



## Research Summary

# Training Counsellors in Congruence Therapy: A Controlled Evaluation Study

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### Research Topic

Congruence Couple Therapy (CCT) is a new, humanistic, systemic model for problem gambling treatment.

CCT addresses issues commonly identified among problem gamblers, including social isolation, low self-esteem, history of childhood trauma, poor coping skills, and marital discord. In CCT, a person is visualized as a complex system made up of four interrelated dimensions: (1) intrapsychic; (2) interpersonal; (3) intergenerational; and (4) universal-spiritual

CCT was developed and pilot tested by the Principal Investigator under a previous OPGRC-funded grant. Preliminary research demonstrated that clients (i.e., couples with at least one person having a gambling problem) showed improved psychological and marital functioning, enhanced coping, reduced gambling urges, and continued abstinence immediately after treatment and at 1 and 3 months post-treatment.

The present study evaluated the effectiveness of CCT training for problem gambling counsellors. Training a cohort of counsellors to effectively administer CCT is an essential step in building research capacity for future studies.

The objective of this study was to evaluate the effectiveness of the CCT training program in imparting key concepts, skills, and values of the therapy to a sample of counsellors in Ontario. A secondary objective was to identify facilitators and barriers of the current program for future training.

### Definition of Terms

**Randomized:** Participants divided into different conditions/groups have an equal chance of being assigned to each condition/group.

**Baseline:** Time immediately before a study begins. Data collected at baseline serve as benchmarks to compare data collected during and following an experiment (i.e., to measure any change resulting from an experimental manipulation).

**Retention Rate:** The percentage of participants who remain in the study.

**Generalizable:** The degree to which the results attained from a sample can be applied to the target population.

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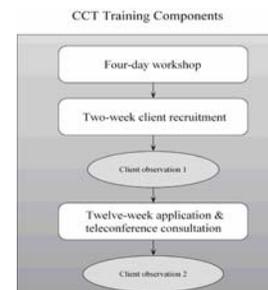
<sup>1</sup> **About the Principal Investigator:** Bonnie K. Lee, Reg. MFT, Ph.D., is an Assistant Professor at the University of Lethbridge.

## Research Design & Methods

- 21 problem gambling counsellors from 13 Ontario problem gambling treatment programs participated.
- Counsellors had an average of 15 years counselling experience, and an average of 5 years experience counselling clients with gambling problems.
- 24 couples, with at least one person in each couple having a problem with gambling, volunteered to receive CCT from the counsellors-in-training.
- 71% of clients with a gambling problem had received previous individual or group counselling.

### CCT Training Program

- CCT training includes 40 hours of counsellor training over 15 weeks.
- The program has two components: (1) 4-day residential workshop; and, (2) 12-session application of CCT with couples following the workshop.
- During the application period, counsellors are supported by weekly group teleconference consultations.



- The training took place at a retreat centre 45 minutes outside of Ottawa, Ontario.
- This study included two replicated training cycles:
  - Cycle 1 ( $N = 21$ ) – Participants were **randomized** into an intervention group that received CCT training ( $n = 12$ ) and a control group that did not ( $n = 9$ ).
  - Cycle 2 ( $N = 9$ ) – The control group received the same CCT training as the intervention group in Cycle 1.
- In Cycle 1, data were collected at two times: (1) **baseline** and (2) after training. In Cycle 2, data were collected at three times: (1) baseline, (2) no training after 15 weeks, and (3) after training.
- CCT training was evaluated based on five interrelated levels: 1) counsellor satisfaction; 2) counsellor training outcomes; 3) organizational support and change; 4) counsellor application of CCT; and 5) client satisfaction and outcomes. Data were collected using a number of questionnaires, focus groups, reports, and narratives.
- Data were analyzed using various statistical tests and thematic analyses.

## Results/Discussion

### Counsellor Satisfaction, Outcomes, & Application of CCT

- The counsellor **retention rate** was 100% after training began.
- Counsellors increased their knowledge of CCT concepts, values, and skills in both training cycles.
- Counsellors of different age, level of education, and years of experience equally benefited from the training.
- Counsellors found the 12-week teleconference support useful and essential.
- After the application phase, counsellors expressed greater preparedness and intention to use CCT beyond the end of the workshop.
- Counsellors reported a high level of satisfaction with the following elements of the training: trainer-supported CCT application; intense residential workshop in retreat setting; safety and collegiality; experiential learning approach; and framing the training in a research context.
- Counsellors in both cycles found the training rewarding, will recommend the training to a colleague, and are interested in taking part in future training and research.



- Counsellors identified the following *facilitators* of the training:
  - Experiential learning approach (e.g., role-plays, demonstrations).
  - Safe, supportive learning environment with a skilled, non-judgmental trainer.
  - Retreat setting, removed from usual distractions.
  - Small group size for workshop ( $n < 12$ ) and teleconference ( $n < 5$ ).
  - Application of CCT supported by teleconference consultations.
  - Collegiality and support among participants.
  - Research requirements and framework.
  - Training paid for by research funds.
- Counsellors identified the following *barriers* of the training:
  - Amount of paperwork required for research.
  - Existing organizational upheaval for one set of participants.
  - Not enough notice given prior to the scheduling of teleconferences.
  - Pace was somewhat rushed in workshop and teleconference.
  - Readings and materials not provided before training.
  - Intensity of experiential training touched on personal issues.
  - Training did not cover in-depth family of origin influences, pain and trauma, spiritual dimension, and counsellors' personal integration.

### **Client Satisfaction & Outcomes**

- The couple retention rate over the 12-session application of CCT was 96% (23 out of the 24 couples).
- After CCT, clients demonstrated reduced problem gambling symptoms, improved couple communication, improved relationship, and increased self-awareness.
- CCT positively influenced family and work relationships.
- Clients gave high satisfaction ratings for the CCT treatment they received.

### **Organizational Support & Change**

- Counsellors' organizations supported the CCT training and application.
- The CCT training coincided with an emerging trend in some organizations to provide more couple and family-focused services.
- A growing interest among problem gambling treatment programs to partner with researchers in problem gambling research was apparent.

### **Limitations**

- The Principal Investigator was also the trainer and developer of CCT, which is a potential bias in this study.
- The results for client outcomes should be considered preliminary due to the small sample size, low return rate of questionnaires (60% return rate), validity concerns with one of the instruments, and the lack of a control group.
- The counsellors in this study represented 25% of Ontario-funded problem gambling programs and 18% of problem gambling counsellors in 2004; therefore, the results may not be **generalizable**.

### **Conclusions**

- The CCT training program delivered by the trainer was positively endorsed by the counsellors.
- Clients who received CCT demonstrated fewer symptoms associated with problem gambling.



## Future Research

- The researchers recommend that a second CCT training be conducted with a larger sample, and with a stronger focus on Middle Phase interventions.
- Assessing the merits of a treatment innovation often involves multiple stakeholders. Collaboration among counsellors, organizations, clients, professional and training institutions, and researchers would be worthwhile in future initiatives aimed at refining CCT and the CCT training program.
- Based on the positive evaluations of CCT and the favourable client outcomes, the researchers recommend a study to assess the efficacy of CCT be conducted.