counselling techniques including work with spouse and family .	1 2 3 4 5	6 7 8 9 10	_____
E. Coordinate client's continuum of treatment	1 2 3 4 5	6 7 8 9 10	_____
F. Understanding the philosophy of twelve step programs.	1 2 3 4 5	6 7 8 9 10	_____

7. AREA OF ETHICAL STANDARDS

A. Orientation in all efforts toward a primary goal of recovery for client and family .	1 2 3 4 5	6 7 8 9 10	_____
B. Respect for the confidentiality of all records, materials, and communications concerning clients .	1 2 3 4 5	6 7 8 9 10	_____
C. Respect for client by maintaining an objective non-possessive, professional relationship at all times .	1 2 3 4 5	6 7 8 9 10	_____
D. No discrimination among clients or professionals on the basis of race, color, creed, age, or sexual orientation .	1 2 3 4 5	6 7 8 9 10	_____
E. Respect for rights and views of other addictions workers and other professions .	1 2 3 4 5	6 7 8 9 10	_____
F. Respect for institutional policies and cooperation with management functions. Initiative toward improving institutional policies and management functions .	1 2 3 4 5	6 7 8 9 10	_____

AREA OF KNOWLEDGE, SKILL OR COMPETENCY

UNACCEPTABLE

ACCEPTABLE

UNABLE TO SCORE

G. Evidence of a genuine interest in helping persons with gambling problems, and dedication to helping them help themselves as much as possible .	1 2 3 4 5	6 7 8 9 10	_____
H. Willingness to assess one's own personal and vocational strengths and limitations, biases, and effectiveness. Ability and willingness to recognize when it is in the client's best interest to refer or release them to another individual or program.	1 2 3 4 5	6 7 8 9 10	_____
I. Willingness to take personal responsibility for continued professional growth through further education or training .	1 2 3 4 5	6 7 8 9 10	_____

J. Total commitment to providing the highest quality of care through both personal effort and the utilization of any other health professional or services which may assist the client in his or her recovery program .

1 2 3 4 5

6 7 8 9 10

In my judgment, this applicant's eligibility and professional experience is _____ is not consistent with Certification Standards as set forth by the Canadian Problem Gambling Certification Board.

Note: Please return these forms directly to:

Canadian Problem Gambling Certification Board
11500 Tecumseh RdE., P.O. Box 22009.
Windsor, ON N8N 5G6
1-877-421-1181 or (519) 739-2465
Fax: (519) 739-0315 E-mail: info@cpgcb.ca

Note: If you are unable to score any category, please provide an explanation on the back of the evaluation form.

XIII SELF EVALUATION FORM

To my knowledge, I meet the following requirements:

- A. I have no history or evidence of addictive disorders involving gambling, drugs, or alcohol for a minimum of two (2) years immediately prior to the date of my application.

- B. I have a minimum of 3500 counselling hours* upon application:
- 1500 hours of direct client contact with supervision
 - 2000 hours of work with a therapeutic purpose in the social service field, which includes mental health and/or addictions, including but not limited to case management, record keeping, education sessions, and therapeutic recreation.
- * includes paid/non paid experiences
- C. I have a minimum of 800 supervised evaluated hours* counselling gamblers and significant others:
- 500 hours shall be direct services
 - 300 hours may be indirect services
- * includes paid/non paid experiences

To my knowledge, I meet the above requirements:

Applicant Signature

Date: _____

PLEASE NOTE: As a matter of clarification, the term "problem gambling" includes *compulsive, pathological, excessive and disordered gambling.*

Self Evaluation Form CONFIDENTIAL

Applicant's Name _____ =

I hereby certify that from _____ to _____ I have worked as a
Month/Year Month/Year
 Gambling Counsellor.

Description of the work setting program:

I believe my capabilities should qualify me to be certified as a gambling counsellor.

Applicants name & address

Phone number: _____

Highest academic degree/diploma _____

Professional licensure/certification: _____

Applicant's signature _____ Date: _____

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GUIDELINES FOR SELF EVALUATION

The **10 Point Scale** used on the evaluation forms may seem somewhat subjective to you as you attempt to rate yourself.. We hope the following guidelines will help you.

A rating of **9 or 10** means that you are markedly above satisfactory, demonstrating sufficient mastery of the skills required. Realistically, few of us really function at a rating of 10, though it is certainly a possibility.

A rating of **7 or 8** means that you are generally competent with respect to the criteria involved. With a rating of 8 the counsellor, in fact, requires less supervision than most emerging practitioners with respect to the rated item.

A rating of **6** simply means that you are performing at a satisfactory level with respect to that criteria. This rating implies that, although the performance is satisfactory, further development, growth or improvement is desired. This is often the case for most of us. Another way of viewing this 6 rating is that only an average or normal amount of supervision is required for the counsellor.

A rating of **5 or less** indicates that you are performing at a level that requires significant upgrading with the respect to that criteria.

SELF EVALUATION FORM

AREA OF KNOWLEDGE, SKILL OR COMPETENCY	UNACCEPTABLE	ACCEPTABLE	UNABLE TO SCORE
1. COMMUNICATION			
A Oral.	1 2 3 4 5	6 7 8 9 10	_____
B. Written .	1 2 3 4 5	6 7 8 9 10	_____
2. KNOWLEDGE OF ADDICTIONS			
A. Physiological .	1 2 3 4 5	6 7 8 9 10	_____
B. Pharmacological.	1 2 3 4 5	6 7 8 9 10	_____
C. Psychological.	1 2 3 4 5	6 7 8 9 10	_____
3. EVALUATION AND CLIENT ASSESSMENT			
A. Knowledge of:			
Human growth and development.	1 2 3 4 5	6 7 8 9 10	_____
Family dynamics and interaction.	1 2 3 4 5	6 7 8 9 10	_____
Signs and symptoms of problem gambling.	1 2 3 4 5	6 7 8 9 10	_____
Signs and symptoms indicating referral for medical, psychological or other assessment.	1 2 3 4 5	6 7 8 9 10	_____
B. Analytical skills:			
Assessing stage of problem gambling .	1 2 3 4 5	6 7 8 9 10	_____
Case history methodology.	1 2 3 4 5	6 7 8 9 10	_____
Recognize appropriate treatment modalities.	1 2 3 4 5	6 7 8 9 10	_____
Evaluation of client progress.	1 2 3 4 5	6 7 8 9 10	_____
Goal setting, contracting, problem solving.	1 2 3 4 5	6 7 8 9 10	_____
4. PLANNING			
A. Individual treatment plan.	1 2 3 4 5	6 7 8 9 10	_____
B. Involving client in planning.	1 2 3 4 5	6 7 8 9 10	_____
C. Informing clients of legal rights.	1 2 3 4 5	6 7 8 9 10	_____
5. INFORMATION AND REFERRAL			
A. Outreach Skills:			
Motivating clients for treatment.	1 2 3 4 5	6 7 8 9 10	_____
Mobilizing community resources.	1 2 3 4 5	6 7 8 9 10	_____
B. KNOWLEDGE OF RESOURCES:			
Eligibility requirements .	1 2 3 4 5	6 7 8 9 10	_____
Treatment philosophies.	1 2 3 4 5	6 7 8 9 10	_____
C. REFERRAL SKILLS:			

Contact and contract with others .	1 2 3 4 5	6 7 8 9 10	_____
Selecting proper referral .	1 2 3 4 5	6 7 8 9 10	_____
Interpret to client need for referral.	1 2 3 4 5	6 7 8 9 10	_____
Assist individuals and families with gambling related problems to other special services.	1 2 3 4 5	6 7 8 9 10	_____

<u>AREA OF KNOWLEDGE, SKILL OR COMPETENCY</u>	<u>UNACCEPTABLE</u>	<u>ACCEPTABLE</u>	<u>UNABLE TO SCORE</u>
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6. COUNSELLING AND TREATMENT

A. Establish therapeutic relationship .	1 2 3 4 5	6 7 8 9 10	_____
B. Counselling techniques:			
To educate.	1 2 3 4 5	6 7 8 9 10	_____
Elicit feelings .	1 2 3 4 5	6 7 8 9 10	_____
Facilitate self-understanding.	1 2 3 4 5	6 7 8 9 10	_____
Motivate the client.	1 2 3 4 5	6 7 8 9 10	_____
C. Support systems, locate and develop basic information, materials and resources .	1 2 3 4 5	6 7 8 9 10	_____
D. Individual and group counselling techniques including work with spouse and family .	1 2 3 4 5	6 7 8 9 10	_____
E. Coordinate client's continuum of treatment	1 2 3 4 5	6 7 8 9 10	_____
F. Understanding the philosophy of twelve step programs .	1 2 3 4 5	6 7 8 9 10	_____

7. AREA OF ETHICAL STANDARDS

A. Orientation in all efforts toward a primary goal of recovery for client and family .	1 2 3 4 5	6 7 8 9 10	_____
B. Respect for the confidentiality of all records, materials, and communications concerning Clients .	1 2 3 4 5	6 7 8 9 10	_____
C. Respect for client by maintaining an objective non-possessive, professional relationship at all times .	1 2 3 4 5	6 7 8 9 10	_____
D. No discrimination among clients or professionals on the basis of race, color, creed, age, or sexual orientation .	1 2 3 4 5	6 7 8 9 10	_____
E. Respect for rights and views of other addictions workers and other professions .	1 2 3 4 5	6 7 8 9 10	_____

F. Respect for institutional policies and cooperation with management functions. Initiative toward improving institutional policies and management functions .

1 2 3 4 5 6 7 8 9 10 _____

<u>AREA OF KNOWLEDGE, SKILL OR COMPETENCY</u>	<u>UNACCEPTABLE</u>	<u>ACCEPTABLE</u>	<u>UNABLE TO SCORE</u>
G. Evidence of a genuine interest in helping persons with gambling problems, and dedication to helping them help themselves as much as possible .	1 2 3 4 5	6 7 8 9 10	_____
H. Willingness to assess one's own personal and vocational strengths and limitations, biases, and effectiveness. Ability and willingness to recognize when it is in the client's best interest to refer or release them to another individual or program .	1 2 3 4 5	6 7 8 9 10	_____
I. Willingness to take personal responsibility for continued professional growth through further education or training .	1 2 3 4 5	6 7 8 9 10	_____
J. Total commitment to providing the highest quality of care through both personal effort and the utilization of any other health professional or services which may assist the client in his or her recovery program .	1 2 3 4 5	6 7 8 9 10	_____

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Note: If you are unable to score any category, please provide an explanation on the back of the evaluation form.

XIV APPROVED GAMBLING SPECIFIC EDUCATION

Please list the approved education sessions in the area of **gambling specific education** obtained within the last six years immediately prior to date of application (minimum of 100 hours of approved education).

Provide a list for each education session and verification of attendance including title of session, date and number of hours.

ADDITIONAL EDUCATION CREDIT OPTIONS

THESIS CRITERIA:

If the individual designed, researched and presented the thesis, he/she could be granted a maximum of 20% of total education hours. The candidate would be responsible for the submission of a thesis executive summary and proof of completion/graduation from the sponsoring institution.

ONLINE COURSE/CORRESPONDENCE COMPLETION:

The individual will provide a course outline stating the number of hours required to complete the course, the form of evaluation, the final grade and a short report on the value of this particular

learning. The candidate will then be eligible for a maximum of 1 education hour per approved on line hour to a maximum up to 15% of your total educational hours.

COURSE/WORKSHOP DESIGN:

The candidate will submit an outline of the workshop and a report as to the time spent on research and design tasks. The applicant will then be eligible for a maximum of 5% of the total education hours towards certification.

COURSE/WORKSHOP FACILITATION

The candidate will submit an outline of the presentation and include a minimum of 5 completed/signed evaluations from participants of this session. The applicant will then be eligible for a maximum of 5% of the total education hours.

Applicants Signature

Date

XV SUPERVISED EXPERIENCE

NAME: _____

Description of verified supervised experience (as paid, volunteer, or combination) in individual and group counselling with persons who have problems related to gambling as well as their families (total of 800 hours - 500 direct services, 300 indirect services). **This description must include job title, total length of time in position and total number of hours and time frame in which hours were completed. A job description must also be submitted and signed by your supervisor.**

Applicant's signature

Date

XVI RECERTIFICATION REQUIREMENTS

Part I

Number of approved hours required

Counsellors must be recertified every two years with 32 hours of approved, verified specific education.

- Eighteen (18) gambling specific hours of the above hours can be obtained from conferences, workshops, seminars or formal educational opportunities.
- The remaining 14 hours should be in related education (i.e. alcoholism, brief counselling). All hours must be validated and submitted.

- Proof of educational attendance to accompany recertification application

Part II

Recertification application due date

