

Facilitating  
Gamblers Help Support Groups:  
A training manual

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## 1. Introduction

This manual has been developed to provide a step by step guide for you to develop and implement a Gamblers Help Support Group (GHSB) at your agency. The manual provides ideas and templates based on the Bethany (GHSB) model for you to utilise when designing, delivering, and evaluating your group. This manual has been developed to support your agency to provide service users with contemporary, evidence based information and to support effective problem gambling treatments and relapse prevention.

This model is usually facilitated by two Gambler's Help senior counsellors and covers different topics each week including the impacts of gambling, understanding and managing triggers and urges, self care, relapse prevention and developing personal goals for gamblers. There are alternative options for group facilitation depending on your organisations resources, approach, and the needs of your client group. Options include facilitation by one Gamblers Help senior counsellor or co-facilitation utilising other team expertise and staffing for example a group co-facilitated by a Gamblers Help counsellor and an alcohol and other drug or a family violence worker. Utilising external or other program teams brings a broader spectrum of knowledge to the group and supports cross cultivation of approaches, knowledge, and improved awareness or referral options for all organisations.

The facilitator/s use a range of tools, resources and formats to provide information, opportunity for discussion, and peer led support. The group model described in this manual is open to people at various stages of gambling recovery and does not require gambling abstinence. The manual does not include specific approaches for targeted populations however feedback from individuals, internal, and external organisational staff during the development of the manual indicates there is a demonstrated need for groups to be run which target specific populations including affected others, women experiencing family violence, young men, and aboriginal communities. The content and logistics for these groups would be developed in collaboration with population key stakeholders and be reflective and respectful of the target population needs and norms.

For example Mallee District Aboriginal Service in Mildura worked collaboratively with Bethany to develop resources and approaches adapted from the Bethany model and materials to suit local community needs. These examples, contained in **Part 2** of the manual, may provide a point of reference for discussion when developing resources and approaches in your community.

In essence, regardless of the members presentation, the group program aims to strengthen group members' capacity to help themselves, and each other by:

- a) Reducing isolation
- b) Experiencing empathy and connection
- c) Sharing practical and emotional coping strategies
- d) Sharing problem solving skills
- e) Enhancing communication skills with others, including family, friends and health professionals
- f) Providing opportunity to discuss 'taboo' subjects, such as: shame, deception, not managing mentally or financially, stigma, suicidal thoughts, loss, their own suffering and others

## 2. GETTING STARTED

### Forming support groups

There are many practical matters to consider when forming support groups.

These include identifying a client need for the group; defining your group purpose and developing guidelines that reflect client needs and norms which complement your organisational vision and goals; and deciding upon ways potential group members will be recruited and assessed.

Questions might include:

- \* Will groups be ongoing and open to all suitable participants or closed and limited to a specific cohort and number of sessions?
- \* How many facilitators and who will facilitate the group?
- \* How will the facilitators be supported?
- \* What is the best time, place and medium for the group?
- \* What about ethical considerations like informed consent, confidentiality, and duty of care?
- \* How will the program be funded and evaluated?

It is beyond the scope of this manual to explore these questions in detail however tips and ideas will be provided for discussion with your team and organisation.

### History

Bethany (Gambler's Help Geelong) began developing psycho-educational face to face groups for people with gambling concerns in the early 2000's. Two streams of



groups were developed by counselling staff and delivered face to face. The original group was developed and held on-site at Bethany in Geelong for current and other interested clients. The second group was developed and delivered to men in custody within the Barwon Region custodial environment, currently being hosted in the Marngoneet Correctional Centre.

The Bethany and custodial groups were developed to meet an indicated need by clients who requested opportunities to meet with their peers in a safe and informative environment, to discuss their experiences and gain support from others who had experienced the impact gambling had on themselves and their affected others. The groups have been developed in the context of the broader public health framework and the World Health Organisation's Social Health Model.

The Bethany based group took different forms over the years culminating in the current form (A Bright Future) which is delivered in a 6 x 1.5hr session block over 6 weeks.

#### Current Group type

The group explored in this manual targets adults with gambling concerns. The group may include members of all: ages, gender, cultural background, and ability. Participants may have ceased gambling or be gambling within their recovery parameters and goals.

There are advantages and disadvantages to broad target models. For example group members at different stages of changing their gambling behaviours may be inspirational or affirming to their peers and contribute their first hand knowledge of the emotional and practical aspects of gambling behaviour change. Alternatively specialist populations may benefit from specific group environments with specific topics and information targeted to their needs. For example women experiencing family violence may consider a mixed gender group as threatening and prohibit their involvement or affected others may find it challenging to be in a group with people who gamble.

#### Group size

Gamblers Help Groups are held with a minimum of four and a maximum of ten participants. The number of participants in a group is an important consideration when determining if a group is going ahead or splitting into two and if one or two facilitators is appropriate. With too few participants the dynamic can be very intense and participants may experience heightened feelings of vulnerability. Too many participants and the individuals may feel their opportunity to contribute and participate is minimised. Larger groups also provide opportunity for sub-groups to form which may be destabilising to the group as a whole.

#### Duration and frequency

The duration and frequency of groups may be dictated by the agency and group members needs. The groups described in this manual meet for 6 weeks, once a week for 1.5 hours with a 15 minute refreshment break. Timing of the group will include or exclude various participants. For example a group run in the evening will be accessible for people who attend work or other commitments during the day and similarly people who are unable to attend in the evening will benefit by the option of a day time group. Distance, transport, geography, and caring responsibilities may also

impact on accessibility to the group. Various options include running the group over a shorter period with longer sessions or minimising the group into a four week session plan or less. Two longer psycho-educational sessions with lunch supplied may be appropriate for groups having to travel long distances or skype may be an option for people wanting to catch up regularly from a distance. There are many options for organisations to consider to make the group option accessible.

### Open or closed

This manual is based on a closed group model where the same participants attend for six sessions. Alternatively an open group allows for participants to come and go as they please. There are advantages and disadvantages for both group types. An open group allows people to come and go from week to week which may lead to a less cohesive group and higher levels of anxiety for both regular and irregular members. It may also inhibit a psycho-educational group model, making it difficult to plan and deliver a consistent and logical series of information to a targeted group of individuals with clear goals. Closed and time framed groups encourage a greater sense of safety for regular participants who build relationships with their fellow members and the facilitators and experience a feeling of knowing what to expect which reduces anxiety and a sense of uncertainty when they attend the group.

### The gamblers psycho-educational, therapeutic, peer led model

A psycho-educational group focuses on providing information to clients about their dominant presenting gambling issues and ways of coping and managing those. Psycho-education aims to support the participants by providing information directly related to their experiences and the impacts of the issues and their behaviours. Group information, discussion, and activities can be targeted for both practical and emotional challenges the participants report to be experiencing. Resources and information are also provided during the group via activities to support the participants to explore their existing resources and strengths to address their concerns and support changing behaviours. The psycho-educational model is considered to be of therapeutic value for the participants through the sharing of information, knowledge, and experiences within a group of peers in a supportive and confidential environment. Participants in the group often highlight the attractiveness of meeting with peers who really understand what it is like compared to working with staff who may not have actually had the experience of an addiction or gambling concerns.

### Approaches

The Bright Futures Group Model can be adapted to suit various approaches including the narrative approach, and/or a strengths based approach.

### Narrative

The Narrative Approach is a non-pathologizing approach to counselling and group work that centres people as the experts in their own lives. The narrative approach views problems as separate to the person and assumes people have the potential and the skills to change their relationship with the problem impacting on their lives. It draws in the wider context of peoples' lives including diversity of circumstance such as race, gender, sexual orientation, and ability and the impacts this has on the person. The narrative approach aims to facilitate the client telling their 'story' and

identifies the impact the externalised problem has had and is having on the person's life and relationships. The narrative approach is useful in the gambling context identifying the gambling as an external problem or behaviour with specific impacts on their life which can be addressed in a variety of ways identified by the client. This approach challenges the 'story' where the client sees themselves as a gambler and encourages the person to find and notice exceptions or times and experiences different to their negative or problematic gambling story. The narrative approach seeks to identify strengths and examples of the person's story that is not problem based. Working with clients from a narrative approach may enable the client to identify two different stories which provides opportunity to explore the alternative story and possibilities of that story becoming their dominant story or sense of self. People in the group sometimes describe themselves as having two personalities, the one of the gambler and the other as the non-gambler who they usually prefer. The narrative approach draws on witnesses to the person's story which can work well in a group setting where members are able to witness the change in their peers over the six week sessions. The approach is a hopeful model that supports clients to discover new identities or old preferred identities and builds on problem solving skills which are transferrable to other or future challenges in their lives. The client is the expert with the capacity to direct and make their own changes or take a different view.

#### Strengths based approach

The strength-based approach is often considered an alternative to the deficit-focused or pathological approaches sometimes described as the medical model. A strength based approach supports collaborative problem solving which is client focused and draws on the clients' strengths rather than perceived weaknesses or deficits. The philosophy is based, similarly to narrative, on the belief that all individuals have strengths and resources and capacity to change or adapt. The focus of the practice shines on a person's skills, interests, and support systems. The simplistic premise is to identify what is going well, to do more of it, and to build on it.

#### Promotion - communication plan

Promoting the group can be incorporated into all service promotion activities and highlighted as an option for all potential clients. The establishment of a group led by your team can be an extra motivation to get out and about promoting the service and the various options for gamblers and affected others. **(see Part 2 for presentation prompt sheet)**

#### Facilitation model

The model in this manual is based on a dual group facilitation approach which can be adapted for sole facilitation or dual facilitation utilising other program or team staff to co-facilitate. Examples of complimentary facilitation include alcohol and other drug service and family violence staff. The facilitators are preferably experienced in facilitating groups and have some knowledge of gambling or addiction recovery models and approaches.

The Bethany-based facilitators have qualifications in social work, counselling, and are experienced group leaders. However the group can be facilitated by leaders with other communication-based training and/or sufficient experience in general group

facilitation utilising generic tools and approaches outlined in this manual or other group facilitation resources. Group work is very different to individual work and can be challenging for counsellors who have no or limited experience in facilitation.

#### Group member assessment and informed consent

All people referred to the group are assessed to determine their suitability for a group on a case by case basis. The intake worker uses a specific assessment tool. (**see Part 2**) The tool aims to provide an overview of the clients gambling behaviours, treatment history, significant life events, family and relationship supports, health history, and substance use which may impact on theirs and others participation in the group. The tool is also used to gather information on the client's previous experience in group environments and possible goals the client has in mind for their group work. The assessment is completed, preferably, face to face with the client by a worker. The tool may be handed to the client to fill out or the intake worker may use the tool as a prompt to gather the information. This information is then used in discussion with the other facilitator to make decisions on the appropriateness of group members for the up-coming group. The client is also required to complete a GH Connect consent form (**see Part 2**) so their information can be entered on the system. Organisations may use existing consent forms or develop one specifically for the group if the need is identified to inform participants regarding their confidentiality within your organisation including discussion of individuals in supervision. Facilitators have an ethical responsibility to all members of the group to ensure harm is minimised and that informed consent is provided prior to the commencement of the group.

During the intake and assessment session the worker provides information on the purpose, content, timing and follow up procedures for members of the group. Potential clients may also be provided with general information on the other members of the group for example age, gender, special interest if it is relevant to their participation. Group rules developed with the group during the first session (**see Part 2**) re-enforces the boundaries and ethical considerations for group members and facilitators which have been discussed initially during this intake process. Potential group members may experience some anxiety in the lead up to the first group around confidentiality and seeing someone they know. It is advisable to discuss this with perspective members prior to the group commencing.

#### Current client assessment

Current clients of the agency and/or service who opt to participate in the group complete the same assessment process as those presenting to the agency for the first time. It is best practice for an alternative staff member to complete the intake assessment with any of their existing clients wanting to participate in the group. This ensures the clients' needs are interpreted without pre-existing knowledge of the assessing staff member.

#### New client assessment

Client referrals are accepted from external agencies, medical professionals, peers, and/or your organisations central intake service. If your organisation has a central intake process initial contact details can be collected and provided to the group facilitators who will follow-up the client on the phone. The group facilitator makes contact with the potential group member within your organisation guidelines, for

example within three working days to provide further information about the group, answer questions about the group, and to make a time to meet face to face for assessment. It is recommended that assessments take place face to face. Completing an assessment can be stressful and emotional experience for a client. In some cases the clients' needs may be different to the purpose or capacity of the group at that time. For example if there is acute distress or the person feels they might be overwhelmed in a group environment it may be useful to discuss alternate support options including one to one counselling with the client prior to joining a group or alongside their participation in the group. During the intake process a need for other supports including financial or legal advice might be identified. The facilitator will refer as appropriate to address co-presenting priority needs.

Data from the assessment phase is entered on GH Connect after gaining consent from the client. (**see Part 2**)

#### Group guidelines/rules

The group members are provided with a letter of confirmation ( ) at the first group session. The letter explains the expectations for the members of the group which includes notifying their in-ability to attend, arriving on time, privacy and confidentiality, substance affected participants exclusion from the group, use of mobile devices, and the limitations to contact outside of the group environment. For example group members are advised it is not appropriate to exchange phone numbers in the group environment.

These rules and guidelines are discussed with the client at the time of their confirmation in the group and discussed again during the first group session to offer an opportunity for clients to add expectations in the group context and to re-enforce the importance of adherence to the agreed guidelines/rules for all members.

#### Group evaluation participants and facilitators

##### Participants

The group participants are provided with an evaluation sheet at the conclusion of each group session. (**see Part 2**). This provides an opportunity for members to provide feedback to the facilitators on a weekly basis and allows for facilitators to adjust content and approach if appropriate in response to comments. The facilitator/s keeps this feedback confidential and may follow-up with the individual if the need is identified. As well as this written feedback each participant is asked to share a specific thought or action they will be taking away from the group at the end of the session. This provides an opportunity for facilitators to measure the success of the transference of messages and information they intended to provide as well as participants engagement in the content and the group.

Each member of the group is called on the phone by a facilitator during the week following the first session to expand on their written feedback and discuss their experience of the group in its initial stage. Any pressing concerns can be addressed at this time or brought back to group for discussion.

#### Facilitators pre group briefing, post group debrief and evaluation

Facilitators meet for up to 30 minutes prior to the group commencing to review the session plan, presentations, and specific information for the session including any follow-up required from previous session. The facilitators discuss any presenting challenges for example a dominant group member and the agreed strategies to address any challenges. The time also allows facilitators to prepare and focus on the group and assists transitioning their presence from other work duties that day.

Facilitators meet after each session for 30 - 60 minutes to debrief and evaluate the group engagement, their own contribution, and the session content (**see Part 2**) This provides an opportunity for facilitators to evaluate their experience of the group, their approach, activities, responses to members, content, timing, and any issues or adjustments that need following up. The debriefing can be immediately after the group or in the following days. The debrief session can be expanded to include the planning for the next group session including any carry over information or activities from the session. It may be useful to hold the debrief with your team leader for a wider perspective and discussion.

### 3. Session Planning

Session plans provide the structure for the content and running of each session. (**see Part 2**). The plan includes detailed projected timing of the session, activity descriptors, resources required, and follow-up items from previous session if required. The purpose of the session plan is to provide a step by step guide or agenda for each session which can be adapted during the group to incorporate the needs of the group. Group members' personalities, stage of change, and other factors contribute to the facilitation and planning for the group. Session plans also aid the facilitators to keep the group on topic and cover the content in the time frame available. It may be useful to write the session plan on the whiteboard for the participants' and the facilitators reference during the session.

#### Session note taking, data entry, GH Connect time allowances

It is individual choice for facilitators whether to take notes or not. If you choose to take notes it is good practice to let the group know you will be taking notes and the purpose of taking notes. Notes are not required for inclusion in GH Connect. It is useful to make limited notes regarding the topics discussed in the session in GH Connect and/or any risks or on-going challenges for reference, however it is not necessary to make notes on each persons participation in the group.

Each group session is allocated a total of 90 minutes administration time in GH Connect which mirrors the length of the group providing equal face to face and administration time which is consistent with GH entries for other client work. Group preparation and facilitation of the group is timely when using session plans as the session plan provides all the detail for implementation and resources required.

Breakdown of GH Connect entry.

30 minutes group preparation

30 minutes room set up

30 minutes post group debrief

#### Managing risk

If a risk is identified during a session your organisational risk assessment/reporting system is to be used. **(see Part 2)**

#### Out of group contact

Out of group contact is not encouraged or facilitated by the group facilitators. It is useful to have a discussion regarding this at the first session with the group and re-enforce if necessary throughout the series. Explain the limitations of organisational duty of care and the setting and maintaining of appropriate boundaries for members and facilitators during the sequence of the group. It is useful to include this in the group rules and may also be worth discussion at the assessment phase. Group members may be vulnerable to feeling pressured to share information such as their contact details in a group environment and so it is the facilitators' responsibility to set the boundaries for organisational duty of care at the commencement of the group. It is also appropriate to acknowledge that contact details exchanged outside the group environment is beyond the parameters of the group rules.

#### 4. The facilitators

##### Personal characteristics

The success of the group will be influenced by the personal characteristics and approach of the facilitators. Reflective practice is encouraged and some of the desirable qualities of a professional facilitator include: self awareness of your own motivation to lead groups; your triggers, limitations of knowledge and skills, strengths, personal values, world view; empathy, ability to understand 'others' perspectives; belief in the group process and individuals' capacity to participate and 'get something out of it'; clear boundaries for yourself and participants of the group, clarity on your and members' roles; curiosity; limiting making assumptions or judgements about members; being emotionally present without over-identifying with the members; being open to positive and critical feedback, and the ability to adapt.

##### Rewards, challenges, and supervision

There are rewards and challenges when developing and implementing a GHSG including witnessing and contributing to participants journey's and your professional or personal development. Challenges may include managing group participants and possibly colleagues challenging behaviours or group dynamics such as dominance, hostility, and passivity. Facilitating a group is a challenging experience and it is important to ensure you are able to access appropriate supervision including formal and informal opportunities to debrief and reflect on your practice. Formal supervision provides an opportunity for facilitators to critically reflect on their experience of the group and fosters learning from challenges and successes in the group context. Supervision provides an opportunity to reframe, make meaning, or adjust approaches and activities with reflection.

Co-facilitation can be a supportive model which reduces the levels of anxiety for inexperienced leaders; provides opportunity for facilitators to bounce off and support each other during the group; and provides opportunity for reflection and adaptability during the session utilising differing skills, knowledge and engagement styles. To get the best out of the relationship it is necessary to provide and receive feedback which can be daunting and requires a high level of trust and vulnerability between workers. Please see guidelines for debriefing (annexure) Co-facilitation where there is a lack

of compatibility may lead to possible power struggles or conflict between facilitators which impacts on the group. We recommend a strengths based approach when facilitators with different styles are working together. It is useful to discuss styles and ways of utilising all strengths and brainstorming any difficulty that may arise prior to the group commencing and during follow-up supervision.

We recommend discussing formal supervision with your manager and allocating time to organise and attend formal group supervision prior to commencement of the group, mid group and on completion of the group. You may have someone with group supervision experience in your agency or identify external supervisors who would add value to your approach and the experience of the group members.

A high level of expertise is assumed of the facilitators leading GHSG. The role of this manual is to support that knowledge and support facilitators to identify areas of skill they would like to develop. Group facilitation is not always a major component of undergraduate or post graduate health professional studies and so it may be useful to seek out accessible training or professional development options and workshops in your area.

#### Burnout and self-care

Burnout can arise over time from offering support and empathy to clients experiencing distress. Empathetic leaders of groups can also experience emotions similar to those of the participants, including frustration, despair, hopelessness, fear, and anger.

Facilitators may experience various symptoms of burnout including physical and emotional symptoms such as feeling tired emotionally, mentally, and physically. Facilitators may experience their attitude becoming negative toward group members and colleagues and/or disillusionment regarding the worthiness of what they are doing. People experiencing burnout may also notice their out of work relationships suffer. There are many ways you may take care of yourself to avoid burnout including: recognising the symptoms; talking to colleagues, supervisors or a counsellor; use mindfulness techniques, relaxation or meditation; reduce your work load; socialise; exercise regularly; eat well; laugh; engage in rituals; take a holiday; or lower expectations of yourself and others.

#### Creating a safe place

The role of the group facilitator is to contribute to and oversee the creation of a safe, supportive place where members can interact comfortably. Creating a safe place involves maintaining an overview of the group's cohesion and wellbeing. This involves observation, modelling, and nurturing a trusting group culture whilst addressing difficulties and challenges as they arise. A group needs to feel and see predictability and a structured, safe environment. Members need to know that whatever group members share about themselves it is ultimately acceptable and will remain confidential.

## 5. Group Process

### a) Group stages and developmental tasks



Facilitators need to be aware of two key elements of group work – content and process. Content includes the themes and topics the members bring to the group in discussion. Process includes the dynamic of the group which is often unspoken, between members of the group and facilitators. The process relates to how the group members relate to one another and the facilitators.

Groups have been described as having various stages of development over time. Psychologist Bruce Tuckman, described four stages of development in 1965 as forming, storming, norming, and performing. Mary Jenson later added the fifth stage of adjourning. Alternatively Brown 2011 suggests the four stages of group development can be identified as the beginning, conflict and controversy, working and cohesion, and termination stages. Regardless of your preferred model a closed six week group will evolve differently to a long term or open group as time and membership impact on the process. The following paragraphs provide a very simplistic overview of what is likely to happen in your group in the first few weeks based on Tuckmans approach. You may wish to read further or attend training on group models and find an approach that suits your experience and needs.

### Forming

In the early stages of the group members are likely to experience a range of fears which can inhibit or influence their participation. People may fear being rejected, offending others, being judged, being different to others in the group, looking stupid, being hurt or attacked, becoming dependant on the group, being pressured to do things or disclose information they don't want to.

### Group Norms

The group norms include acceptable behaviours and rules for the group members individually and also as a whole. These norms may include confidentiality, turning up on time, and the practical aspects of participating in a group. The norms also include the less obvious behaviours such as participants and/or facilitators taking different roles in the group and how and how often they contribute to the group. Positive norms to be encouraged include authentic, positive, supportive interactions between participants and facilitators where group members are genuinely interested in others' stories, rather than waiting in line to tell their own. Other preferred norms include non-judgemental acceptance of differences in the group. It is useful for facilitators to model positive norms at all times and seek supervision if this is not possible.

### Group interaction

Members will interact in the group depending on their communication styles and the stage of the group development. In the initial stages members may look to the facilitators for guidance or prompts to keep the conversation going. As the group

progresses the members will take the lead and be more confident to address each other directly if encouraged and supported to do so. Depending on the size and the members of the group it is possible that sub-groups will develop in relation to a sense of particular connectedness. Your role as a facilitator is to be mindful that these groups, if formed, do not direct or dominate the group as a whole.

#### b) Group members' roles and suggested interventions

Members of the group may take on specific roles in the group. These may reflect their roles and communication style outside the group. These roles are often unconscious to the member and may be a strategy to protect or manage their anxiety in a stressful situation.

##### The monopoliser

The monopoliser dominates the group discussion by responding to every comment or question and filling all available silences. They may also speak over or interrupt fellow members. The monopoliser's behaviour can be welcomed by some group members relieved to stay out of the lime-light. However as the group evolves and members become more confident to contribute they become frustrated and angry with the monopoliser's behaviour.

Suggested interventions include:

- a. Use the group member's name to get their attention, acknowledge their story or contribution, and invite other participants to continue with their contribution
- b. Encourage them to speak from a specific or relevant, focused place
- c. Facilitator remind group members of their agreement to allow everyone to speak
- d. Using a humorous tone can be utilised but this is only recommended if you are an experienced facilitator and can ensure the tone is respectful
- e. If the group member continues with monopolising behaviour it may be useful to have a discussion with them outside the group and clarify their understanding of the group dynamic and agreement.

##### The quiet member

Members may be silent for a range of reasons they may include: avoiding self disclosure, fear of rejection or criticism, or trying to seek control or attract attention from maintaining silence. Members may feel they have little in common with the others in the group or more comfortable to take rather than give. Others may believe it is polite to wait to be called on for comment, or feel uncomfortable about a facilitator or other group member. Others may just feel like being quiet that day for other reasons. The silent persons lack of contribution may impact on other members who may feel vulnerable and uneasy about the quiet group member's purpose for

being there. If the group is experiencing long periods of silence it may be due to a variety of causes including anxiety, fatigue, boredom. or that they are taking time to process what's being said or the information being provided.

Suggested interventions include:

f. Ask the member directly for input and support them to contribute

### The gatekeeper/joker

A gatekeeper diverts discussion from topics they do not wish to discuss. Similarly humour may be used to redirect uncomfortable or painful conversations to another topic.

Suggested interventions include:

g. Re-focus the group by summarising the topic and asking the gatekeeper or another member a direct question on the topic

h. Name the topic the gatekeeper is diverting to and that it is off topic at the moment but the group can come back to it later if they would like to or if it is a previous topic or future topic clarifying that with the group

i. Name the diversion and asking the group if they would like to return to the topic being discussed or take a few moments to discuss the introduced topic before returning to the original topic

### The rescuer

The rescuer can be viewed as another form of gatekeeper who steps in to comfort others in distress. Although they appear to be wanting to help the approach may be to relieve their own discomfort. This role can be very tempting for facilitators.

Suggested interventions include:

j. Facilitators reflect on their practice, role, and experience in the group at supervision

k. Re-focusing the conversation back to the person being rescued and ask them a direct question or summarising their contribution, depending on circumstance, to shift the attention back to their story, and support them to share it

### The scapegoat

The scapegoat may attract others problems onto themselves or draw others problems to themselves. Other members of the group may project their own negative self view onto the scapegoat to avoid addressing them.

Suggested interventions include:

l. Listen briefly to the scapegoat and Interrupt with kindness to focus the conversation to the original person telling the story. If the person telling the story refers to the scapegoat bring the focus back to the person telling the story and away from the scapegoat

### The special member

The special member feels different and set apart from the group. This can be used to detach from the group or disengage from unwanted topics.

Suggested interventions include:

m. Make links between the similarities between group experiences - when apparent - while recognising difference is in itself a similarity

n. If the member continues to articulate they are different it may be useful to re-focus their purpose for being in the group in a discussion outside the group

### The help rejector

The help rejector comes to the group for support or help but doesn't accept it from the group. They often respond with a 'yes, but' comment for suggestions or during reflections on alternatives to their story. Reasons may include not wanting to change, preventing closeness, or masking perceived inadequacies by creating a sense of superiority.

Suggested interventions include:

o. Name and discuss the yes and buts in a group activity which explores the tensions and purposes between alternative stories held by the participants, to provide language around yes and buts for the group to use

p. With kindness enquire if it is difficult for the member to focus on the yes

### The expert

The expert provides advice and challenges to others but contributes little of their own story.

Suggested interventions include:

q. Thank the member for their contribution and ask if they would be comfortable to share some of their experience which has led to their knowledge on the topic

r. Re-focus the conversation back to the person sharing their story and seek their ideas on what is happening for them, what strategies they have used, lessons they have learned, and if appropriate what ideas they have on strategies that may work for them

## 6. FACILITATION SKILLS:

### How to create a safe place

Part of the role for facilitators is to help create a safe place and group culture in which mutual support can occur

Inexperienced facilitators often approach group work with considerable anxiety. This can be due to being outnumbered by group members, fears about how to manage more difficult members or being judged by others. Instead of concentrating on a relationship with one client, facilitators now also have to be conscious of the relationships between group members and the group-as-a-whole.

It is normal to feel somewhat overwhelmed when considering all the skills necessary for effective group facilitation. It takes time, practice and supervision to gradually refine your facilitation style and gain confidence.

### The group as a whole and keeping it safe to express emotions

The group as a whole is the collection of individuals' norms and behaviours which are limited to the group and don't exist outside the group. It is a system made up of the coming together of the members. Members of the group will experience different emotions during the group, some they have brought with them and some which will arise during the group. It is important to ensure the group is a safe place to express this range of emotions which may be positive or negative. Group members often articulate that the group is an environment where they can talk about things they cannot talk to anyone else about without feeling judged or misunderstood.

Avoiding or containing emotions can increase their intensity and make them feel less manageable for the person experiencing them. Expressing emotions in a safe and supportive environment in a way that is appropriate for other members can reduce feelings of isolation and improve mood, which supports good outcomes for all members.

### Anger

Anger is a normal emotion which is often uncomfortable for people experiencing it to express and equally uncomfortable for people to witness. The facilitator's role is to ensure everyone in the group feels safe. If appropriate the facilitator can name and acknowledge the member's anger without analysing, judging or interpreting the feeling. The facilitator may seek similar feelings from other members of the group to offer support or empathy for example by asking can others relate to feelings of anger?

Anger may be a secondary emotion related to sadness, fear or betrayal which may not be appropriate for discussion in the group and would be appropriate for follow-up with the members one-to-one counsellor at an up-coming session. It is not appropriate to direct anger at another group member or the facilitators. If this occurs it would be appropriate to refer to the group agreement and support the participant to use 'I-statements'. It may also be appropriate to provide follow-up after the session for both members. If the member persists with anger the facilitator will need to reassess the member for their suitability in the group. Members may be referred to their one-to-one counsellor for discussion and follow-up work with the member if a person is re-assessed as unsuitable for the group.

### Sadness, fear, despair and hopelessness

Sadness, fear, despair and hopelessness are common feelings experienced by members with gambling concerns. They can be difficult feelings to express in a group environment and difficult feelings to witness as a member of the group. Your role as a facilitator is to guide the conversation and manage the group. This may involve affirming the expressed emotions if other members of the group minimise or re-direct the attention of the group to themselves. It is your role as a facilitator to respond to and contain the group where appropriate. The duty of care for the group is your responsibility and any concerns you have for a group member expressing extreme emotions may be followed up after the group or during a break if the circumstances appear pressing.

### Important skills include

#### Active listening

Active listening involves paying full attention to all members of the group, taking in the content and being alert to underlying meaning or messages in what is or is not being said. It includes listening to the words while paying attention to tone, speed, feeling, language and identifying possible themes.

#### Reflecting requires active listening.

This means conveying the essence of what the person says without parroting their words back to them; reflection can include feeling and content. For example:

*“You sound frustrated about the way your sister spoke to you”.*

This intervention can also be used as during the body of group to encourage further discussion about a topic or to summarise and move on from one member to another.

#### Identify themes

Listen for links and themes in the content brought to the table by group members. Other group members can then be invited to discuss their experience within the identified theme. For example:

*“It sounds like some of you are struggling with maintaining self care activities. Can other members of the group relate to that?”*

### Open questions

If clarification is required, use open ended questions that require more than a yes/no or one word answer and avoid repeatedly questioning individuals who may feel like they are being picked on or attracting more attention than others in the group.

### Summarising

Summarising can be used to identify themes at the end of the topic prior to moving onto the next or at the end of the session to support closure of the session.

### Modelling

Facilitators are encouraged to model appropriate group member behaviour and support group norms by being genuine, present, sensitive, empathic, respectful of differences, non-defensive and supportive.

### Stimulating interaction and support

Invite participation from as many group members as possible. The aim is to develop a culture in which everyone participates, listens and responds in a supportive way. This can be done by way of an open question of the group in relation to a theme, or by naming particular group members who might not have commented on the given topic. Good questions to stimulate interaction might include:

*(i) Can anyone relate to Jean's experience?*

*(ii) Has anyone felt a similar way to Jean?*

*(iii) Has anyone had a different experience to Jean?*

*(iv) Bob has anything come up for you as you've been listening to the discussion?*

### Balancing individual and group needs

It is important to encourage all group members to share and explore their experiences and stories and at times this may require the facilitator to shift the focus from one group member to another. It is good practice for the facilitator to acknowledge and validate the individual's experience before seeking responses from others. This can be achieved by

Name it - Acknowledge the experience of the group member. They need to feel heard and validated. Clarify their experience if necessary.

Mobilise – Invite interaction from other group members.

For example:

*“Brenda, you’re understandably upset that your avoidance techniques aren’t working. Can anyone else relate to Brenda?”*

Alternatively after a period of discussion, the topic might need to be set aside to facilitate others in the group have an opportunity to discuss other topics. For example:

*“Geraldine, from what you say this is a very difficult time for you and you have shared a lot about your story with us. Given our limited time together in group today, I wonder if we might hear what’s been happening for other group members as well?”*

#### Curb inappropriate behaviour

It is the facilitator’s responsibility to curb inappropriate behaviour or other group members’ sense of trust and safety will be compromised. This might include dominance, disrespect or other breaches of group guidelines. It is important, however, to be able to block counterproductive behaviour without criticising the people themselves.

#### Keep the focus on a gambling recovery model

Keep the discussion related to the impact of gambling on group members’ stories. For example, if the conversation strays to a group member’s long-standing problem with their partner, a helpful question might be:

(i) *“...and how has your gambling and recovery affected your relationships?”*

#### Be aware of group dynamics and responsibility

As facilitator you need to be aware of the dynamics and ensure all members take responsibility for their own participation. You also need to be aware and avoid taking responsibility for the members participation. Let the group do the work when appropriate.

#### Name group process

As facilitator you may choose to name a process you observe in the group. An example is when the topic is being taken off track or being avoided. If the group is not responsive or there is a long silence ask the group what's happening for them. If you choose to name a process keep in mind the psycho-educational peer led model you are facilitating. This model does not incorporate examining or analysing members of the group or external people.

#### Giving advice



Facilitators should avoid giving advice to the group unless you are concerned about an individual's intention to harm themselves or others or when a group member is providing information that is not accurate.

### Executive functioning

The facilitators are responsible for time-keeping, keeping to group guidelines, and entering data on GH Connect.

### Use appropriate self-disclosure

We recommend avoiding self-disclosure other than when it is in direct response to what is being discussed in the group as a facilitator. For example speaking about your reflection or interpretation of a comment someone has made or in relation to an activity to make sense or clarify what is happening or if opinions are being shared it may be appropriate to share yours. If facilitators self-disclose for other reasons or in other situations it has a blurring effect on their role in the group. It is important to keep boundaries between your role as a facilitator and the members of the group clear.

### Interventions to avoid

Diagnosing

Giving advice or opinions (except when particular to the facilitation role)

Making assumptions

Being judgmental

Inappropriate self-disclosure

Rescuing or fixing group members' problems

Forcing participation

Targeting individuals

Excluding members

### Cultural and diversity considerations

Facilitators might not always be aware of the cultural backgrounds or diversity of GH members. When diversity issues are known, it can be helpful to be aware of possible influence on group participation and behaviour. For example, females from some cultures might be less likely to share if there are men in the group. Others might be less likely to discuss emotions.

It is also important for facilitators to have awareness of their own cultural values and personal assumptions in order to work sensitively with members.

### Aboriginal community considerations

The group model discussed in this manual may be adapted to suit local community needs and approaches. Activity templates adapted by the Mallee District Aboriginal Service are included in Part 2 of this manual. The MDAS adapted the Bethany narrative, strength based model to engage with community and to develop an approach responsive to community needs and capacity.

Collaborative discussions with MDAS also identified several opportunities to adapt the Bethany approach. Ideas included facilitating opportunities for staff to gain a better understanding of what gambling is and the possible negative impacts on community and individuals including the gambler and affected others, screening for problem gambling behaviours at the central intake point with possible adjustments to questions including aligning questions to the AOD and mental health intake approach where the person is asked if their gambling has been identified as a problem by someone else in the past 4 weeks, targeting the wider population via community events to identify if there is an identified gambling problem on a local level, and then logically following on in a community development style to develop appropriate community led activities over time. Discussions also suggested it may be useful to commence the process by developing information based activities which target affected others.

## 7. Challenging Situations

### Different stages of gambling change

Group members will be at different stages of their gambling journey and will bring various stories of gambling which may include being at differing stages of change. It is useful to utilise the stages of change activity in session .... (see Part 2) to discuss each members experience and intentions or goals from being a part of the group. The activity provides psycho-education on the stages of change. It is essential to discourage members from comparing or competing about their gambling behaviours and their stage of change as this can have negative outcomes for participants including people feeling increased shame and being discouraged or intimidated by other members of the group who may be at different stages in their recovery. These feelings may result in the member feeling unable to attend the group. It may also be useful to include a description of the difference between an abstinence based approach and an inclusive, individual, goal based approach in the introduction to the group which can be referred to at later opportune moments.

### Suicidality

If a member discloses intentions for suicide the facilitators are bound by duty of care to follow-up using their organisation policies and procedures

### Controversial topics

Members bring many and varied stories to the group some of which may be controversial. Articles in the paper or advice members have heard from other sources may be useful as discussion topics and provide opportunity to discuss myths or societal views on gambling however it is wise to limit the discussion to factual information where possible and overtly address miss-information or media hype.

### Ending a difficult session

Some sessions will be challenging for facilitators and members and although it is desirable to address and manage difficulty during the group at times there may be unresolved or difficult circumstances remaining at the end. Depending on the circumstance follow-up with individuals immediately after the group or by phone in the next few days may be appropriate

### Terminating membership of an unsuitable group member

Occasionally it will be necessary to terminate a group member from the group. Group members who engage in behaviours which are threatening or disruptive to the group on an on-going basis will not be contributing to the group or receiving any benefits from being in the group. These members can be referred to a one to one counsellor for discussion around resolving the behaviours and possibility of participating in a future group or alternative support from another appropriate service, health service or their GP.

## 8. Ethical challenges

### Scenario 1.

Barry is a 62 year old married male who has gambled on and off for some time. He has accessed your service over the years and is keen to join the group. You are Barry's one to one worker and you have some concerns about Barry's suitability for the group as he has disclosed to you in individual sessions that he readily has 'affairs' with women. You are concerned about your duty of care for the women in the group. You have several women who have been assessed for the group who present as vulnerable. What will you do?

### Scenario 2.

You have been facilitating a group with four men and two women. One of the women, Janice, has come to the past two sessions wearing a very brief outfit. You notice that two of the men appear to be uncomfortable. When Janice speaks they do not look at her and during the tea break no-one is talking to Janice. What will you do?

### Scenario 3.

You are facilitating the first of your six sessions of your current group. You have covered all of the group housekeeping, introductory aspects, and facilitated the group to describe their goals. As you close the group one of the members of the group says 'how about if we all pledge not to gamble this week and check in how we go at the next meeting?'. One of the other members of the group is very excited by this and is openly very enthused to do that, other members of the group don't respond and appear uncomfortable. You know that several members of the group have goals to reduce their gambling. These group members are also quiet people who are unlikely - you think - to openly disagree with the other group members. What do you do?

### Part 2

#### Running A Session

##### Session 1

##### Session 2

##### Session 3

##### Session 4

##### Session 5

##### Session 6

#### Session Preparation Checklist

materials/resources

Post group debrief

Clinical supervision

Notes on data base

Challenging behaviours follow-up

#### References