

Working in Problem Gambling Services:

Facilitation Module

ABACUS

Counselling, Training and Supervision Ltd



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What is Facilitation?

- Facilitation provides active support for clients who are experiencing gambling related harm, to access other relevant services to address problems identified during brief/comprehensive assessment and ongoing review (case management)
- Facilitation involves working directly with the client and an agency or service other than your specialist problem gambling intervention service
- Facilitation is a tool to be used by the clinician and should only be considered if the clinician believes it will benefit the client
- Clinicians should use their clinical judgement for when a client will benefit from facilitation, or when it would be better to encourage or empower the client to access the other services themselves

What is Facilitation - continued

- ❑ Some examples of common places clients may require supported access to are: specialist mental health, alcohol and other drug, cultural services, budget/taxation assistance services, banks/lending institutions, food banks, legal services, housing, WINZ, GP, employment/career services, life-skills, self help, relationship counselling, other PG services, the Helpline, court appearance related to gambling, self-exclusion at venue, women's refuge, anger management services
- ❑ May include facilitating clients identified in Brief Intervention settings who are in crisis with no problem gambling harm, to access other services (any door right door)

Why has it been introduced for the client?

- Often, other problems exist separately from the gambling harm or as a result of problem gambling.
- Unattended co-existing issues could cause problem gambling setbacks.
- Significant health outcomes can be achieved by ensuring support is received for all issues affecting clients.
- Clients may need motivational support to access other services



Why has it been introduced for the organisation?

- Co-existing issues may require complex skills and specialised capacity for ongoing support.
- Flexibility in workplace structure, particularly for smaller services where specialisation in “all aspects” of clinical services, are not available
- Facilitation to other services is not always needed; sometimes you only need to make a referral. Facilitation is designed for when additional support is needed.

Small Group Discussion

Consider the statement:

“Many clients drop out of the health system when they are referred to another service”.

Now answer this question:

What makes facilitation different from a referral?

Report back to the large group...

Myths of Facilitation

- Passing the responsibility for client care to another agency
- For unmotivated/non compliant clients
- PG service will lose rapport with client
- Developing a relationship with the other services is not necessary
- Sending some information to the other service about the client is all that is necessary



How does Facilitation work?

Facilitation service is designed to actively support people to engage with other services, not just to advise them that another service is available. The defining feature of a facilitation session is that it involves a three-way contact: the PG counsellor, the client and another agency.

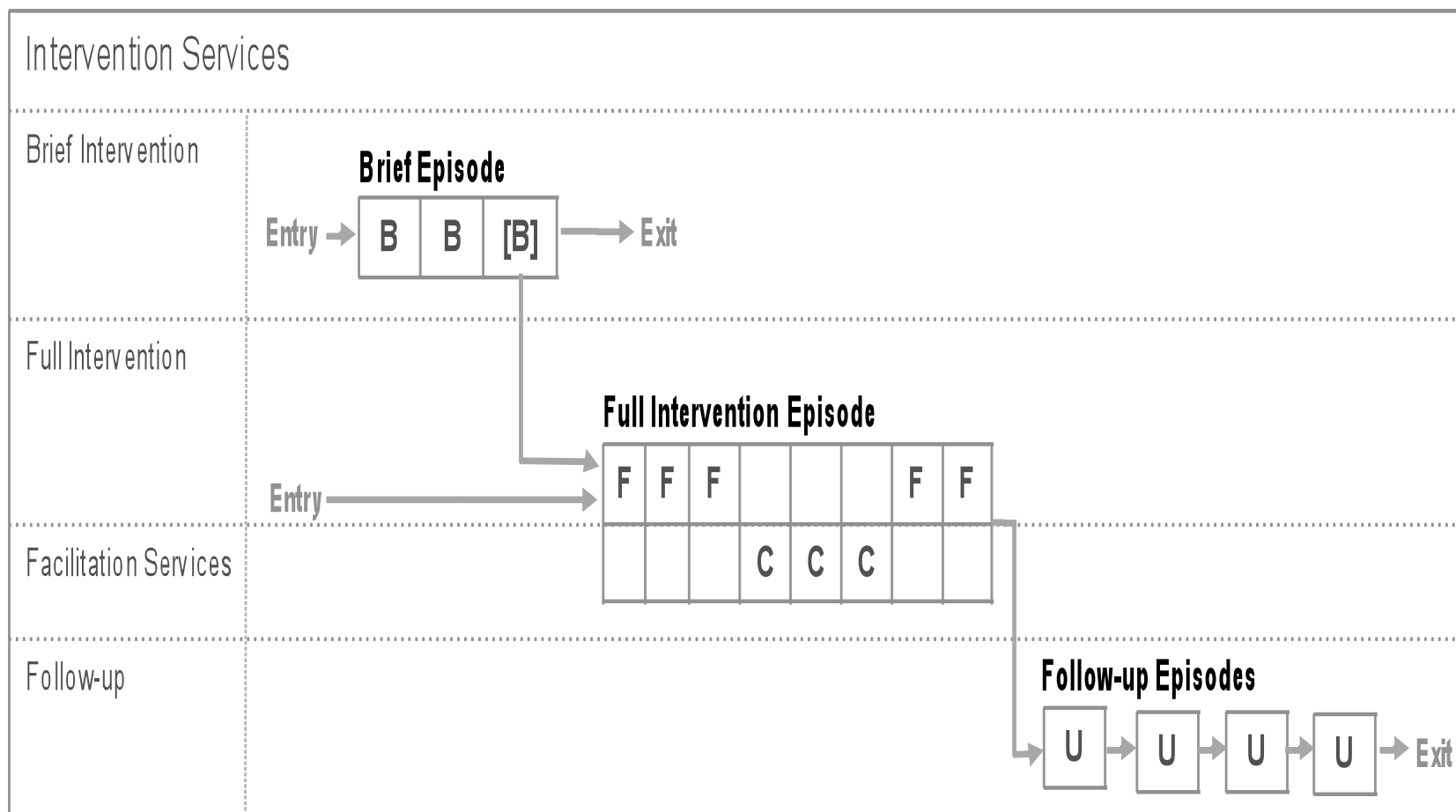
This may include:

- Supporting the client to make first contact with another agency
- Arranging for other services to be available within the problem gambling intervention service venue
- Attending initial consultations and meetings with the allied service

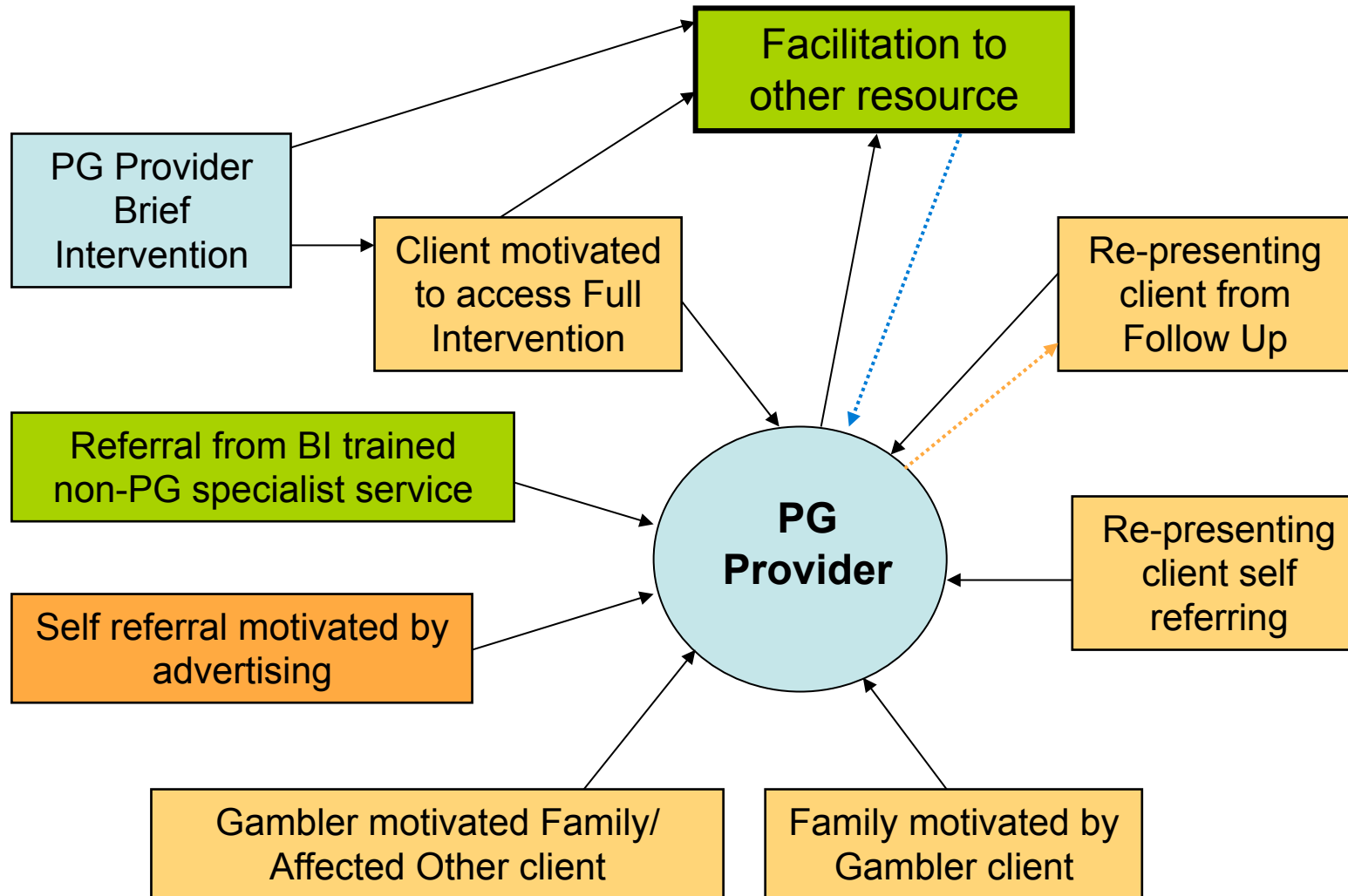
How is Facilitation accounted for in the Ministry's data collection process?

- Requires minimum 15 minutes face-to-face or phone contact with client and another provider/agency
- Facilitation services provide responsibility for client care by the PG service until 12 months after exit
- Only counted in a Full Intervention episode but can be identified in Brief/F-Up episodes (soon CLIC refresh project will manage episodes automatically)
- If not positive for gambling but in crisis for co-existing issues, facilitation to the appropriate service should be arranged

A potential pathway for intervention sessions



Pathways of help-seeking



Facilitation Quiz

- Writing self-exclusion letters, court reports or probation reports or general practitioner reports counts as a facilitation

False – time is allowed for this administration activity in the way the MOH fund the FTE resource

- Supporting clients to attend venues to self-exclude themselves from further gambling is a good example of a valid facilitation session.

True

- Facilitation is valid when attending with a client a court appearance related to gambling.

True – What's the maximum time counted for a single facilitation session?

Four hours – still should record actual hours taken



Quiz continued

- Developing a referral plan with your client counts as a facilitation session.

False – this would count as assessment or counselling activities

- After taking a call from your client's doctor to discuss the progress the client is making with the medication prescribed, you make a case note of the call but don't enter it in CLIC. Is this accurate?

Yes - time is allowed for this administration activity in the way the MOH fund the FTE resource

- Facilitation activity should always follow a comprehensive assessment.

False – it depends on the priority of the issues presented or if facilitation is required or wanted by the client

Facilitation Scenario

Example: Gambling client

- Form into small groups and read the scenario in the handout
- Discuss the questions following the scenario in the group and record your answers on forms provided
- Feed back and discuss with the main group after checking your answers in handout no. 2



Preparing your organisation for Facilitation

- Service providers should become acquainted with a variety of community services available in their area for referrals to be as seamless as possible for clients
- Service providers should become familiar with key staff in community agencies who can be contacted directly if a referral is needed
- Service providers may need to develop memoranda of understanding or relationship agreements with other services that outline how they will engage, share information and develop joint client management protocols



Preparing your client for facilitation

- “The outcome of the facilitated activity should contribute to the overall outcomes indentified in the assessment” (Ministry of Health)
- It is important that service providers engage in negotiated intervention planning processes with clients as part of the assessment so facilitation and referral planning can be considered
- Ensure clients sign service consents when referring to external agencies (part of routine service consent form procedures)



When to do Facilitation

- Facilitation may be required at any point in the client's contact
- Likely that some issues will be identified early on and others may only be identified towards the end of contact, or even later during follow-up
- Providing motivational support may be required for clients to action contact with other agencies



When is motivational support for facilitation required?

A client might be experiencing:

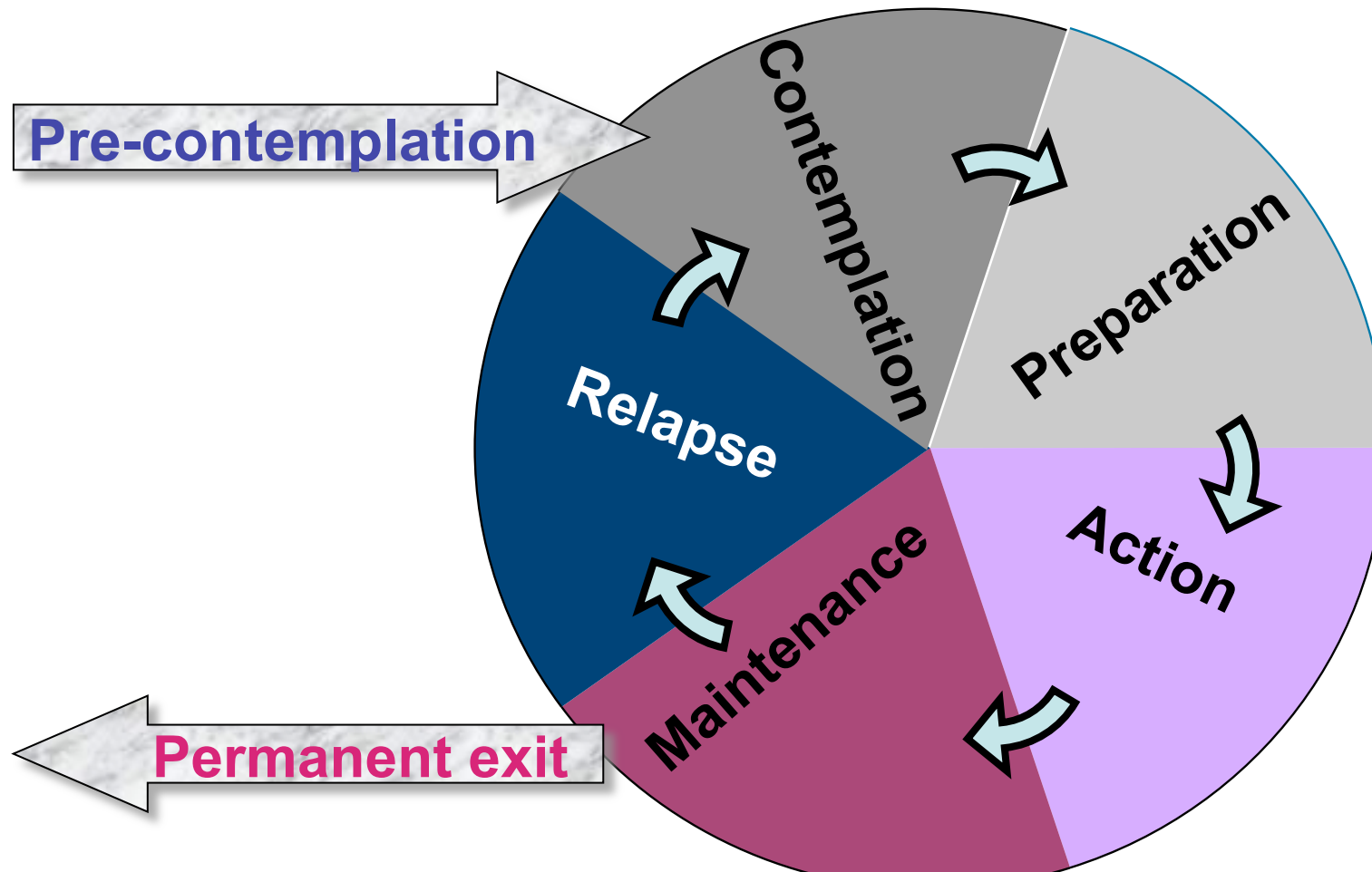
- Embarrassment to contact an external service on their own
- Doesn't understand need for other service
- When intervention goals identified aren't being met
- Doesn't understand what other service will provide



Trans-theoretical Model of Change

Prochaska & DiClemente

Transtheoretical Model of Behaviour Change



Role Play

In pairs, practice facilitation planning with one person being the client and the other being the clinician. Use the handout to help you with this task. (switch roles part-way through)

Use **motivational interviewing skills** to assess stages of change and support movement towards **action** for facilitation planning



Facilitation from a Brief Intervention

BI and a primary problem gambling mode:

- Count BI episode in CLIC
- Facilitation to be counted in a Full Intervention episode
- Follow up episode required

BI and no primary problem gambling mode:

- Do not count in CLIC
- Facilitation reported in 6 monthly narrative report
- No follow up required



Quiz

- If a facilitation has occurred, it will always require 12 months of follow up

False (the exception is when no primary gambling mode has been identified)

- Facilitation sessions are always counted in a full intervention

False – not if there is no primary gambling mode

- Facilitation is always possible even if gambling harm is not apparent

True

BI Facilitation Scenario

- Form into small groups and read the BI scenario in the handout
- Discuss the questions following the scenario in the group and record your answers on forms provided
- Feed back and discuss with the main group after checking your answers in handout no. 2



Facilitation from Follow-Up

- When facilitation has occurred during full intervention services, monitoring and review of that facilitation is required during follow up services

- When facilitation needs are identified during follow up services, full intervention is reopened for referral planning and for counting facilitation sessions. After full intervention is closed, the follow up process is restarted again.



Facilitation and Follow-Up Scenario

- Form into small groups and read the Follow up scenario in the handout
- Discuss the questions following the scenario in the group and record your answers on forms provided
- Feed back and discuss with the main group after checking your answers in handout no. 2

